Health and Care Jersey

Report

Public Health Intelligence

Public Health Jersey

Subject:	Jersey Alcohol Profile 2024
Date of report:	10 April 2025

Introduction

Understanding alcohol use in Jersey

Alcohol is a psychoactive substance that has been widely used in many cultures for centuries.[1] The harmful use of alcohol causes a high burden of disease and has significant social and economic consequences. Alcohol consumption is a causal factor in more than 200 diseases, injuries and other health conditions.[2]

Drinking alcohol is associated with a risk of developing health problems such as mental and behavioural disorders,[3] including alcohol dependence, noncommunicable diseases such as liver cirrhosis, and some cancers.[4]

Alcohol can also contribute to many unintentional and intentional injuries, including those due to road traffic crashes, violence, and suicide.[1] Alcohol consumption by an expectant mother may cause foetal alcohol syndrome (FAS) and pre-term birth complications.[5]

Contents of this report

This publication is an update to a previous iteration of this report in 2023.[6] It reports on the consumption of alcohol in Jersey and the subsequent effect on Islanders' health and wellbeing.

Topics covered include alcohol consumption and price; drinking behaviour of both adults and children; alcohol-related hospitalisation and death; and some of the wider social issues related to alcohol such as crime and social security payments.

Note that due to the coronavirus pandemic, some data for 2020 and 2021 is unavailable.

Information on the data sources and processing are given in the notes section of this report.

[1] WHO Fact Sheet - Alcohol
[2] Global status report on alcohol and health and treatment of substance use disorders
[3] Overview | Alcohol-use disorders: diagnosis and management | Quality standards | NICE
[4] Alcohol: applying All Our Health - GOV.UK
[5] Overview | Fetal alcohol spectrum disorder | Quality standards | NICE
[6] Public Health Intelligence Alcohol Profile 2022, published 20 April 2023

Contents

Summary

Alcohol Consumption in Jersey

- Jersey residents consume more alcohol per capita than the UK, placing the island among higher-consuming countries
- average consumption levels exceed NHS guidelines, reflecting persistent high-risk drinking behaviours
- a long-term decline in beer imports suggests changing preferences, possibly toward wine and spirits

Drinking Behaviours and Patterns

- one in five adults exceed weekly alcohol limits, with men consistently drinking more than women
- frequent binge drinking peaks in middle age (45–54 years), highlighting a key at-risk demographic
- abstinence is less common in Jersey than in England, particularly among working-age adults and men

Youth and Alcohol

- alcohol consumption among young people is decreasing, with over half of secondary students reporting they have never tried alcohol
- however, older girls (Year 12 females) are the most likely to drink regularly, reflecting early gendered patterns in consumption

Health and Social Impact

- alcohol-related hospital admissions remain high and comparable to England, with around four in five admissions now involving men
- alcohol-specific death rates in Jersey are similar to England, having increased in the most recent period
- road safety concerns are increasing, with alcohol-related traffic collisions doubling between 2023 and 2024

Economic and Social Costs

- alcohol-related benefit claims cost Jersey over £600,000 in 2024, with rising Long-Term Incapacity Allowance payments indicating growing pressure on health and social systems

Alcohol Profile 2024

Alcohol Consumption Exceeds NHS Guidelines

Average alcohol intake per week, per adult:

- 2.1 bottles of wine
- 6.1 pints of strong beer
- 0.74 bottles of spirits

Higher Per Capita Alcohol Consumption than UK

Jersey's alcohol per capita consumption:

- 10.8 litres per person (aged 15+)
- Higher than the UK (9.3 litres)

Frequent Binge Drinking Among Adults

18% binge drink monthly

Highest in ages 45-54

22% of men binge drink compared to 15% of women

Alcohol & Crime in Jersey

600 offences lined to Jersey's night-time economy (2023-2024)

Alcohol related collisions doubled in 2024

Alcohol Hospital Admissions (2023)

1,059 alcohol-specific

412 alcohol-related

Rising Economic Costs of Alcohol-Related Health issues

£633,000 total claims which includes £226,000 Long Term Incapacity Allowance (LTIA)

Alcohol Consumption in Jersey

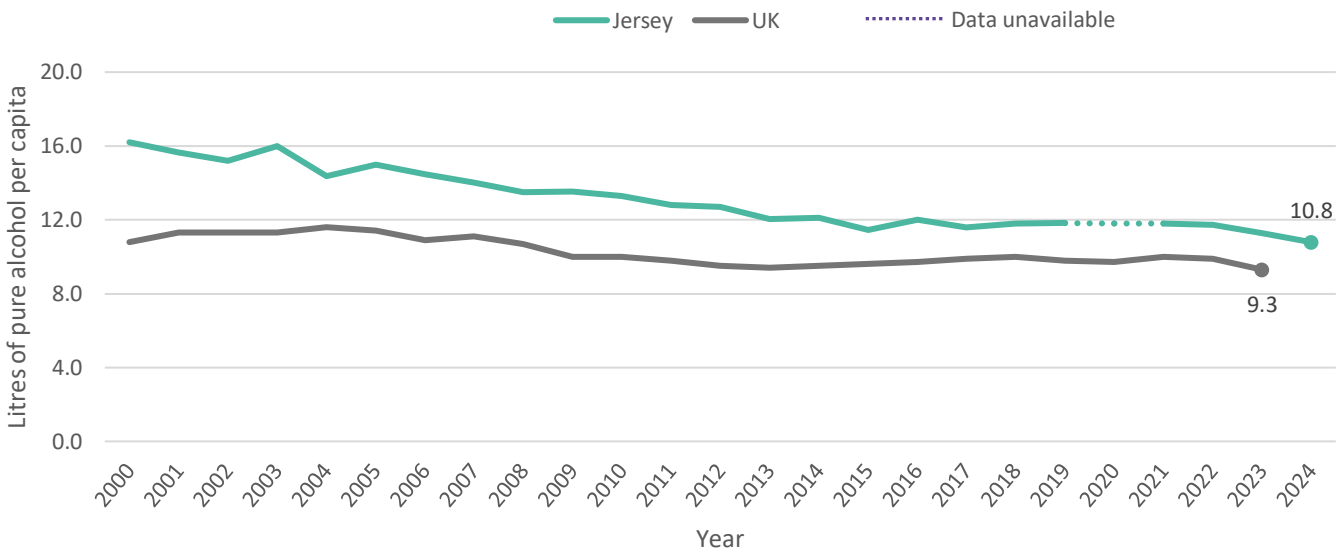
To effectively take targeted action on alcohol-related harms, in is important to understand levels and patterns of alcohol consumption.

Per capita consumption over time

The total amount of pure alcohol sold in Jersey each year is used to calculate the volume of alcohol consumed per resident aged 15 years or older (accounting for tourists and seasonal workers). For method details see "background notes" section.

- in 2024, Jersey's mean average per capita alcohol consumption was 10.8 litres of pure alcohol per person aged 15 or older;[7] this level has remained fairly constant in recent years following a steady decline overtime (Figure 1).
- this is equivalent to around 2.1 bottles of wine, 9.2 pints of beer (4% ABV), 6.1 pints of strong beer (6% ABV), or 0.74 bottles of spirits (700ml, 40% ABV) per week - exceeding NHS guidelines of 14 units per week (about 1.6 bottles of wine or 5 pints of strong beer)
- the UK's per capita alcohol consumption in 2023 was 9.3 litres[8] - lower than Jersey's

Figure 1. Litres of alcohol consumed per capita in Jersey and UK (2000 to 2024)[9]



Source: Public Health Intelligence analysis of data from Customs and Immigration Service, Statistics Jersey, and Visit Jersey. Figures taken from: The British Beer & Pub Association (BBPA) | Statistical Handbook 2023, Table B8 - UK Consumption of Alcohol as supplied by Institute of Alcohol Studies (IAS)

[7] The per capita alcohol consumption figure for 2024 uses the most recently available estimate of seasonal worker numbers (2023), as updated 2024 figures were not yet available at the time of publication. This may slightly affect the accuracy of the per capita estimate if there were significant year-on-year changes in the seasonal worker population.

[8] *(Institute of Alcohol Studies Consumption Factsheet)*

[9] The 2020 and 2021 rounds of passenger exit fieldwork (data gathering) were postponed due to the pandemic and there were no official tourism figures published for those years. Public Health were, therefore, unable to produce an accurate denominator, and consequently the 2020 and 2021 consumption figures are unavailable for this report.

International Comparisons

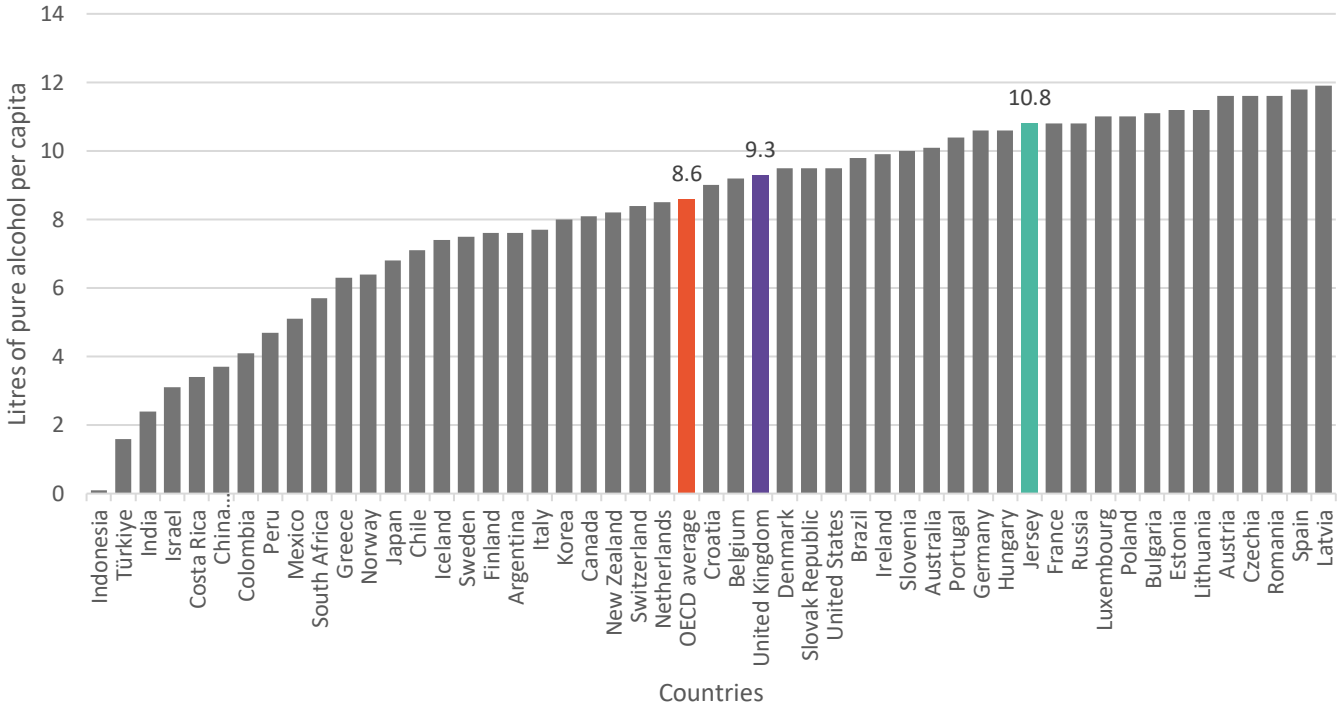
In 2024, Jersey's per capita alcohol consumption was among the highest consuming countries globally. This exceeds levels in the UK and Ireland (9.9L), Australia (10.1L), and the OECD average.

Similar rates are seen in France and Russia (10.8L), with higher levels in Luxembourg, Poland (11.0L), and Latvia (11.9L). Jersey also far exceeds consumption in many non-European countries, including Canada (8.1L), USA (9.5L), Japan (6.8L), and India (2.4L), where cultural or religious factors contribute to lower alcohol use.

These comparisons indicate that Jersey's drinking culture aligns more closely with higher consuming European nations, despite broader trends in many Western countries showing a gradual decline in alcohol use.

The data presented in Figure 2 reflects the latest available figures for each country within the period 2019-2023. In some instances, figures may be provisional or based on varying definitions across reporting countries.

Figure 2. Litres of alcohol consumed per capita in Jersey (2024) and selected OECD countries (2019-2023)[10]



Source: Health risks - Alcohol consumption - OECD Data
**Recorded alcohol consumption among populations aged 15 and over, 2019-2023 (latest available data), and Jersey, 2024*

[10] Alcohol, total per capita (15+) consumption (in litres of pure alcohol) (SDG Indicator 3.5.2)

Alcohol Impôts

Import Trends by Beverage Type

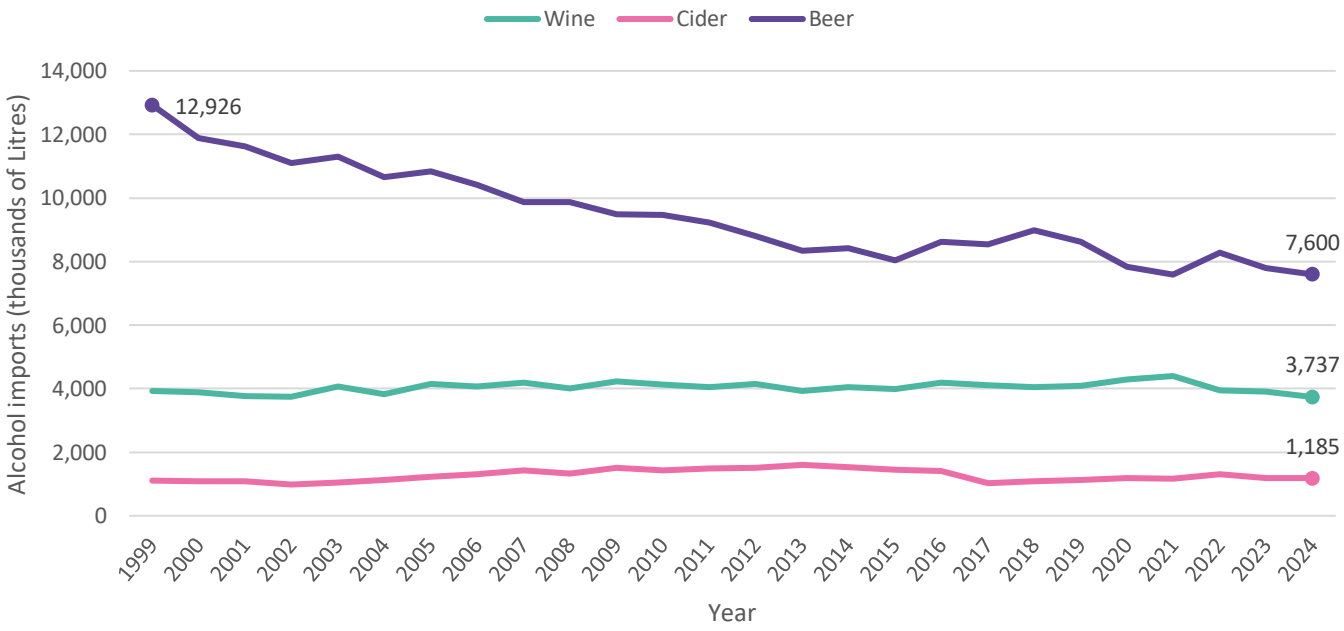
Impôts[11] (excise duty) is applied to imported goods, including alcohol.[12] Over the past 25 years, Jersey's alcohol import patterns reflect changing consumption habits[13]:

- beer imports have seen the steepest decline, dropping from 12.9 million litres in 1999 to 7.6 million litres in 2024
- cider imports peaked in 2013 (1.6 million litres) and have since stabilised at around 1.1 to 1.3 million litres
- wine remains the most imported alcoholic drink, with volumes relatively stable at 3.7 to 4.4 million litres, though a 2021 peak was followed by a recent decline

Key Changes During the Pandemic

The COVID-19 pandemic prompted a short-term rise in wine and spirits imports, reflecting reduced access to hospitality venues and increased home drinking; however, post-pandemic data shows a decline across all categories, particularly in spirits and wine, indicating a potential shift in consumer preferences or reduced alcohol consumption overall.

Figure 3. Quantities of dutiable wine, beer and cider, thousands of litres, Jersey (1999 to 2024)

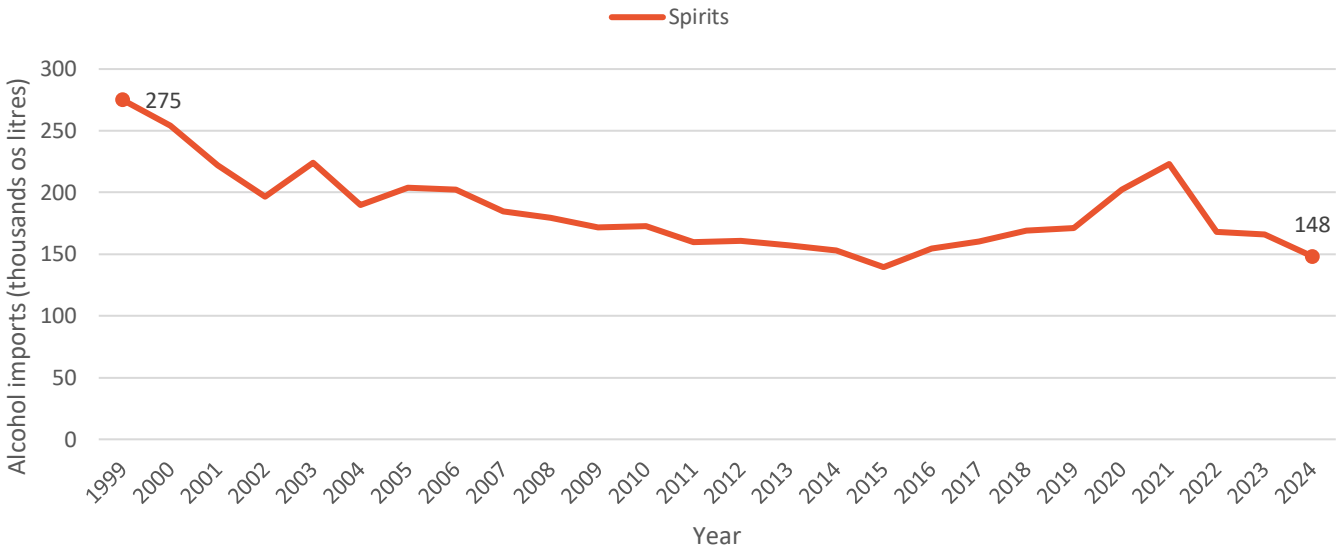


Source: Impôts and customs statistics (gov.je)
Note: Figures in the table are rounded to the nearest thousand litres. Totals may not sum exactly due to rounding

[11] Impôts is French for tax or duty. By virtue of the Customs and Excise (Jersey) Law 1999 duty means any duty imposed by this Law on goods imported into, exported from or grown, produced or manufactured in the Bailiwick and includes both customs and excise duty.
[12] Impôts and customs statistics
[13] Customs statistics - Quantities of dutiable goods - Government of Jersey Open Data

Spirits imports declined significantly from 275,000 litres in 1999 to 148,000 litres in 2024, with some fluctuations; a notable increase in 2020-2021 (possibly due to pandemic-related changes) was followed by a sharp drop (Figure 4).

Figure 4. Quantities of dutiable sprits, thousands of litres, Jersey (1999 to 2024)



Source: Impôts and customs statistics (gov.je)
Note: Figures in the table are rounded to the nearest thousand litres. Totals may not sum exactly due to rounding

Price of Alcohol

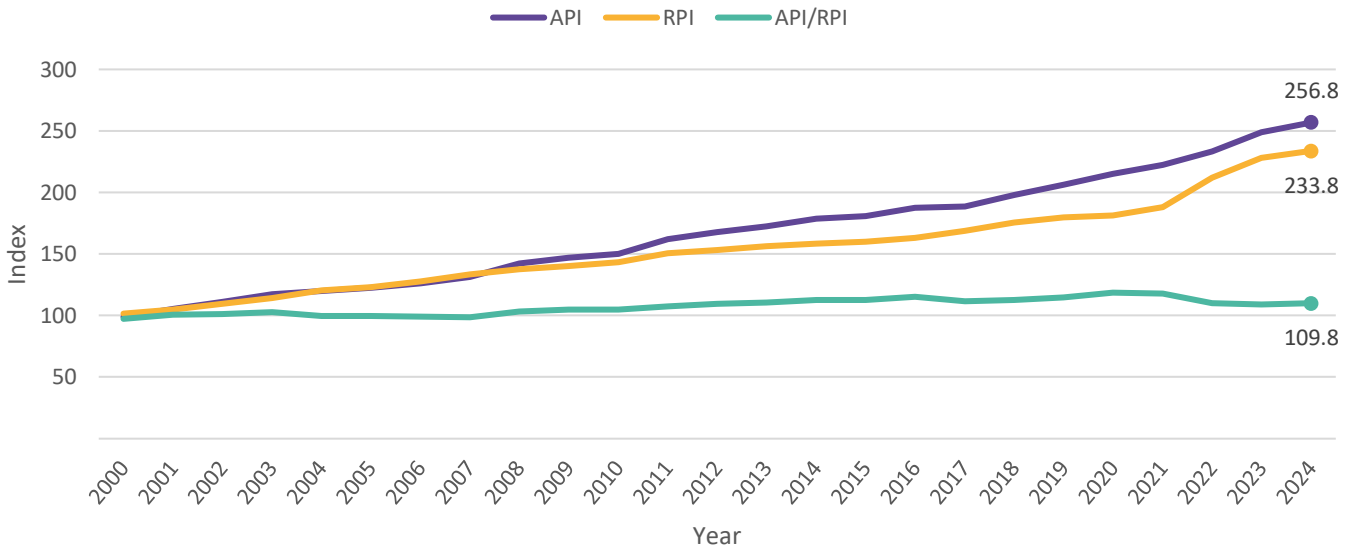
Retail price of alcohol over time

The Alcohol Price Index (API) tracks changes in the retail cost of alcoholic drinks over time and is a subset of Jersey's Retail Price Index (RPI), which measures overall inflation.[14]

- between 2000 and 2024, the API rose from 98.9 to 256.8, indicating that alcohol prices have more than doubled
- over the same period, the all-items RPI increased from 101.6 to 233.8, showing that alcohol prices have risen faster than general inflation

[14] Inflation (RPI, RPIX, RPI pensioners, RPI low income) - Datasets - Government of Jersey Open Data

Figure 5. Alcohol Price Index (API) compared to all-items Retail Price Index (RPI) (2000 to 2024)



Source: Inflation (RPI, RPIX, RPI pensioners, RPI low income) - Datasets - Government of Jersey Open Data

Trends Over Time:

- **2000-2007**: Alcohol prices tracked inflation closely
- **2008-2016**: Alcohol prices began to rise more rapidly than inflation
- **2020-2021**: The COVID-19 pandemic saw a sharp spike in alcohol prices relative to other goods
- **2022-2024**: Alcohol prices remain elevated, although the rate of increase has slowed slightly

The continued rise in alcohol prices - especially when outpacing general inflation - has implications for affordability, consumption patterns, and the impact of pricing policies such as duty or minimum unit pricing.

Household Expenditure on Alcohol in Jersey

Data from the Statistics Jersey Household Spending Report show that households in Jersey spend more on alcohol for home consumption than on drinking out, highlighting the growing role of home drinking in overall alcohol use.[15]

- on average, households spend £14.10 per week on alcohol purchased for consumption at home, compared to £8.90 per week on alcohol consumed in pubs, bars, and restaurants
- wine is the most commonly purchased alcohol for home consumption, with average weekly spending of £8.60, followed by beer, cider, and perry (£3.10) and spirits and liqueurs (£2.40)

This spending pattern suggests that most alcohol is consumed in private settings, which may be less regulated and associated with greater risk of harmful drinking. The preference for wine also reflects trends in alcohol type, particularly among home drinkers.

[15] Household Spending Report 2021/2022

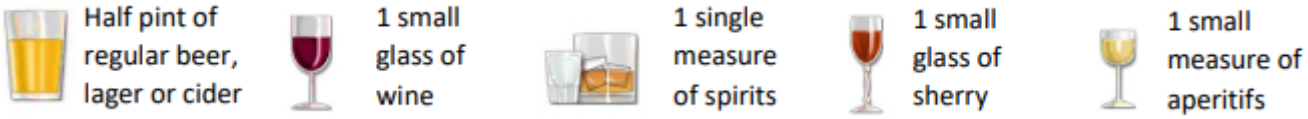
Alcohol Consumption Patterns in Jersey

Data on self-reported drinking habits among adults is sourced from the 2024 Jersey Opinion and Lifestyle Survey, run by Statistics Jersey.[16]

This survey covered adults aged 16 and over living in private households on the island. Alcohol consumption in Jersey is shaped by a range of social, economic, and personal factors.

While a significant portion of the Jersey population abstains or drinks moderately, a notable proportion engages in binge drinking or exceeds weekly alcohol guidelines particularly among men, middle aged adults, higher earners, and those with medium levels of wellbeing.

Figure 6. Definition of 1 unit of alcohol



Source: JOLS

Teetotalism and Abstinence

According to the Jersey Opinions and Lifestyle Survey (JOLS) 2024, 15% of adults report never drinking alcohol. women are more likely to abstain (17%) compared to men (13%).

Abstinence is highest among younger adults aged 16-34 (23%), potentially reflecting evolving social norms, increased health awareness, or cultural influences. In contrast, only 11% of those aged 35-64 abstain, indicating alcohol remains part of life for many in midlife.

Among adults aged 65+, abstinence increases slightly to 14%, possibly due to health-related concerns or changing social patterns.

Cultural background and financial status also influence drinking behaviour:

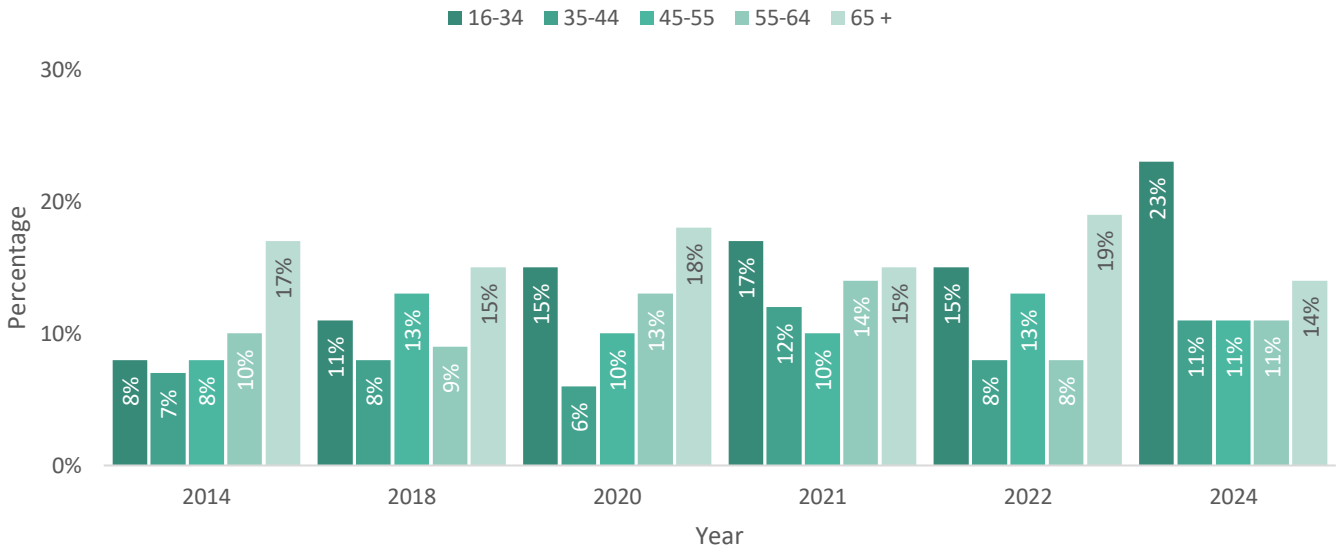
- 31% of Portuguese or Madeiran adults report never drinking, compared to 12% of British adults
- 22% of adults experiencing financial difficulty abstain from alcohol, versus 12% of those who manage easily.

Among those who abstain, the most commonly cited reasons include:

- Wanting to lead a healthy lifestyle (48%)
- Disliking the taste or effects of alcohol (41%)
- Medical reasons (24%)
- Negative past experiences with alcohol (20%)

[16] Jersey Opinions and Lifestyle Survey report 2024.pdf

Figure 7. Percentage of adults who reported never drinking alcohol, by age and year (2014 to 2024)



Source: JOLS, HAWS 2021

Binge Drinking in Jersey

Binge drinking is defined as consuming more than 6 units (women) or 8 units (men) of alcohol on a single occasion.[17] Two-thirds (66%) of adults in Jersey reported binge drinking at least once in the past year, including 74% of men and 59% of women.

Patterns by Age Group

- ages 16-34: The most likely to binge drink, with 44% doing so less than monthly and 25% at least once a month. Only 22% say they never binge drink
- ages 45-54: The group with the highest rate of frequent binge drinking (weekly or daily), at 18%
- ages 65+: Least likely to binge drink - 56% never do, and just 9% report doing so weekly or more

These patterns indicate that binge drinking tends to be more occasional in early adulthood, more frequent in midlife, and less common in older age.

Binge Drinking and Demographic Factors

Among adults who drink alcohol (66% of the population), binge drinking is influenced by several factors:

Income:

- 79% of adults earning £80,000+ binge drank at least once in the past year, compared to 41% of those earning under £20,000
- middle-income groups show a gradual increase: 58% (£20k-£39k), 65% (£40k-£59k), 63% (£60k-£79k)

Employment:

- 72% of employed adults reported binge drinking, compared to 48% of those not in the labour market (e.g., retirees, students, unemployed).

[17] Office for Health Improvement and Disparities - Guidance - Chapter 12: Alcohol - GOV.UK

Housing Tenure:

- binge drinking was more prevalent among those living in qualified rental (73%) or owner-occupied housing (67%), and lowest among those in social housing (47%).

Wellbeing:

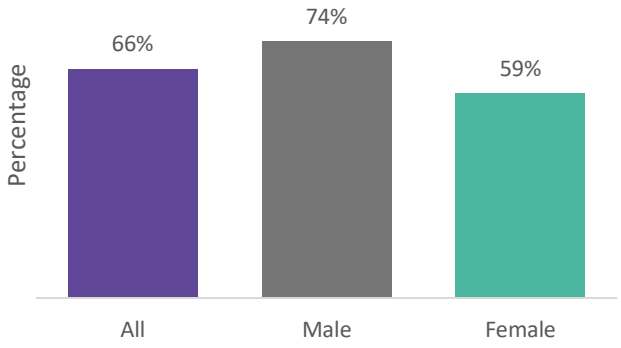
- 70% of adults with low wellbeing reported binge drinking, compared with 66% of those with very high wellbeing.

These findings indicate that binge drinking behaviour is shaped by a complex interplay of social and economic factors, including income, housing conditions, employment status, and overall wellbeing.

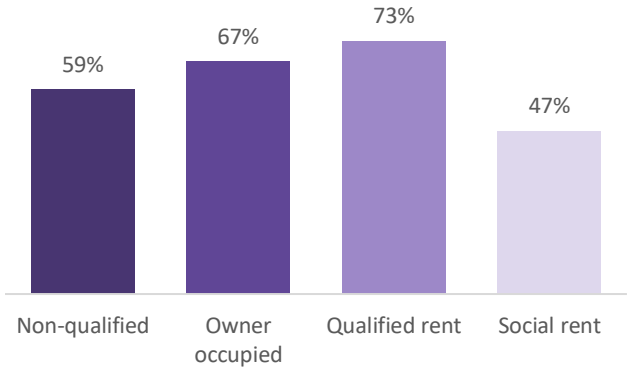
Figure 8 illustrates this relationship, showing the proportion of adults who reported binge drinking at least once in the past year, broken down by gender, household income, employment status, housing tenure, and self-reported wellbeing.

Figure 8. Percentage of adults that reported drinking more than 8 (male) or 6 (female) units of alcohol at least once in the last year. This analysis refers to everyone except those who answered 'never' (i.e. 66% of the population) (2024)

By gender

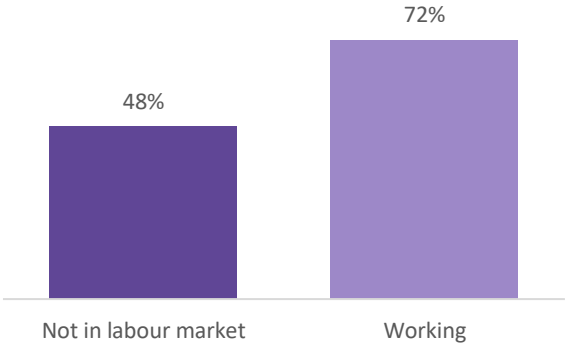


By tenure



By household income

By employment status



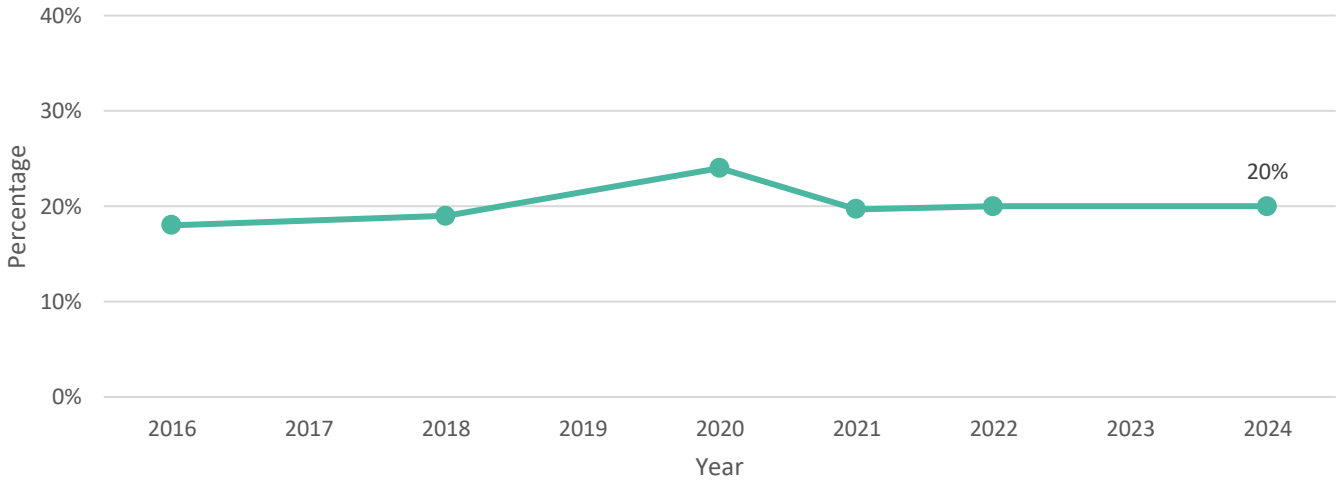
Source: JOLS 2024

Drinking Above Weekly Guidelines

The NHS recommends that adults do not regularly exceed 14 units of alcohol per week.[18]

In Jersey, 1 in 5 adults (20%) report drinking above this limit - slightly lower than in England, where 24% exceed the guideline.[19]

Figure 9. Percentage of adults consuming more than 14 units of alcohol per week, by year (2016 to 2024)



Source: JOLS,[20] HAWS 2021

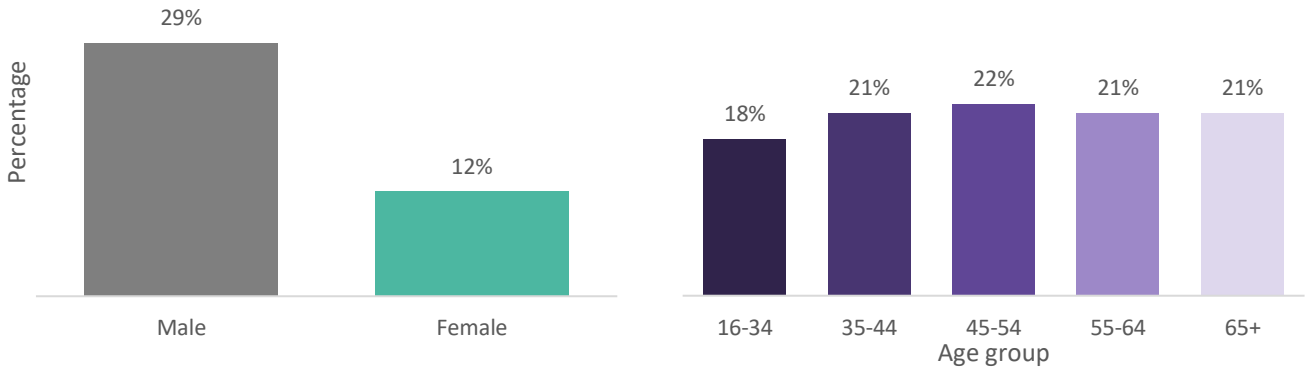
By Gender and Age

- 29% of men exceed the weekly limit, compared with 12% of women
- highest rates are seen in adults aged 35-54 (22%) and those aged 55+ (21%)
- young adults aged 16-34 are the least likely to exceed 14 units (18%)

These findings indicate that excess drinking is more prevalent in middle and older age groups (Figure 10).

Figure 10. Percentages of adults drinking more than 14 units of alcohol per week (2024)

By gender *By age*



Source: JOLS 2024

[18] Alcohol units - NHS
[19] Adult drinking - NHS England Digital
[20] Jersey Opinions and Lifestyle Survey report 2024.pdf

By Income:

Excess drinking is more common at both ends of the income spectrum:

- 22% of adults earning under £20,000
- 25% of those earning £80,000 or more
- middle-income earners are less likely to exceed the limit (15-17%)

By Employment, differences by employment status are minimal:

- 19% of employed adults exceed the weekly limit, compared to 21% of those not in the labour market

By Wellbeing:

- Adults with medium wellbeing are most likely to exceed 14 units (24%), compared to:
  - 20% with high/very high wellbeing
  - 13% with low wellbeing

This may reflect varied coping strategies where some people may reduce alcohol for health reasons, while others may use it to manage stress.

Moderation and Alcohol-Free Days

The majority of drinkers in Jersey (79%) report having at least three alcohol-free days per week, aligning with UK guidelines aimed at reducing alcohol-related harm.[21] This suggests a generally moderate pattern of alcohol use across the island.

Hazardous and Harmful Drinking

Screening for Risk: The FAST Alcohol Screening Test

The Fast Alcohol Screening Test (FAST)[22] is a validated tool designed to identify potentially hazardous or harmful drinking behaviours**.** Originally intended for use in clinical settings, FAST uses four questions to assess frequency and impact of alcohol use (see Table 1 for scoring).

In the 2024 Jersey Opinions and Lifestyle Survey (JOLS)**,** FAST was included as part of the self-completion questionnaire. A score of 3 or more on the test indicates a potentially hazardous or harmful drinking pattern**.**

[21] Drink less alcohol - Better Health - NHS
[22] Fast alcohol use screening test

Table 1: FAST Scoring system

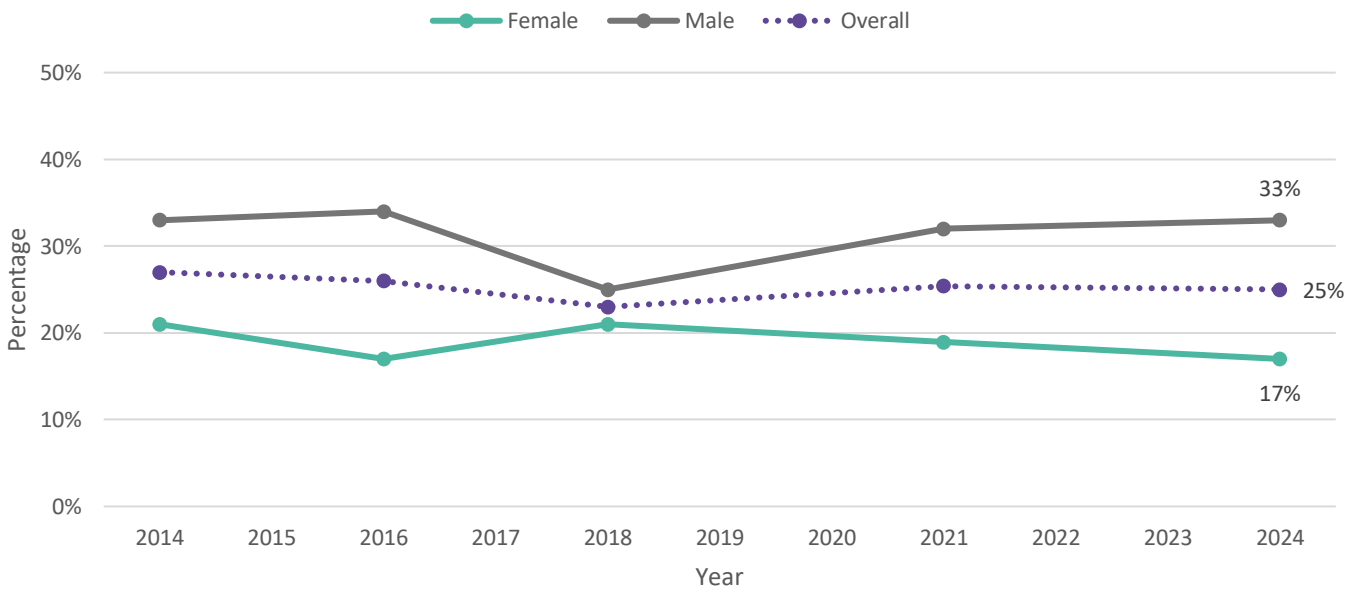
	Scoring System				
Questions	***0***	***1***	***2***	***3***	***4***
How often do you have 8 (men) / 6 (women) or more drinks on one occasion	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Only answer the following questions if your answer above is monthly or less					
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, in the last year

Scoring: a total of 3 or more indicates hazardous or harmful drinking
Source: Gov.uk

FAST Screening Tool

- 25% of drinkers in Jersey scored 3 or above on the FAST test, indicating hazardous or harmful drinking
- men (33%) were nearly twice as likely as women (17%) to score in the hazardous range
- these levels have remained broadly stable since 2014, with little overall change

Figure 11. Percentage of Adults Drinking at Harmful or Hazardous Levels (2014 to 2024)



Source: JOLS,[23] HAWS 2021

[23] Jersey Opinions and Lifestyle Survey report 2024.pdf

Patterns by Age, Income, and Housing Tenure

The data reveal several key sociodemographic patterns.

By Age:

- 35% of drinkers aged 16-34 scored as hazardous/harmful drinkers; this falls to 15% among adults aged 65 and over

By Household Income:

- Highest rates were observed at both ends of the income spectrum:
  - 25% of those earning £80k+
  - 22% of those earning less than £20k
- Lower rates were seen among middle-income groups:
  - 15% in the £40k-£59k band
  - 17% in the £20k-£39k and £60k-£79k brackets

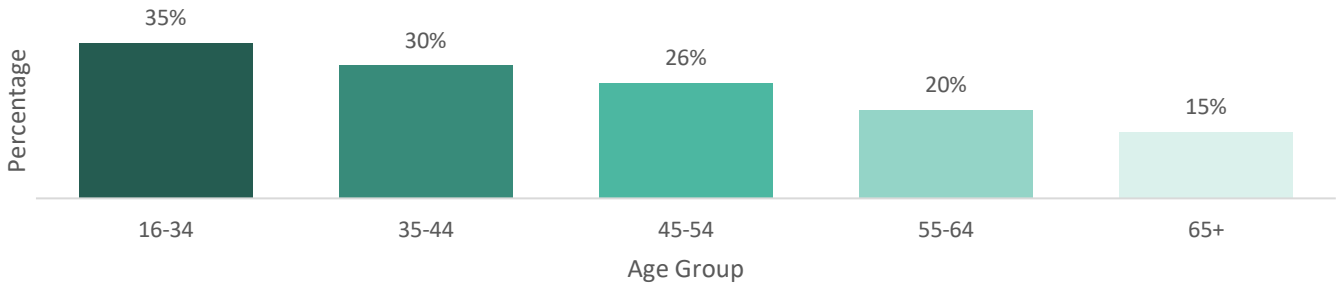
By Housing Tenure:

- Highest rates were seen among:
  - non-qualified residents had the highest rate of hazardous drinking (25%)
  - owner-occupiers also showed elevated rates (23%)
- Lower rates were seen among:
  - qualified rental tenants (16%)
  - social housing tenants (12%)

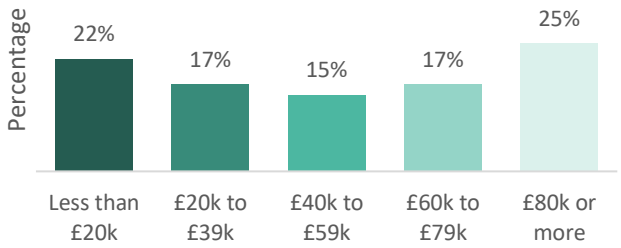
These findings indicate that hazardous drinking is not confined to socially disadvantaged groups. In fact, it appears more common among those with greater affordability and potentially lower engagement with health services or prevention messaging.

Figure 12. Percentage of adults with a FAST score indicating drinking at harmful or hazardous levels (2024)

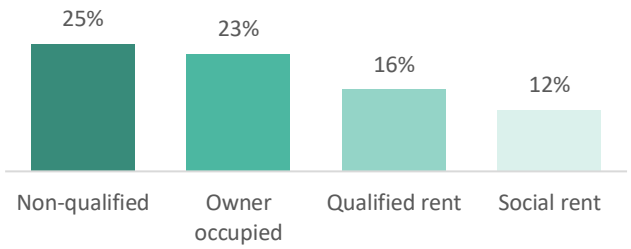
By age group



By household income



By tenure



Source: JOLS 2024

Alcohol Use and Pregnancy

As part of routine antenatal assessments, the hospital maternity department collects information on alcohol consumption. While not all mothers respond to every question, the available data from 2024 provides a partial but informative snapshot of alcohol use in the period leading up to pregnancy.

Alcohol Consumption Before Pregnancy

Of the births recorded in Jersey in 2024, 580 mothers (81%) provided information on their alcohol consumption prior to becoming pregnant. The data suggest that while a significant proportion of women reported drinking infrequently, regular alcohol use before pregnancy remains relatively common.

- Just over a quarter (26%) of mothers reported that they *never* drank alcohol before pregnancy
- the largest group (43%) said they drank *monthly or less*, indicating occasional or social drinking patterns
- one in four (25%) reported drinking *2-4 times per month*, while a smaller proportion (7%) reported drinking *two or more times per week*

These findings highlight that although most women did not drink frequently prior to pregnancy, a considerable number reported patterns of regular consumption.

Alcohol Units Consumed

Further detail on the amount of alcohol consumed was available from 419 mothers (59%). Among this group:

- 64% consumed 1-2 units on a typical drinking occasion
- 26% consumed 3-4 units
- 8% reported drinking 5-6 units, and
- 2% consumed 10 or more units

This data suggests that most women drank within low to moderate levels prior to pregnancy. However, a small proportion reported higher levels of intake, which could present risks to maternal and foetal health depending on timing and frequency.

Binge Drinking Before Pregnancy

Information about binge drinking, defined as consuming more than 6 units on a single occasion was provided by 493 mothers (69%). Among them:

- 65% reported never binge drinking
- 26% did so less than monthly
- 4% binge drank monthly, and
- 5% reported binge drinking weekly

While the majority of respondents reported avoiding binge drinking, a small but notable proportion indicated regular episodes of high-risk alcohol use before pregnancy.

This is important in the context of early foetal development, especially among women who may not have been aware of their pregnancy when drinking.

Alcohol Use in Children and Young People

Overall Drinking Patterns

Alcohol use among young people in Jersey continues to show encouraging signs of decline in the early teen years, with many delaying their first experience of alcohol until later adolescence.

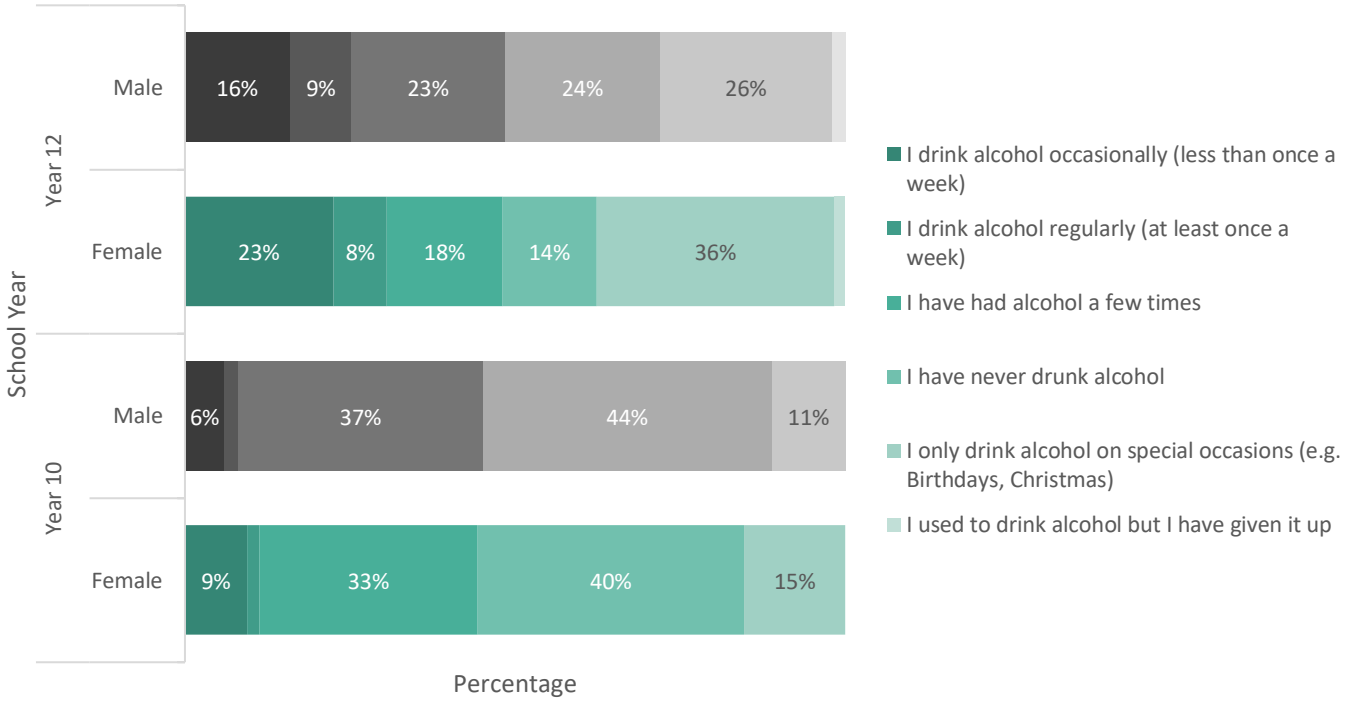
The majority of young people in Years 8 and 10 report either abstaining completely or drinking only occasionally, and regular weekly drinking remains rare. However, by Year 12, a significant proportion of students are drinking more frequently, with some reporting episodes of heavy intoxication.

According to the 2024 Jersey Children and Young People's Survey[24] (JCYPS):

- 55% of students across Years 6, 8, 10 and 12 reported never having consumed alcohol, up from 52% in 2021
- fewer than 1 in 10 (9%) reported drinking occasionally or regularly
- Year 12 students continue to show the highest rates of alcohol use, with 31% of girls and 25% of boys drinking at least occasionally

These patterns are illustrated in Figure 13, which shows the proportion of students by year group who report any alcohol use. The data reflect an overall decline in early drinking, with a clear age-related increase in alcohol consumption that becomes more pronounced in the later school years.

Figure 13. Young people's drinking habits (2024)



Source: Jersey Children and Young People's Survey 2024

[24] Statistics Jersey - JCYPS 2024 report

Age and Gender Patterns in Alcohol Use

Data from the 2024 Jersey Children and Young People's Survey (JCYPS) shows that most young people in Jersey abstain from alcohol, particularly at younger ages. However, drinking becomes more common as students' progress through school.[25]

- among Year 10 students (ages 14-15), 44% of boys and 40% of girls reported never having consumed alcohol, while around one-third had only tried it a few times
- regular weekly drinking remains rare in this age group (2% for both boys and girls), though occasional drinking (less than once per week) is more common among girls (9%) than boys (6%)
- in Year 12 (ages 16-17), alcohol use increases notably: only 24% of boys and 14% of girls reported never drinking, while 8-9% of both genders reported regular weekly use

These patterns show that alcohol consumption generally increases with age, but many young people especially in younger year groups still abstain or drink infrequently. Interestingly, girls in Year 12 are more likely than boys to drink on special occasions, while boys are more likely to have never tried alcohol.

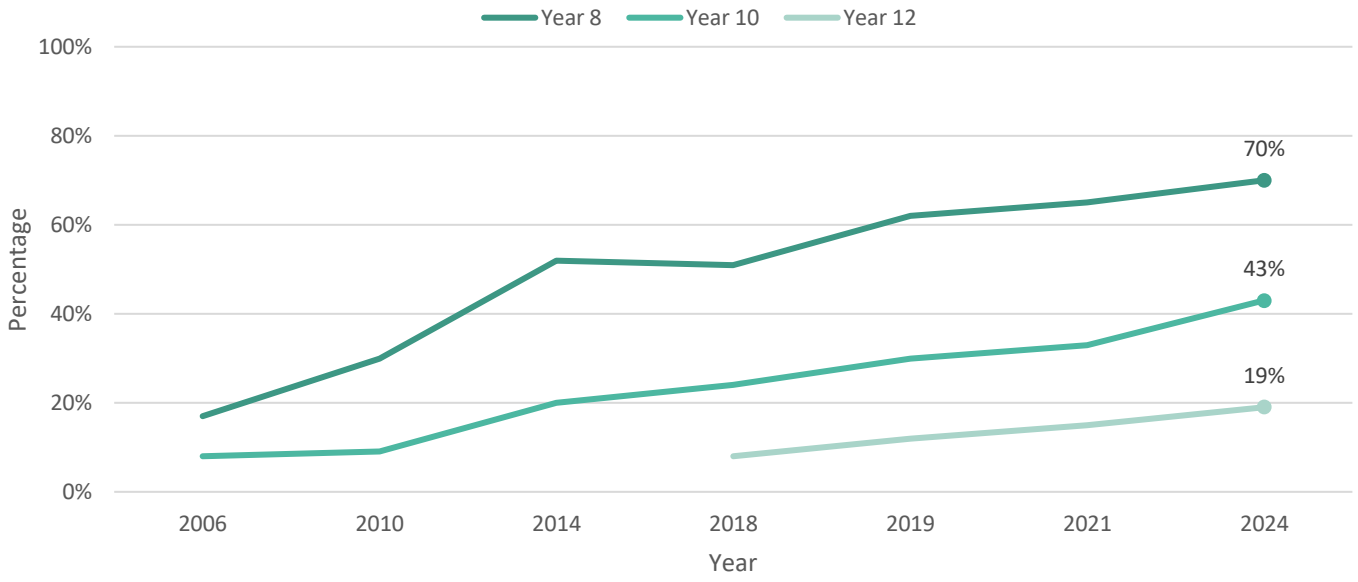
Long-Term Decline in Youth Alcohol Use

There has been a marked rise in abstinence among school-aged children over the past two decades, particularly in younger year groups:

- in Year 8 (ages 12-13), the percentage of students who had never drunk alcohol rose from 17% in 2006 to 70% in 2024
- in Year 10, this increased from 8% to 43% over the same period
- among Year 12 students, the percentage who had never drunk alcohol increased from 8% in 2018 (the first-year data were available) to 19% in 2024

This long-term decline in youth alcohol use is illustrated in Figure 14, highlighting the growing cultural movement among young people toward reduced or delayed alcohol consumption.

Figure 14. Percentage of young people in Years 8 (aged 12-13) and 10 (aged 14-15), and Year 12 (aged 16-17) who have never drunk alcohol, 2024



Source: Jersey Children and Young People's Survey

[25] Statistics Jersey - JCYPS 2024 report

Drinking Frequency by School Year

Alcohol consumption becomes more frequent with age:

- in Year 8, only 2% of students reported drinking occasionally (less than once per week), with none reporting regular drinking
- by Year 10, occasional drinking increased to 8%, and regular drinking to 2%
- in Year 12, 20% drank occasionally and 8% drank regularly - meaning over one in four students in this age group consume alcohol on a regular basis

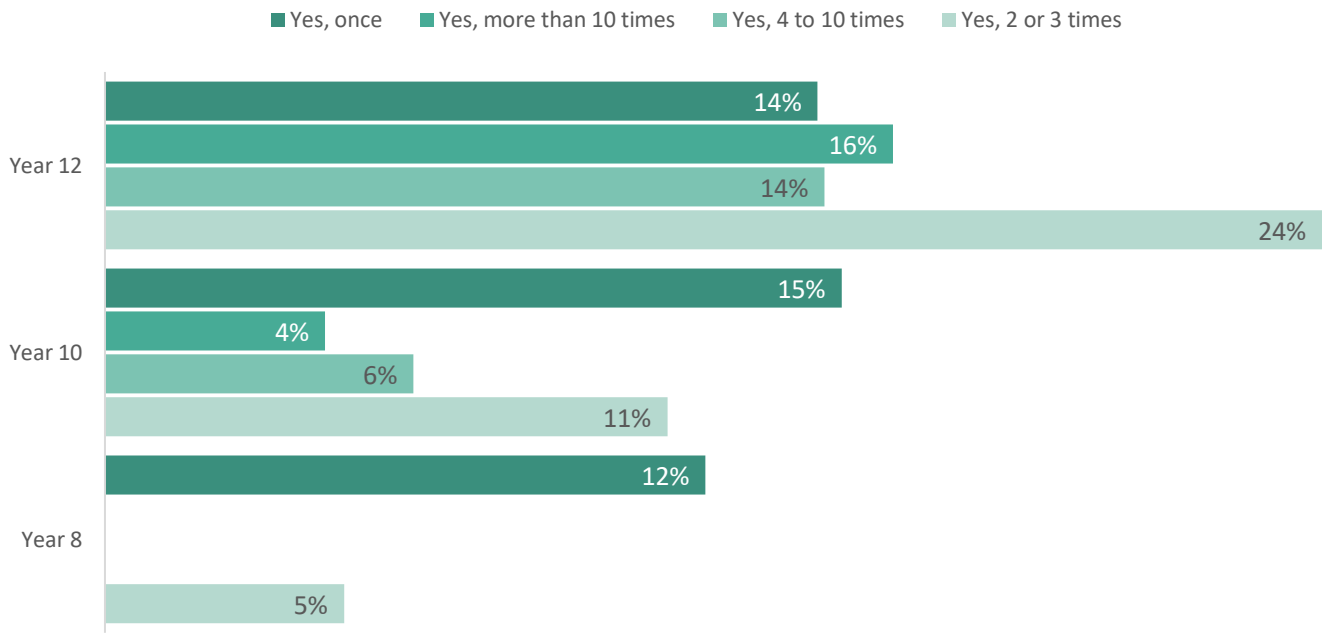
Experience of Intoxication

Experience of being "really drunk" also increases with age and shows gender differences:

- girls were more likely than boys to report having been “really drunk”
- conversely, 62% of boys said they had never been drunk, compared to 49% of girls

Figure 15 illustrates these differences in reported experiences of intoxication, highlighting the need for age and gender-sensitive approaches to alcohol education and harm reduction among young people.

Figure 15. Percentage of children that report ever having so much alcohol that you were really drunk? (2024)



Source: Jersey Children and Young People's Survey 2024

This suggests that while overall consumption is similar, girls may be more likely to engage in heavier drinking on specific occasions.

Frequency of Alcohol Use in the Past Year

Reported alcohol use in the past year varied significantly by year group:

- Year 8:
  - 82% had not drunk alcohol in the past year
  - 17% had tried it once or a few times
- Year 10:
  - 64% were alcohol-free in the past year
  - 21% had drunk 2-10 times
  - 4% had consumed alcohol more than 10 times
- Year 12:
  - 32% were alcohol-free
  - 54% had consumed alcohol more than once
  - 16% reported drinking more than 10 times in the past year

These findings reinforce the trend of gradual and progressive increases in alcohol use as children age, with a significant shift occurring between Year 10 and Year 12.

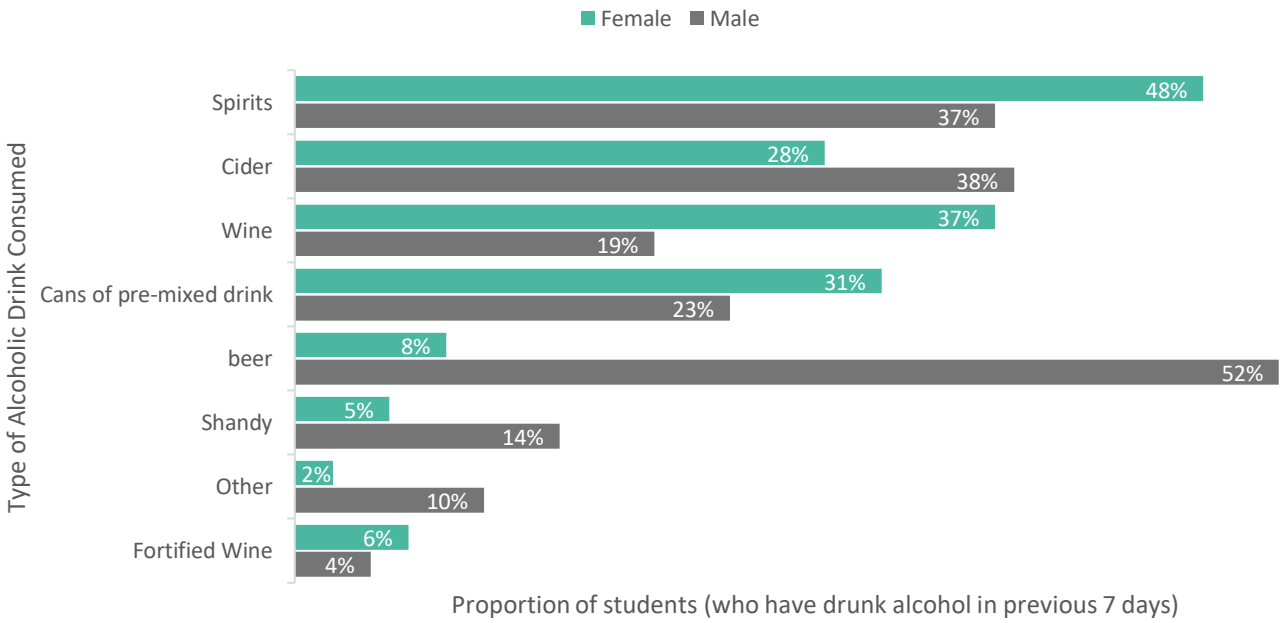
Types of Alcohol Consumed

Among young people who had consumed alcohol in the past seven days, clear gender preferences emerged:

- spirits were the most commonly consumed drink across genders, particularly among girls (48%) and also boys (37%)
- beer was most popular with boys (52%), but far less common among girls (8%)
- wine and pre-mixed cans were more popular among girls (37% and 31%) than boys (19% and 23%)
- cider was consumed by both genders, though more often by boys (38%) than girls (28%)

While spirits are broadly popular among young people, the data reveal distinct gender-based preferences in the types of alcohol consumed. As shown in Figure 16, boys are more likely to drink beer and cider, whereas girls tend to favour spirits, wine, and pre-mixed drinks.

Figure 16. Percentage consuming each type of drink, Years 8, 10 and 12 (2024)



Source: Jersey Children and Young People's Survey 2024

Health and Functional Impacts of Alcohol Use

Impact on Daily Responsibilities

Alcohol consumption can have significant consequences on an individual's ability to meet daily responsibilities, including work, family, and social obligations.

Data from the Jersey Opinions and Lifestyle Survey (JOLS) indicate that, for most adults in Jersey, alcohol does not frequently interfere with their expected duties. However, a small proportion report regular issues due to drinking.[26]

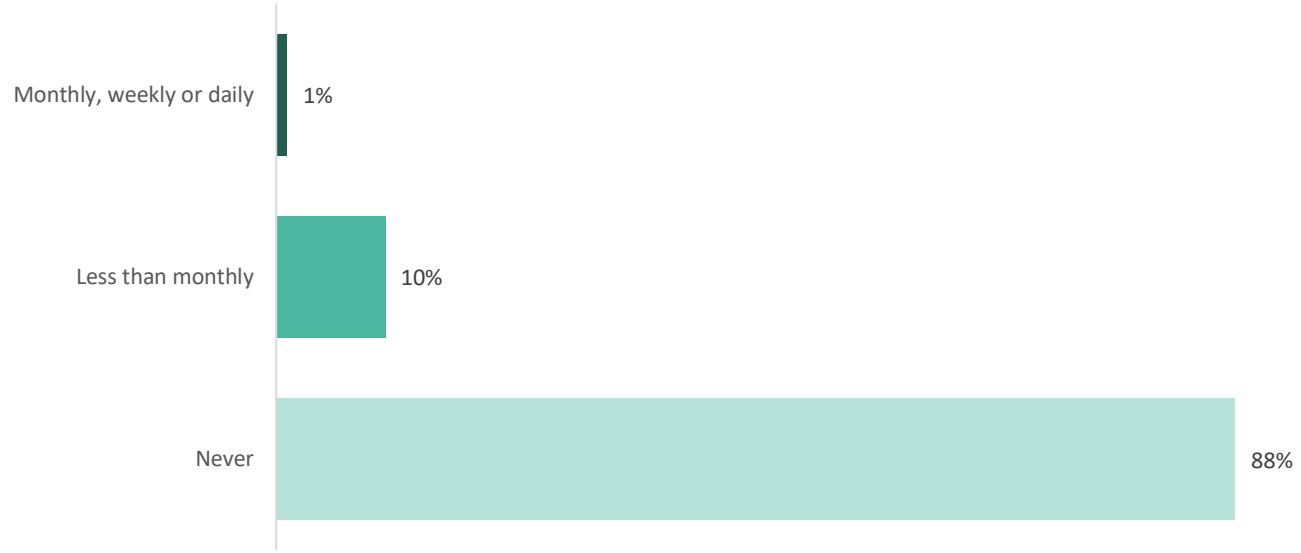
The Jersey Opinion and lifestyle Survey 2024 asked questions to identify the effect of alcohol on some aspects of a person's ability to function. The questions were:

1. How often in the last year have you failed to do what was normally expected of you because of your drinking? (Figure 17)
2. How often in the last year have you been unable to remember what happened the night before because you had been drinking? (Figure 18)
3. Has a relative, friend, doctor or other health-worker been concerned about your drinking or suggested that you cut down? (Figure 19)

The survey found that:

- the vast majority of adults in Jersey (88%) report that they have never failed to meet their responsibilities due to alcohol in the past year; however, one in ten (10%) indicated that this had occurred on rare occasions, less than once a month.
- while infrequent, a small but concerning 1% of adults reported experiencing this issue on a monthly, weekly, or even daily basis, highlighting a potential risk for alcohol-related harm and dependency

Figure 17. How often in the last year have you failed to do what was expected of you because of your drinking (Monthly, weekly and daily combined) (2024)



Source: JOLS

[26] Jersey Opinions and Lifestyle Survey report 2024.pdf

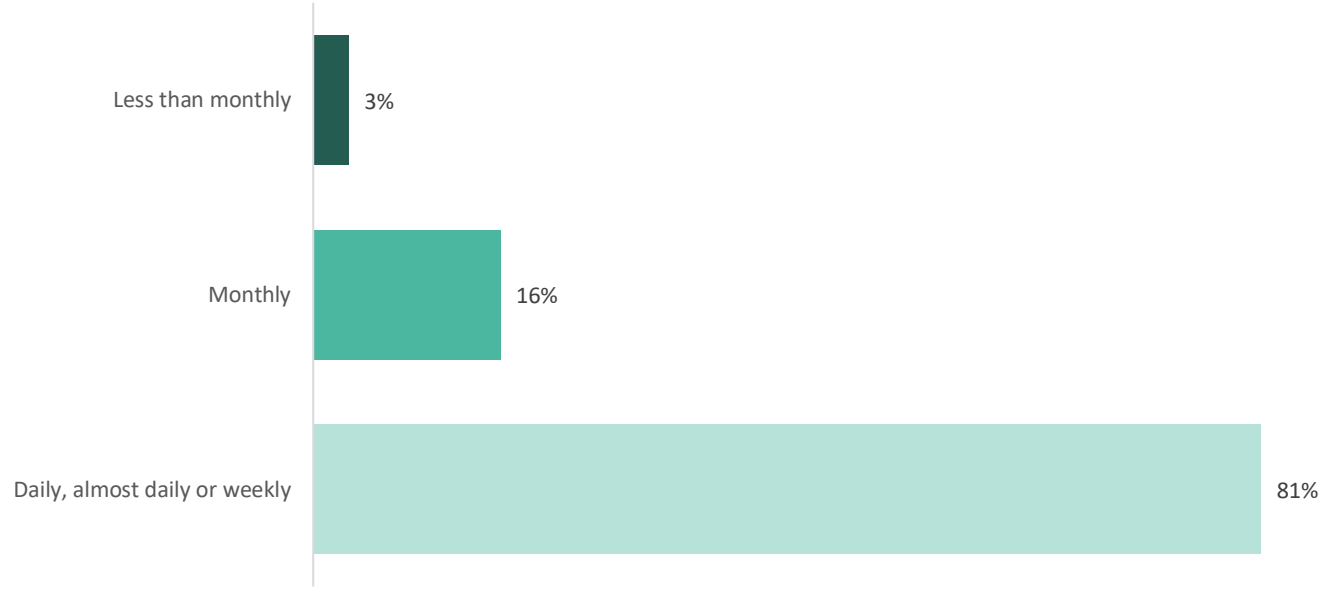
Memory Loss Due to Alcohol

Experiencing memory loss due to alcohol consumption, often referred to as a "blackout," can be a sign of excessive drinking and an indicator of potential alcohol-related harm.[27]

The JOLS survey[28] found that:

- the majority of adults in Jersey (81%) report that they have never been unable to remember what happened the night before due to drinking in the past year; however, 16% indicated that this had happened on rare occasions (less than monthly), suggesting that occasional excessive drinking is relatively common
- a small but concerning 3% of adults reported experiencing alcohol-related memory loss on a monthly, weekly, or even daily basis

Figure 18. How often in the last year have you been unable to remember what happened the night before (Monthly, weekly and daily combined) [29] ***(2024)***



Source: JOLS

Concern Raised by Others About Drinking

Alcohol misuse can have wide-ranging health and social consequences, and concerns raised by relatives, friends, or healthcare professionals can serve as an important indicator of problematic drinking behaviour.

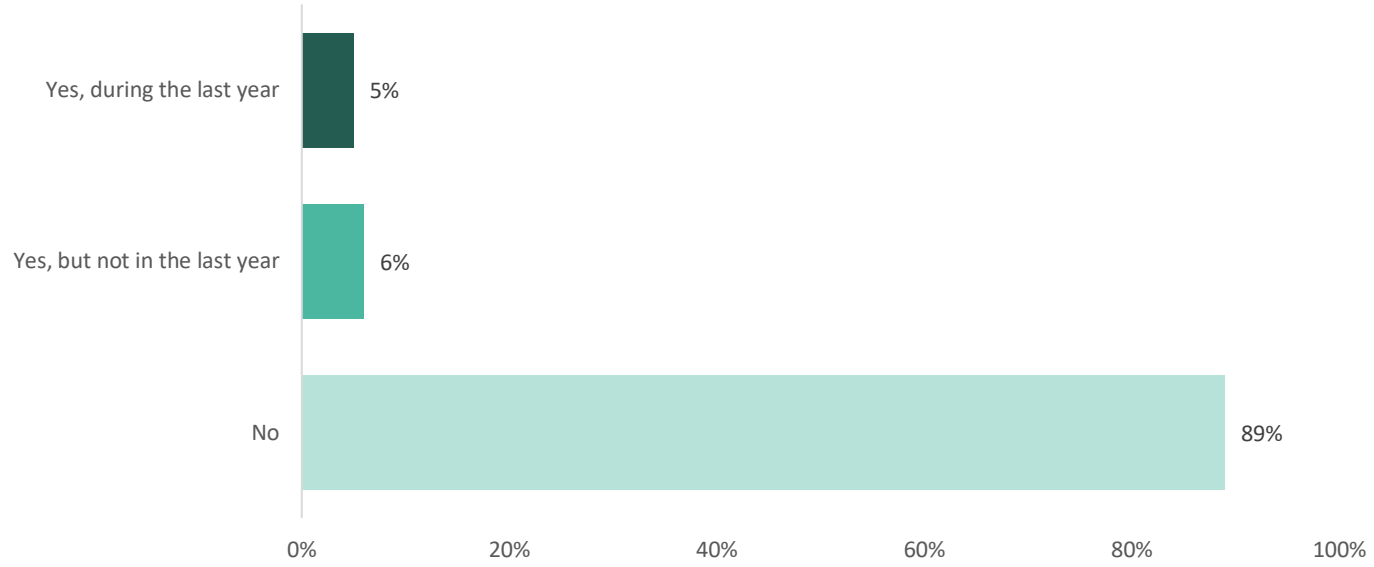
- the majority of adults in Jersey (89%) report that they have never had a relative, friend, doctor, or other health professional express concern about their drinking or suggest that they cut down
- however, 6% of adults reported receiving such advice at some point in the past, and 5% stated this had occurred within the last year, indicating a small but notable group who may be engaging in harmful drinking patterns

[27] Alcohol-induced blackouts: A review of recent clinical research with practical implications and recommendations for future studies - PMC

[28] Jersey Opinions and Lifestyle Survey report 2024.pdf

[29] Numbers might not sum to totals throughout this report as they have been independently rounded.

Figure 19. Has a relative, friend, doctor or other health-worker been concerned about your drinking (2024)



Source: JOLS

Alcohol-Related Consequences and Concerns by Age in Jersey

Alcohol consumption can have significant social, cognitive, and health-related consequences.[30] Data from the Jersey Opinions and Lifestyle Survey (JOLS) highlight important trends across different age groups, showing that younger adults are more likely to experience negative effects from alcohol compared to older age groups.

Impact of Alcohol on Responsibilities by Age

Failing to meet responsibilities due to alcohol consumption is relatively rare across all age groups, but younger adults are more likely to experience this issue:

- 16-34-year-olds have the highest proportion (17%) of individuals who have failed to meet their responsibilities due to alcohol at least once in the past year, compared to just 5% of those aged 55+
- the likelihood of experiencing this consequence declines with age, with 94% of those aged 55-64 and 95% of those aged 65+ reporting they have never failed to meet responsibilities due to drinking

Memory Loss by Age Group

Experiencing memory loss after drinking is a key indicator of excessive alcohol consumption and potential alcohol misuse.

- one-third (34%) of 16-34-year-olds have been unable to remember what happened the night before at least once in the past year, the highest of any age group
- the proportion experiencing alcohol-related memory loss declines with age, with only 10% of 55-64-year-olds and 6% of those aged 65+ reporting ever experiencing this issue in the past year
- younger adults are at a significantly higher risk of binge drinking and excessive alcohol consumption, contributing to these memory-related consequences

[30] Alcohol and the Brain: An Overview | National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Concerns Raised About Drinking Habits by Age

Concerns about an individual's drinking from family, friends, or healthcare professionals can be an important sign of problematic drinking behaviours.

- 16-34 year olds are the most likely to have been advised to cut down their drinking, with 7% receiving this advice in the past year and 6% at some point in the past
- the proportion receiving concerns about their drinking decreases with age, with only 4% of 55-64-year-olds and 3% of those aged 65+ reporting concerns raised in the last year
- while older adults report fewer concerns about their drinking, those aged 45-54 have a slightly higher percentage (9%) of individuals who have been advised to cut down at some point in their lives

Alcohol Pathway Team and Support Services in Jersey

Role and Interventions of the Alcohol Pathway Team

The Alcohol Pathway Team, part of the Alcohol and Drug Service, provides free, specialist support to individuals at high risk from alcohol use or diagnosed with Alcohol Dependence Syndrome. Their role includes:

- Early identification and brief interventions for problematic alcohol use
- Planned detoxification and guided reduction programmes
- Relapse prevention support
- In-hospital care coordination for individuals with Alcohol Dependence Syndrome

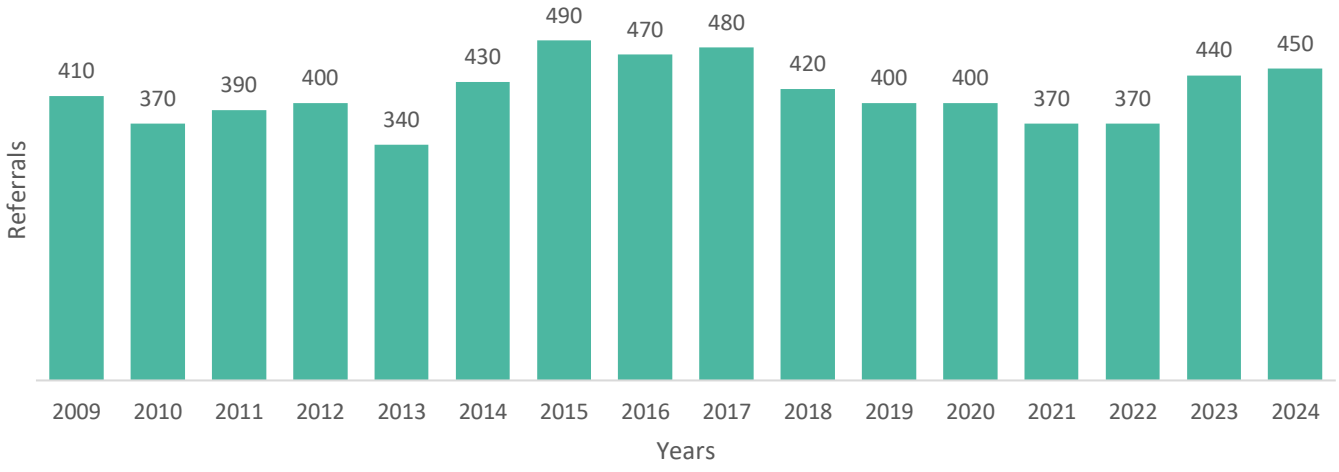
The team also works with young people under 25, in collaboration with education providers and youth services, to ensure consistent, up-to-date messaging about alcohol and drugs.

They contribute to preventing alcohol-related foetal harm and deliver training to health and allied professionals across the public sector.

Alcohol-Related Referrals to the Drug and Alcohol Service

In 2024, approximately 450 people were referred for alcohol-related support, according to data from the Alcohol Pathway Team.

Figure 20. Referrals to the Drug and Alcohol Service for problems with Alcohol (2009 to 2024)



Source: Government of Jersey Alcohol Team, numbers rounded to the nearest 10

Alcohol Referrals to the Drug and Alcohol Service (Jersey)

Between 2009 and 2024:

- average referrals: 414 per year
- highest: 490 (2015)
- lowest: 340 (2013)
- decline noted in 2020–2021 during the pandemic
- recent increase to 450 in 2024 may reflect rising need, increased awareness, or post-pandemic changes in service engagement

Alcohol Treatment and Support Services in Jersey

Alcohol Treatment and Support Services in Jersey

The service provides detoxification, harm reduction, and support for people affected by alcohol.

Treatment Engagement

A new outcome evaluation tool, SURE, was introduced in January 2024. It measures alcohol consumption, health, and quality of life changes, but results were not yet available for this report.

Improved Data Collection

A new assessment form introduced in 2024 will help track:

- ethnicity
- AUDIT scores
- dual diagnoses
- housing situation
- employment status

This will improve demographic monitoring in future reports.

Harm Reduction and Support Services

While there is no dedicated counsellor, clients engage with nurses, substance misuse workers, psychologists, and youth workers. All sessions include harm reduction content.

A Relapse Prevention Group runs on a rolling 6-week basis:

- open drop-in model (no formal attendance recording)
- 90 clients invited in 2023
- 105 invited in 2024
  Figures rounded to the nearest 5

Alcohol Use Among Young People (Under 25s)

Referral Patterns and Key Concerns

A dedicated team of two Young Persons Substance Misuse Workers provides key working support for young people referred with alcohol-related concerns. In 2023, a little under 20 individuals under the age of 25 were referred where alcohol was identified as the primary concern, while less than 10 additional young people had alcohol listed as a secondary concern. Of these referrals, less than 5 were under the age of 18.

In 2024, referral patterns remained similar, with a little under 20 young people under 25 referred for alcohol as their primary issue, and less than 10 more identified with alcohol as a secondary concern. Notably, the number of under-18s referred doubled to around 10 in 2024 compared to the previous year.

Alcohol and Cancer Risk in Jersey: International Evidence and Local Context

Alcohol is a Group 1 carcinogen, classified by the International Agency for Research on Cancer (IARC) since 1988 — placing it in the same category as tobacco and asbestos.[31] Despite this, public awareness of the link between alcohol and cancer remains limited. In 2025, the World Health Organisation (WHO) highlighted an "alarming" lack of awareness across Europe.

Not everyone who drinks alcohol will develop cancer, but research consistently shows that the risk increases with the amount consumed. Alcohol is a direct cause of at least seven types of cancer: mouth, upper throat (oropharynx), voice box (larynx), oesophagus, breast, liver, and bowel. There is also growing evidence of an association with pancreatic cancer.

In the UK, alcohol is estimated to be responsible for approximately 3.3% of all cancer cases, which equates to around 11,900 new diagnoses each year.[32] Applying this estimate to Jersey where an average of 1,100 malignant cancers were registered annually between 2018 and 2020 suggests that around 35 cancer cases per year in Jersey may be attributable to alcohol consumption.

Jersey's Cancer Registry (2018–2020) consistently records cases of cancers known to be linked to alcohol, including cancers of the mouth, throat, oesophagus, breast, liver, and bowel.[33]

Alcohol-Related Cancers in Jersey (Local Data)

Between 2018-2020, the following numbers of new cancer cases were recorded in Jersey for types known to be linked to alcohol consumption:

Table 2. Numbers of new cancer cases recorded in Jersey for types known to be linked to alcohol consumption (2018-2020)

Cancer Type	*Total Cases*	*Male*	*Female*
Head and neck (including mouth)	102	63	39
Upper gastrointestinal (including oesophageal)	116	76	40
Breast (female)	305	0	305
Hepatobiliary (including liver)	46	26	20
Colorectal	181	97	84

Source: Public Health Intelligence Jersey and National Cancer Registration and Analysis Service (NCRAS)[34]

These figures represent 42**%** of all registered cancers during this period.

While not all cases are directly attributable to alcohol, international and UK evidence indicates that a substantial proportion of certain cancer types are alcohol related. Based on alcohol-attributable fractions, the following estimates apply to key cancer sites:

- **35%** of mouth cancers
- **13%** of oesophageal cancers
- **8%** of breast cancers
- **7%** of liver cancers
- **6%** of colorectal cancers

[31] WHO Global Information System on Alcohol and Health Chapter 2-3
[32] Alcohol and cancer | Alcohol Change UK
[33] Channel Islands Cancer Report
[34] National Cancer Registration and Analysis Service (NCRAS) - GOV.UK

Alcohol Hospitalisation in Jersey

This section presents data on hospital admissions in Jersey that are directly or indirectly related to alcohol consumption, using the latest methodology from the UK Office for Health Improvement & Disparities (OHID).[35]

Two main measures are used:

- alcohol-specific admissions: Hospitalisations where alcohol is wholly responsible for the condition (e.g. alcohol poisoning, alcoholic liver disease)
- alcohol-related admissions (narrow definition): Includes conditions partially attributable to alcohol, such as certain cancers, using updated 2023 methodology

Admissions are counted per episode, not per person, meaning multiple admissions by the same individual are included in totals.

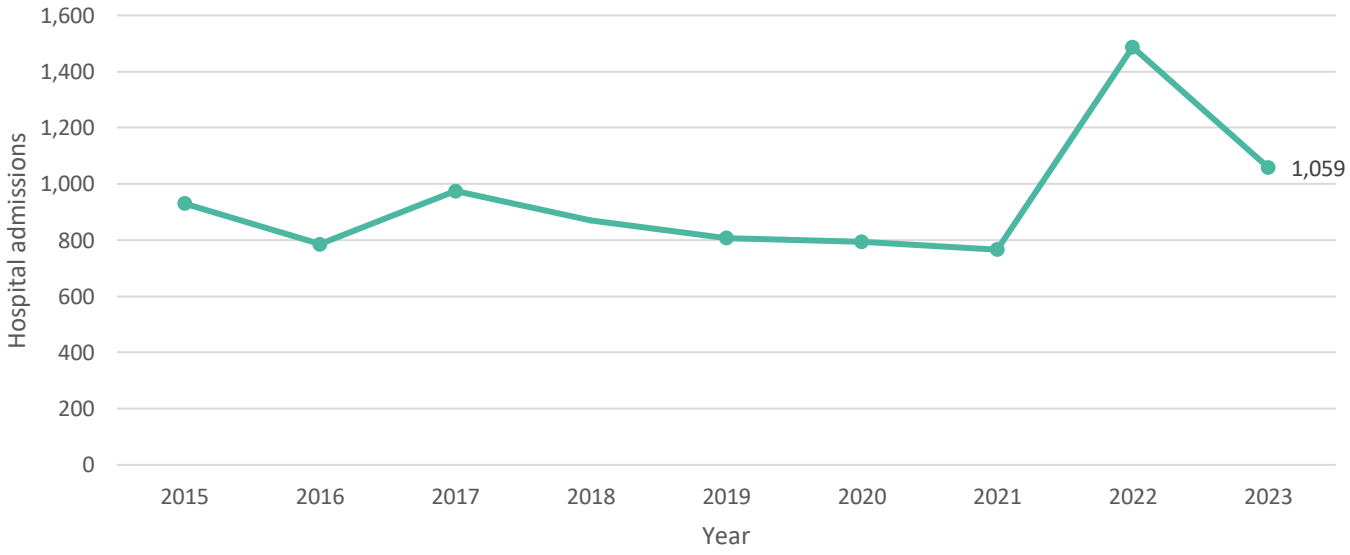
Alcohol-Specific Hospital Admissions (All Ages)

- in 2023, alcohol-specific conditions were responsible for 1,059 hospital admissions in Jersey, equating to a crude rate of approximately 1,022 per 100,000 population; men accounted for 78% of these admissions
- this represents a decline from 2022, when there were 1,487 alcohol-specific admissions, with 72% involving men
- for comparison, between 2021 and 2022, there were 342,795 alcohol-specific hospital admissions in England, equating to a rate of 626 per 100,000 population[36]

Analysis of age-specific data shows that older adults, particularly those aged 45 to 74, experience the greatest share of alcohol-specific admissions. This may reflect the cumulative effects of long-term alcohol use, heightened susceptibility to alcohol-related diseases, and the presence of comorbidities worsened by alcohol.

In contrast, younger age groups accounted for a smaller number of admissions, not necessarily due to lower alcohol use, but because hospitalisation tends to follow prolonged exposure or more severe health outcomes.

Figure 21. Alcohol-Specific Hospital Admissions (2015 to 2023)



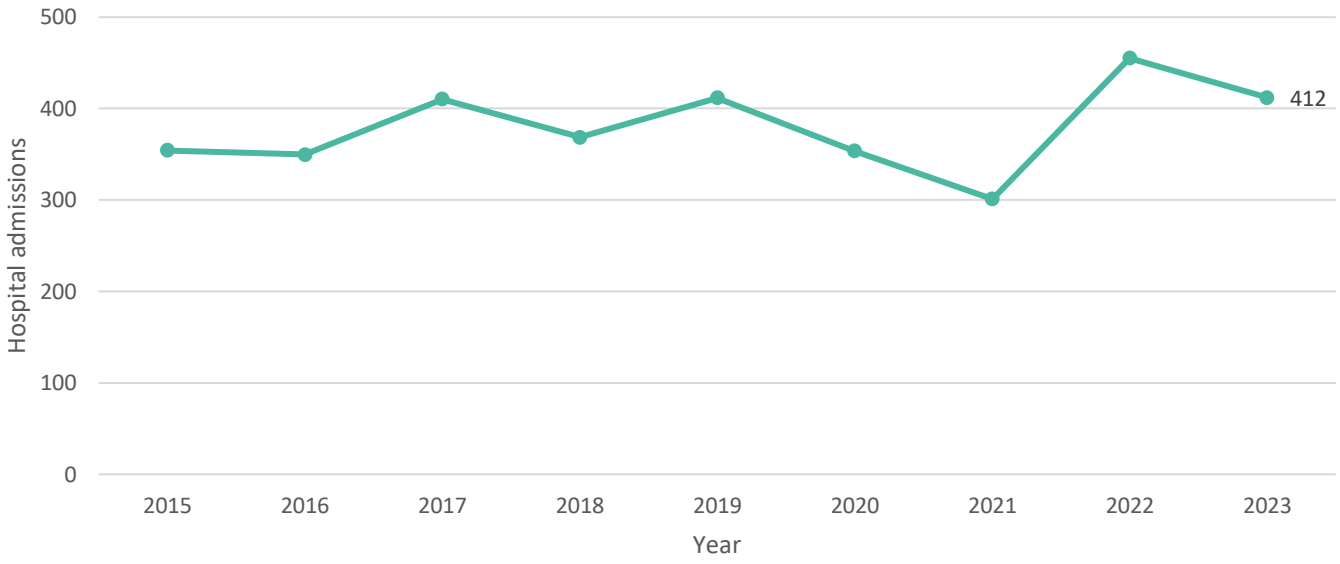
Source: HCS Informatics

[35] Alcohol Profile - Hospital admissions due to alcohol | Fingertips | Department of Health and Social Care
[36] Local Alcohol Profiles for England: short statistical commentary, March 2023 - GOV.UK

Alcohol-Related Hospital Admissions (Narrow Definition)

- the most recent data for Jersey shows that there were 412 alcohol-related hospital admissions (narrow definition) in 2023. This equates to a crude rate of approximately 397 per 100,000 population.
- alcohol-related hospital admissions in Jersey have varied considerably over the past decade, with the number of admissions peaking in 2022 at 455, the highest recorded level during this period
- by comparison, in 2023-2024, there were a total of 280,747 alcohol-related hospital admissions in England, corresponding to a crude rate of approximately 492 per 100,000 population[37]

Figure 22. Alcohol-Related Hospital Admissions (Narrow Definition) (2015 to 2023)



Source: HCS Informatics

Data Caveats and Interpretation

Direct comparisons between Jersey and England should be made with caution:

- differences in clinical coding practices, especially for cancer-related admissions (which account for approximately 25% of alcohol-related admissions), may influence results
- the small size of Jersey's population can lead to greater year-on-year variability, particularly for under-18 data
- admission rates reflect episodes, not individuals, which can inflate numbers if repeat admissions occur

The data required to calculate alcohol-specific hospital admissions and alcohol-related hospital admissions, along with age-standardised rates, was not received in time to allow robust analysis and quality assurance checks to be conducted. This data will be published at later date.

[37] Public health profiles - OHID (phe.org.uk)

Overview of Alcohol-Related Mortality

Alcohol contributes to both direct and indirect mortality. This section explores three key indicators of alcohol-related deaths in Jersey:

Table 3. Definitions of Alcohol-Related Mortality Measures

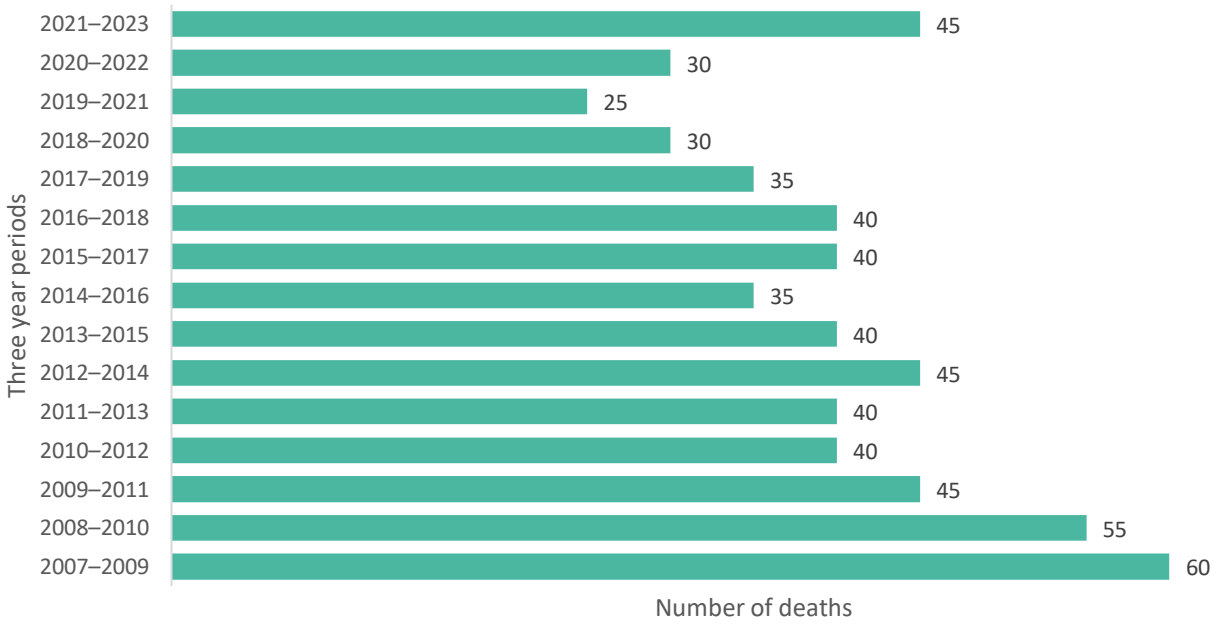
Indicator	*Definition*
Alcohol-specific deaths	Deaths wholly attributable to alcohol, such as alcoholic liver disease, alcohol poisoning, and alcohol-induced mental and behavioural disorders.
Alcohol-related deaths	A broader measure that includes alcohol-specific deaths plus other conditions partially attributable to alcohol, calculated using alcohol-attributable fractions (AAF). Examples include certain cancers, cardiovascular disease, and injuries.

Alcohol-Specific Deaths

Between 2021 and 2023, men accounted for 76% of alcohol-specific deaths, reflecting the higher burden of harm among males, particularly in working-age groups. The majority of deaths occurred in adults aged 45-64, consistent with chronic alcohol-related disease patterns.

While mortality has generally declined since 2007-2009 (approx. 60 deaths), there has been a recent increase to around 45 deaths in 2021-2023, driven by a notably high number in 2023.

Figure 23. Approximate Number of Alcohol-Specific Deaths by 3-Year Period (2007-2009 to 2021-2023)

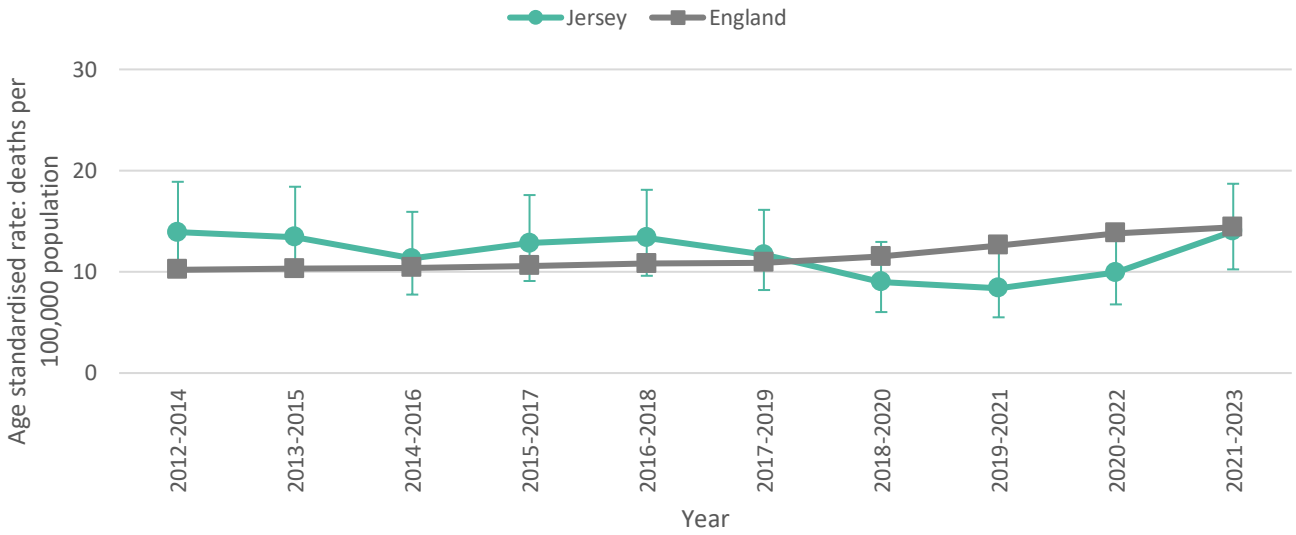


Source: Public Health intelligence Jersey

The age-standardised rate (ASR) of alcohol-specific deaths in Jersey for 2021-2023 was 14.0 per 100,000, comparable with the ASR in England over the same period (14.4 per 100,000).

Jersey's ASR has been statistically similar to England's for the entire period analysed. Jersey's ASR of alcohol-specific deaths has increased from 8.4 per 100,000 in 2019-2021 to 9.9 per 100,000 in 2020-2022 and 14.0 per 100,000 in 2021-2023.

Figure 24. Alcohol-specific deaths rate: all people (2012-2014 to 2021-2023)

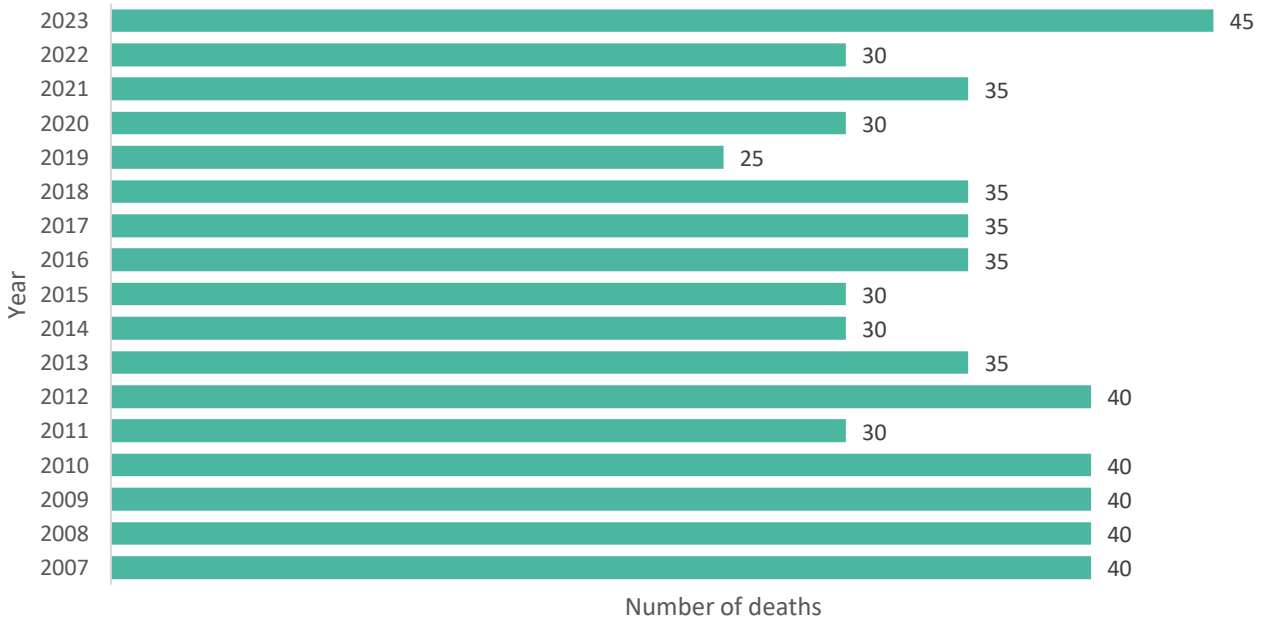


Source: Public Health Intelligence Jersey and Office for Health Improvement & Disparities

Alcohol-Related Deaths

In 2023, around 45 people died from alcohol-related causes; this was a significant increase from previous years. The proportion of alcohol-related deaths attributed to men in 2023 was 80%, the highest recorded since 2017.

Figure 25. Approximate Number of Alcohol-Related Deaths by Year (2007 to 2023)

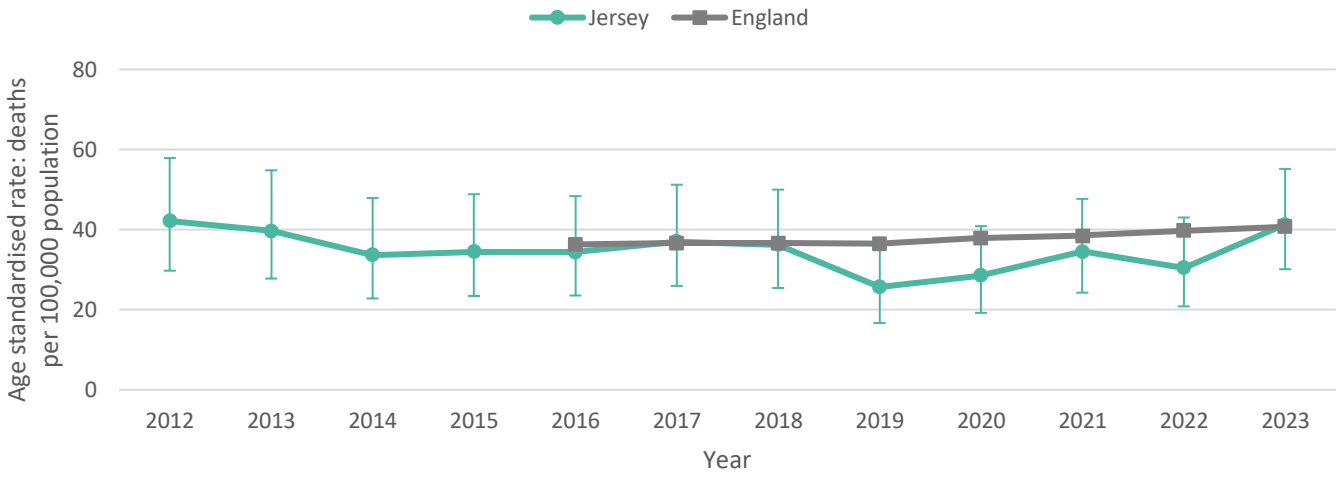


Source: Public Health intelligence Jersey

The age-standardised rate (ASR) of alcohol-related deaths in Jersey for 2023 was 41.3 per 100,000, comparable with the ASR in England for the same period (41.0 per 100,000).

Jersey's ASR has been statistically similar to England's for the entire period analysed. Jersey's ASR of alcohol-related deaths has fluctuated since 2018, with a recent increase from 30.5 per 100,000 in 2022.

Figure 26. Alcohol-related deaths rate: all people, Jersey and England (2012 to 2023)



Source: Public Health intelligence Jersey and Office for Health Improvement & Disparities

Wider effects of alcohol on Crime and Safety in Jersey

Recording Changes and Data Limitations

As of 2023, the States of Jersey Police have updated the way they record substance involvement in crime. Alcohol and drug-related incidents are now grouped under a combined "alcohol/drug involvement" category, which prevents direct comparison with historical alcohol-only data.

As a result, the following datasets are no longer reported separately:

- Crimes involving alcohol
- Offences against the person involving alcohol
- Domestic crimes linked to alcohol

Alcohol and Crime in the Night-Time Economy (NTE)

While causality cannot be inferred, the correlation between alcohol availability, night-time settings, and violent/sexual offences is well established.

The Night-Time Economy (NTE), particularly in St. Helier between 8pm and 4am, remains a setting where alcohol-related harm and disorder are concentrated. In 2023 and 2024, a total of 600 offences were recorded in the NTE, with an increase from 280 in 2023 to 320 in 2024.

Note on data rounding:

To protect privacy and minimise disclosure risk, figures have been rounded to the nearest 5. As a result, some totals may not exactly match the sum of individual categories.

Key Offence Types in the NTE

Offences against the person made up the largest share of incidents:

- common assault: 430 cases (190 in 2023; 235 in 2024)
- grave/criminal assault: 90 cases
- disorder/anti-social behaviour: 40 cases

Sexual offences also rose:

- from 15 cases in 2023 to 20 in 2024 (total: 35)
- sexual touching of a female without consent increased (from 10 to 15 cases)
- other sexual offences included rape, indecent exposure, and sexual touching of males

Table 4. Summary of night time economy-related offences NTE 2023 to 2024)

	2023	***2024***	***Total***
Common assault	190	235	430
Grave/criminal assault	50	40	90
Disorder/anti-social behaviour	20	20	40
All sexual offences	15	20	35
Total offences (all categories)	280	320	600

Source: Jersey Police

Alcohol, Drugs, and Driving: DIC Offences in Jersey (2023-2024)

Between 2023 and 2024, a total of 250 Driving or In Charge (DIC) offences were recorded in Jersey. These offences include individuals found to be driving or in control of a vehicle while under the influence of alcohol, drugs, or those who refused to provide a specimen when required by police.

- alcohol-related DICs accounted for the majority of incidents, with 150 offences over the two-year period approximately 60% of the total
- refusals to supply a specimen (e.g. breath, blood, or urine) were recorded in 35 cases, raising concern about attempts to avoid detection and enforcement
- drug-related DICs, although relatively low, showed a slight increase over the two-year period

DICs and Road Traffic Collisions (RTCs):

- 40 DICs were linked to road traffic collisions, of which 35 involved alcohol
- the number of alcohol-related RTCs increased from 10 in 2023 to 20 in 2024, suggesting a rise in alcohol-related road risk
- a further 15 DICs involved hit-and-run collisions, the majority involving alcohol.

All Other DICs:

- the largest category of offences (190 cases) were not associated with a collision, but still involved individuals driving or in charge under the influence
    - alcohol was a factor in 150 of these offences
    - refusals to supply a sample were also most common in this category (35 cases)

Implications for Public Health and Road Safety

The data highlights a sustained and significant role of alcohol in impaired driving incidents in Jersey. The increase in alcohol-related RTCs in 2024 is a particular concern, especially in light of ongoing public health and road safety efforts. The continued presence of cases where individuals refuse to provide a specimen also raises enforcement and compliance issues.

Alcohol Related Social Security Expenditure

Types of Benefits Affected

The Social Security Department (Employment, Social Security and Housing) provides three types of sickness benefits for Jersey residents:

- **short-Term Incapacity Allowance (STIA)**: Typically authorised by GPs, this benefit is paid to working-age claimants who meet the required contribution conditions for periods of incapacity lasting between 2 and 364 days
- **long-Term Incapacity Allowance (LTIA)**: An assessed allowance for working-age individuals with a long-term loss of faculty who meet the necessary contribution conditions. Unlike STIA, claimants may continue working while receiving this benefit
- **invalidity Benefit (INV)**: No longer available to new claimants since the introduction of LTIA in 2004 but continues to be paid to those who were already receiving it. Unlike LTIA, claimants on Invalidity Benefit cannot undertake work while claiming

The Social Security Department categorises alcohol-related sickness or ailments under four classifications:

- Alcoholism
- Detox
- Drug and substance dependency
- Liver disease (including alcohol-related conditions) and cirrhosis

Expenditure on Alcohol-Related Benefit Claims in 2024

In 2024, the Social Security Department spent £633,000 on approximately 120 claims related to alcohol-related sickness and ailments. Nearly half (48%) of this expenditure - £301,600 - was attributed to 60 claims for alcoholism.

Alcohol-related benefit expenditure has declined over time, from £946,300 in 2010 to £633,000 in 2024 (Figure 27). However, expenditure on claims for alcoholism specifically increased by 4% compared to 2019 (£291,300) but remains 13% lower than in 2014 (£339,900).

In 2024, in Jersey:

- A total of £301,600 was paid out for alcoholism-related claims, comprising:
  - £207,900 for LTIA
  - £30,300 for Invalidity Benefit
  - £63,300 for STIA
- Alcohol-related benefit claims accounted for 1% or less of all claims in each category
- LTIA claims for alcoholism covered approximately 12,600 days, while STIA claims covered 1,600 days, with claimants not working during this period
- A total of 15,100 days were claimed due to alcoholism across all benefits in 2024

Trends in Alcohol-Related Benefit Claims Over Time

The following trends in alcohol-related benefit claims are broken down by benefit type:

Long-Term Incapacity Allowance (LTIA)

LTIA payments have steadily increased, rising from £56,300 in 2006 to £225,866 in 2024. This trend may indicate a growing financial burden due to long-term health conditions linked to alcohol use. The most notable increase occurred between 2009 and 2013.

Invalidity Benefit

Invalidity Benefit payments have declined sharply, from £208,203 in 2006 to £30,343 in 2024. The most significant drop occurred between 2012 and 2014, possibly due to policy changes, stricter eligibility criteria, or a shift in the classification of alcohol-related incapacity.

Short-Term Incapacity Allowance (STIA)

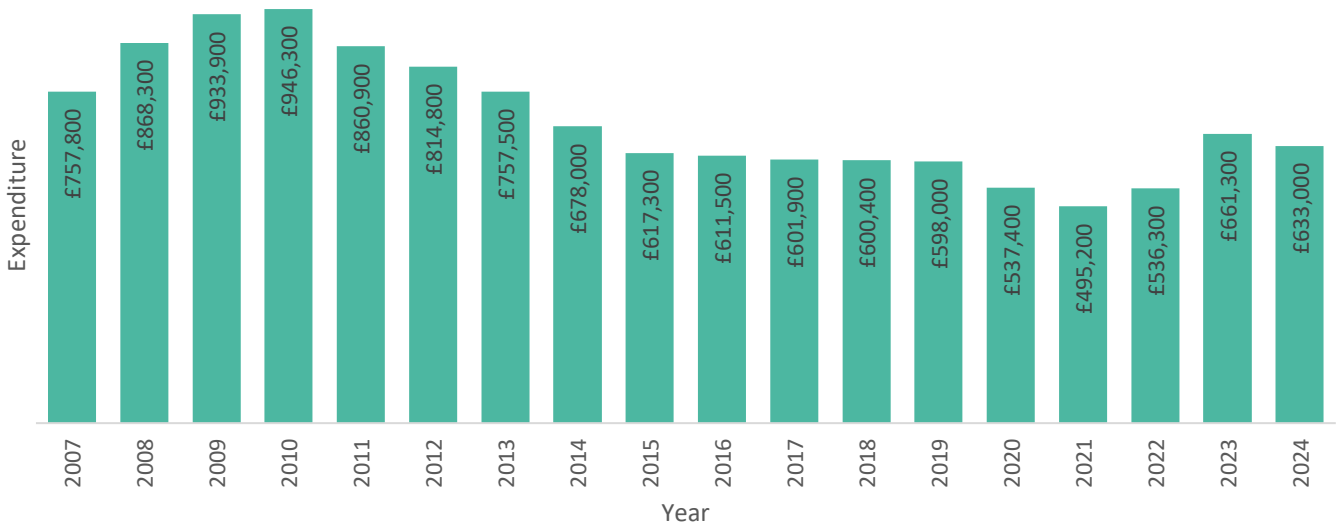
STIA data shows significant fluctuations over time:

- a notable spike in 2009 saw STIA claims peak at £104,748, the highest value recorded. This could be linked to economic downturns or an increase in alcohol-related short-term illnesses
- between 2010 and 2019, STIA payments varied moderately, typically ranging between £29,000 and £62,000.
- a sharp decline in 2020 (£26,588) and 2022 (£19,653) may be attributed to COVID-19 lockdowns, changes in alcohol consumption, or shifts in healthcare and work-related incapacity claims
- in 2023 (£66,728) and 2024 (£63,335), STIA claims rose significantly, suggesting a post-pandemic rebound in alcohol-related short-term incapacity. This may reflect increased alcohol use, higher reporting rates, or changes in work-related health trends

Recent Trends and Outlook for 2024

By 2024, LTIA payments remain high, while Invalidity Benefit has stabilised at much lower levels. The increase in LTIA payments over time may suggest a growing impact of long-term alcohol-related health issues, warranting further investigation.

Figure 27. Social Security Department expenditure on benefits due to alcohol related ailments (2007 to 2024)

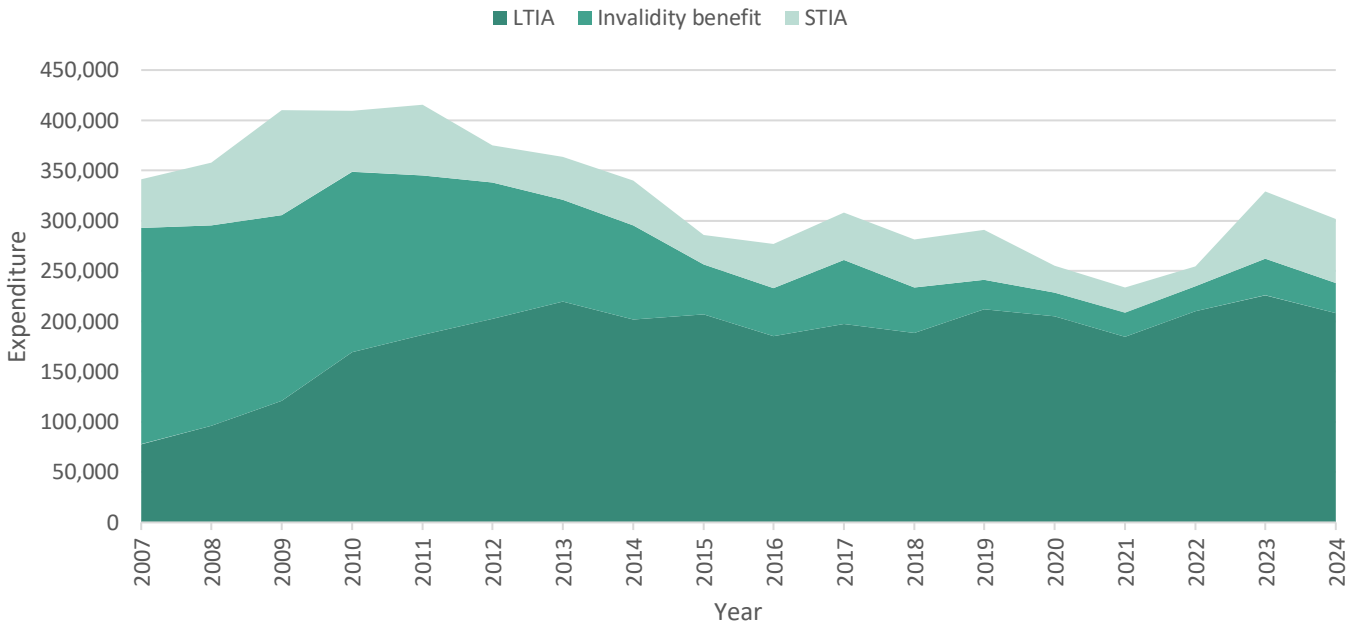


Source: States of Jersey, Employment, Social Security and Housing

The majority of alcohol-related benefit claims are for long-term support.

In 2024, long-term benefits (LTIA and Invalidity Benefit) accounted for 79% of all claims related to alcoholism (Figure 28), highlighting the persistent impact of alcohol-related health conditions on individuals' ability to work.

Figure 28. Social security expenditure on benefits due to alcoholism (2007 to 2024)



Source: States of Jersey, Employment, Social Security and Housing

INV - Invalidity benefit
LTIA - Long Term Incapacity Allowance
STIA - Short Term Incapacity Allowance

Background Notes and Methodology

Population Data and Estimates

Census and Interim Population Estimates

This report uses the 2021 Census figures alongside 2022 and 2023 population estimates published by Statistics Jersey. For 2024, interim population estimates were developed by Public Health Intelligence using trends in annual births and deaths to project population changes in the absence of official figures.

Once Statistics Jersey publishes updated population estimates for the inter-census period and future years, rates and population-based metrics in this report will be revised accordingly.

Crude Rates

Crude rates were calculated as the number of deaths occurring in a year divided by the census population estimate for that year, multiplied by 1,000.

Population Estimates for Rate Calculations

Population estimates recently published by Statistics Jersey (October 2024)[38] are used to calculate rates in this report. As such, rates presented in this report may differ slightly to those presented in previous publications, which will have used older population estimates.

Alcohol Consumption Metrics

Per capita alcohol consumption[39]

Data on alcohol volumes are provided by **Customs and Immigration**, covering alcohol imported and produced on-island.

To calculate **per capita alcohol consumption**, the denominator includes the resident population estimate, seasonal workers, and tourists. Figures for:

- **tourists** are provided by **Visit Jersey**
- **seasonal workers** are based on data from **Statistics Jersey**

From 2022 onwards, seasonal job data is collected via the **Combined Employer Return (CER)**, which integrates tax, social security, and former manpower returns. As businesses are no longer asked whether jobs are permanent or non-permanent, current seasonal estimates are **imputed** using historical percentages. These figures represent **jobs**, not individual workers, so there may be a slight overestimate due to multiple job holdings. Jobs held by licensed or exempt staff are not included.

Note: Zero-hours roles are apportioned into full-time and part-time categories using historical FT:PT ratios.

Consumption estimates for 2020 and 2021 are unavailable due to missing tourism data during the COVID-19 pandemic.

The following conversion factors were applied to calculate pure alcohol volume:

- Beer and cider: 5%
- Wine: 12%
- Spirits: 40%

[38] Annual Population Estimates by Age and Sex – Statistics Jersey, October 2024

[39] Indicator 3.5.2 - Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol - U.K. Indicators For The Sustainable Development Goals (sdgdata.gov.uk)

Social Security Expenditure Related to Alcohol

- information on benefit claims related to alcohol use are supplied by the Customer and Local services Department
- most claims relate to individual recipients; however, some individuals may have **multiple claims in a year**, meaning the total number of claims may slightly exceed the number of unique individuals

Health Conditions Attributable to Alcohol

Alcohol-Specific vs Alcohol-Related Conditions

Some health conditions are **wholly** attributable to alcohol consumption, while others are **partially attributable**. This distinction is important when interpreting alcohol-related health metrics:

- **alcohol-specific conditions** are entirely caused by alcohol (e.g. alcoholic liver disease). Indicators based on these are referred to as **alcohol-specific** (see Annex 1)
- **alcohol-related conditions** are those where alcohol is a contributing factor. These use **alcohol-attributable fractions (AAFs)**, which vary by age and sex and estimate the proportion of a condition linked to alcohol use

The AAFs used are from **OHID's 2017 update** (following an ONS-led consultation) and are applied in line with current practice for national reporting.

Screening Tools and Survey Data

Limitations of the FAST Data

While the **FAST screening tool** provides a valuable population-level insight into harmful drinking behaviours, its limitations should be acknowledged:

- alcohol consumption may be underreported due to **recall bias**, **stigma**, or **social desirability**
- the survey excludes individuals **not living in private households**, including those in **unstable accommodation** or **institutional settings**
- FAST focuses on **frequency and consequences**, and may not capture **episodic binge drinking** or the **psychosocial context** of alcohol use

Despite these limitations, FAST remains a useful indicator when interpreted alongside other data sources.

Maternity Data: Interpretation and Limitations

These findings offer valuable insight into alcohol use prior to pregnancy but should be interpreted with caution due to:

- Incomplete response rates across questions, limiting full population representation
- Sensitivity of the topic, which may lead to **underreporting** due to **stigma** or **social desirability**
- Potential recall issues

As a result, the true prevalence of pre-pregnancy alcohol consumption may be **underestimated**, and the sample may not fully reflect all mothers who gave birth in Jersey in 2024.

Hospital Admissions

This report presents two key measures of alcohol-attributable hospital admissions, in line with methodologies developed by the **Office for Health Improvement and Disparities (OHID)**.

Alcohol-Specific Admissions

Alcohol-specific admissions refer to hospital stays where the **primary** or **any secondary diagnosis** is a condition **wholly attributable** to alcohol consumption (e.g. alcoholic liver disease). The calculation method follows OHID guidance (see Annex 1 for included conditions).

- data for **England (2016-2023)** is based on published figures from OHID's Fingertips platform. Please note: these are subject to revision pending updates to population estimates by the Office for National Statistics (ONS).
- data for **2022-2023** is the most recent available and uses **reconciled population denominators**.

Further details on definitions and methodology can be found at: fingertips.phe.org.uk.

Alcohol-Related Admissions (Narrow Definition)

Alcohol-related admissions (narrow definition) include hospital stays where the **primary diagnosis** is either:

- a condition wholly attributable to alcohol; or
- a **partially attributable condition** (e.g. certain cancers), using **alcohol-attributable fractions (AAFs)**

The "narrow" definition limits inclusion to primary diagnoses only and excludes conditions with **negative fractions**, as the indicator is designed to reflect the burden of harm attributable to alcohol.

- published data for **England (2012-2023)** reflect the updated AAF methodology
- this approach is intended to provide a conservative estimate of alcohol-related harm

Important Considerations and Caveats

- variation in cancer coding practices between regions has been observed. Since cancers contribute significantly to the overall count of alcohol-related admissions (approximately 25% nationally), inconsistencies in coding may affect comparability across jurisdictions.
- the confidence intervals provided are based solely on the number of observed admissions and do not account for uncertainty in AAF calculations. As such, intervals may underestimate the true margin of error.
- hospital admissions data may be subject to future revision, as coding practices improve and national methodologies are updated.

Mortality

Mortality Overview

Figures for alcohol-attributable deaths presented in this report are based on the **underlying cause of death** - that is, the disease or injury that initiated the sequence of events leading directly to death. This approach aligns with standard methodology used by the **Office for Health Improvement and Disparities (OHID)**.

Measures of Alcohol-Attributable Mortality

This report includes **three mortality indicators**:

1. Alcohol-specific deaths: Deaths where the underlying cause is a condition wholly attributable to alcohol (e.g. alcoholic liver disease). This definition follows OHID methodology (see Annex 1 for included conditions).
2. Alcohol-related deaths: A broader measure that includes both wholly attributable conditions and those that are partially attributable to alcohol (e.g. certain cancers), using alcohol-attributable fractions (AAFs). Conditions with negative fractions are excluded, as this indicator is intended to quantify only the harm caused by alcohol consumption.
3. Deaths from Chronic Liver Disease (CLD): This measure includes deaths where the underlying cause is coded as ICD-10 K70 (alcoholic liver disease). Data are presented for individuals aged under 75 and are grouped in quinary age bands (e.g. 0-4, 5-9, …, 70-74) for reporting.

Statistical Methods and Presentation

Age Standardised Rates (ASRs)

An **age-standardised rate (ASR)** represents the rate of events that would occur in a population with a **standard age structure**, if that population experienced the **age-specific rates** of the subject population. This method removes the effects of different age distributions, enabling fair comparisons across populations and over time.

In this report, ASRs have been calculated using the **2013 European Standard Population (ESP)**. The same standard population is applied to analyses for males, females, and all persons, and rates are expressed per 100,000 population. This approach follows the methodology used by Public Health England.

Calculation Method

1. Age-specific death rates for Jersey are calculated by dividing the number of deaths in each age band (numerator) by the corresponding population in that age band (denominator).
2. These rates are then multiplied by the standard population for each age group.
3. The resulting values are summed across all age bands to produce the age-adjusted number of deaths.
4. This total is then divided by the total standard population and multiplied by 100,000 to produce the age-standardised mortality rate.

Note: Where the number of observed deaths is fewer than 25, mortality rates are not presented, as the small numbers can result in statistically unreliable estimates.

Confidence Intervals and Statistical Significance

Confidence intervals are used throughout this report to indicate the degree of uncertainty around calculated rates, such as mortality and hospital admissions. They account for natural random variation, particularly when analysing smaller populations or rare events.

Comparisons between Jersey and England, or between different time periods, have been statistically tested to determine whether observed differences are likely to be meaningful or the result of chance.

Only differences that are statistically significant are described using terms such as ‘increase’, ‘decrease’, ‘higher’, or ‘lower’. Where confidence intervals overlap or where the number of events is small, observed differences should be interpreted with caution, as they may reflect statistical noise rather than genuine change.

Rounding Conventions

- all percentages have been independently rounded to the nearest integer. Consequently, in tables and figures presented percentages may not add up to 100%.
- counts of individuals presented in this report (e.g. impots, deaths, hospital admissions, crimes etc.) have been rounded to the nearest 10.

Confidence Intervals and statistical significance

Confidence intervals have been used in this report to compare Jersey age standardised mortality rates. Calculations based on small numbers of events are often subject to random fluctuations. The confidence interval indicates the range within which the variation could be considered due to random fluctuations.

Feedback

If you would like to provide feedback, then please contact us on the following address or email us at: healthintelligence@gov.je

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JE2 3DN

Annex 1: Conditions wholly attributable to alcohol

Conditions included in the October 2021 definition of alcohol-specific deaths[40]

Wholly attributable condition	*ICD-10 Code*
Alcohol-induced pseudo-Cushing's syndrome	E24.4
Mental and behavioural disorders due to use of alcohol	F10
Degeneration of nervous system due to alcohol	G31.2
Alcoholic polyneuropathy	G62.1
Alcoholic myopathy	G72.1
Alcoholic cardiomyopathy	I42.6
Alcoholic gastritis	K29.2
Alcoholic liver disease	K70
Alcohol induced chronic pancreatitis	K86.0
Ethanol poisoning	T51.0
Methanol poisoning	T51.1
Toxic effect of alcohol, unspecified	T51.9
Accidental poisoning by and exposure to alcohol	X45
Intentional self-poisoning by and exposure to alcohol	X65
Poisoning by and exposure to alcohol, undetermined intent	Y15
Alcohol-induced acute pancreatitis	K85.2
Fetal alcohol syndrome (dysmorphic)	Q86.0
Excess alcohol blood levels	R78.0
Evidence of alcohol involvement determined by blood alcohol level	Y90
Evidence of alcohol involvement determined by level of intoxication	Y91

Source: UK Office for National Statistics

[40] Alcohol-attributable fractions for England: An update (publishing.service.gov.uk)

Annex 2: Sexual Offences, Jersey Law

"Sexual offences" in this report refers to the following categories of crime, as included in the Sexual Offences (Jersey) Law 2018

Offence Description
Abuse of trust by a sexual act against a female child
Administering a substance for sexual purposes
Article 35 Sexual Offences (Jersey) law 2018 - Voyeurism
Causing a child to be present during a sexual act
Causing or inciting a sexual act with a female child 12 or younger
Causing or inciting a sexual act with a male child 12 or younger
Causing or inciting a sexual act with an older female child
Causing or inciting a sexual act with an older male child
Causing sexual act without consent
Gross indecency
Gross indecency with child
Incite to commit a sexual act
Indecent assault on a female
Indecent assault on male
Indecent exposure
Other sexual offences
Possess/distribute indecent images of child
Rape of a female
Rape of a female child aged 12 or younger
Rape of a male
Rape of a male child aged 12 or younger
Sexual grooming of a female child
Sexual Penetration of a female without consent
Sexual penetration of a male child aged 12 or younger
Sexual Penetration of a male without consent
Sexual touching of a female child aged 12 or younger
Sexual touching of a male child aged 12 or younger
Sexual touching of a male without consent
Sexual touching of female without consent
Unlawful sexual act between children
Unlawful sexual intercourse with an older female child
Unlawful sexual penetration of an older male child
Unlawful sexual touching of an older female child
Unlawful sexual touching of an older male child
USI girl under 13 yrs.
USI girl under 16 yrs.
Voyeurism

Source: Government of Jersey