Main points

In 2018, there were 1,136 alcohol-specific deaths, on the basis of the new National Statistics (NS) definition, details of which are given in the methodology document. This was an increase of 16 (1%) compared with the previous year, and more than in six of the previous seven years (only 2016, with 1,139, was higher). However, the total for 2018 was lower than in every year from 2000 to 2010, inclusive.

The number of alcohol-specific deaths was relatively stable, at around 350-400 per year, from 1979 to 1987, and then remained between about 400 and 450 per year from 1988 to 1993. Thereafter, the general trend seems to have been rapid increases during the late 1990s and early 2000s, to a peak of 1,417 in 2006. These were followed by reductions to 968 in 2012 (the lowest figure since 1998, when there were 915 alcohol-specific deaths). Since 2012, the general trend has been upward, with the slight fall in 2017 appearing to be due to the figure for 2016 being unusually high (when compared to what would have been expected from the general trend since 2012).

These figures may fluctuate from year to year. Chart 1 shows the number for each year, together with the 5-year moving annual average (as an indication of any overall trend) and the likely range of statistical variability around it (which is explained in ‘Alcohol Deaths - Methodology’). It will be seen that almost all the year-to-year fluctuations over the period since 2000 have been within what would be expected to be the likely range of statistical variability around the general trend described earlier.

Minimum unit pricing for alcohol was implemented in Scotland on 1 May 2018, with a minimum price of 50p per unit. The 1% increase in the number of alcohol-specific deaths between 2017 and 2018 is not conclusive evidence on whether or not the policy is working because (for example) it is well within the range of the ‘random’ year-to-year fluctuations that have been seen in many previous years and, in any case, the figure for 2018 as a whole includes deaths which were registered in four months (January to April 2018) in which there was no minimum unit price for the sale of alcohol. Depending on the scale of future years’ numbers, it could be a long time before one could be confident that statistics of alcohol-specific deaths provide clear evidence of the success or otherwise of minimum unit pricing.

Table 1 shows that the 1,136 alcohol-specific deaths in 2018 consisted of 762 male deaths and 364 female deaths. Over the years since 2000, there have been more than twice as many male deaths as female deaths, with the two figures tending to rise and fall together (their ratio has varied between 2.0:1 and 2.4:1, and has averaged about 2.3:1).

In terms of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10), the main underlying causes of the alcohol-specific deaths that have been registered since 2000 are alcoholic liver disease (code ‘K70’: 708 deaths in 2018) and mental and behavioural diseases due to use of alcohol (code ‘F10’: 320 deaths in 2018): no other cause of death has accounted for 100+ deaths in any one year. Table 2 provides more details, including breakdowns of the individual causes of death within ‘alcoholic liver disease’ and ‘mental and behavioural disorders due to use of alcohol’.
Most alcohol-specific deaths are of people in their 50s and 60s. In 2018, there were 207 alcohol-specific deaths of people aged 55-59 (21 more than in 2017, and the largest number since 2008, when there were 215), 157 in the 60-64 age-group (four fewer than in 2017), 155 aged 65-69 (29 fewer than in 2017) and 146 of 50-54 year olds (13 fewer than in 2017). There were also 121 deaths of 70-74 year olds (24 more than in 2017, and the largest number since 2008, when there were 215), 157 in the 60-64 age-group (four fewer than in 2017), 155 aged 65-69 (29 fewer than in 2017), 57 who were 75-79 (one more than in 2017), 46 aged 35-39 (nine more than in 2017), and smaller numbers in each of the other age-groups – see Table 3.

As the numbers of alcohol-specific deaths by age may fluctuate from year to year, 5-year moving annual averages (shown in the lower half of Table 3) may provide a better guide as to the scale of the problem for different age-groups. For the period from 2014 to 2018, the annual average numbers of alcohol-specific deaths were: 183 per year for ages 55-59 (this age-group’s largest average value since 196 per year for the period from 2007 to 2011); 157 per year for both ages 50-54 and 60-64 (neither of which stands out when compared with previous years); 154 per year for ages 65-69 (the largest ever 5-year moving average for this age-group); 126 per year for ages 45-49 (this age-group’s smallest average value since 117 per year for the period from 1995 to 1999); 94 per year for ages 70-74 (the largest ever 5-year moving average for this age-group); 70 per year for ages 40-44 (this age-group’s smallest average value since 69 per year for the period from 1993 to 1997); 54 per year for ages 75-79 (the largest ever 5-year moving average for this age-group); and 39 per year for ages 35-39 (which is similar to the previous two values). The numbers for the other age-groups were smaller.

The final column of Table 3 shows the average age at death for alcohol-specific deaths: in 2018, this was 59.3 years. It did not change much over the period from 1981 to 2010: while there were year to year fluctuations, it remained between about 54½ and 56½ years (the lowest value in the period was 54.4 and the highest 56.3). However, it seems to have increased recently, as the five largest values are in the five latest years (2014: 57.3; 2015: 57.9; 2016: 58.7; 2017: 58.9; 2018: 59.3) and a 5-year moving average shows a slight upward trend (it was between 54.7 and 55.7 for the periods which were centred on the years from 1981 to 2008, but then rose fairly steadily to 58.4 for the period centred on 2016).

Tables 3M and 3F provide breakdowns by age-group and average age for male and female alcohol-specific deaths. In 2018, the average age at death was higher for males (59.9 years) than for females (58.0 years). Indeed, in each year from 2000, the average of alcohol-specific deaths was higher for males than for females, although in some years there was only a slight difference between the averages for the two sexes.

Tables 4 and Table 5 give figures for each NHS Board area and Council. As the figures for some areas can fluctuate markedly from year to year, the 5-year moving annual averages should indicate better any overall trend.