



North East Quality Observatory Service

Population Health & Healthcare Surveillance

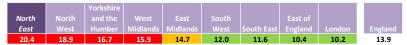
Analysis of trends and inequalities in alcohol-specific deaths across the North East and North Cumbria

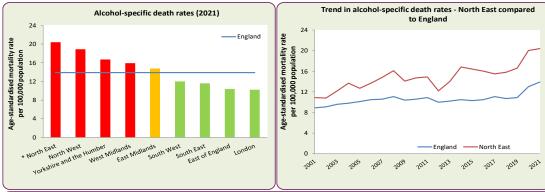


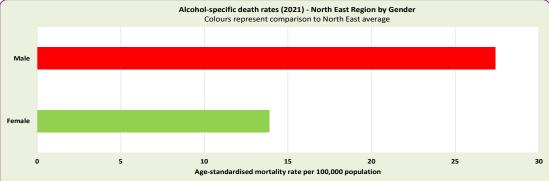
Compared with England Significantly Better Similar Significantly Wors

Alcohol-specific age-standardised death rates (2021)

Age-standardised mortality rate from all alcohol-specific causes per 100,000 population.







Data sources: Office for National Statistics. (2022). Alcohol-specific deaths in the UK: registered in 2021.
www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/alcoholspecificdeathsintheuk/2021registrations. © Crown copyright 2022

Definitions / Notes

Alcohol-specific deaths are those where the underlying cause of death is a condition wholly attributable to alcohol¹. Please note: Figures in all charts are based on deaths registered in the calendar year, rather than the date on which death occurred.

What is the data telling us?

In 2021 the population in the North East region experienced alcoholic-specific death rates which were higher than any other region and significantly higher than the national rate. In this year the mortality rate in the North East was 20.4 per 100,000 compared with 13.9 per 100,000 nationally. Trend data show increasing mortality rates both regionally and nationally although the picture is significantly worse in the North East. Rates in the North East rose sharply between 2019 and 2020, with a further increase in 2021. Rates in the North East region have been higher than the national average for all data considered (since 2001).

The ONS suggests 'Alcohol-specific deaths have risen sharply since the onset of the coronavirus (COVID-19) pandemic, with alcoholic liver disease the leading cause of these deaths. This rise is likely to be the result of increased alcohol consumption during the pandemic. Research has suggested that people who were already drinking at higher levels before the pandemic were the most likely to have increased their alcohol consumption during this period'².

1. PHE. (2020). Alcohol-attributable fractions for England: an update.

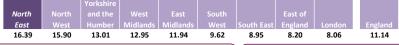
www.gov.uk/government/publications/alcohol-attributable-fractions-for-england-an-update

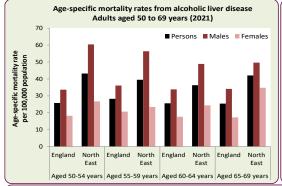
2. Office for National Statistics. (2022). Alcohol-specific deaths in the UK: registered in 2021.

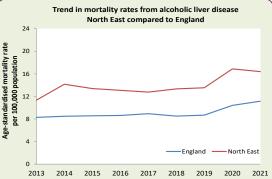
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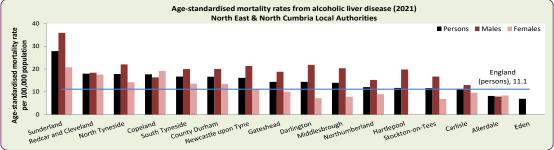
Deaths from alcoholic liver disease (2021)

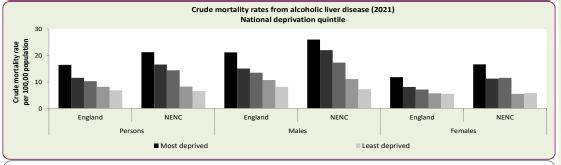
Age-standardised mortality rate from alcoholic liver disease (underlying cause ICD10 'K70 Alcoholic liver disease') per 100,000 population.











Data sources: Office for National Statistics. (2023). nomis. www.nomisweb.co.uk. © Crown copyright 2023
Office for National Statistics. (2021). Middle Super Output Area population estimates for mid-2020 were used to calculate crude rates by deprivation decile, as the latest available. www.ons.aov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates

Definitions / Notes

Nationally, the leading alcohol-specific cause of death is alcoholic liver disease. The data source does not publish a rate where the number of deaths is fewer than 3, potentially resulting in missing bars on the charts above. Please note: Figures in all charts are based on deaths registered in the calendar year, rather than the date on which death occurred.

What is the data telling us?

In 2021, the population of the North East region experienced rates of mortality from alcoholic liver disease that were higher than any other region. Mortality rates in the North East region are higher than those in England when considering rates in each five-year age band between the ages of 50 and 69 years; after this the picture is mixed.

14 out of the 16 local authorities in the NENC region had rates which were above the national average (although significance could not be tested) and there was a four-fold difference between the area with the lowest rate and that with the highest. For most local authorities, the mortality rates for males as a result of alcoholic liver disease are higher than for females, although this is not the case for all, and any difference may not be statistically significant. While nationally there is a gradient associated with deprivation in the crude rate of deaths from alcoholic liver disease, this gradient is steeper in NENC, and more pronounced for males than for females*.

* Please note the method used does not take account of the age profiles of the deprivation quintiles. This analysis was based on the average IMD score of the MSOA of residence, and divided all MSOAs in England into five national 'quintiles'.