



Alcohol ▲ Concern

ALCOHOL CONCERN

Women and Alcohol

Factsheet 2: SUMMARY

ALCOHOL CONCERN is the national agency on alcohol misuse, working to reduce the level of alcohol misuse and to develop the range and quality of helping services available to problem drinkers and their families. We are England's primary source of information and comment on a wide range of alcohol-related matters.

The Alcohol Concern Information and Communications Team provides a range of services including: producing its research bulletin *Acquire* and the *Alcohol Magazine* and website, and collating and interpreting the latest research in order to produce factsheets. The team also provides a telephone information line and a unique library of alcohol related literature.

Alcohol Concern's telephone information line is open Monday - Friday, 1.00pm – 5.00pm on:
Tel: 020 7922 8667
Email:
info@alcoholconcern.org.uk

Alcohol Concern
Waterbridge House
32-36 Loman Street
London SE1 0EE
Tel: 020 7928 7377
Fax: 020 7928 4644
www.alcoholconcern.org.uk

In 2002:

- 86% of women over the age of 16 reported drinking alcohol, compared to 91% of men.
- Average weekly consumption for women was 7.6 units per week with 59% of women drink at least once a week and 13% drink, at least five days a week.
- 36% of women drink up to 3 units at least once a week and 23% drink over 3 units at least once a week.
- 17% of adult women (c. 3.6 million) reported drinking over 14 units per week, including 3%, drinking at very risky levels (over 35 units a week).
- The proportion of women drinking in excess of 14 units a week has increased from 10% in 1988 to 17% in 2002, an increase of 70%.
- Women in managerial/professional households are more likely to drink regularly than those in routine or manual households. Other significant factors in drinking patterns are geographical location and Ethnic origin.
- Psychological risk factors that trigger problem drinking in women include, a history of drinking in the family, depression, sexual problems and poor coping responses to stressful life events.
- In 2001, 2170 women died from illnesses directly attributable to alcohol. It is estimated that the number of deaths where alcohol is implicated is approximately 22,000 per annum for men and women.
- Alcohol affects women's bodies differently from men's, hence there are a number of diseases of specific concern to women, including, cancer, digestive problems and coronary heart disease.
- Serious implications of excess drinking for women, include, impaired performance at work, higher incidences of unsafe sex, disproportionate vulnerability to attack and increased mental and social problems.

**This is a summary of the detailed factsheet which follows.
Factsheets on other topics are also available.**

Factsheet revised
May 2004

Women and alcohol – A cause for concern?

In the last 20 to 30 years the issue of women's alcohol consumption has become an "area of special concern" (1 – Thom, 1997) for both researchers and practitioners in the alcohol field. This interest reflects the changing social and economic roles of women and related patterns of consumption. Periodically, interest in this issue has been fuelled by media coverage, which has recently focused on areas such as the "ladette culture", healthy lifestyle features or the alcohol excesses of current celebrities.

Researchers at the Alcohol Concern Conference on Women (July 2000) point to the dangers of being sucked into a "moral panic" (2 – Plant, 2000) at the rise in women's drinking. Betsy Thom in her 1997 literature review highlights the need for "better understanding of issues specific to women's use of alcohol" to maintain 'sensible drinking' behaviour among women. (1 - Thom, 1997).

This factsheet examines how much women are drinking and recent trends in women's drinking, and focuses on the key issues relating to women's drinking.

How many women drink?

In 2002

- 86% of women over 16 reported drinking alcohol in the last year, while 14% reported that they did not drink in this period. This compares with 91% of men who drank and 9% of men who did not. (3 - Lader and Meltzer, 2002).

How much do women drink?

There are a number of ways of measuring alcohol consumption based on self-reporting and statistics of per capita alcohol sales. The most up-to-date edition of the General Household Survey (GHS) (4 – Office for National Statistics, 2004) uses 3 measures:

In 2002

- **average weekly consumption** – the mean consumption for women was 7.6 units per week compared to 17.2 units per week for men
- **frequency of drinking** - 59% of women drank at least once a week and 13% drink at least 5 days per week
- **consumption on the heaviest drinking day last week** - 36% of women drank up to 3 units of alcohol at least once a week and 23% drank over 3 units at least once a week.

Figure 1

Sensible drinking guidelines

Until 1995, the recommended levels were 14 units a week for women and 21 units for men. The government's report "Sensible Drinking" (5 – Department of Health, 1995) advised changing this to a daily basis: 2-3 units for women and 3-4 units for men. These guidelines are intended to draw people's attention to limits for daily drinking by identifying a safe level for moderate regular drinking and help people to decide how much to "drink on a single occasion" and "to avoid drunkenness". Consistently drinking more than 3 units per day for women or 4 units for men is inadvisable, because of the progressive health risk it carries.

The GHS, in common with many other surveys, still retains a weekly measure so as to provide a basis for comparison with previous years.

How many women drink too much?

In 2002:

22% of adult women aged 16 and over (3.2 million) reported drinking on at least 5 days per week.

17% of adult women (3.6 million) reported drinking over 14 units per week, including 3% (over half a million) drinking at very risky levels – over 35 units per week

22% of adult women recorded that their maximum daily intake of alcohol exceeded the daily benchmark (3 units) and 10% recorded drinking twice the number of units recommended for safe drinking on one day. (4 – Office for National Statistics (ONS), 2004).

Are many women are drinking more?

The proportion of women drinking in excess of 14 units per week has increased from 10% in 1988 to 17% in 2002, a 70% increase that applies across all age groups (see figure 2). In comparison, the proportion of men drinking over 21 units per week has remained constant at about 27% (around 6 million). Closer analysis of the figures helps to identify specific demographic groups of women whose drinking patterns place them at risk.

- **Geographical location** – Women living in the North East were more likely to have exceeded the daily limits than those in the South East, with 32% of North East women drinking over 3 units at least once in the previous week and 17% drinking over 6 units, compared with 22% of women in the South East who drink over 3 units and 8% who drink over 6 units on one day. Although women in Scotland are least likely to exceed weekly limits, 15% of them would have drunk over 6 units on one day in comparison with 10% of women living in England. (4 – ONS, 2004).
- **Gender and socio-economic group** – Women from managerial/professional households are more likely to drink regularly than women from routine manual households, with 71% of women from professional households having drunk alcohol in the previous week, compared to 51% from unskilled households. Also, women from managerial/professional households drink more frequently, with 18% reporting that they drank on 5 or more days in the week compared to 9% of women from routine/manual households. In addition, 30% of full-time working-women drink 3 or

more units at least once a week, compared to 21% of women who are economically inactive. (4 – ONS, 2002).

- **Ethnic origin** – Ethnic origin combined with specific religious and cultural values is a factor that determines whether or not women drink alcohol. The Health Survey for England found that only Irish women were more likely than women in the general population to drink over 14 units a week (19% of Irish women compared to 16% of women in the general population) (6 - National Centre for Social Research, 2001). Research in the UK indicates that “not drinking is the choice of four in five Hindu women, three quarters of Sikh women, nine out of ten Pakistani women and five in six Bengali women”. (7 – Aquarius Action Projects, 2000).
- **Age** – This is probably the most significant factor and influences both levels of consumption and patterns of drinking. The average weekly consumption of women aged 16 to 24 years is 14 units compared to 3.8 units for women over 65 years. Young women (16 to 24) tend to cram their drinking into heavy drinking sessions with 49% consuming their alcohol over one to three days. They are also more likely to exceed the daily benchmark, with 28% drinking over 6 units at least one day in a week. While most interest focuses on young women’s drinking patterns, problem drinking is clearly not restricted to this group as older women tend to drink more regularly, with 17% of 25 to 44 year olds and 15% of 45 to 64 year olds regularly drinking on 5 or more days per week. A significant proportion of these also exceeds daily benchmarks (see figure 3). (4 – ONS, 2004).

While official statistics on women’s drinking indicate general trends of increased drinking among women, overall they still drink far less than men.

Figure 2 (4 – ONS, 2004)

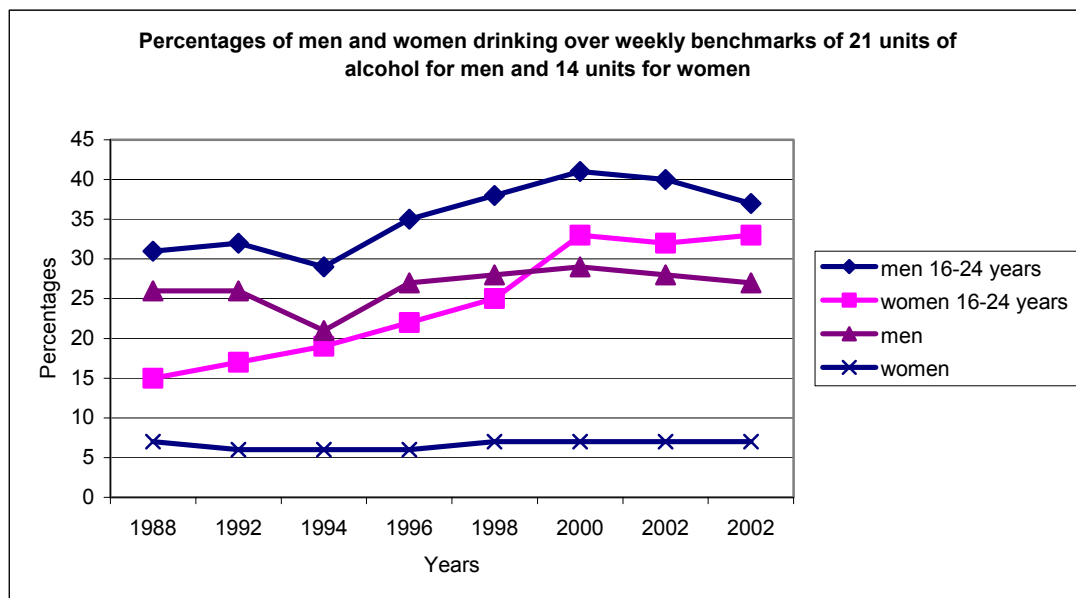
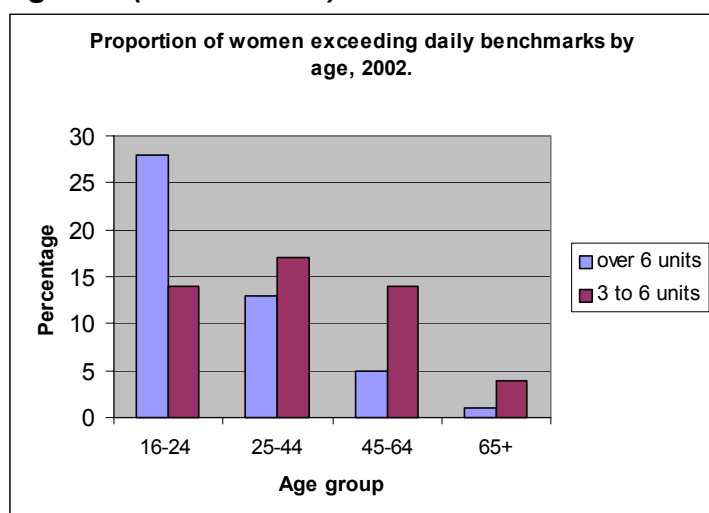


Figure 3 (4 ONS- 2004)



What do women drink and where?

There are clear differences in the purchasing habits of men and women. Overall, men are twice as likely to buy drinks in a licensed bar - 45% of men compared to 21% of women do so. While purchasing habits among young women (16 to 24 years) were more similar to those of young men, overall, people who bought in supermarkets were:

- Women
- Older
- From managerial and professional occupation groups
- Heavy or moderate drinkers.

(3 – Lader and Meltzer 2002).

Why do women drink?

- Women who work can often afford to drink more, but heavy or frequent drinking may be linked to the difficulties of juggling work and heavy domestic responsibilities, or it can be associated with established patterns of socialising around the workplace. (8 – Hammer and Vaglum, 1989)
- Alcohol is a heavily marketed product. The drinks industry is increasingly targeting women as consumers of alcohol through advertising and the development of 'women-friendly', attractive drinking venues
- Positive expectancies about the effects of alcohol include improved confidence and ease of making friends, which increases through the teens and early twenties together with increased consumption. (9 – Thom, 1997).
- Drinking may be a way to cope with stressful life events.
- Low self-esteem among women, particularly young women who have experienced sexual or physical abuse, may be a trigger to heavy drinking.

Further large-scale longitudinal studies on patterns of women's drinking are needed, to establish whether heavy social drinking in one's twenties and thirties leads to *problem drinking* at a later stage. British studies indicate that frequency and level of consumption at 16 is an indicator of heavy drinking at 23, but there is no evidence of whether this carries through to later decades. Research from the US suggests women in their twenties and thirties move in and out of problem drinking, reflecting changes in drinking contexts, partners or social roles. (10 - *Wilsnack, 1994*). Practitioners in the field recognise a number of social and psychological risk factors that trigger **problem drinking** in women, including:

- a history of drinking within the family
- childhood problem behaviours related to impulse control
- early use of nicotine, alcohol and poly-drug use
- poor coping responses to stressful life events
- depression as a cause, not just result of drinking
- drinking as a result or cause of separation or divorce
- heavy drinking patterns – often as a result of working in a male orientated environment
- sexual problems – e.g. only being able to engage in sexual activities after drinking alcohol (11 - *Marshall, 2000*).

Studies suggest that women are highly responsive to the emotional and social contexts in which they drink and it is possible to identify a number of key situations where women are vulnerable and at risk of developing problem drinking. These include:

- **The family** - Women in their role as mother or carer can use alcohol as a prop to cope with exhaustion, anxiety, isolation and possibly feelings of loss of role when children leave home. (9 – *Thom, 1997*)
- **Employment** – Studies suggest a range of factors that influence drinking including stress created by having to balance home obligations and intense competition at work. (12 - *Parker and Harford, 1992*). For women working in male dominated occupations, an existing heavy drinking culture is an additional risk factor. (9 – *Thom, 1997*)
- **Partnerships** – Heavy drinking by partners, whether male or female, contributes to the start of heavy drinking and equally the loss of a partner can trigger harmful drinking. (9 – *Thom, 1997*)
- **Social scene** – Women's consumption is responsive to pressure from other women, so women who regularly socialise and drink together tend to develop compatible drinking habits and experience similar negative consequences. Lesbian women who socialise within the gay 'scene' revolving around bars, clubs, etc are particularly vulnerable – findings from a Manchester survey found that a significant number of young gay women had an alcohol problem. (13 - *Britton, 2000*)

Research suggests that individual triggers play a greater or lesser role at different stages in a woman's life cycle (9 – *Thom, 1997*). Understanding of these risk factors is essential to developing appropriate forms of treatment targeted at women.

The image of the drinking woman

There exist several distinct images of women and drink in contemporary British society. Popular images include the **strong drinking image**, being one of the lads and also the **sophisticated glamour image**, often linked to smoking and sex, that is promoted through the media and advertising. Images of the female abstainer or sensible drinker are generally unappealing, but apparently less negative than that of their male counterparts.

The more glamorous images are in strong contrast to perceptions of drunken women or women who jeopardise their accepted roles in society through excessive drinking. Both UK and US studies show that social attitudes are generally more negative towards intoxication and problem drinking among women than men. Some studies suggest that it is not the intoxication per se, but aggressive or unruly (unfeminine) behaviour associated with intoxication (14 - *Robbins and Martin, 1993*) that attracts condemnation. In addition women are stigmatised for drinking in the home, as this conflicts with an ideology of women and motherhood as being self-denying and nurturing of both men and children. (15 – *Waterson, 1996*). Sanctions are greater for women with chronic drinking problems and research shows that alcohol-dependent women are more likely than alcohol-dependent men to be deserted by their spouses. (16 - *Williams and Klerman, 1984*). The fact that a large proportion of women **believe** that society is more disapproving of female problem drinking continues to act as a barrier to women seeking help.

Alcohol and Health

In 2001, the number of women dying from illnesses directly attributable to alcohol was 2,170 compared to 3,800 male deaths. (17 – *ONS 2002*) However, the number of deaths in which alcohol is implicated is much larger. There is no consensus on either the figure or the best method of calculating it. However, The Government's Interim Analytical Report on alcohol-related harm uses an estimate of 22,000 per annum (18 - *Cabinet Office Strategy Unit Alcohol Project, 2003*).

Hospital admission figures for alcohol-related illnesses are based on a specific diagnosis e.g. toxic effect of alcohol or psychotic disorder. However, one person may be admitted with multiple diagnoses. The total number of recorded admissions for female alcohol-related diagnoses in 1998/1999 was nearly 80,000. (19 – *DoH, 2001*).

Physical health effects

Men and women experience many of the same benefits and ill effects of alcohol. However, women's physical make-up affects the way that alcohol is processed in the body:

- Women's bodies have 10% more fat than men's and they have less fluid to dilute the alcohol, so the concentration of alcohol in the body is higher
- The average woman (58kg) weighs considerably less than the average man (70kg) and has correspondingly less tissue to absorb alcohol
- Women appear to have lower levels of alcohol dehydrogenase (AHD) in their stomachs, so the alcohol stays longer in the system before being metabolised and so has greater effect.

Many people mistakenly assume that these problems are only associated with alcoholism or dependency. In fact, research shows that simply drinking above the recommended levels increases the risk of incurring a wide variety of illnesses. While there are insufficient studies to confirm the advantages or disadvantages of alcohol to women as opposed to men (20 – *DoH, 1995*), there are a number of diseases of specific concern to women including:

- cancer
- coronary heart disease and strokes
- obesity linked to hypertension (high blood pressure)
- osteoporosis
- digestive problems

- loss of cognitive function
- birth defects.

(21- Alcohol Concern 2003) (22 - Plant, 2000)

The media regularly feature results of studies on the benefits or ill effects of alcohol, painting a confusing picture for the general public. One reason for this confusion is that studies often relate to specific demographic groups, and it is wrong to apply these findings across the whole population as is often implied by newspaper articles. Further work is often required to corroborate the new results and assess them in relation to previous and generally accepted findings.

Dependency

Studies show that around one in thirteen adults in the United Kingdom is dependent on alcohol. The prevalence is 74 per 1000 among the overall population, 119 per 1,000 among men and 29 per 1,000 among women. (23 – Singleton et al. 2001) Alcohol dependency is associated with a whole range of physical and mental health problems.

Mental Health

There is a close association between alcohol dependency and mental health problems. In a 12-month period (1997-1998), over 72,000 people were admitted to hospital with a diagnosis of mental and behavioural disorder. Women accounted for 19,700 of these cases (24 – DoH, 1999). Heavy drinking is linked with psychiatric morbidity, including clinical depression (25 – Health Education Authority (HEA), 1997), with alcohol being implicated in 40% of attempted suicides by women (20 – DoH, 1995). Research from the USA suggests that two thirds of women with alcohol problems have multiple mental problems including mania, major depression, phobic disorder and panic disorder, compared to 44% of alcohol dependent men with secondary mental health problems. (26 - Helzer and Przybeck, 1988).

Alcohol awareness – safe limits, the benefits and the risks

The government strategy document “*Saving Lives: Our Healthier Nation*” (27 – DoH, 1999) emphasises the need for people to drink sensibly within Department of Health guidelines. Yet it is clear that among women, knowledge of what constitutes ‘sensible drinking’ varies and that knowledge or awareness does not always match behaviour – awareness appears to increase with levels of drinking. A survey by the Office for National Statistics recorded the proportion of women who had heard of daily benchmarks for sensible drinking varied from 49% among those drinking up to 1 unit per week, to 72% among those with high average weekly consumption (15+ units per week). However, only a minority knew what were the correct limits for women, and only a small proportion kept a check of units consumed – 18% of those drinking 8-14 units per week and 13% of those drinking over 15 units per week. (3 Lader and Meltzer, 2002).

Women are aware that it is not good for them to drink heavily but can be slow to acknowledge a personal problem with alcohol. There are a number of reasons for this:

- There is a low awareness of the range of alcohol-associated health problems and an assumption that drinking only harms people if they are addicted
- A tendency to see alcohol as an issue which concerns society rather the self
- Women obtain social and psychological benefits from drinking alcohol that appear to outweigh negative consequences.

The behavioural consequences of excess drinking among women are far less visible than in men, for example recorded drunkenness offences for women are far fewer (5,692 female offences compared to 37,193 male offences in 2001 (28 – *British Beer and Pub Association*, 2003). Women's concerns over alcohol use relate far more to the private sphere, such as hangovers, weight gain, arguments, unplanned sex (29 - *She magazine survey*, 1994). Other more serious implications include:

- **impaired performance at work** – 46% of UK company personnel managers face alcohol problems in the work force (30 – *Feeney*, 1999)
- **unsafe sex** – 1 in 6 (16%) women admit to having unsafe sex after drinking too much (22% of men admitted to unsafe sex after excess drinking) (31 – *Durex Report*, 1999)
- **vulnerability to attack** – The British Crime Survey 1998 identifies a number of risk characteristics for violent attack. Young women aged 16-24 (7% of the adult population) are at a disproportionate risk of attack experiencing 13% of all violent crime. (32 – *Home Office*, 1998). Equally, regular drinkers at pubs and wine bars are three times more likely to be victims of violent attack. This suggests that, as in the case of young men, regularly drinking in public venues places young women at increased risk of attack. (Note that although figures from the “2000 British Crime Survey” are available, they do not provide comparable figures so these are the latest available to illustrate this point.)
- **increased mental and social problems** – certain groups of women experience major problems with alcohol misuse including:
 - **women offenders** - 36% of women remand prisoners and 39% of sentenced women prisoners have a history of hazardous drinking which is frequently linked to mental ill health (33 - *ONS*, 1999).
 - **homeless women** – around 30% of homeless people are problem drinkers. Studies show that 49% of homeless men and 15% of homeless women are high risk drinkers (34 - *Harrison and Luck*, 1996).

More evidence-based data on risk-taking behaviour and women's perceptions of associated risks and the benefits related to alcohol are needed, to feed into health promotion programmes.

Seeking help

A census of alcohol treatment agencies (35 – *Alcohol Concern*, 1997) found that women accounted for 34% of all those attending alcohol treatment agencies. The average age of women attendees is 41, and 46% of women were primarily concerned with their psychological health.

Research suggests that there are a number of factors that discourage women from seeking help for an alcohol problem:

- the stigma attached to admitting the problem appears to be greater for women and women are affected by family pressure not to admit to the problem
- mis-diagnosis of the problem, as women often attribute their drinking problems to underlying causes, e.g. bereavement, and tend to seek help from agencies that fail to identify the alcohol problem
- fear of the consequences of making the problem public, e.g. loss of child custody

- practical problems of organising time to attend treatment.

Practitioners in the field recommend that programmes to combat harmful drinking among women should contain two main elements:

- prevention programmes for women before the onset of severe alcohol problems or dependency
- alcohol screening processes routinely carried out at primary care level
- women-focused services including varied treatment approaches and the provision of women only services where appropriate, e.g. women only detoxification units. (*1 - Thom, 2000*).

Conclusion

Official surveys show that there is an increase in alcohol drinking among women. The statistics also indicate that a large number of women are drinking above recommended levels and a significant proportion of women regularly drink to intoxication, putting their health and personal safety at risk. Historically the issue of drinking among women has excited moral panic within society. While this type of knee-jerk reaction should be avoided, professionals working to reduce alcohol-related harm do need to raise awareness of problem drinking among women and its implications. A coherent strategy is needed to combat harmful drinking among women which includes:

- a high profile health promotion campaign that both informs women about guidelines for sensible drinking and focuses on the benefits of moderation
- media campaigns designed to reduce the stigma surrounding women's drinking
- evidence based data on women's drinking habits particularly in relation to risk taking behaviour
- prevention and screening programmes to intervene before the onset of severe alcohol problems
- women focused alcohol services.

References

1. Thom, B. (2000) *Women and Alcohol – A cause for concern: Conference Report 27 July 2000*, Alcohol Concern, London.
2. Plant, M. (2000) *Women and Alcohol – A cause for concern: Conference Report 27 July 2000*, Alcohol Concern, London.
3. Lader, D. and Meltzer, H. (2002) *Drinking: adults' behaviour and knowledge in 2002*, The Stationery Office, London.
4. Office for National Statistics (ONS) (2004) *Living in Britain: results from the 2002 General Household Survey*, The Stationery Office, London.
5. Department of Health (1995) *Sensible drinking: The Report of the Interdepartmental Working Group*, London.
6. National Centre for Social Research and Dept. Epidemiology and Public Health at the *Royal Free and University Medical College (2001) The Health of minority ethnic groups '99* (Health Survey for England) Office for National Statistics, London.
7. Aquarius Action Projects (2000) *Drinking in second generation Black and Asian communities in the English Midlands*, Alcohol Concern, London.
8. Hammer, T. and Vaglum, P. (1989) *The increase in alcohol consumption among women: a phenomenon related to accessibility or stress? A general population survey*, British Journal of Addiction, 84 (7), pp.767-775.
9. Thom, B. (1997) *Women and alcohol – issues for prevention: A literature review*, Health Education Authority, London.
10. Wilsnack, S. C. et al (1994) *How women drink: epidemiology of women's drinking and problem drinking*, Alcohol Health and Research World, 18, (3), pp.173-181.
11. Marshall, J. (2000) *Women and alcohol – a cause for concern: Conference Report 27 July 2000*, Alcohol Concern, London.
12. Parker, D. and Harford, T. (1992) *Gender-role attitudes, job competition and alcohol consumption among women and men*, *Alcoholism: Clinical and Experimental Research*, 16 (2), pp.159-165.
13. Britton, J. (2000) *Women and alcohol – a cause for concern: Conference Report 27 July 2000*, Alcohol Concern, London.
14. Robbins, C. A. and Martin, S. S. cited in Thom, B. (1997) *Women and alcohol – issues for prevention: A literature review*, Health Education Authority, London.
15. Waterson, M. cited in Thom, B. (1997) *Women and alcohol – issues for prevention: a literature review*, Health Education Authority, London.
16. Williams, C. N. and Klerman, L. V. M. cited in Thom, B. (1997) *Women and alcohol – issues for prevention: a literature review*, Health Education Authority, London.
17. Baker, A and Rooney, C. (2003) *Recent trends in alcohol-related mortality and the impact of ICD-10 on the monitoring of deaths in England and Wales*, Health Statistics Quarterly, Spring 2003, pp5-14.
18. Cabinet Office Alcohol Strategy Unit (2003) *Interim analytical report*, Cabinet Office, London.
19. DoH (2001) *Statistics on alcohol: England 1978, onwards*, Bulletin 2001/13, Office for National Statistics, London
20. Department of Health (DoH) (1995) *Sensible Drinking: the report of an inter-departmental working group*, London.
21. Alcohol Concern (2003) *A woman's guide to alcohol*, Alcohol Concern, London
22. Plant, M. (2000) *Drinking in pregnancy: new developments*, *Acquire: Alcohol Concern's quarterly information and research bulletin*, 27, pp.1-2
23. Singleton, N. et al. (2001) *Psychiatric morbidity among adults living in private households, 2000*, Office for National Statistics, London.
24. DoH (1999) *Statistics on alcohol: 1976 onwards*, Statistical Bulletin 1999/24, London.

25. Health Education Authority (HEA) (1997) *Health update – alcohol*, London.
26. Helzer, J. E. and Pryzbeck, T. R. (1988) *The co-occurrence of alcoholism with other psychiatric disorders in the general population and its impact on treatment*, *Journal of Studies on Alcohol*, 49,(3), pp.219-224.
27. Department of Health (DoH) (1999) *Saving lives : our healthier nation*, London.
28. British Beer and Pub Association (2003) *Statistical Handbook: A compilation of drinks industry statistics*, Brewing Publications Ltd., London.
29. She magazine survey cited in Thom, B. (1997) *Women and alcohol – issues for prevention: A literature review*, Health Education Authority, London.
30. Feeney, S. (1999) *Testing times in the workplace*, *Healthlines*, 66, pp.13-15.
31. *Durex Report* (1999) Broxbourne, Herts.
32. Home Office (1998) *The 1998 British Crime Survey, England and Wales*, Home
33. Office for National Statistics (ONS) (1999) *Substance misuse among prisoners in England and Wales*, The Stationery Office, London.
34. Harrison, L. and Luck, H. *Drinking and homelessness in the UK* in Harrison, L. (ed.) (1996) *Alcohol problems in the community*, London.
35. Alcohol Concern (1997) *First national census of UK alcohol treatment agencies*, London.

Updated May 2004