Alcohol consumption of UK members of parliament: cross-sectional survey

Rahul Rao, Ioannis Bakolis, Jayati Das-Munshi, Daniel Poulter, Nicole Votrubac, Graham Thornicroft

ABSTRACT

Objectives This study examined the prevalence of risky drinking by members of parliament (MPs), as well as the relationship between risky drinking and age, years spent as an MP, working outside parliament, awareness of the Parliamentary Health and Wellbeing Service, and probable mental ill health.

Design A survey questionnaire assessed alcohol consumption using the Alcohol Use Disorders Identification Test (AUDIT). Risky drinking was identified by combining categories of increasing (hazardous), higher (harmful) and probable dependent drinking for those with a total score of 8 or more. Comparator groups from the 2014 Adult Psychiatric Morbidity Survey (APMS) were used as controls.

Setting UK House of Commons.

Participants 650 MPs.

Results Compared with all 650 MPs, participants (n=146) were more likely to be female (p<0.05) or have an educational qualification (p<0.05). Weighted proportions on AUDIT items were higher than the APMS comparator group for participants who had a drink four or more times a week, 10 or more drinks on a typical drinking day, six or more drinks in one occasion, or felt guilty because of drinking (p<0.01). Weighted percentages for risky drinking were higher in MPs compared with the whole English population (p<0.05), but similar when compared with socioeconomic comparator groups. The odds of risky drinking were 2.74 times greater for MPs who had an additional work role outside parliament compared with those who did not (95% CI 0.78 to 7.43). The increased likelihood of risky drinking both in MPs with additional employment outside parliament and those MPs with probable mental ill health is weakened by the small sample size.

INTRODUCTION

The health and social costs of alcohol to the UK are very considerable, amounting to £21 billion per year. Between 2006 and 2015, alcohol specific deaths rose by 9% for men and 14% for women. Between 2016 and 2017, the number of hospital admissions in England wholly or partly attributable to alcohol was 337 867, a rise of 15% from 2007 to 2008. One in five patients admitted to hospital in the UK have harmful use of alcohol, and one in 10 are alcohol-dependent.

Despite increases in alcohol-related deaths and hospital admissions, paradoxically there has been a fall in the proportion of people in England who report drinking alcohol at least once a week.

In 2006, this applied to 72% of men and 58% of women, reducing to 58% and 42% for men and women, respectively, in 2017. However, 28% of men and 14% of women in England still drink at levels indicating an increased or high risk of alcohol-related harm.

Alcohol use among civil servants has been studied extensively in the Whitehall studies that explored social determinants of health, with clear findings of adverse effects on cardiovascular and cognitive function associated with drinking at levels above recommended guidelines. Although high workloads, job stress and using alcohol to unwind after work are known to be associated with risky drinking, this has so far not been studied in UK parliamentarians.
All members of parliament (MPs) have access to the Parliamentary Health and Wellbeing Service, an occupational health service which provides a confidential, professional, independent, advisory service that also covers alcohol related health problems through medical screening services. Given the confidential nature of this service, information on health is not shared with an MP’s own general practitioner. This study is part of a complementary analysis of a wider study that found higher rates of mental health problems in MPs compared with the English population as a whole.

The principal research question of this study was: (1) What is the prevalence of risky (hazardous, harmful, dependent) drinking among MPs? The secondary questions were: (2) Do MPs who work outside parliament have an increased probability of risky drinking among those who do not? (3) Do older MPs (>50 years old) have an increased probability of risky drinking compared with their younger counterparts? (3) Are more years served as an MP (>16 years) associated with greater risky drinking? (4) Do MPs with probable mental ill health have a higher probability of risky drinking? (5) Are MPs with risky drinking less aware of the Parliamentary Health and Wellbeing service?

This study tested the following primary hypotheses: (1) the occurrence of risky drinking by MPs is higher than the general population; and (2) it is higher than comparator specific sociodemographic, professional and occupational groups.

METHODS
Study design and participants
We conducted an anonymised, online self-completed survey at the House of Commons in December 2016. The inclusion criteria for participation were: membership of the 56th UK Parliament, House of Commons and providing written, informed consent. We followed the STROBE (STrengthening the Reporting of OBservational studies in Epidemiology) guidelines for observational studies for the reporting of this cross-sectional study. No age limits were defined, except that to be elected to parliament one must be over 18 years old. Initially, in November 2016 a letter was sent to all 650 members of the House of Commons to make them aware of the study. In early December, a letter including a web link to an online survey with an individual access code was sent out to all MPs via internal post, and via email. The survey took place between 5 and 31 December 2016. Repeated efforts were taken to promote participation and maximise response rates in the survey. The study information sheet (explaining the purpose of the study) and instructions for the online questionnaire, as well as two reminder emails, were sent out with clear descriptions of encrypted data collection and protection measures to ensure anonymity.

Ethics and data protection
At all times throughout the study preparation, conduct and analysis, particular consideration and care was given to the nature of study context, and to the potential vulnerability of participants, namely the risk of sensitisation and coverage should any individual be identifiable. Ethics approval for the study was obtained in September 2016 from King’s College London Ethics Committee (reference number: HR-16/17–3118). Efforts were taken to limit distress and secure confidentiality for the participants.

Adult Psychiatric Morbidity Survey comparator groups
Data for the comparator groups were elicited from the Adult Psychiatric Morbidity Survey (APMS) (2014). The APMS is a survey which provides data on the prevalence of both treated and untreated psychiatric disorders in the English adult population (aged 16 and over). APMS uses a robust, stratified, multi-stage probability sample of households to sample nationally a representative random cross section of the population of England every 7 years. Participants are visited by an interviewer who collects demographic and socioeconomic data and assesses psychiatric disorders via actual diagnostic criteria. A detailed description of the APMS has been reported elsewhere.

From the APMS, we identified four comparison groups: (1) total population of England in the APMS England population (EN); (2) corporate managers in England (CM); (3) all managers in England (AM); and (4) those in high-income groups in England (HIG). The socioeconomic groups derive from a standardised questionnaire asked in the APMS to all survey respondents.

Measures of alcohol consumption
The primary measure presented in this paper is the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT takes the year before the interview as a reference period, consists of 10 items and covers the following areas: (1) alcohol consumption (frequency of drinking, typical quantity, frequency of heavy drinking); (2) alcohol-related harm (feeling of guilt or remorse after drinking, blackouts, alcohol-related injury, other concern about alcohol consumption); and (3) symptoms of alcohol dependence (impaired control over drinking, increased salience of drinking, morning drinking). Answers to all questions are scored from 0 to 4 and summed to give a total score ranging from 0 to 40. A score of ≤7 classifies non-drinkers or low risk drinking, while a score of ≥8 classifies hazardous, harmful or dependent drinking. Risky drinking was defined as all those in the harmful, hazardous or dependence categories.
Covariates

Core demographic questions were obtained from the UK Parliamentary Mental Health (UKPMH) study sample: age (categorised into five groups: 21 to 30; 31 to 40; 41 to 50; 51 to 60; 61 to 70, >70 years); sex (female or male); educational status (GCSE/O level, A level, vocational qualifications, undergraduate degree, postgraduate degree, doctorate); and years serving as an MP. Exploring other variables was limited by the possibility of being identified, while maintaining core sociodemographic information and other relevant influences on alcohol consumption.

The General Health Questionnaire (GHQ-12) was used to assess the mental health of respondents in the UKPMH sample as described in detail. Scoring of the GHQ-12 for the present study was done using the original bimodal method as developed by Goldberg. Specifically, each symptom was scored either 0 if “not at all present” or present “no more than usual”, or 1 for symptoms that were present “rather more than usual” or “much more than usual”.

The scoring method allowed for total scores to range from 0 to 12. No formal threshold exists for identifying probable mental ill health, with optimal values likely to be specific to the population under study. All questions refer to symptoms experienced over the past 2 weeks.

However, in line with the previous Health Survey for England, MP’s total scores are grouped according to three categories: 0 (indicating no evidence of probable mental ill health), 1 to 3 (indicating less than optimal mental health), and ≥4 (indicating probable psychological disturbance or mental ill health).

MPs were also asked if they were aware of the mental health and wellbeing support provided by the Parliamentary Health and Wellbeing service. Ethnicity was not assessed. We also assessed if the MP had a job outside the parliament and the years serving as an MP. Owing to the low number of MPs from a minority ethnic background in the 56th House of Commons (n=41), this avoided any concern about the identification of participants, which may have further limited the response rate.

Statistical analyses

All statistical analyses were performed using STATA 14.1. Within the UKPMH sample, descriptive analyses were undertaken first to determine the distribution of each item of the AUDIT and of sociodemographic characteristics and awareness of mental health services.

The UKPMH sample is subject to “unit non-response” as 22.4% of all MPs completed the survey. To address this issue, we employed inverse probability weighting in the analysis, where weights were used to rebalance the set of complete cases within the MP sample to make it representative of the whole English population; we used the survey weighted sample of the APMS 2014. Age-sex standardised proportion estimates were calculated: (1) for each item of the AUDIT, and (2) for the presence of risky drinking.

We compared (1) each item of the AUDIT, and (2) the total score of the AUDIT derived from the combined categories that indicate the presence of risky drinking of the MP sample, with a range of sociodemographic groups (the English population (EN), corporate managers (CM), all managers (AM), and with high income groups (HIG) in England) derived from APMS 2014.

Non-parametric tests ($\chi^2$) and parametric tests (t-test for unequal sample sizes) were employed to explore potential differences in the proportion estimates between UKPMH and APMS 2014 samples.

Differences between the sample group and the MP group as a whole for time were examined for time served as an MP, age and sex of an MP, presence of higher education, having a job outside parliament, awareness of the Parliamentary Health and Wellbeing Service, presence of probable mental ill health and risky (hazardous, harmful and dependent) drinking. Risky drinking was also explored as a dependent variable in exploring its association with the other variables listed, using logistic regression models.

Results were expressed as increased risk (odds ratio and corresponding 95% confidence intervals) of risky drinking for those MPs aged ≥50 years old compared with <50 years old; years of service >16 compared with <16; awareness compared with lack of awareness of the Parliamentary Health and Wellbeing Service; having a job compared with not having a job outside the parliament; and having probable mental ill health compared with not having probable mental ill health. All models were adjusted for the following potential confounders identified a priori: age, sex and educational status. Age-sex standardised inverse probability weights were employed for logistic regression models.

Patient and public involvement

Dr Daniel Poulter, MP, was involved at all stages of the study and is co-author of the paper. Other parliamentarians and staff of the Parliamentary Health and Wellbeing Service were consulted at the planning and design stages, as well as at the interpretations of the findings and dissemination stages of the study.

RESULTS

Questionnaires were returned by 146 respondents (22.4%) of the 650 MP’s. Median time to complete the survey was 4 min (IQR 3–5 min). Most respondents were male (63%) and 24% had a postgraduate degree. Just over half were above 50 years old (51%), and most did not work outside parliament (81%), served <16 years (81%), and were unaware of the Parliamentary Health and Wellbeing Service (77%) (see table 1).

Characteristics of respondents in comparison to all MPs

Compared with all 650 MPs, those who participated were younger (18% (n=27) vs 16% of total MP population were below 40 years old; p of $\chi^2$ test >0.05), were more likely to be female (37% (n=54) of the UKPMH sample vs 30% of total MP population were female; p of $\chi^2$ test <0.05)
and were more likely to have an educational qualification (81% of the UKPMH sample vs 76% of total MP population; p<0.05).

Alcohol consumption of MPs and the APMS 2014 comparator groups

Table 2 presents weighted percentage estimates and corresponding 95% CIs of the UKPMH sample and the four different predetermined APMS 2014 occupational and sociodemographic comparator groups (EN, CM, AM, HIG). For each item of the AUDIT, the UKPMH sample presented a higher weighted percentage of participants who had drunk four or more times a week, had drunk 10 or more drinks on a typical drinking day, and had no memory of the night before because of their drinking (p values of χ² test <0.01) compared with the four APMS 2014 occupational and sociodemographic comparison groups (table 2).

However, a similar weighted percentage of MPs were not able to stop drinking after they started, failed to do what was normally expected because of drinking, and had no memory of the night before because of their drinking (p values of χ² test >0.05) compared with APMS 2014 occupational and sociodemographic comparison groups (table 2). Finally, compared with the four APMS 2014 occupational and sociodemographic comparison groups, a lower weighted percentage of MPs were injured because of drinking (p<0.001) (table 2).

When we compared the weighted percentages of the combined categories derived for the AUDIT total score that indicate the presence of risky drinking between the UKPMH and APMS 2014 samples, we found a higher proportion of MPs with risky drinking (weighted percentage 29%, 95% CI 22% to 37%), compared with the English population (weighted percentage 20%, 95% CI 19% to 21%; p value of χ² test <0.05) and similar weighted proportions when compared with corporate managers (weighted proportion 25%, 95% CI 21% to 29%), all managers (weighted percentage 24%, 95% CI 20% to 27%) and high-income groups (weighted proportion 27%, 95% CI 25% to 30%) (p values of χ² test >0.05) (see table 2 and figure 1).

Time served as an MP, job status, age and awareness of the Parliamentary Health and Wellbeing Service

After adjusting for age, sex and educational status, we found no association between risky drinking (combined categories of increasing, higher risk and probable dependence) and being older than 50 years old, serving more than 16 years in parliament, and not being aware of the Parliamentary Health and Wellbeing Service (table 3). For MPs who worked both inside and outside parliament, the odds of risky drinking were 2.74 times greater in MPs who also worked outside compared with those who worked only within parliament. However, precision of estimates were impacted on by the smaller sample size.

Similarly, the odds of risky drinking were 2.4 times greater for MPs with probable mental ill health than those with no probable mental ill health. The precision of the estimates were influenced by the relatively small sample size.

**DISCUSSION**

**Principal findings**

The main research objective in this study was to explore risky (hazardous, harmful and dependent) drinking among MPs. The study tested the primary hypothesis that the occurrence of risky drinking by MPs is higher compared with the general population and specific socioeconomic, professional and occupational groups. The overall rate of risky drinking was higher than in the English population but did not differ significantly from groups comparable in both socioeconomic and occupational status. However, there were higher weighted averages among MPs for drinking at least four times per week, drinking at least 10 units on a typical drinking day, drinking six units or more in a single drinking episode, and feeling guilty about their drinking.

There were also five secondary questions to be addressed. These were whether risky drinking is more likely: in MPs who reported also working outside parliament; in MPs aged over 50; in MPs with >16 more years of service; in MPs who were unaware of the Parliamentary Health and Wellbeing Service; and in MPs with probable mental ill health. In multivariable logistic regression models, we did not find an association between risky drinking and age, years served in parliament or awareness of the Parliamentary Health and Wellbeing Service. There was a trend towards risky drinking being more likely in MPs who reported also working outside parliament. However, the strength of
Table 2: Descriptive characteristics of the 10 item AUDIT and the four different predetermined APMS 2014 occupational and sociodemographic comparator groups

| Item 1: How often do you have a drink containing alcohol? | MP | EN | CM | AM | HIG |
|---------------------------------------------------------|----|----|----|----|-----|
| Never                                                   | 10 | 7  | 2024 | 28 | 77  | 136 | 21  | 118 | 11  |
| Monthly                                                 | 6  | 4  | 1086 | 15 | 45  | 80  | 12  | 123 | 11  |
| 2 to 4 times a month                                     | 18 | 12 | 1534 | 21 | 88  | 133 | 20  | 258 | 24  |
| 2 to 3 times a week                                      | 53 | 36 | 1602 | 22 | 121 | 179 | 27  | 370 | 34  |
| ≥4 times a week                                          | 59 | 40 | 1088 | 15 | 87  | 135 | 20  | 226 | 21  |

| Item 2: How many drinks containing alcohol do you have on a typical day when you are drinking? | MP | EN | CM | AM | HIG |
|-----------------------------------------------------------------------------------------------|----|----|----|----|-----|
| 1 or 2                                                                                       | 63 | 43 | 4586 | 65 | 222 | 358 | 56  | 568 | 53  |
| 3 or 4                                                                                       | 54 | 37 | 1370 | 19 | 100 | 158 | 25  | 304 | 28  |
| 5 or 6                                                                                       | 17 | 12 | 675  | 9  | 51  | 73  | 11  | 130 | 12  |
| 7, 8 or 9                                                                                    | 3  | 2  | 302  | 4  | 24  | 33  | 5   | 48  | 4   |
| ≥10                                                                                          | 9  | 6  | 174  | 2  | 12  | 22  | 3   | 30  | 3   |

| Item 3: How often do you have six or more drinks on one occasion? | MP | EN | CM | AM | HIG |
|-------------------------------------------------------------------|----|----|----|----|-----|
| Never                                                             | 50 | 34 | 4152 | 58 | 186 | 312 | 48  | 429 | 40  |
| Less than monthly                                                 | 42 | 29 | 1595 | 22 | 120 | 179 | 28  | 360 | 33  |
| Monthly                                                           | 25 | 17 | 719  | 10 | 54  | 79  | 12  | 171 | 16  |
| Weekly                                                            | 26 | 18 | 560  | 8  | 48  | 69  | 11  | 106 | 10  |

Continued
### Table 2  Continued

|                      | MP |         | EN |          | CM |          | AM |          | HIG |          |
|----------------------|----|---------|----|----------|----|----------|----|----------|-----|----------|
|                      | N | 95% CI  | N | 95% CI  | N | 95% CI  | N | 95% CI  | N | 95% CI  |
| Daily or almost daily| 3 | 2       | 89| 1        | 2 | 0        | 6 | 1        | 15| 1       |
|                      |   | 1 to 6  |    | 1 to 2   |    | 0 to 2   |    | 0 to 2   |    | 1 to 2  |

**Item 4: How often during the last year have you found that you were not able to stop drinking once you had started?**

|                      | MP |         | EN |          | CM |          | AM |          | HIG |          |
|----------------------|----|---------|----|----------|----|----------|----|----------|-----|----------|
|                      | N | 95% CI  | N | 95% CI  | N | 95% CI  | N | 95% CI  | N | 95% CI  |
| Never                | 126| 89      | 324| 93       | 340| 93       | 528| 93       | 94| 94       |
|                      |   | 80 to 91|    | 90 to 92 |    | 90 to 95 |    | 91 to 95 |    | 91 to 95 |
| Less than monthly     | 9 | 6       | 299| 5        | 23 | 6        | 30 | 5        | 85| 9       |
|                      |   | 3 to 11 |    | 4 to 6   |    | 4 to 9   |    | 4 to 7   |    | 7 to 11 |
| Monthly              | 8 | 5       | 107| 2        | 10 | 3        | 16 | 3        | 28| 3       |
|                      |   | 3 to 11 |    | 1 to 2   |    | 1 to 5   |    | 2 to 5   |    | 2 to 4  |
| Weekly               | 3 | 2       | 81 | 1        | 6  | 2        | 10 | 2        | 28| 3       |
|                      |   | 1 to 11 |    | 0 to 2   |    | 1 to 4   |    | 1 to 3   |    | 1 to 3  |
| Daily or almost daily| 0 | n/a     | 46 | 1        | 2  | 1        | 6  | 1        | 4  | 0       |
|                      |   |          |    | 0 to 2   |    | 0 to 2   |    | 0 to 2   |    | 0 to 1  |

**Item 5: How often during the last year have you failed to do what was normally expected from you because of drinking?**

|                      | MP |         | EN |          | CM |          | AM |          | HIG |          |
|----------------------|----|---------|----|----------|----|----------|----|----------|-----|----------|
|                      | N | 95% CI  | N | 95% CI  | N | 95% CI  | N | 95% CI  | N | 95% CI  |
| Never                | 125| 93      | 340| 93       | 528| 93       | 94| 94       |
|                      |   | 79 to 90|    | 92 to 94 |    | 91 to 95 |    | 91 to 95 |    | 91 to 95 |
| Less than monthly     | 17 | 12      | 329| 5        | 22 | 6        | 30 | 5        | 236| 57      |
|                      |   | 12 to 18|    | 5 to 6   |    | 4 to 9   |    | 4 to 7   |    | 51 to 62 |
| Monthly              | 3 | 2       | 44 | 1        | 3  | 1        | 6  | 1        | 75 | 19      |
|                      |   | 1 to 6  |    | 0 to 2   |    | 0 to 3   |    | 0 to 2   |    | 15 to 24 |
| Weekly               | 1 | 0 to 5  | 24 | 0        | 0  | n/a      | 1  | 0        | 6  | 2       |
|                      |   |          |    | 0 to 1   |    |          |    | 0 to 1   |    | 1 to 4  |
| Daily or almost daily| 0 | n/a     | 0  | n/a      | 0  | n/a      | 0  | n/a      | 0  | n/a     |

**Item 6: How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?**

|                      | MP |         | EN |          | CM |          | AM |          | HIG |          |
|----------------------|----|---------|----|----------|----|----------|----|----------|-----|----------|
|                      | N | 95% CI  | N | 95% CI  | N | 95% CI  | N | 95% CI  | N | 95% CI  |
| Never                | 146| 99      | 362| 99       | 561| 99       | 862| 90       |
|                      |   | 98 to 99|    | 97 to 100|    | 98 to 100|    | 88 to 92 |
| Less than monthly     | 0 | n/a     | 49 | 1        | 3  | 1        | 4  | 1        | 83 | 9       |
|                      |   |          |    | 0 to 2   |    | 0 to 3   |    | 0 to 2   |    | 7 to 11 |
| Monthly              | 0 | n/a     | 8  | 0.012    | 0  | n/a      | 0  | n/a      | 11 | 1       |
|                      |   |          |    | 0 to 0.04|    |          |    |          |    | 1 to 2  |
| Item 7: How often during the last year have you had a feeling of guilt or remorse after drinking? | |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | N | N | N | N | N | N | N | N | N | N | N | N | N |
|  | MP | EN | CM | AM | HIG | MP | EN | CM | AM | HIG | MP | EN | CM | AM | HIG |
| Weekly | 0 | n/a | 14 | 0.001 | 0.001 to 0.005 | 0 | n/a | 0 | n/a | 2 | 0 | n/a | 0 | n/a | 0 |
| Daily or almost daily | 0 | n/a | 0 | n/a | 0 | n/a | 0 | n/a | 0 | n/a | 0 | n/a | 0 | n/a | 0 |

| Item 8: How often during the last year have you been unable to remember what happened the night before because you had been drinking? | |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | N | N | N | N | N | N | N | N | N | N | N | N | N |
|  | MP | EN | CM | AM | HIG | MP | EN | CM | AM | HIG | MP | EN | CM | AM | HIG |
| Weekly | 0 | n/a | 14 | 0.001 | 0.001 to 0.005 | 0 | n/a | 0 | n/a | 2 | 0 | n/a | 0 | n/a | 0 |
| Daily or almost daily | 0 | n/a | 0 | n/a | 0 | n/a | 0 | n/a | 0 | n/a | 0 | n/a | 0 | n/a | 0 |

| Item 9: Have you or someone else been injured as a result of your drinking? | |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | N | N | N | N | N | N | N | N | N | N | N | N | N |
|  | MP | EN | CM | AM | HIG | MP | EN | CM | AM | HIG | MP | EN | CM | AM | HIG |
| Weekly | 0 | n/a | 14 | 0.001 | 0.001 to 0.005 | 0 | n/a | 0 | n/a | 2 | 0 | n/a | 0 | n/a | 0 |
| Daily or almost daily | 0 | n/a | 0 | n/a | 0 | n/a | 0 | n/a | 0 | n/a | 0 | n/a | 0 | n/a | 0 |
Table 2 Continued

| Condition                                                                 | MP | EN | CM | AM | HIG |
|--------------------------------------------------------------------------|----|----|----|----|-----|
| **Item 10: Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?** |    |    |    |    |     |
| No                                                                       | 123| 4734| 301| 466| 872 |
| Yes, during the last year                                               | 8  | 230 | 15 | 22 | 48  |
| Yes, but not in the last year                                          | 15 | 2151| 94 | 157| 161 |
| **Presence of risky drinking (AUDIT total 8+)**                         |    |    |    |    |     |
| Low risk                                                                 | 104| 4830| 274| 431| 696 |
| Risky drinking (hazardous, harmful, dependent)                         | 42 | 1197| 90 | 133| 261 |

Weighted percentage (WP) with the corresponding 95% CIs.

AM, all managers (APMS 2014); APMS, Adult Psychiatric Morbidity Survey; AUDIT, Alcohol Use Disorders Identification Test; CM, corporate managers (APMS 2014); EN, English population (APMS 2014); HIG, high-income group (APMS 2014); MP, member of parliament sample.
Figure 1  Age-sex standardised prevalence estimates and 95% CIs of UKPMH and of specific population groups of APMS 2014 for the two different categories of AUDIT. AM, all managers (APMS 2014); APMS, Adult Psychiatric Morbidity Survey; AUDIT, Alcohol Use Disorders Identification Test; CM, corporate managers (APMS 2014); EN, English population (APMS 2014); HIG, high-income group (APMS 2014); MP, member of parliament sample; UKMPH, UK Parliamentary Mental Health.

Table 3  Univariate and multivariate logistic regression analysis for risky drinking (combined categories of AUDIT low risk, risky (hazardous, harmful, dependent)) in relation to job status (having a job outside the parliament vs not), being older than 50 years old (vs not), years serving as an MP (above 16 years vs not), awareness of Parliamentary Health and Wellbeing Service (vs not) and presence of probable mental ill health (vs not) in MPs.

|                                    | Crude* | Adjusted* |
|------------------------------------|--------|-----------|
|                                    | OR     | 95% CI    | OR     | 95% CI    |
| Work outside parliament            | 2.37   | 0.99 to 5.63 | 2.74   | 0.98 to 7.65 |
| >50 years old                      | 0.92   | 0.45 to 1.91 | 1.03   | 0.47 to 2.27 |
| Served as MP >16 years             | 1.22   | 0.50 to 2.96 | 0.86   | 0.33 to 2.24 |
| Unaware of Parliamentary Health    | 0.60   | 0.28 to 1.25 | 0.55   | 0.23 to 1.67 |
| and Wellbeing Service              |        |           |        |           |
| Presence of probable mental ill    |        |           |        |           |
| health                             |        |           |        |           |
| No evidence of probable mental     | 1      | 1         |        |           |
| ill health                          |        |           |        |           |
| Less than optimal mental ill       | 1.15   | 0.42 to 3.11 | 1.54   | 0.52 to 4.61 |
| health                             |        |           |        |           |
| Probable mental ill health         | 1.93   | 0.71 to 5.24 | 2.40   | 0.78 to 7.43 |

*Crude and adjusted ORs with corresponding 95% CIs. Inverse probability weights were used with reference to the total number of the members of the parliament. All models were adjusted for age, sex and educational status. MP, member of parliament.
are a difficult survey population to engage, which has also been confirmed in a 2008 internal UK parliament survey, where only 14.5% (94 MPs) responded.

Second, it is also possible that MPs who did not respond to the online survey may have had an increased risk of risky drinking and were therefore under-represented in the study sample. There is also a potential risk of under-reporting from people who took part in the study, because of the stigma associated with the topic.

Compared with the UKPMH population, respondents were younger in age distribution (18% of the UKPMH sample vs 16% of the total MP population were below 40 years old; p>0.05), with a higher proportion of females (36% female of the UKPMH sample vs 30% of total MP population were female; p<0.05) and those with an educational qualification (81% of the UKPMH sample vs 76% of total MP population; p<0.05). We did not assess marital or cohabitation status, as this would have increased the risk of identifiability of MPs, and this may have therefore also adversely affected the response rate. This was also the case for not including information on variables such as family history of mental disorder or religious belief.

In this sample we found that being an older MP (>50 years), serving >16 years as an MP, and being unaware of the Parliamentary Health and Wellbeing Service do not appear to constitute an increased risk for hazardous, harmful or dependent drinking. However, we regard this outcome with caution as this study may be underpowered to test for these specific hypotheses. Although we found a trend of an increased likelihood of risky drinking in MPs with additional employment outside parliament and in MPs with probable mental ill health, the strength of this likelihood was weakened by the small sample size.

**Comparison of results with earlier studies**

Although there have been previous surveys of mental health in UK MPs, this is the first study to examine the presence of risky drinking in this group. There have been four previously published studies exploring drinking in MPs, all from Europe. Response rates were higher than in the present study, ranging from 43–84%.

In a study of 150 MPs in the Dutch parliament, 7% reported drinking six drinks or more (7.5 UK units) at least once a week. Although the quantity of pure alcohol per drink was slightly more than in the present study, their finding was considerably less than the 18% in this study and was comparable to their control group matched for age and educational status. Another study involving 150 members of the Belgian parliament found that 50% drank more than one drink (1.3 UK units) per day, which was more than the 40% of MPs in the current study who drank 1–2 units or more at least four times per week. As in the present study, the proportion drinking more than one drink (1.3 UK units) per day was higher in a control group of parliamentary employees.

Two other studies examined the mean number of drinks consumed per week. In a study of 200 MPs in the Finnish parliament compared against an age and sex matched control group as part of a population study of cardiovascular disease, there was no difference in the mean weekly amount for men, but women had a higher mean weekly consumption. A study of 102 MPs in the Danish parliament using a control group as part of a population study of cardiovascular disease found that the mean number of weekly drinks was more among MPs for wine but not for beer.

**Interpretation of results**

The current study is limited by somewhat small numbers, which limits the interpretation of the findings of MPs being more likely to display risky drinking if they have additional employment commitments outside parliament or have probable mental ill health.

The overall rate of risky drinking did not significantly differ from groups comparable in both socioeconomic and occupational status. However, the findings of higher weighted averages for drinking at least four times per week, drinking at least 10 units on a typical drinking day, drinking 6 units or more in a single drinking episode and feeling guilty about their drinking raises concerns both about overall weekly consumption and over possible binge drinking.

These drinking patterns were not associated with alcohol-related harm or symptoms indicative of dependence, yet there remains the possibility of escalation into more serious alcohol-related harm. The selection bias of the sample of responders containing a higher proportion of women compared with the whole MP group, as well as the possibility of under-reporting through concerns over stigma, may underestimate both the quantity and frequency of risky drinking and the presence of alcohol-related harm. It may have also underestimated the likelihood of even greater differences in risky drinking for MPs with additional employment outside parliament and those with probable mental ill health.

**Implications for future research**

There is considerable scope for further exploration of the relationship between both overall risky drinking and alcohol-related harm in a larger, more representative sample of MPs. In particular, the impact of occupational stressors and mental ill health are worthy of attention. We are not aware of arrangements for mental health support for members of parliament outside the UK. Further examination of alcohol availability is warranted, as we understand that there are 30 bars, restaurants and hospitality suites at which alcohol is available or sold in the Palace of Westminster, and six bars open most evenings when MPs are voting or waiting to vote. The relative consumption of alcohol within and outside parliament is also worthy of further study, although it would be reasonable to assume that the majority of alcohol is consumed on the parliamentary estate, given the late working hours. Although beer and wine are provided free to members of the Belgian parliament, we are not aware of the availability...
of alcohol within other parliaments—but this is not generally a feature of the modern workplace.

Politicians are subject to increased scrutiny that may involve intrusive and aggressive behaviours from the public in the form of attack/attempted attack, threats to harm and property damage. It is known that over half of MPs may experience stalking or harassment.27

This has implications for both mental ill health and the potential risky use of alcohol. Stalking is known to be associated with a higher likelihood of mental disorders such as depression, panic disorder, generalised anxiety disorder and somatoform disorder.28 29

Work-related stress is known to be associated with long working hours and time pressures, lack of emotional support, family and constituency problems and job insecurity.29 30 It is also associated with risky drinking, especially in work environments where alcohol is readily accessible.31

**CONCLUSION AND POLICY IMPLICATIONS**

Over three quarters of the participants in this study were unaware of the Parliamentary Health and Wellbeing Service. Given the considerable stigma associated with mental health problems,32 33 there is a need for MPs to be better informed about their own wellbeing service, to reduce stigma and improve help seeking within Parliament.34 The under-represented group of older men in this study is also of relevance, given rising rates of alcohol misuse in older people,35 particularly in those with higher socioeconomic status.36

Twitter Rahul Rao @kentrrchess, Jayati Das-Munshi @Jayadasmunshi and Nicole Votruba @nicoleVotruba

**Acknowledgements** We would like to thank all members of parliament who took part in this study. In addition, we would like to thank Elaine Bryce (member of Dr Daniel Poulter’s Parliamentary office), and the staff of the Parliamentary Health and Wellbeing Service for their support in this study.

**Contributors** DP and GT conceived the original idea for the study, which was then discussed with NV and with RR coordinated the study. All authors contributed to the design of the study. RR and JD-M conducted the literature review. DP and NV collected the data. IB conducted the design and analysis of the data. JD-M supported the design of the data analysis and contributed throughout the design and writing up of the study. RR and IB led the writing of the manuscript, and all authors contributed and critically revised it. All authors have given their approval for the publication of this manuscript and agree to be accountable for all aspects of the work to ensure that the questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** NV acknowledges funding from the Economic and Social Research Council (ESRC) and National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care South London at King’s College London NHS Foundation Trust. GT, IB are supported by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care South London at King’s College London NHS Foundation Trust. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health. GT acknowledges financial support from the Department of Health via the National Institute for Health Research (NIHR) Biomedical Research Centre and Dementia Unit awarded to South London and Maudsley NHS Foundation Trust in partnership with King’s College London and King’s College Hospital NHS Foundation Trust. GT is supported by the European Union Seventh Framework Programme (FP7/2007-2013) Emerald project. GT also receives support from the National Institute of Mental Health of the National Institutes of Health under award number R01MH100470 (Cobalt study). GT is also supported by the UK Medical Research Council in relation to the Emilia (MR/S001255/1) and Indigo Partnership (MR/R023697/1) awards. IB is supported by the NIHR Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and by the NIHR Collaboration for Leadership in Applied Health Research. JD-M has a Clinician Scientist Fellowship, funded by the Health Foundation working with the Academy of Medical Sciences. DP is currently MP of the 57th UK Parliament and was member of the 56th UK Parliament; no other relationships or activities that could appear to have influenced the submitted work.

**Patient consent for publication** Not required.

**Ethics approval** Ethics approval for the study was obtained in September 2016 from King’s College London Ethics Committee (reference number: HR:16/17–3118), Provenance and peer review Not commissioned; externally peer reviewed.

**Data availability statement** All data relevant to the study are included in the article. No additional data available. The APMS 2014 can be accessed at: https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigitals.nhs.uk%2Fdata-and-information%2Fpublications%2Fstatistics%2Fadult-psychiatric-morbidity-survey%2Fadult-psychiatric-morbidity-survey-of-mental-health-and-wellbeing-england-2014&data=01%7C01%7CTony.rao%40kcl.ac.uk%7C166845b687524699e28b8087b99314%7C37307c141f63ac16b83z24017 654356%7C0&data=a-4d%2FGlnoRCbRrvF6DJkgIvalv%92ZqGdhUtJZ2bWdFlw%3D&reserved=0. Due to the sensibility of the data, and in order to ensure full anonymity, confidentiality and data protection for the participants, the full survey data cannot be made accessible to the public.

**Open access** This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/.

**ORCID iDs**

Rahul Rao http://orcid.org/0000-0002-0262-5122

Nicole Votruba http://orcid.org/0000-0003-0680-1290

**REFERENCES**

1 HM Government. The Government’s Alcohol Strategy. London: The Stationary Office Limited, 2012. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf

2 Office of National Statistics. Alcohol-specific deaths in the UK: registered in 2017. Office of National Statistics, 2018a. Available: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/alcoholspecificdeaths

3 Public Health England. Local alcohol profiles for England: Feb 2019 data update. Available: https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/11/gid/1938132984/par/b/par/E12000004/ati/102/are/E80000015

4 Roberts E, Morse R, Epstein S, et al. The prevalence of wholly attributable alcohol conditions in the United Kingdom hospital system: a systematic review, meta-analysis and meta-regression. *Addiction* 2019;114:1726–37.

5 Office of National Statistics. Adult drinking habits. Office of National Statistics, 2018b. Available: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholconsumptionanddependence/bulletins/opinionsandfindings/alcoholanddrinking/habitsingeabritain/2017

6 O’Neill D, Brifton A, Brunner EJ, et al. Twenty-five-year alcohol consumption trajectories and their association with arterial aging: a prospective cohort study. *J Am Heart Assoc* 2017;6:e002588.

7 Topiwala A, Allan CL, Valkanova V, et al. Moderate alcohol consumption as risk factor for adverse brain outcomes and cognitive decline: longitudinal cohort study. *BMJ* 2017;357:j23353.

8 Roche AM, Lee NK, Battams S, et al. Alcohol use among workers in male-dominated industries: a systematic review of risk factors. *Saf Sci* 2015;78:124–41.

9 House of Commons. Staff Handbook. Department of Human Resources and Change, 2012. Available: https://www.parliament.uk/documents/commons-resources/staff-handbook-june2012.pdf
10 Poulter D, Votruba N, Bakolis I, et al. Mental health of UK members of parliament in the house of commons: a cross-sectional survey. BMJ Open 2019;9:e027892.

11 Equator Network. The strengthening the reporting of observational studies in epidemiology (STROBE) statement: guidelines for reporting observational studies. Available: http://www.equator-network.org/reporting-guidelines/strobe/

12 Office of National Statistics. Adult psychiatric morbidity survey: survey of mental health and wellbeing, England, 2014. Available: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-surveyadult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014#summary

13 Saunders JB, Aasland OG, Babor TF, et al. Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption, part II. Addiction 1993;88:791–804.

14 Room R, Babor T, Rehm J. Alcohol and public health. Lancet 2005;365:519–30.

15 Goldberg DP, Gater R, Sartorius N, et al. The validity of two versions of the GHQ in the WHO study of mental illness in general health care. Psychol Med 1997;27:191–7.

16 Goldberg DP, Blackwell B. Psychiatric illness in general practice: a detailed study using a new method of case identification. BMJ 1970;2:439–43.

17 Goldberg DP, Hillier VF. A scaled version of the general health questionnaire. Psychol Med 1979;9:139–45.

18 Craig R, Fuller E, Mindell J, (eds). Health Survey for England 2014, StataCorp LP, 2015.

19 Hendriks VM, Garretsen HFL, van de Goor LAM. A “parliamentary inquiry” into alcohol and drugs: a survey of psychoactive substance use and gambling among members of the Dutch parliament. Subst Use Misuse 1997;32:679–97.

20 van de Borne P, Persu A, Anderss A, et al. Elevated prevalence of arterial hypertension in the Belgian parliament. J Hypertens 2005;23:2109.

21 Kohvakka A, Palmroos P, Koivu TA, et al. Trends in serum cholesterol and lifestyle indicators in members of the Finnish Parliament. Public Health 2003;117:11–14.

22 Gyntelberg F, Suadicani P, Jensen G, et al. Job strain and cardiovascular risk factors among members of the Danish Parliament. Occup Med 1998;48:31–6.

23 Politico. Belgian MPs to keep free alcohol in Parliament. Available: https://www.politico.eu/article/belgian-mps-to-keep-free-alcohol-in-parliament/ [Accessed 29 Nov 2019].

24 James DV, Farnham FR, Sukhwal S, et al. Aggressive/intrusive behaviours, harassment and stalking of members of the United Kingdom Parliament: a prevalence study and cross-national comparison. J Forens Psychiatry Psychol 2016;27:177–97.

25 Kuehner C, Gass P, Dressing H. Increased risk of mental disorders among lifetime victims of stalking—findings from a community study. Eur Psychiatry 2007;22:142–5.

26 Weinberg A, Cooper CL. Weinberg A. Workload, stress and family life in British members of parliament and the psychological impact of reforms to their working hours. Stress Med 1999;15:79–87.

27 Weinberg A, Cooper CL. Stress among national politicians elected to Parliament for the first time. Stress Health 2003;19:111–7.

28 Wilhelm K, Kovess V, Rios-Seidel C, et al. Work and mental health. Soc Psychiatry Psychiatr Epidemiol 2004;39:866–73.

29 Thornicroft G, Mehta N, Clement S, et al. Evidence for effective interventions to reduce mental-health-related stigma and discrimination. Lancet 2016;387:1123–32.

30 Wykes T, Craig T. Can our politicians help to reduce stigma and discrimination? J Ment Health 2013.

31 Royal College of Psychiatrists. Our invisible addicts: Second Report of the Older Persons’ Substance Misuse Working Group of the Royal College of Psychiatrists. Royal College of Psychiatrists, 2018. Available: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr211.pdf?sfvrsn=820fe4bc_2

32 Rao R, Schofield P, Ashworth M. Alcohol use, socioeconomic deprivation and ethnicity in older people. BMJ Open 2015;5:e007525.

33 UK Parliament. New support announced for MPs with mental health problems, 2013. Available: http://www.parliament.uk/business/committees/committees-a-z/other-committees/members-estimate/news/new-support-announced-for-mps-with-mental-health-problems/
Correction: Alcohol consumption of UK members of parliament: cross-sectional survey

Rao R, Bakolis I, Das-Munshi J, et al. Alcohol consumption of UK members of parliament: cross-sectional survey. BMJ Open 2020;10:e034929. doi: 10.1136/bmjopen-2019-034929

This article was previously published with an error.

Affiliations of authors should be:

Rahul Rao1, Ioannis Bakolis2, Jayati Das-Munshi3, Daniel Poulter4, Nicole Votruba5, and Graham Thornicroft3

1Old Age Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, London, UK
2Department of Biostatistics and Health Informatics/Centre for Implementation Science, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, London, UK
3Department of Psychological Medicine, Institute of Psychiatry, Psychology & Neurosciences, King’s College London, Institute of Psychiatry, London, UK
4House of Commons, London, UK
5Centre for Global Mental Health, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, London, UK

The information ‘Rahul Rao and Ioannis Bakolis are joint first authors.’ was missing.

The line in competing interest ‘GT, IB are supported by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care South London at King’s College London NHS Foundation Trust.’ should read ‘GT is supported by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care South London at King’s College London NHS Foundation Trust.’

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/.

© Author(s) (or their employer(s)) 2020. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

BMJ Open 2020;10:e034929corr1. doi:10.1136/bmjopen-2019-034929corr1
UK MPs with extra work roles may be nearly three times as likely to be ‘risky’ drinkers

*Those with ‘probable’ mental health issues may also be at heightened risk, survey suggests*

UK parliamentarians with additional work roles may be nearly three times as likely to be ‘risky’ drinkers as MPs without these extra obligations, suggest the results of a small survey, published in the online journal *BMJ Open.*

Those with ‘probable’ mental health issues may also be at more than double the risk, the findings suggest.

The health and social costs of alcohol in the UK add up to £21 billion a year. And 1 in 5 of all those admitted to hospital in the UK is drinking at harmful levels, while 1 in 10 is alcohol dependent.

The proportion of men and women who report drinking alcohol at least weekly has fallen sharply, but 28% of men and 14% of women still drink at potentially harmful levels, say the researchers.

High workload, job stress, and the use of alcohol to unwind after work are known risk factors, but it’s not clear if these might also apply to UK parliamentarians.

The researchers therefore looked at the prevalence of risky drinking, defined as drinking at hazardous, harmful, or dependent levels, among UK MPs, with the aim of seeing if there might be any particular factors associated with this behaviour.

They invited all 650 MPs in the House of Commons to fill in an anonymous online survey in December 2016, using the Alcohol Use Disorders Identification Test (AUDIT). This aims to find out how much and how often respondents drink alcohol, and what happens afterwards—feelings of guilt or remorse, injury, blackouts, for example.

Answers were each scored from 0 to 4 and added to give a maximum score of 40. A score above 8 indicates risky drinking.

Responses were compared with those of the nationally representative 2014 Adult Psychiatric Morbidity Survey (APMS), which provides data on the prevalence of treated and untreated mental health issues among English adults.

The GHQ-12, a validated health questionnaire, was used to assess the mental health of the responding MPs.

There’s no formal threshold for identifying mental ill health in this questionnaire, but responses were scored and categorised as: no evidence of probable mental ill health; less than optimal mental health; or probable psychological disturbance or mental ill health.
Some 146 MPs responded to the online survey (response rate of 22.5%). Nearly two thirds (63%) were men and around half (51%) were older than 50.

Most (81%) respondents didn’t work outside parliament and three quarters (77%) said they were unaware of the Parliamentary Health and Wellbeing Service.

The responses showed that the rate of risky drinking was higher than that of the general population in England, but comparable with that of people with similar income and job status in the APMS.

MPs were also comparable to these groups in what they said about not being able to stop drinking once they started; failing to do what was normally expected because of drinking; and having no memory of the night before because of their drinking.

But, on average, compared with the general population, responding MPs were more likely to drink at least 4 times a week; to drink at least 10 units on a typical drinking day; to drink 6 or more units in any one session (binge drinking); and to say they felt guilty about their drinking.

MPs with additional roles outside parliament were nearly 3 times as likely to be risky drinkers while those with ‘probable’ mental illness were nearly 2.5 times as likely to do so. However, the overall numbers of those with extra roles or possible mental illness were relatively small, caution the researchers.

This is an observational study, and as such, can’t establish cause, and the associations found are weakened by the small numbers of respondents.

Nevertheless, the researchers suggest that the low levels of participation may have been prompted by stigma or fear of being identified. And given the availability of alcohol in parliament in 30 bars, restaurants, and hospitality suites, with six bars open most evenings when MPs are voting or waiting to do so, the issue warrants further study, they add.

After all, MPs are also subject to increased scrutiny, stalking/harassment, online threats, long working hours and job insecurity, all of which can affect emotional wellbeing and likely use of alcohol, they point out.

“Given the considerable stigma associated with mental health problems, there is a need for MPs to be better informed about their own wellbeing service, to reduce stigma and improve help seeking within Parliament,” they conclude.

Notes for editors
*Since this research was carried out, two general elections have been held, changing the individuals in the House of Commons.