



The Annual Report of the Director of Public Health 2015

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Introduction

The NHS Highland area has a history of a somewhat polarised attitude towards alcohol. Alcohol has often been characterised in extreme terms, ranging from ‘the demon drink’ to ‘the water of life’. This report attempts to take a balanced approach to the topic. It recognises that alcohol consumption is a normal part of a healthy society and that there are positive associations between very controlled alcohol intake and some conditions such as cardiovascular disease. At the same time it is clear that there is a significant burden of harm associated with excessive alcohol intake, leading to personal harm, damaged relationships and personal tragedy for a small but important proportion of individuals who become its victims.



The Scottish Government’s Framework for Action - *Changing Scotland’s Relationship with Alcohol* sums up what we need to see happen. This report seeks to reflect that approach at a local level, recognising that change needs all of us to be personally engaged.

The Highland and the Argyll and Bute Drug and Alcohol Partnerships have provided significant leadership around this topic in recent years. However, there is no room for complacency, as we still face major challenges compared with other parts of the UK and Western Europe.

This report is designed to inform all who have the potential to influence our direction of travel, summarise evidence regarding alcohol related harm and provide a range of actions that taken together would reduce alcohol related problems within NHS Highland. We need to make greater progress in shifting cultural norms around excess alcohol consumption and move forward together to make progress on this important agenda.

A handwritten signature in black ink, appearing to read 'Hugo van Woerden'.

Dr Hugo van Woerden
Director of Public Health and Health Policy, NHS Highland
Stiùriche na Slàinte Phoblach, Bòrd Slàinte na Gàidhealtachd

Summary



This report focuses on alcohol and health. It provides a range of epidemiological information touching on a range of key aspects of the relationship between alcohol consumption and health. Key messages or recommendations are highlighted at the end of each chapter.

Alcohol sales in Scotland are high enough to let every single adult across Scotland drink above the recommended weekly limits of 14 units for women and 21 units for men. In reality, alcohol consumption is uneven, with some people taking none and others a lot more. International evidence suggests that half of all alcohol is consumed in the context of binge drinking. Binge drinking is defined as drinking more than twice the daily recommended units on any one day, i.e. over eight units in men and over six units in women.

Alcohol is too cheap. It is possible to drink the recommended weekly limit for under £5. This report supports the proposals being pursued by the Scottish Government to introduce a minimum price per unit.

Excess alcohol consumption generates significant health consequences. The estimated cost to the NHS of excess alcohol consumption across the NHS Highland area is £6.9 million per year.

There is a need for greater awareness of sensible drinking limits. Recommended national limits for alcohol consumption are: 21 units per week and not more than four units in a day for men; and 14 units per week and not more than three units in a day for women. One unit contains eight grams or 10 millilitres of pure alcohol.

What might optimal alcohol consumption look like? As a public health doctor what would I recommend? Accepting the limitations of available evidence, there is a clear pattern between alcohol consumption and the **lowest** death rates, but the pattern is different for men and women of different ages. In MEN: under 35 yrs, taking less than one drink per week; 35-44 yrs, one small drink per week; 45-55yrs, two small drinks per week; over 55 years, three small drinks per week. In WOMEN: under 35 yrs, less than one drink per week; 35-64 yrs, one small drink per week; aged over 65 yrs, two small



drinks per week. A small drink in this context is one unit or eight grams of alcohol. It is also important to say that anyone who finds alcohol addictive should probably stay away from it altogether.

Excess alcohol consumption can have devastating effects on families. There is evidence that many children have developed their own set of ideas about alcohol when they are as young as three. Parents and wider family members have a key role in ensuring children develop a healthy relationship with alcohol as they grow up. It is disappointing that around 70% of 15 year olds across NHS Highland reported that they have had an alcoholic drink and in around a quarter of cases, the alcohol had been purchased for them by a parent or carer.

The wider public sector, third sector, business community and alcohol industry all have a role to play in promoting a balanced approach to alcohol and minimising alcohol related harm. This report is designed to encourage all of these players to contribute in responding to this challenge.



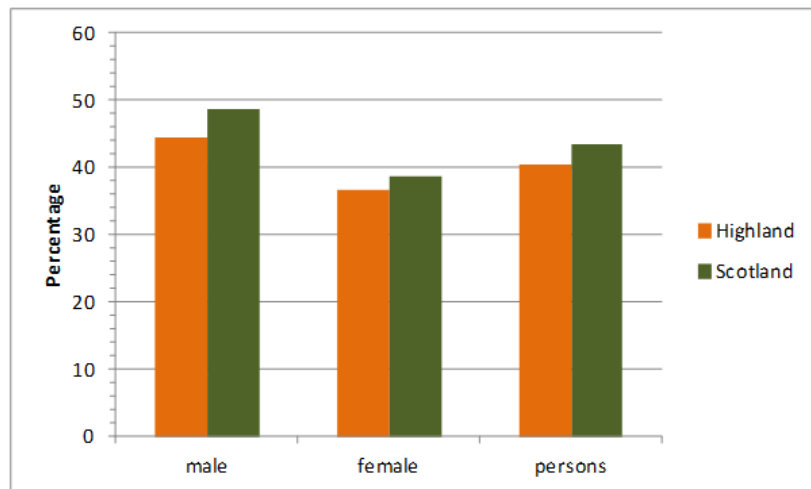
Chapter 1: Alcohol in the NHS Highland area

This chapter provides a range of facts and figures in relation to alcohol consumption by geographical areas, age and gender. Information is also provided on some of the health effects and health service consequences of excess alcohol consumption.

Epidemiology

The best available information on alcohol consumption across Scotland is from the Scottish Health Survey¹. We have a major problem across NHS Highland in that 40% of the population regularly drink more than the recommended limit (21 units per week for men and 14 units per week for women). The proportion of people drinking above recommended limits is fractionally lower than the Scottish average (Figure 1), but is still significantly higher than the proportion in the rest of the UK.

Figure 1: People Exceeding Daily / Weekly Drinking Limits, Highland and Scotland, 2008 – 11



Source: Scottish Health Survey 2008-2011, ScotPHO alcohol profiles

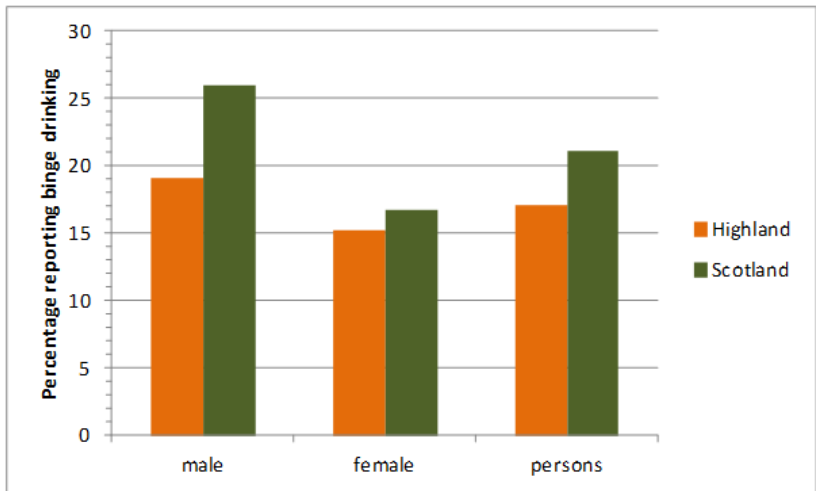


Binge drinking is particularly harmful. It is defined as drinking more than twice the daily recommended units on any one day i.e. over eight units in men and over six units in women. The NHS Highland figure for binge drinking (17.1%) is similar to that for Scotland as a whole (21.7%) - see Figure 2. The fact that around one in five people binge drink on a regular basis is a major public health problem and is associated with a wide range of adverse consequences.

An even more serious pattern is 'problem drinking', which is defined as answering "yes" to two or more of the four CAGE

questions². Across NHS Highland, 9.4% of men and 7.2% in women are classed as problem drinkers.

Figure 2: Binge Drinking, Highland and Scotland, 2008 – 2011

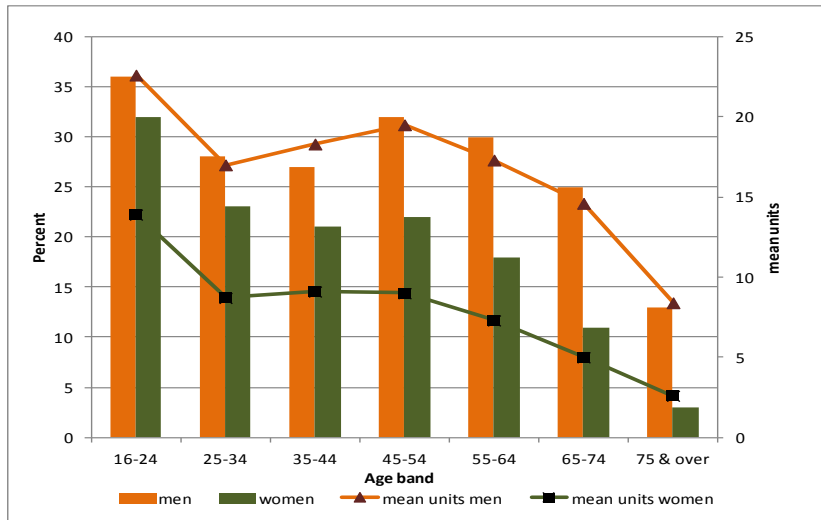


Source: Scottish Health Survey 2008-2011, ScotPHO alcohol profiles

The consumption of alcohol above recommended limits is not evenly distributed across the population. Those aged 16 to 24 years are most likely to drink above recommended levels (Figure 3). A smaller proportion of women drink over recommended limits compared to men. However, a rise in the alcohol intake by women aged 16-24 years means that the gender gap is smallest in this youngest age group. It is evident that awareness of the greater effect of alcohol in women than in men is poorly understood by young women, or is not being acted upon.



Figure 3: Proportion exceeding government guidelines on weekly alcohol consumption (21 units for men, 14 units for women) and mean weekly units by age and sex: Scotland

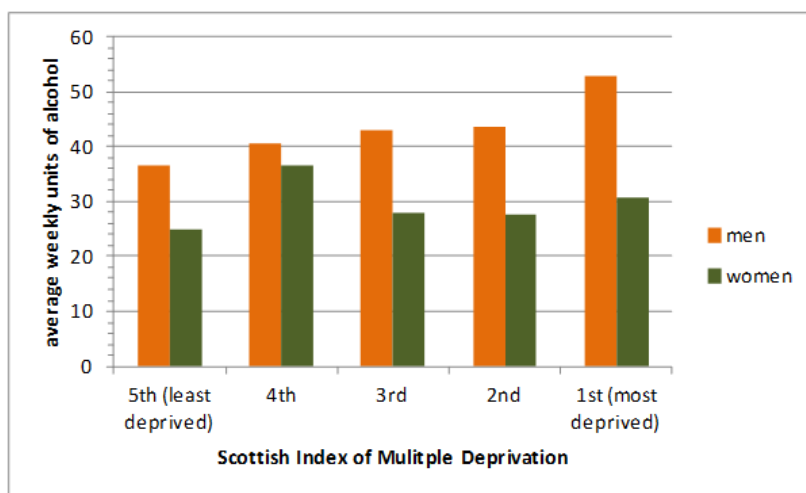


Source: Scottish Health Survey Report, 2009



Living in a deprived community is associated with different aspects of alcohol related harm. Figure 4 demonstrates a relationship in men between the level of consumption amongst hazardous/harmful drinkers and socio-economic deprivation. 'Hazardous drinking' is defined as a weekly consumption of 21-50 units in men and 14-35 units in women. 'Harmful drinking' is defined as a weekly consumption of 65 or more units in men, and 50 or more units in women.

Figure 4: Mean weekly units consumed amongst hazardous/harmful drinkers, age-standardised by Scottish Index of Multiple Deprivation and sex in Scotland

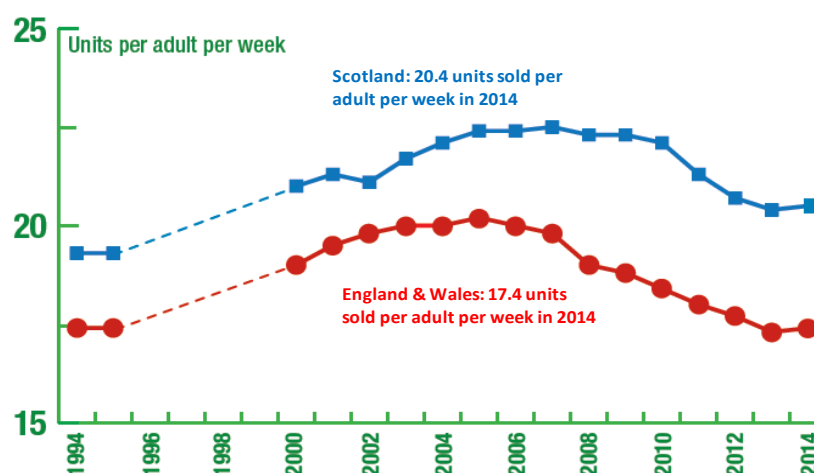


Data Source: Scottish Health Survey, 2008-2011 combined

Alcohol sales in Scotland are nearly 20% higher than those in England and Wales, per head of the adult population (Figure 5). The volume of alcohol sold in Scotland is equivalent to every adult over the age of 16 years in Scotland, drinking 20.4 units per week. Alcohol sales in Scotland are high enough to let every single adult across Scotland drink above recommended limits! However, the trend is consistently downwards from its peak in 2007.



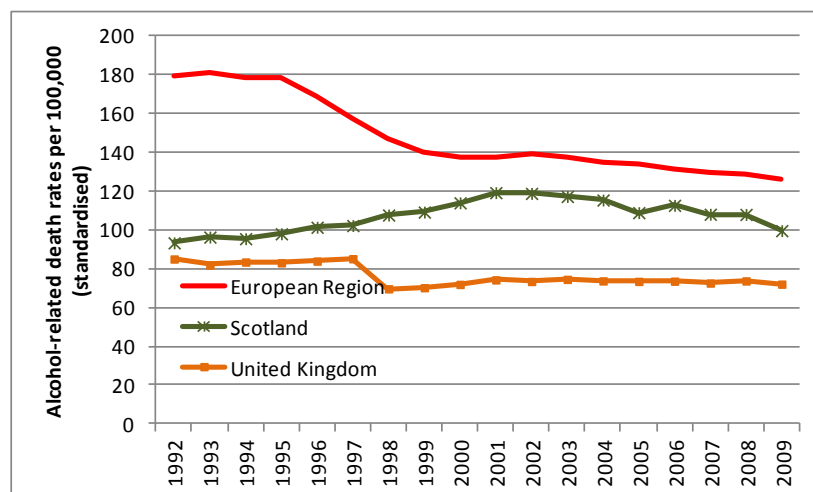
Figure 5: Units of alcohol sold per adult per week, Scotland and England and Wales, 2014



Source: MESAS Alcohol sales and price update 2015, Pub. NHS Health Scotland

Scotland has a higher alcohol related mortality rate than the UK as a whole (Figure 6). This may be related to greater binge drinking (see also the data on alcohol related liver deaths in Figure 8).

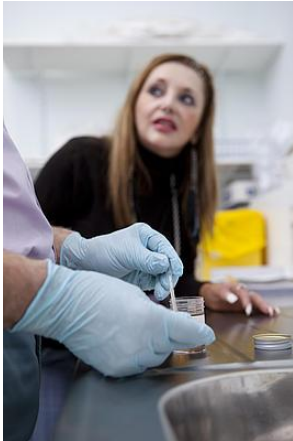
Figure 6: Alcohol-related death rates in males: Scotland, UK and the European Union, 1992 to 2008



Source: WHO Europe *Health for All* database and ScotPHO profiles

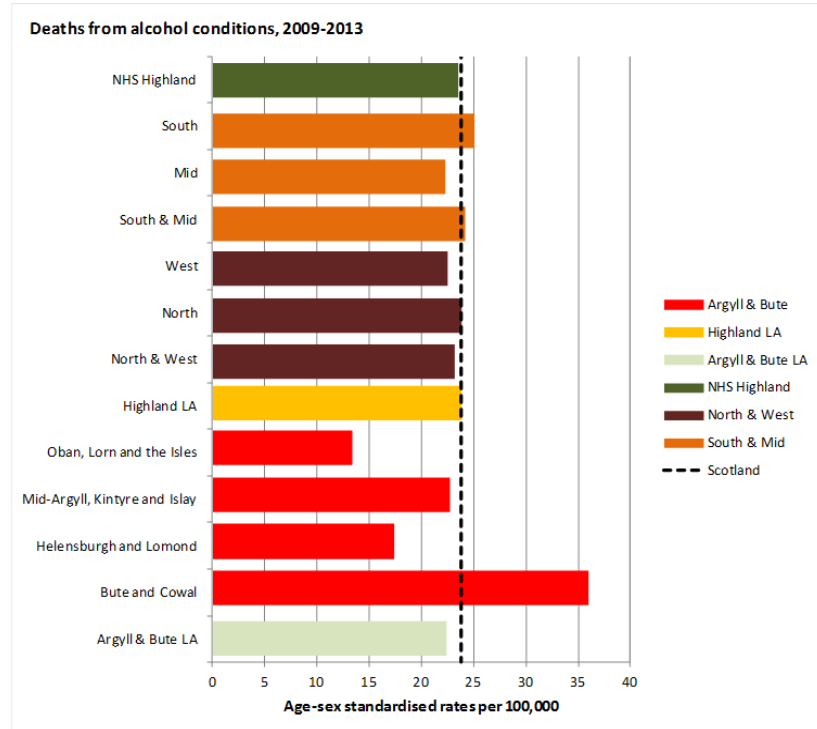
The alcohol related mortality rate in NHS Highland is similar to the Scottish average (Figure 7). Over the five year period 2009 to 2013, there were on average 80 deaths per year from alcohol-related conditions amongst the population of NHS Highland. These are shown by local geographical area in Figure 7. Although the rate in Bute and Cowal is 50% higher than the averages for the Health Board and Scotland, the rate is not statistically significantly higher. This is because the rates are based on relatively few numbers of deaths. However, the





higher rate in this area is consistent with the higher alcohol-related hospital stays recorded for the population in Cowal (see Figure 9).

Figure 7: Rates of alcohol-related deaths during 2009-2013: NHS Highland residents and Scotland



Source: ScotPHO profile data; from interactive tool, Public Health Intelligence

Excessive alcohol consumption can result in a wide range of health problems. If taken over a relatively short period (binge drinking), acute intoxication or poisoning occurs. With long-term heavy drinking, health problems develop gradually over time and only become evident in the later stages. This is particularly the case for damage to the liver and brain. As well as having physical effects, excess consumption of alcohol can lead to mental health problems, relationship problems and alcohol dependency. There are around 60 health related problems associated with excess alcohol consumption. Some of these are shown in the box below.



Medical problems - Liver: alcoholic hepatitis, cirrhosis, liver cancer; Gastrointestinal tract: mouth cancer, oesophageal cancer, oesophageal varices, pancreatitis; Cardiovascular system: atrial fibrillation, hypertension, strokes and cardiomyopathy with heart failure; Neurological system: acute intoxication with loss of consciousness, withdrawal, seizures, subdural haemorrhage, peripheral neuropathy, Wernicke-Korsakoff syndrome and cerebellar degeneration.

Psychiatric problems - alcohol dependence syndrome; suicidal ideation; depression; and anxiety.

Social problems - impaired performance at work; relationship problems; violent crime including domestic violence, drink driving and antisocial behaviour.

Other problems - foetal alcohol syndrome and loss of sexual function.

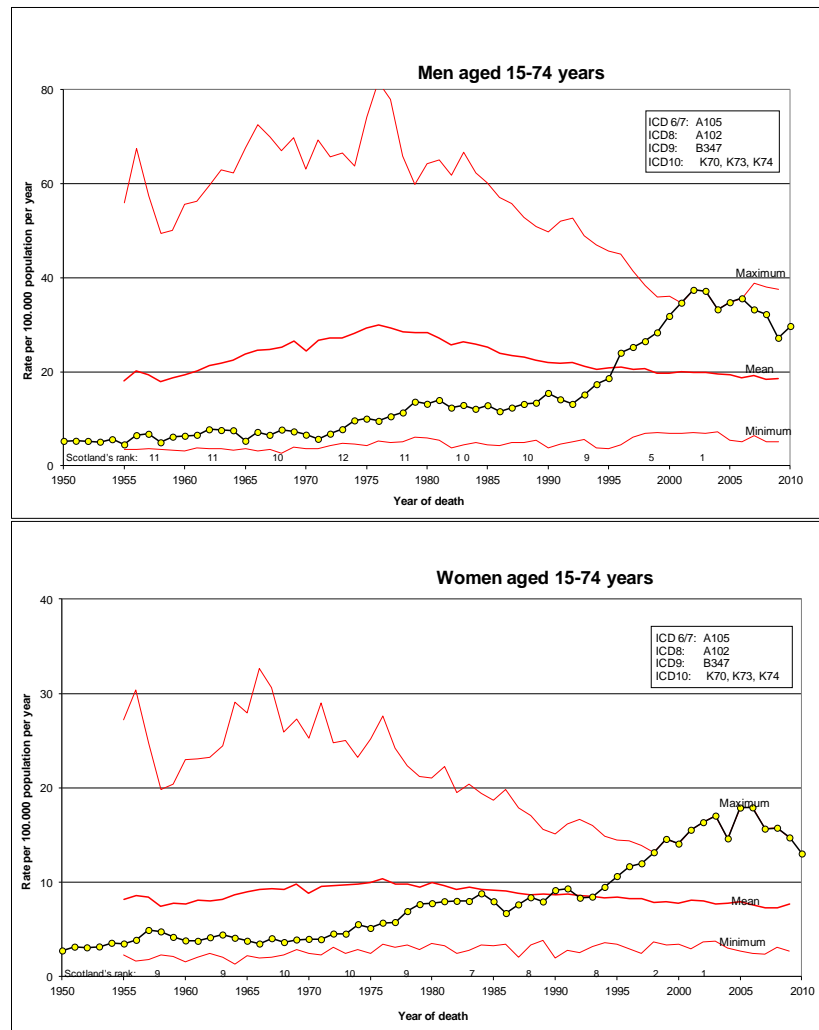


Liver disease is the commonest cause of alcohol-related death. Scotland has a major problem with liver cirrhosis and is ranked very high amongst other Western European countries (Figure 8). The graph shows that for some time around 2004, Scotland ranked number one in Europe for liver related deaths in men and that although the issue has improved for men, Scotland has been ranked number one for liver related deaths in women since 1998.

Women are relatively more at risk of harm from alcohol than men and the guidelines for sensible drinking are set lower for women for this reason. Physiologically, women cannot tolerate alcohol to the same degree as men. There are two main reasons why this is. Firstly, women have proportionately more body fat which means there is less body fluid to dilute the alcohol. Secondly, they have a lower amount of the enzyme, alcohol dehydrogenase, that breaks alcohol down. Both these factors mean that women get drunk more quickly and the effects last longer. The disproportionate impact of alcohol on women is evident in that in 2010 in Scotland, 321 (78%) of the total 409 alcohol-related deaths in women were from liver disease.



Figure 8: Comparative time trends in age-standardised mortality rates for alcohol-related liver disease (incl. cirrhosis) per 100,000 in Scotland between 1950 and 2010: maximum; minimum and mean rates of 16 countries in Western Europe with Scotland's rank (1 = highest rate)



Source: Still the sick man of Europe? Nov. 2012, Glasgow Centre for Population Health http://www.gcph.co.uk/publications/391_still_the_sick_man_of_europe accessed 13th Nov. 2015

Problem drinking has a significant impact on health care services. During 2013/2014 there were 2,200 hospital stays (around six per day) amongst the population of NHS Highland due to the affects of alcohol (Figure 9). Over 90% of these were emergency admissions. There are variations within our area, with significantly higher rates in the populations of Cowal and Inverness West, which may be related to higher rates of drinking amongst more socio-economically deprived populations (Figure 4). The average rate of hospital stays of NHS Highland residents was 650 per 100,000 in 2013/14 (Figure 9) which is statistically significantly lower than that for Scotland as a whole (705 per 100,000).

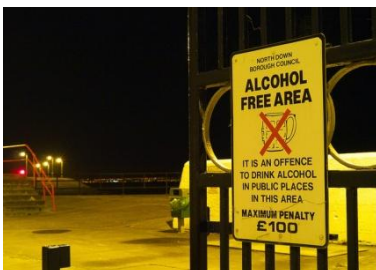
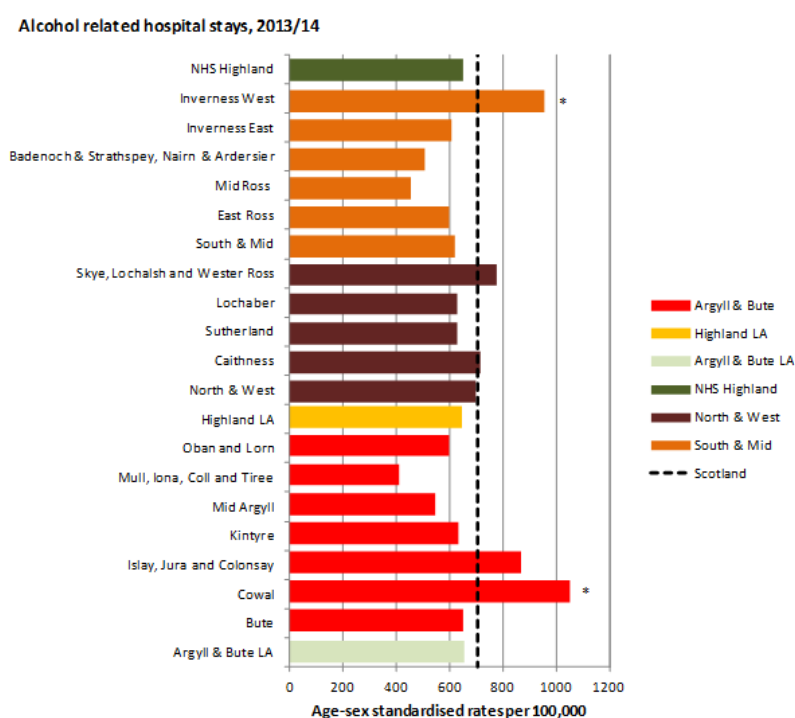


Figure 9: Rates of alcohol-related hospital stays during 2013/14: NHS Highland residents and Scotland as a whole



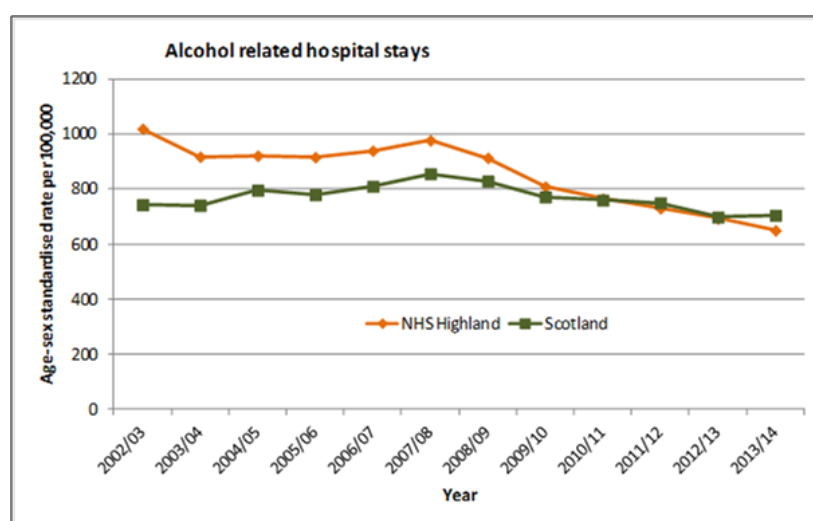
Source: ScotPHO profile data; from interactive tool by I Douglas, PH Intelligence

* Statistically significantly different

The good news is that since 2007/2008, both nationally and across NHS Highland, rates of hospital stays and deaths from alcohol have been decreasing. This trend is shown for hospital stays but a similar downward trend also applies to the death rates (Figure 10).



Figure 10: Rates of alcohol-related hospital stays 2002/03 to 2013/14: NHS Highland residents and Scotland as a whole



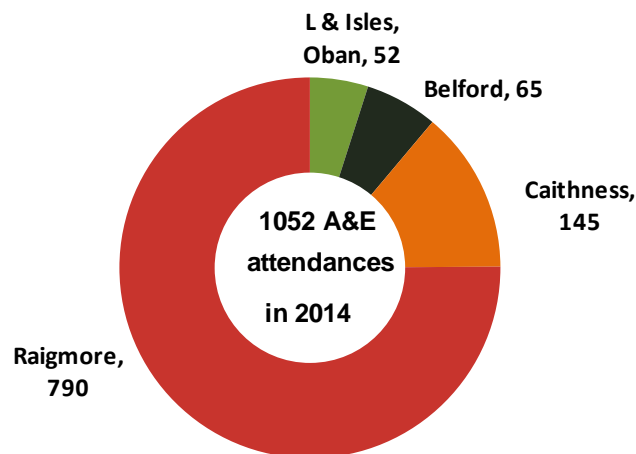
Source: ScotPHO profile data; from interactive tool by Public Health Intelligence

This downward trend has mainly been due to decreases in the more acute alcohol-related conditions i.e. harmful use with

acute toxic effect (the most prevalent conditions in the younger age groups). However, the rates due to more chronic conditions, such as cirrhosis of the liver, have remained much the same. Men were the subject of over 70% of all alcohol-related hospital stays.

Emergency services are also significantly impacted upon by alcohol misuse amongst our population. During 2014 there were over 1,000 recorded attendances to Accident and Emergency departments across hospitals in NHS Highland (Figure 11) and around 80% of these involved the use of an ambulance (Figure 12).

Figure 11: Accident and Emergency alcohol-related attendances to hospitals in NHS Highland, 2014

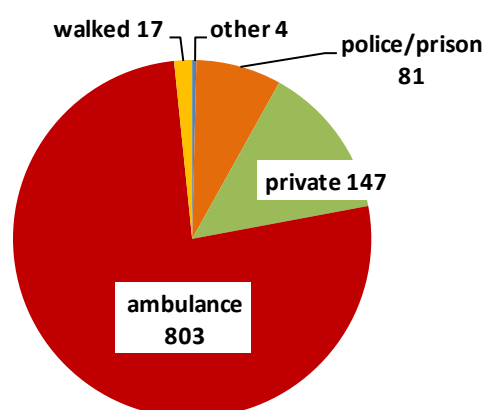


Source: Analysis of Accident and Emergency data from EDIS, NHS Highland hospitals



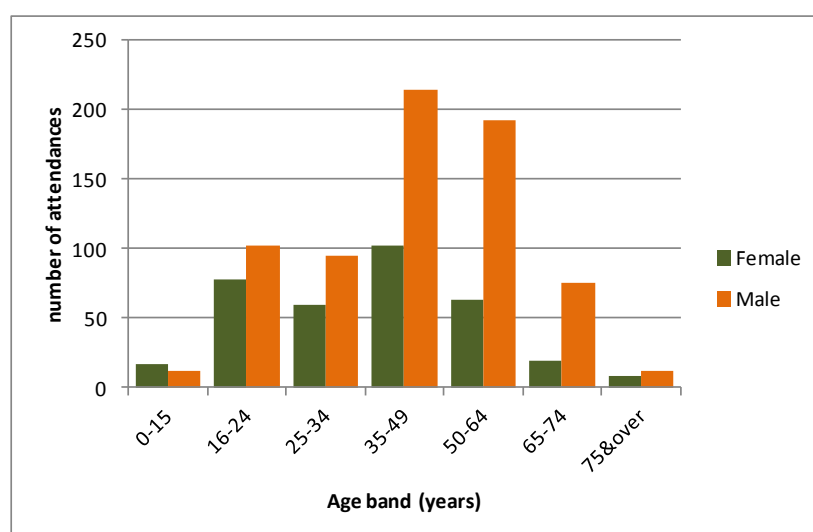
The majority of attendances (55%) involved those aged over 35-64 years, but one fifth were aged under 25 years. Although the overall ratio of men to women was almost exactly 2:1, there was less of a difference between the genders at younger ages (Figure 13). This is consistent with the patterns seen earlier in this report on consumption of alcohol between the sexes in younger age groups (Figure 3).

Figure 12: Accident and Emergency alcohol-related attendances in NHS Highland by mode of transport, 2014



Source: Analysis of Accident and Emergency data from EDIS, NHS Highland hospitals

Figure 13: Accident and Emergency alcohol-related attendances to NHS Highland hospital departments during 2014 by gender and age group



Source: Analysis of Accident and Emergency data from EDIS systems in NHS Highland hospitals

The impact measured above on the emergency services is an underestimate on two counts. Firstly, the hospitals that contribute the data are not the only centres to receive emergency presentations due to the results of alcohol intake. Secondly, there are likely to be many where only the main problem has been recorded (e.g. injuries from an accident) rather than the contributing factor of excess alcohol intake.

According to Alcohol Focus, the proportion of the total cost due to alcohol-related harm that was borne by the health services was 11% in Argyll and Bute and 15% in north

Highland. This equates to an estimated cost to the health services of NHS Highland of £6.9m per annum. The hospital stays alone would cost at least £1.5million, assuming that each of the 2,200 annual hospital stays involved a minimum of two days in hospital at £350 a day. . Research relating to culture and health is shown in the box below ³

The role of culture

"In all cultures, the drinking-place is a special environment, a separate social world with its own customs and values."

Cross-cultural research reveals four main symbolic uses of alcoholic beverages: as labels defining the nature of social situations or events; as indicators of social status; as statements of affiliation; and as gender differentiators. It also reveals four near-universal cultural rules: proscription of solitary drinking; prescription of sociability; social control of consumption and behaviour; and restrictions on female and underage drinking.

Key messages

- The consumption of alcohol varies by age, gender, geography and socio-economic circumstances
- Health-related harm has been described in terms of hospital stays, Accident and Emergency attendances and in alcohol-related deaths but these only reflect some of its consequences
- The guidance on sensible drinking is lower for women and this is based on their higher susceptibility to being harmed by it
- The data on alcohol related harms indicate that NHS Highland compares favourably against Scottish data, but poorly in relation to the UK and Western Europe figures
- The harm to health caused by alcohol has a significant impact on NHS Highland's health services



Chapter 2: To drink or not to drink - taking a balanced view

This chapter seeks to take a balanced view on maintaining a healthy relationship with alcohol. Some cultural and historical background is outlined, the benefits and harms of alcohol are discussed and information is provided to support individuals developing and maintaining a balanced approach to alcohol.

Culture and History

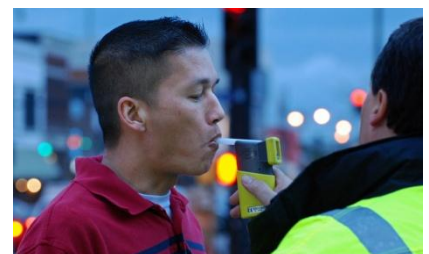
Excess alcohol consumption has been a long standing challenge in Scotland and different solutions have been suggested over time. Temperance movements were widely located in Scotland, although their heartland was in the West of Scotland⁴. Wider cultural forces meant that there were changes to male behaviour in the 18th and 19th centuries in the Highlands, with a new type of '*disciplined masculinity*', replacing a culture that was '*lawless, violent and intoxicated*'⁵. However, in the 20th century there is evidence that admission rates for 'alcoholism' to Craig Dunain hospital were three times the Scottish average⁶. In recent decades the importance of addressing alcohol related problems has been recognised and the NHS Highland area once again has a slightly lower rate of alcohol consumption than Scotland as a whole

Health and Wellbeing

There is a range of risks associated with excess consumption of alcohol. These are affected by age, gender, pregnancy status, underlying health and the volume and frequency of alcohol consumption. Alcohol can also interact with a range of medications such as antidepressants. Excess alcohol consumption is associated with an increased risk of breast cancer, damage to the unborn child, increased susceptibility to accidents, and a risk of addiction.

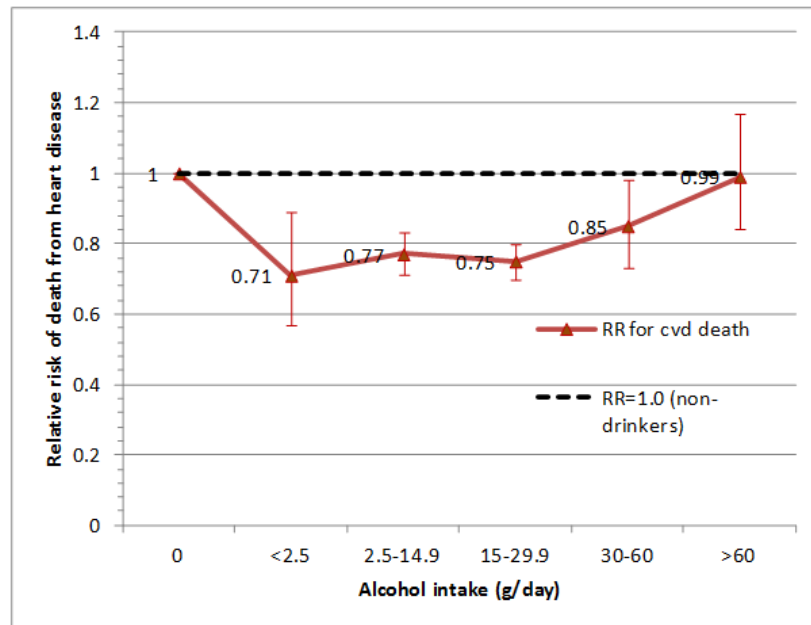
In terms of taking a balanced view, there are potentially positive aspects to moderate alcohol consumption. There is tentative evidence to suggest that there may be benefits if a small quantity of alcohol is consumed with a meal⁷.

There is some evidence that low to moderate alcohol consumption can reduce the risk from cardiovascular disease (heart attack; stroke, peripheral vascular disease)⁸. In Figure 14, the horizontal line is the relative risk of dying from



cardiovascular disease. The lowest risk is at an alcohol consumption of 2.5 g/day (equivalent to one third of a unit per day, which is a far below the recommended upper limits for daily intake - see section below).

Figure 14: Relative risk from death from cardiovascular disease compared to non-drinkers: men and women at different levels of daily alcohol consumption

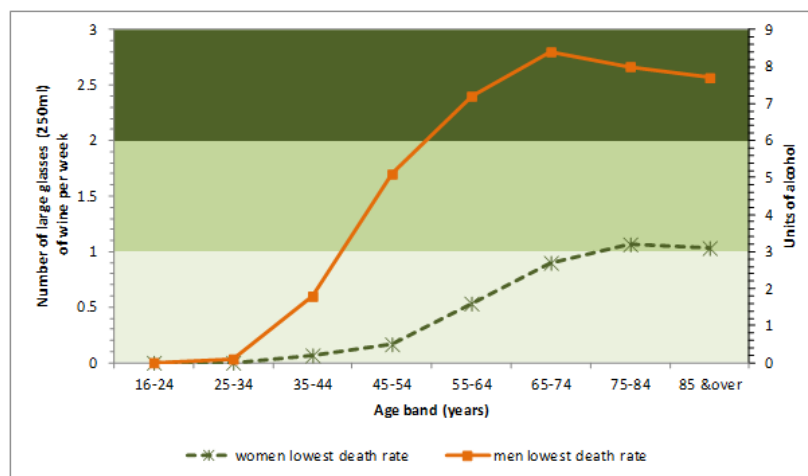


Source: Charted from data reported in a systematic review: Ronksley P et al 2011, BMJ 342: d671 <http://www.bmj.com/content/342/bmj.d671.full.pdf+html>



There has been some debate about the validity of these findings but there is consistency even when confounders are taken into account such as the inclusion of former drinkers as well as life-time abstainers in the comparison group. There are plausible biological protective mechanisms against cardiovascular disease, which alcohol in moderation might promote. These include increasing the healthy form of cholesterol (High Density Lipoprotein), improving sensitivity to insulin and reducing the risk of blood clot formation in the coronary arteries⁹. Other positive associations include a lower risk of diabetes and gallstones⁹. When rates of death from coronary heart disease and from other causes together are compared with those of non-drinkers, the weekly units of alcohol consumption at which the risk of death is lowest varies between men and women and with age (Figure 15).

Figure 15: Weekly alcohol consumption corresponding to the lowest rates of death relative to non-drinkers in men and women at each age band



Source: Based on the results of White *et al.*, 2002⁹

This graph shows the intake that is associated with the lowest death rate. The relevant intakes are higher in men than in women. Alcohol consumption under the age of 35 years does not appear to be associated with any reduction in mortality. Above the age of 35 years, the lowest risk of dying is associated with a progressively greater intake with rising age. Equating these results in terms of weekly consumption of wine (large glasses), any benefit would be limited in men if they drank up to one glass of wine per week aged 35- 44 years; two glasses per week aged 45- 55 years and three glasses per week aged over 55 years. For women aged 35 to 64 years, it would be up to one glass per week and for those aged over 65 years up to two glasses per week. In summary, the consumption of small quantities of alcohol may be associated with some health benefits, but these are dependent on gender, age and other factors. These figures could be further refined by taking into account body weight and the fact that different people naturally have different levels of the liver enzyme that breaks down alcohol. Some of these factors are related to ethnicity.

Measuring alcohol intake

The system of units is confusing. Different countries around the world recommend different limits in terms of size of standard drinks and units of alcohol¹⁰. In the UK, 10 millilitres (8 grams) equals one unit. What that means in terms of common drinks is shown in Figure 16. There is a view that alcohol intake should be measured in grams of alcohol, which would be consistent internationally, but so far this approach



has not been popularised. Most of the food we eat is measured and labelled in grams.

Figure 16: Units of alcohol

One unit is equal to 10ml of pure alcohol. The number of units of alcohol in a drink depends on the size and strength of the drink.

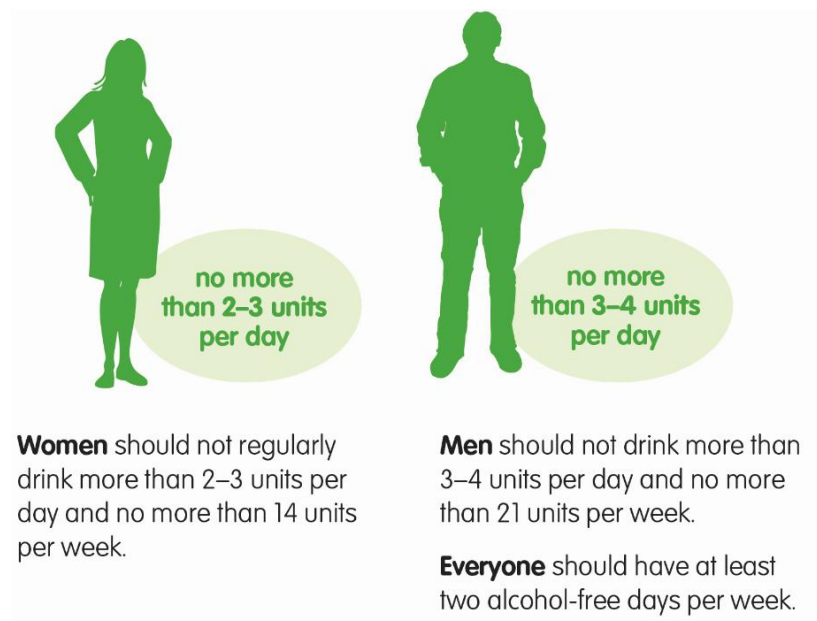


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Know Your Limit – How much is too much?

Some beers and wines have higher percentages of alcohol and the number of units in a drink can be higher than those shown. Figure 17 provides the standard UK guidance on alcohol intake. However, as pointed out in chapter one, the optimal limit from a health perspective is lower than this for those under 35 years of age.

Figure 17: UK Department of Health's drinking guidelines



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SO THINK ABOUT.....

How often do I drink?

How much do I drink on each occasion?

REMEMBER...

To remove alcohol from your bloodstream, it takes approximately one hour for your body to process one unit of alcohol

Alcohol and Calories

Alcohol contains a lot of calories. For example, one pint of lager of 5% abv (alcohol by volume) has the same number of calories as one jam doughnut. One measure of gin (37.5% abv) is equivalent to a bag of crisps in terms of calories (130 calories)¹¹. See figure 18.

Figure 18: Calories in some alcoholic drinks



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Using Mobile Phone Apps to keep in balance

Mobile phone apps provide a particularly useful approach to developing and maintaining a healthy relationship with alcohol. They empower individuals to take control reflect and shape their own behaviour. Several mobile phone apps have been developed. Three apps are explored in greater detail below. All of them can be downloaded from the internet for free.



‘One drink one click’¹² is an app developed by Public Health Wales in partnership with Alcohol Concern. The app helps people think about their level of drinking and to help keep a track on how much they are drinking. This App is part of the ‘Have a Word’ initiative. The app is freely available from the iTunes app store. This app is the one that is most strongly endorsed by this report. An ambition of the public health team is to see this app widely used across the NHS Highland area and to see a local NHS Highland version developed.

‘Drinks Tracker’ for iPhone and Android¹³ was developed by the Change4Life public health programme. Drinks Tracker is also available in booklet form¹⁴. This booklet provides helpful information on the benefits of reducing alcohol intake in terms

of well-being, how to monitor alcohol consumption over time using a drinks diary; how to calculate the number of units in drinks; and tips on how to reduce levels of alcohol consumption; what to do on a night out; and how to relax in other ways instead of drinking alcohol.

The Drinks Meter App¹⁵ for iPhone or Android was developed by Dr Adam Winstock of the Global Alcohol and Drug Survey. This app gives anonymous feedback on drinking behaviour and alcohol consumption. The app supports reflection on alcohol consumption and provides relevant information.

This report strongly endorses the use of apps as a way of building and maintaining a healthy relationship with alcohol, the 'One drink one click' app is particularly recommended.

Key messages

- It is important people understand the risks to health and wellbeing associated with alcohol which not only depend on the amount and frequency of drinking but also on our individual circumstances such as age, gender and pregnancy
- Any benefit associated with alcohol in terms of reduced risk of cardiovascular disease is not seen in those aged under 35 years and any benefit in older age is associated with relatively low levels of intake
- There are clear UK guidelines not only for weekly intake but also daily intake
- There are particular strategies to support healthy drinking habits, one of which is the use of mobile phone Apps, particularly the "one drink, one click"
- Alcohol contains significant calories



Chapter 3: Children and young people

This chapter considers the impact of alcohol consumption in relation to pregnant women, children and young people. The importance of messages in the home setting is emphasised as is the role of schools and other services that are in touch with mums, children and young people.

Pregnancy

Drinking alcohol during pregnancy can harm a baby's developing body and brain and impact on later educational attainment and life course. Foetal Alcohol Syndrome (FAS) describes a range of these harms. Foetal Alcohol Spectrum Disorder (FASD) is a less severe form of FAS. Although it is possible that levels below one unit per week may not have adverse effects during pregnancy, NHS Highland's message is "no alcohol, no risk" as being the safest approach for pregnant women to take.

The local *Alcohol and pregnancy don't mix* leaflet for women explaining the risks of a significant alcohol intake during pregnancy is available for women contemplating pregnancy. The leaflet *Help keep your baby safe and healthy* is recommended to women who are drinking at their pregnancy booking appointment¹⁶.

NHS Highland has taken a proactive approach to encouraging women's abstinence from alcohol during pregnancy using structured discussion when appropriate to support women in minimising their alcohol intake. This structured approach is known as alcohol brief interventions (ABIs) (see Chapter 4 for further information). ABIs are provided for women at meetings with midwives particularly where alcohol consumption is ongoing or where reported pre-pregnancy alcohol intake was over 14 units a week. Over the last three years, the number of ABIs delivered to pregnant women was: 2012/13 = 120 ABIs; 2013/14 = 86 ABIs; and 2014/15 = 108 ABIs. Work is ongoing to increase the confidence and skills of midwives to deliver ABI's and embed them in to routine practice¹⁷. There is a need for greater societal awareness of the risk of excess alcohol consumption leading to FAS.



Original design courtesy of North, South and East Ayrshire Alcohol and Drug Partnerships

By 2020 all pregnant women within the NHS Highland area should be aware of the risks that consuming alcohol during pregnancy pose to the unborn child. NHS Highland's "No alcohol, no risk" message to be universally recognised by pregnant women.

Children and Schools

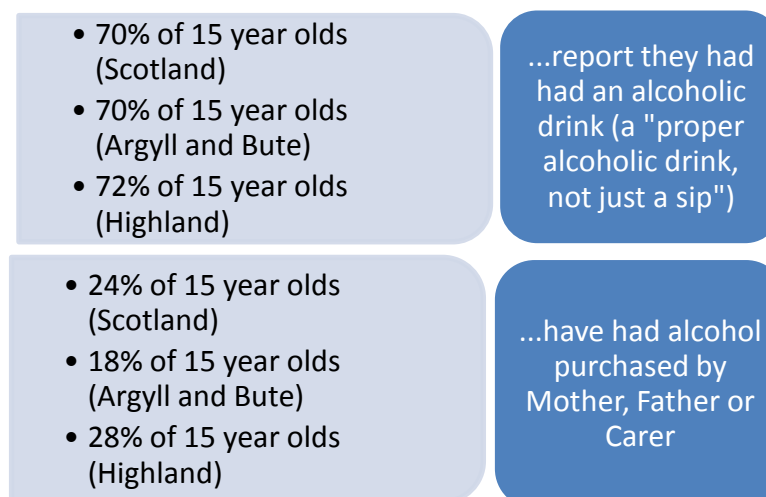
Children as young as three can recognise the smell associated with alcoholic drinks and have developed a personal mental schema (interpretation/formulation) in relation to alcohol¹⁸. This emphasises the importance of the early influence in the development of personal approaches to alcohol and its use and the need for parents to support their children in developing a healthy relationship with alcohol.



Adolescent alcohol misuse is relatively common and is a major contributor to preventable injuries and deaths¹⁹. National advice is that adolescents under the age of 15 years refrain from drinking and that initiation is delayed for as long as possible, although the evidence for this is mixed²⁰.

Underage drinking continues to present a major public health challenge²¹. Within the NHS Highland area there is evidence that young people regularly drink, and are often supplied with alcohol by parents, siblings, friends and strangers. Some of the available data is presented in Figure 19.

Figure 19: Alcohol use among 13 and 15 year olds in Scotland; Schools Adolescent Lifestyle and Substance Use Survey, 2013



Available from: <http://www.isdscotland.org/Health-Topics/PublicHealth/SALSUS/Latest-Report/>. Accessed 6th November 2015

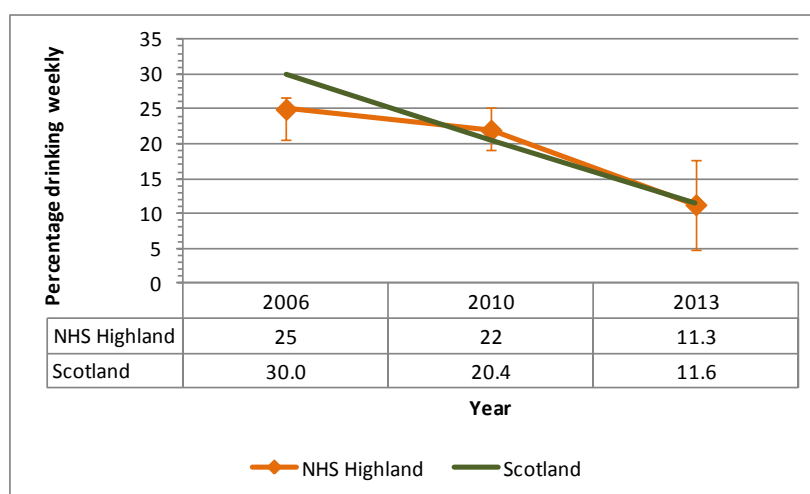
Drug and alcohol awareness is taught across the NHS Highland area throughout the school curriculum. An Education Framework mapped to the National Curriculum for Excellence²² helps teachers plan drug and alcohol lessons. This describes substance misuse learning, success criteria,

resources and assessments. Evidence suggests that a range of educational approaches can make a small but positive contribution to reducing alcohol related harm among young people²³.

The effectiveness of alcohol related education can be enhanced when combined with family based and environmental interventions²³. To support the framework, example lesson plans and alcohol-related resources for teachers have been made available on-line via a Substance Misuse Toolkit²⁴. The number and types of hits to the Toolkit are regularly monitored, with over 5,000 made to the website in the first six months of operation. There is a need to continually maintain and update this teaching resource with up to date information to support this effective method of helping young people make informed choices with alcohol, and consequently reduce harm²⁵.

By 2020 the percentage of 15 year olds reporting that they have had alcohol purchased for them by their parent or carer should drop to below 10% across NHS Highland

Figure 20: Proportion of 15 year olds drinking on a weekly basis, or more frequently²⁶



Source: ScotPHO Alcohol Profiles. Accessed: 16 November 2015.

Provision of wider social opportunities where people are encouraged to make healthier choices and participate in positive activities can contribute to dissuading young people from alcohol use²⁷. In 2015 over 600 young people from 13 schools took part in 'Rock Challenge', a diversionary initiative that includes community events and culminates in a two day performing arts event held at Eden Court. Young people experience involvement in positive activities and take part in prevention activities throughout the event. In 2015, 86% of secondary school pupils participating in the programme came from communities within the 20 most deprived areas in Highland. An evaluation of the programme has provided some



evidence that involvement may reduce alcohol use among young people.

To promote sensible drinking at local festivals, the Public Health team has produced a welfare document that sets out best practice for festivals. The requirements have been endorsed by festival organisers including increasing the age of supervision for those attending from 18 to 21 years. This means a young person under 21 years will need to be accompanied by someone aged 21 years or older. Festival organisers have also agreed to include sensible drinking messages each year in social media correspondence, which have been disseminated to over 17,000 ticket holders.

A branded family focused media campaign entitled *Meet the MacPherson's* has been developed to raise awareness of underage drinking and parental responses. There is an intention to develop this model more and to use it in awareness raising campaigns to promote sensible drinking, parental responsibility, harm reduction and stay safe messages.

The family

The attitudes and behaviours of parents and wider family members can have a profound impact on children and young people and their emerging social norms in relation to alcohol use.

Research suggests that parental alcohol misuse can have a serious and detrimental effect on children and young people, leading to poor educational attainment, emotional difficulties, neglect, abuse and having to take on inappropriate caring responsibilities. Alcohol misuse can also be linked with family disharmony and domestic violence²⁸. One in seven children under the age of 18 years will have witnessed domestic violence in the home²⁹. Although alcohol is never an excuse for domestic violence, alcohol has been consumed by perpetrators in around a third of cases³⁰. A proportion of women also develop alcohol problems following victimisation³¹.

Children learn from observing parental behaviour and lifestyle. When children are exposed to excess alcohol consumption they report feeling scared, confused, stressed and angry in relation to their parent's alcohol consumption. Teenagers who

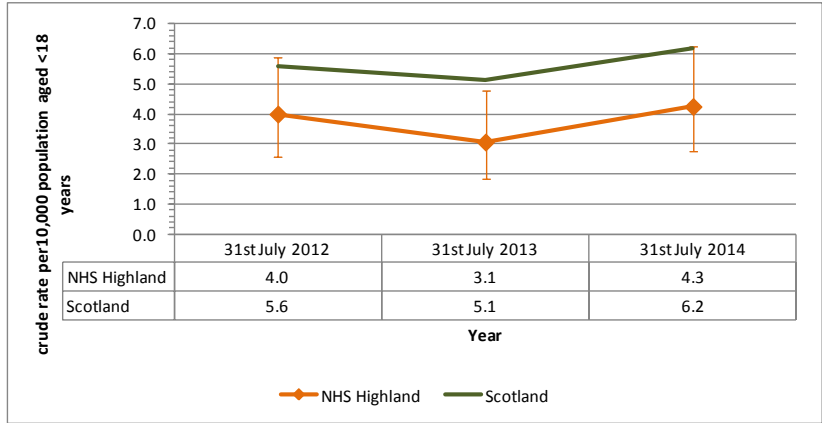


see their parents drunk are twice as likely to regularly get drunk themselves³².



Family based programs can help prevent alcohol misuse by young people³³, but these skills can be practiced by all families. The key skills involve developing a nurturing environment, open discussion, setting boundaries and rules, and monitoring behaviours as children grow up. Around 3,800 children in the NHS Highland area are believed to be affected by parental alcohol misuse³⁴. Alcohol is also identified as a concern in child protection conferences in around 4.3 per 10,000 of the population in the NHS Highland area (see Figure 21).

Figure 21: Number of Child Protection Case Conferences where parental alcohol use was identified as a concern/risk



Source: ScotPHO alcohol profiles as accessed Nov. 16th 2015

NHS Highland is statistically not significantly different from the Scottish national average.

In Argyll and Bute the Child Protection Committee (CPC) and Alcohol and Drug Partnership (ADP) have collaborated on the development of the Getting Our Priorities Right (GOPR) Practitioners Guide and are in the process of developing training that will be rolled out across all seven localities in Argyll and Bute. Learning opportunities are also being promoted to strengthen practices relevant to foetal alcohol spectrum disorder (FASD) and the Women Pregnancy and Substance Misuse guidelines have been updated¹⁶.



There are a range of initiatives across NHS Highland to address the needs of children in the context of problem drinking. The Catalyst Project, which aims to give a voice to children and involves working with families where alcohol is a problem, has been developed to promote effective interventions for family

recovery in partnership with a Third Sector Collaborative led by Action for Children. There is also wider preventative work within the Early Years Collaborative using a ‘small tests of change’ methodology.

Carers

Young people can be carers for parents with alcohol dependence, or for younger siblings, although many of them will not be recognised as young carers. This and broken family relationships and potential consequent homelessness for young people can all be risk factors for developing an unhealthy relationship with alcohol themselves.

The 2013 Highland Lifestyle Survey³⁵ asked the question, ‘Does someone in your family have a long term or mental illness, drug or alcohol problem?’ Amongst those answering “yes” to this question (10 - 20%) there will be many who have a carer role because of alcohol in the home.

Table 1: Pupil responses to the question, ‘Does someone in your family have a long term or mental illness, drug or alcohol problem?’

Age		Yes	No			
P7		179 (10.9%)	1,463 (89.1%)			
		Female	Male	Female	Male	
		47.5%	52.5%	48.7%	51.3%	
S2		276 (16.2%)	1,424 (83.8%)			
		Female	Male	Female	Male	
		60%	40%	47%	53%	
S4	350 (20.3%)	1,372 (79.7%)				
	Female	Male	Female	Male		
	62.5%	37.5%	44.8%	55.3%		

Source: Highland Health Survey (Total sample size was 4,884)

The needs of these young people are an important challenge, particularly enabling them to recognise their role and identify themselves as carers, without attracting stigma as a result.

A number of priorities from a public health perspective are outlined below in relation to children and young people.



Recommendations

- Antenatal services should continue to explore ways of strengthening a proactive approach to increasing the awareness of the risk of excess alcohol intake during pregnancy
- Educational establishments should continue to strengthen awareness of Foetal Alcohol Syndrome and Foetal Alcohol Spectrum Disorder in young people via Schools and the Highland Substance Misuse Toolkit
- Health Services, supported by Drug and Alcohol Partnerships should develop a Foetal Alcohol Spectrum Disorder pathway
- Educational establishments should continue to strengthen resilience and self-esteem in schools to support young people in making healthy choices
- Health Services, supported by Drug and Alcohol Partnerships should develop a pathway for family support in relation to young people engaged in high risk behaviours
- Drug and Alcohol Partnerships should implement, monitor and review Getting Our Priorities Right practitioner's guidance and utilise 'small tests of change' methodology to more effectively support family recovery processes



Chapter 4: The role of the NHS and Public Sector

The public sector, and particularly the NHS, has a key role in relation to alcohol. Public sector organisations touch almost every member of the community and have the capacity to provide brief preventative advice, detect problems early and support recovery for those where excess alcohol consumption has become a significant issue. The two Drug and Alcohol Partnerships within the NHS Highland area have a particularly important role to play.

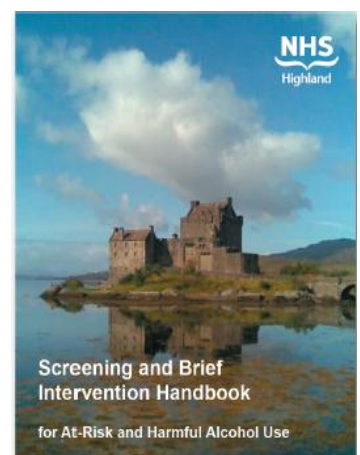
Partnership Working

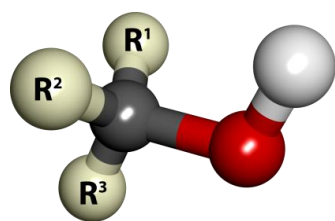
The public sector has an important role to play in relation to alcohol related disorders. The Alcohol and Drugs Partnerships in north Highland and Argyll and Bute play a key role, developing and coordinating a work plan to reduce alcohol-related harm. The work spans a continuum from prevention through to recovery, and includes treatment options, community safety and supporting children and families affected by parental alcohol problems.

Agencies involved in reducing alcohol-related harm alongside the Alcohol and Drug Partnerships and NHS Highland include: Highland and Argyll and Bute Councils, Police Scotland, Scottish Fire and Rescue Service, Her Majesty's Prison Inverness, the Crown Office Procurator Fiscal Service and a wide range of third sector bodies. The role of the Alcohol and Drug Partnerships is to deliver improved outcomes for communities through implementation of a coordinated strategy and action plan. Prevention of alcohol-related harm is a key strand of the current strategy, supporting initiatives such as those described in previous chapters including the Substance Misuse Toolkit, Rock Challenge diversionary initiative and the *Meet the Macpherson's* social marketing campaign to tackle underage drinking which continues to present major challenges for public health²¹.

Alcohol Brief Interventions (ABIs)

A major public health focus has been the roll out of ABIs in primary care, maternity, accident and emergency settings and wider contexts such as the fire service and police. An ABI is a short, evidence-based, structured conversation about alcohol consumption with a person. It seeks, in a non-confrontational

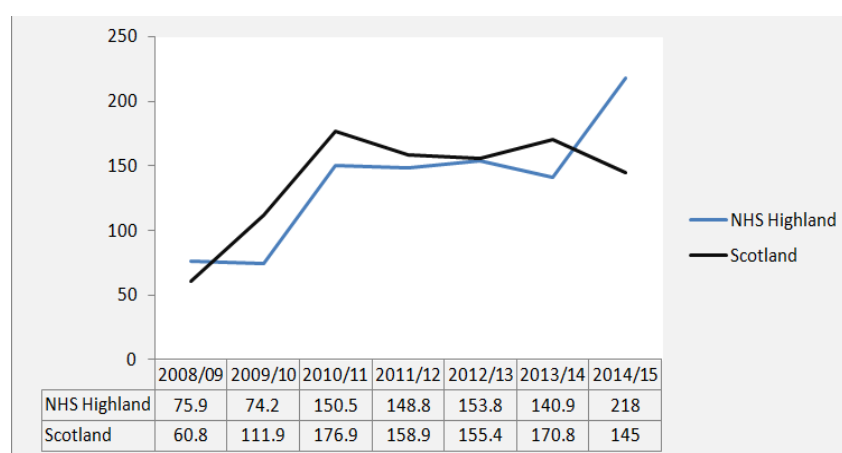




way to motivate and support the individual to plan a change in their drinking in order to reduce their consumption and their risk of harm. Many large-scale reviews of research studies^{36,37,38} have concluded that ABIs are effective at reducing alcohol consumption and episodes of binge drinking in risky drinkers for periods of up to a year³⁹.

NHS Highland has been highly successful at undertaking ABIs. As shown in Figure 22 the number of ABIs delivered has been over twice as many as is required by Scottish Government targets.

Figure 22: Percentage of target ABIs undertaken in NHS Highland and Scotland, 2008/09-2014/15



Source – ScotPHO Profiles

The NHS Highland public health team has successfully coordinated the delivery of 8,277 ABI interventions in 2014/15. Innovative approaches have been used, for example, working with the Scottish Fire and Rescue Service who go into homes to fit fire alarms and who recognise that a proportion of fires are related to alcohol consumption. This approach meets their requirement to reduce fires and the public health desire to deliver ABIs. A major part of prevention is being a catalyst for others and to this end, a *Training for Trainer's* course has been delivered to NHS staff who in turn, can train others to deliver ABIs. Online training can be more cost effective than face to face training and an on-line module has been created to improve the accessibility and flexibility of learning opportunities. Partnerships are being strengthened with local universities to strengthen the credibility of the training. In response to the societal inequalities associated with problem drinking, particular effort is being made to focus ABI support in areas of deprivation.



Emergency Departments and Secondary Care Services

Emergency Departments are under significant pressure and staff can sometimes be subject to violent and aggressive behaviour associated with problem drinking. Alcohol misuse is frequently recorded in conjunction with a range of other issues including: falls, collapse, head injury, assault, accidents, generally feeling unwell, non-specific gastrointestinal complaints, chest pain, mental health symptoms and repeat attendance at Accident and Emergency without any obvious cause⁴⁰. Emergency Departments' are an important context in which to target delivering ABIs as those presenting to an Emergency Department with an alcohol related issue will already have experienced alcohol-related harm.



Substance Misuse Services

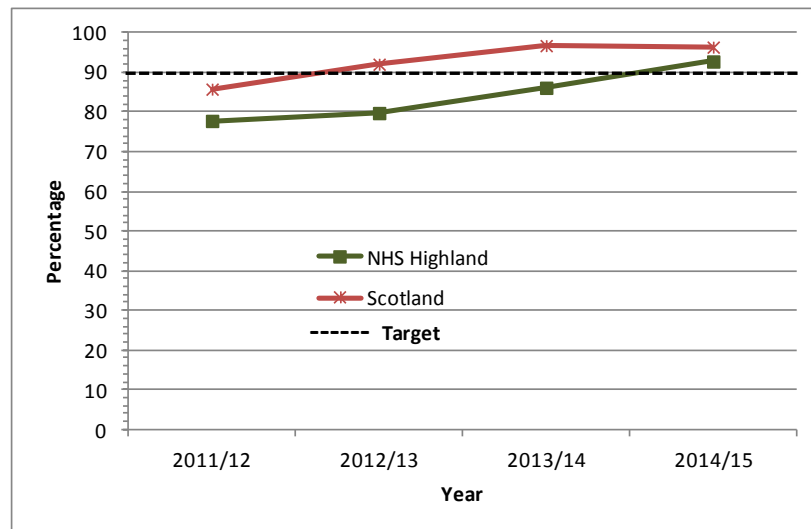
Locally based NHS Highland, substance misuse services provide a range of treatment options in conjunction with third sector partners who add value to the statutory provision.

It is important that care provided to those who are dependent on alcohol is person-centred and that individualised recovery plans are agreed with service users following holistic assessment. NHS Highland does provide a wide range of interventions including: motivational interviewing, solution focused therapy, relapse prevention, mindfulness, cognitive behavioural therapy, family therapy and trauma work.

NHS Highland has in general achieved its access targets, with over 90% of people accessing treatment within three weeks from referral, meeting the standards required by Scottish Government. However, sustaining this target has recently proved challenging and 84% of people are currently accessing treatment within three weeks (See Figure 23).



Figure 23: Percent of clients waiting three weeks or less between referral and the start of treatment by a relevant service



Based on ScotPHO alcohol profiles accessed 20th November 2015

There is a need to identify patients on the current caseload whose needs may be less than those on the waiting list and to transfer such patients over to more relevant services.



A recent review of substance misuse services has been conducted and an integrated care pathway established providing greater consistency. Service improvement work is also underway to further develop a model called Recovery Orientated Systems of Care (ROSC). Preparations are being made to introduce a national drug and alcohol information system (DAISy) which will provide much needed information on longer term outcomes for service users.

Community Safety

Residents in communities across the NHS Highland area are reporting that rowdy behaviour (e.g. drunkenness, hooliganism or loutish behaviour) is becoming less of an issue; a pattern that is replicated across Scotland. The downward trend is shown in Table 2.



Table 2: Percentage of people perceiving rowdy behaviour to be very or fairly common in their neighbourhood, 2007/08 - 2012/13

NHS Board	2007/08	2009/10	2012	2013	2014
Highland	11	8.5	9.9	7.2	6.4
Scotland	17	15	14.5	12.6	11.7

Source: ScotPHO Profiles

Reducing alcohol-related harm through community safety initiatives is led by Police Scotland and includes initiatives such as partnership working with licensees through Operation Respect and Pubwatch to tackle alcohol-related offending in and around licensed premises. Test purchasing is also regularly undertaken to tackle sales of alcohol to those underage and bylaws are routinely enforced in areas prohibiting alcohol use.

Road safety, including drink driving, is a major concern given the relatively high accident rate in the NHS Highland area. Scotland reduced the drink driving limit from 80 mg to 50 mg per 100 millilitres of blood on 18 November 2014. This has been supported by a national drink driving campaign and may have impacted on the downward trend in offences (see Table 3).

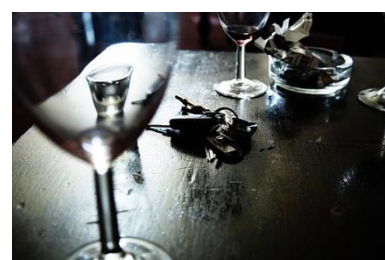
Table 3: Police Scotland (Highland Division) figures for drink-driving, 2009/10 - 2014/15

2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
504	443	423	404	369	329

Source: Police Scotland

The misuse of alcohol remains a key driver for offending behaviour and also has an impact on the health and wellbeing of offenders. Partners in Her Majesty's Prison Inverness are delivering group work and 'through care' programmes to enable offenders to achieve and then sustain recovery when moving back in to the community. In criminal justice settings, individualised support to offenders on community payback orders with a condition of alcohol treatment is often combined with involvement in mutual aid recovery groups.

There is concerted work across the NHS Highland area to bring public sector agencies together to address alcohol related issues. It is not the role of this report to replicate the wide



range of actions outlined in the Alcohol and Drug Partnerships work plans. However, a number of priorities from a public health perspective are outlined below.

Recommendations



Alcohol brief interventions

- Health improvement staff should strengthen partnership with local universities and ensure that ABI training is part of nursing and health and social care courses
- Drug and Alcohol Partnerships should support delivery of ABIs in youth, police and prison settings with bespoke training provided and an effective reporting system devised
- Health Improvement staff should work with primary care staff to increase the delivery of ABI's in areas of deprivation

Substance Misuse Services

- NHS services should achieve and sustain 90% of people accessing substance misuse treatment from referral within three weeks and for no-one waiting more than six weeks

Mutual aid and family support

- Drug and Alcohol Partnerships should establish mechanisms for service users, families and mutual aid groups to inform the decision-making processes for developing and commissioning services and influencing local and national policy
- Public sector organisations should increase opportunities for those in recovery to move on and making a positive contribution to communities using recovery orientated employability and educational initiatives



Community Safety

- Reduce incidences of drink-driving and associated road traffic accidents by raising awareness of the lower 50mg limit through national and local campaigns and enforcement initiatives led by Police Scotland
- Implement an anti-social behaviour strategy focused on prevention, integration, engagement and communication promoting a rights and responsibilities ethos to raising public awareness particularly in relation to alcohol.

Chapter 5: The role of the voluntary and third sector

Voluntary and third sector organisations throughout the NHS Highland area play a key role in reducing the impact of alcohol within our communities. Their work ranges from awareness raising activities to supporting rehabilitation and recovery of individuals and families affected by their own or others alcohol use.

Facilitating community action

The Alcohol and Drug Partnerships in Highland⁴¹ and Argyll and Bute⁴² have a role in supporting and coordinating third sector organisations to deliver a range of services aimed at reducing the impact of alcohol within communities. For example, the Argyll and Bute Alcohol and Drug Partnership support a staff member in *Route 81 Youth Service* in Garelochhead.

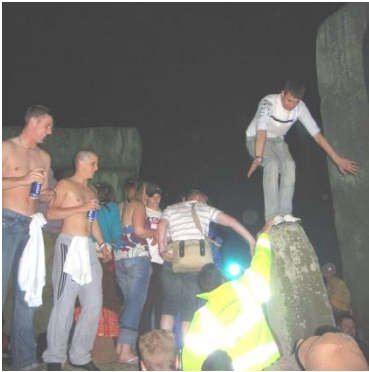
The NHS Highland public health team and the Alcohol and Drug Partnerships jointly support fifteen local Drug and Alcohol Forums across the NHS Highland area. These forums are made up of a wide range of partners from interested local people, elected representatives, service users, and service providers and present an opportunity for integrated approaches to identifying issues and raising public awareness on a local scale.

The Recovery Oriented Systems of Care (ROSC) in both Alcohol and Drug Partnership areas is designed to ensure that service users have appropriate access to the treatment and support services they need to help them on their journey to recovery. This requires a strong partnership relationship and communication between a range of public and voluntary/third sector organisations to ensure the needs of the service user are best met by the most appropriate service provider.

There is a need to ensure that by 2017, the *Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services* is fully embedded in the Highland and Argyll and Bute, Alcohol and Drugs Partnerships. Recovery ROSC needs to be developed in both areas to further enhancing local care pathways.



Mutual aid and family support



A range of organisations including UK SMART Recovery, Alcoholics Anonymous (AA) and other third sector organisations, work to promote mutual aid opportunities and has assisted in raising awareness. There is evidence that mutual aid and peer support can contribute to achieving and sustaining recovery for people dependent on alcohol⁴³.

Recovery is not a one off event but *“a process through which an individual is enabled to move on from their problem (alcohol) use, towards...becoming...an active and contributing member of society”*⁴⁴. For some individuals recovery is a lifelong process.

There is increasing recognition of the important role families can play in the recovery process and it is important that there is ongoing collaboration with organisations such as Al-Anon and Families Anonymous which provide peer support for families to address this. An example of a service provided by the third sector is shown in the box below.

Bethany House – A case study

Bethany House is a relatively new residential centre in Edderton for men who are recovering from chronic addictions and other associated issues. The centre is for men who are drug and alcohol free but who are not as yet ready to live a substance free life in their community. The model of recovery that has been developed is holistic, involving one-to-one support, recreation, work activities and training opportunities, which are adjusted to each individual's needs and choices. Individuals are expected to stay for a minimum of six months before moving on to further accommodation. The model has had some early success with men growing and developing as people and moving on into community settings.



Bethany House, Edderton

Future developments

The Community Empowerment (Scotland) Act 2015 is a major new provision in Scottish legislation. Further guidance is awaited on its implementation, but it may provide opportunities for communities to think further about their

needs and the best way to respond to these needs in the area of alcohol problems as well as many other issues.

Recommendations

- The Argyll and Bute and Highland Alcohol and Drug Partnerships should continue to develop partnership working between the public and third sectors in relation to prevention and delivery of relevant services
- Relevant public sector bodies should consider whether or not the Community Empowerment (Scotland) Act 2015 is relevant to the prevention and delivery of relevant services as new Scottish Government guidance emerges
- Public sector organisations should support third sector organisations in applying improvement methodology and developing evaluations of their models of care



Chapter 6: Economics, commerce and alcohol

This chapter covers the role of the alcohol industry from the perspective of advertising and marketing, and the issue of labelling. The industry has a role to play in promoting responsible alcohol consumption, but because of its inherent drive to maximise sales needs to operate in a well regulated environment.

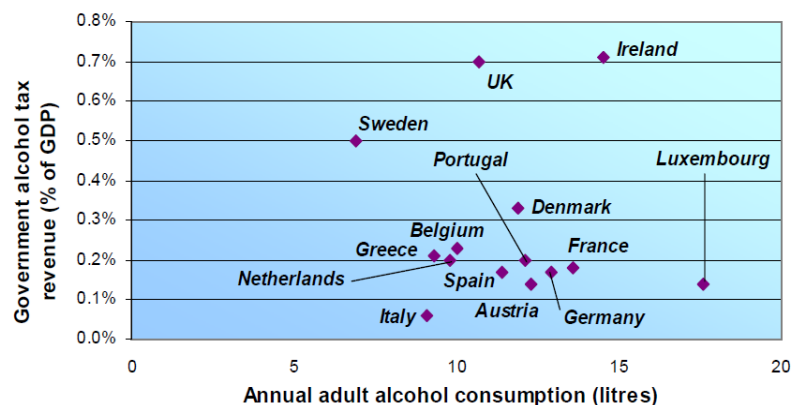


Economic aspects

The economic effects associated with the alcohol related industry can be measured in relation to: the monetary value of sales in the UK and across global markets; the taxation revenues received by HM Treasury for sales; and the number of workers employed in the production of alcoholic beverages.

The level of alcohol consumption itself does not predict the net gain through taxation amongst the countries in Europe with the UK being one of the highest gainers (Figure 24).

Figure 24: Alcohol consumption and alcohol tax revenue in the EU15



Source: Eurostat cited by COM (2004) 223 http://ec.europa.eu/health-eu/doc/alcoholineu_chap3_en.pdf Accessed 13th Nov. 2015

The alcohol industry reports that it sold £31.1 billion worth of alcohol beverages in UK in 2011⁴⁵ and exported £6.4 billion worth of alcohol beverages of which 70% was whisky in 2012.

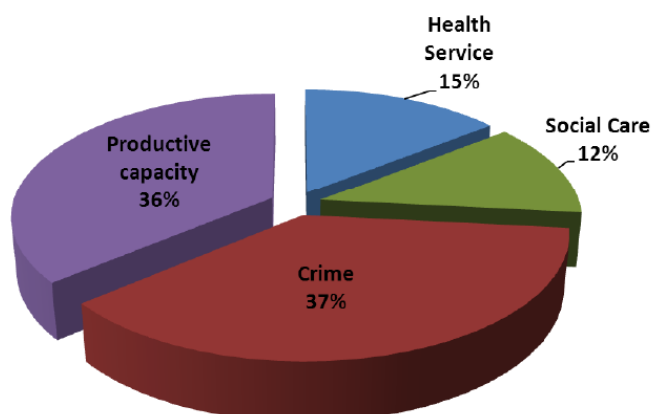
Most whisky is made in Scotland and according to the industry, contributes £3.95 billion to the UK economy. It also supports 40,000 jobs⁴⁶. Many of the distilleries are closely linked to tourism, again according to the industry, associated tourism generates £30 million⁴⁷ each year. There are forty distilleries in Scotland and many of these are in the north NHS Highland and Argyll and Bute region. Taking a balanced view of

the alcohol industry involves recognising the economic role played by the industry, whilst also recognising that as a society, we drink alcohol to excess. Therefore there is a need for a fundamental change to our relationship with alcohol, which involves a progressive reduction in alcohol production and the development of alternative economic generators⁴⁸. Highlands and Islands Enterprise may have a role in supporting a change of this direction.



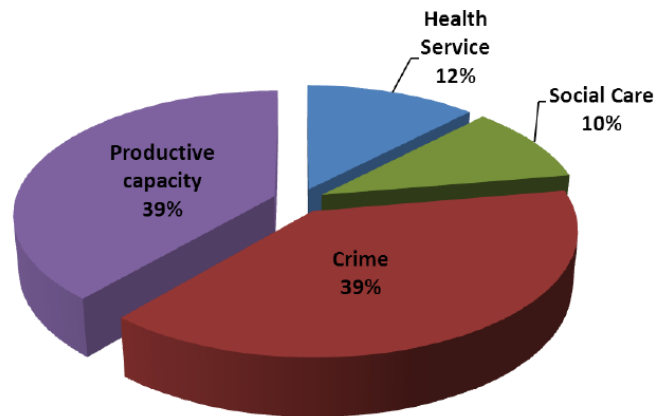
There are also considerable costs associated with alcohol consumption. The impact on health, crime and lost productivity is an estimated £21 billion per year in England⁴⁵ and £3.5 billion per year in Scotland. Both of these estimates do not include the economic costs to families and social networks. In 2012 Alcohol Focus Scotland published details of the estimated cost of alcohol-related harm for the year 2010/11 for each local authority in Scotland. The cumulative cost to both council areas served by NHS Highland (The Highland Council and Argyll and Bute Council) was estimated at £112.83 million. As part of this process one of the areas looked at was 'productive capacity' which estimated the cost of alcohol use to the economy. Productive capacity includes the costs of presenteeism (being present at work, but performance negatively affected by alcohol consumption), absenteeism, unemployment and premature mortality. In Argyll and Bute the reduction in productive capacity was estimated to have cost the local economy £10.10million⁴⁹ while in Highland this figure was £32.83 million. This was equivalent to 36% and 39% respectively of the total cost of alcohol to the economy⁵⁰ and equated to a cost of £148 per person in Highland.

Figure 25: Argyll and Bute cost of alcohol to the economy



Source: Alcohol Focus Scotland⁴⁹

Figure 26: Highland cost of alcohol to the economy



Source: Alcohol Focus Scotland⁵⁰

Minimal Pricing – the current situation⁵¹



Cheap alcohol is widely available; on average, in the UK alcohol is now 60% more affordable than it was in 1980. It is possible in Scotland today to exceed the maximum weekly recommended intake of alcohol for men (21 units) for less than £5.

The Scottish Government has recognised this problem and in June 2012 passed the Alcohol (Minimum Pricing) (Scotland) Act. However the act has not yet been implemented due to a legal challenge led by the Scotch Whisky Association. This demonstrates the complex nature of the relationship with the industry.⁵²

The concept of minimum pricing is well supported by economic theory on price elasticity. There is evidence that increasing price, as part of a package of measures, including education and diversion, reduces population level alcohol consumption and related harm. Almost all drinks bought in pubs or restaurants are already sold well above any likely minimum price, and so would not be affected. The proposed minimum unit price of 50 pence per unit would mostly affect cheap ciders and value spirits which may be favoured by problem drinkers who are financially stretched.

Business sector

The business sector has an important role to play in addressing the potential harms associated with alcohol. Managers and supervisors have a crucial role to play in supporting the health and wellbeing of employees, including creating a culture in which alcohol is approached in a balanced way and in helping

those who are dealing with problematic alcohol use. The NHS Highland Healthy Working Lives team offers Alcohol and Drug Training for managers. These courses are run regularly throughout Highland for any organisation wishing to participate, or those who are simply interested, in the Healthy Working Lives scheme.



The NHS Highland Healthy Working Lives team can support businesses in a range of ways to develop responsible approaches to dealing with alcohol in the work context. This includes the development of policies and approaches to supporting staff⁵³. There has been a good response to this initiative across the NHS Highland area and 115 organisations have registered for a Healthy Working Lives Award covering a total of 37,440 employees. The team also offer support to non-registered organisations, for example, providing assistance to write an alcohol and drug policy and providing places on alcohol and drug awareness training etc.

Pubs, clubs and restaurants

Pubwatch is a self managed scheme that allows on-sale licensed premises to communicate with one another in order to identify potentially difficult situations. The programme aims to reduce the risk of harm to their staff and customers by identifying potentially problematic individuals or groups and refusing them access to licensed premises or refusing to serve alcohol to individuals who have been identified as having had too much to drink⁵⁴. Research by Pratten and Greig in 2005 indicated that, in one area of North West England, Pubwatch schemes offered an effective approach to reducing the impact of alcohol-related crime.⁵⁵ In separate research Kenyon⁵⁶ *et al.* indicated that *“the vast majority of licensees (93%) stated important reasons for joining their local scheme were (a) ... to create a safer environment in their local area and (b) ... to build/improve relationships with local agencies.”* They go on to state that local Pubwatch Schemes have contributed to reductions in alcohol related violence and disorder, anti-social behaviour, violent attacks and have helped in eradicating pubs of negative customers. In addition, Pubwatch scheme members state there have been *“incredible increases in relationships and partnership working amongst the key stakeholders”*. Pubwatch also provides opportunities for

By 2020 we would like to see a 50% reduction in the negative impact of alcohol to the economy across NHS Highland reduced to £56 million. This would increase productivity, reduce presentism and sickness absence due to alcohol.



By 2020 we would like to see Pubwatch Schemes in every community that has a number of licensed premises within reach of one another. This might mean licensees in smaller towns and villages joining together to develop schemes covering wider areas across NHS Highland.

members to share resources and ideas, deliver joint staff training and collaborate on local initiatives.

There are Pubwatch schemes established across the Argyll and Bute (Helensburgh, Dunoon, Campbeltown and Oban) and Highland Council areas (Fort William, Inverness, Nairn, Aviemore, Dingwall, Skye, Alness and Caithness). NHS Highland supports these schemes through the licensing forums in both Council areas.

Supermarkets, shops and off licence sales

Challenge 25⁵⁷ has been a mandatory requirement for all license holders throughout Scotland since 2011 and is aimed at reducing the sale of alcohol to those under the age of 18 years. The law has set a minimum age of 25 years for the policy so, where it appears to the person selling the alcohol that the customer may be under the age of 25 years, they are required to ask them for identification to prove that they are over the age of 18 years and can lawfully purchase alcohol. Nonetheless, young people are still getting access to alcohol.

A review looking at programmes within licensed premises aimed at reducing alcohol related harm⁵⁸ *“indicate that effective delivery of multicomponent programmes in drinking environments may reduce alcohol-related harm and consequently costs to health services, criminal justice agencies and a range of other public services.”* They concluded that *“multicomponent programmes combining community mobilisation, Responsible Beverage Service training, house policies and stricter enforcement of licensing laws may be effective in reducing assaults, traffic crashes, and underage sales depending on the focus of the intervention”* but indicated that management buy in was a crucial element in the effectiveness of any strategy aimed at reducing alcohol related harm.

Advertising and sponsorship

In the UK the alcohol industry spends around £800 million annually marketing its products and fully harnesses social media, online video channels and mobile phones as well as traditional channels such as television, cinema and billboards. The alcohol industry has significant expertise in marketing at a volume and speed unprecedented before the advent of social media⁵⁹. In comparison the NHS Highland budget for all of



alcohol treatment and prevention programmes totals £2.37 million⁶⁰ and very little of this budget is spent on communication. It is challenging to balance advertising and promotion against messages related to the risk of harm. There is a strong case for banning all alcohol advertising in the UK.

In countries such as the US, UK, Canada and Australia, data has shown that approximately 50% of all alcohol is consumed in the context of drinking above sensible drinking guidelines, that is to say binge drinking. In other words, a large portion of the alcohol industry's profits is dependent on the proportion of the population that drink to excess⁶¹.

Furthermore, insidious sponsorship of charitable and educational trusts serves to promote individual responsibility rather than deal with the bigger picture of reducing the harm of alcohol through reducing access, affordability and availability.

A recent study (2014) has demonstrated that there is evidence of the way in which the alcohol industry has influenced children and young people. Children aged ten and eleven were asked about brand recognition and nine out of ten correctly identified the brand name 'Fosters' as an alcohol product. The children were able to identify the carefully crafted characters called 'Brad' and 'Dan' from TV adverts and associate them with an alcohol product. Boys in particular were able to associate alcohol brands with sport such as football⁶². In a systematic review of evidence the conclusion reached was exposure to alcohol marketing reduces the age at which young people start to drink and increases the likelihood that they will drink and increases the amount of alcohol they will consume once they have started to drink⁶³.

By 2020 the proportion of 15 year olds in Highland and Argyll and Bute areas who indicate that they have ever drank alcohol should have significantly reduced from 72% and 70% respectively to 50%.



A supermarket chain submitted five applications to the Highland Alcohol Licensing Board on 11 August 2015 for major increases to the area in stores devoted to the sale of alcohol. The request was declined as the Licensing Board⁵¹ had an agreed Alcohol Overprovision Statement in place which stipulated that off-sales application equal to or greater than 40 square meters should be refused.

A Partnership with the Alcohol Industry



Source: EUCAM [Accessed 13 Nov 2015]

The Scottish Government Alcohol Industry Partnership was established in 2013 with the aim of '*working together to promote responsible drinking and tackle alcohol related harm*'⁶⁴. There is evidence⁶⁵ to suggest that this type of partnership is fraught with difficulties because the alcohol industry is set up to make profits for share holders and not to protect the population's health. The alcohol industry's approach is to focus on individual behaviour as this distracts from the multimillions spent on advertising and marketing. The public health community withdrew their support almost immediately from this partnership because of this conflict of interest.

What are the safeguards?

The Advertising Standards Authority (ASA)⁶⁶ is the UK's independent regulator for advertising across all forms of media (<https://www.asa.org.uk/>). Advertising rules are based upon evidence that points to a link between alcohol advertising and people's awareness and attitudes to drinking.

The mandatory rules have largely come about to protect young people. Alcohol advertisements must not be directed at people under 18 years or contain anything that is likely to appeal to them by reflecting youth culture or by linking alcohol with irresponsible behaviour, social success or sexual attractiveness.

TV and radio advertising rules contain strict controls about the placement and content of alcohol advertising. Alcohol advertisements are banned from appearing in and around programmes commissioned for or principally targeted at audiences below the age of 18, as well as programmes likely to appeal particularly to audiences below the age of 18 years.

In 2011 a partnership formed by European countries produced a report providing their understanding of the seven key messages that the industry wish to communicate⁶⁷. These were: consuming alcohol is normal, common, healthy and very responsible; the damage done by alcohol is caused by a small group of deviants who cannot handle alcohol; normal adult non-drinkers, do not, in fact exist; ignore the fact that alcohol is a harmful and addictive chemical substance (ethanol) for the body; alcohol problems can only be solved when all parties



work together; alcohol marketing is not harmful, it is simply intended to assist the consumer in selecting a certain product or brand; education about responsible use is the best method to protect society from alcohol problems⁶⁷. The list is only one view of industry but provides useful reflection on some of the context within which public health messages operate.

Labelling

Alcohol is currently exempt from European Union legislation that makes it mandatory for food products and soft drinks to show detailed ingredients and nutritional values on their labels. Labelling on alcohol products is voluntary, with individual alcohol producers and retailers left to decide on what and how much information to give consumers. In practice, this varies widely and is often limited to minimal information and a vague safety message such as 'drink responsibly'.

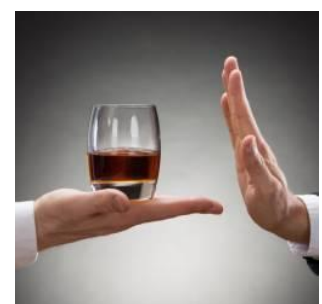
It is very easily forgotten that alcohol has no nutritional value, but has nearly as many calories as fat. A large glass of wine contains around 200 calories, while a pint of cider contains five teaspoons of sugar. Regular drinking, over time, will contribute to weight gain and this increases health risks, including high blood pressure, diabetes and liver disease.

Most health risks from drinking alcohol increase the more we drink, but there is no such thing as 'safe' drinking. All drinking carries risk. That's why it is important for every alcohol product label to include official health guidance on low-risk drinking limits and the need to have at least two alcohol-free days every week.

There is public support for more nutritional and health information on alcohol product labels. A recent UK-wide survey found that 83% of people support information on how alcohol can impact on health, and 87% support a warning that when pregnant the safest option is to avoid alcohol completely⁶⁸.

This chapter has discussed aspects of the context within which alcohol and health interact. The business sector employs a large proportion of the population and has a key role to play in shaping culture around alcohol. The alcohol industry also has a role in ensuring that society maintains a healthy and balanced relationship with alcohol. It needs to display a high level of

By 2020 a good practice labelling scheme should be developed within the NHS Highland area with all alcohol producers in Highland and Argyll and Bute requested to sign up to the scheme.





social responsibility, which is ultimately to the benefit of everyone including those who work in the alcohol industry itself and who are not immune to the risks of excess alcohol consumption.

A number of related recommendations are made below.

Recommendations

- The Healthy Working Lives team should review ways in which they can best support businesses to develop and implement workplace alcohol policies
- Community Planning Partners should support the extension of the Pubwatch scheme across The Highland Council and Argyll and Bute Council areas and seek to increase the number of Pubwatch schemes
- The Local Licensing Forums should further consider measures that they can take to reduce alcohol related harm
- The Community Planning Partnership should seek to influence the local alcohol industry to improve labelling with evidence-based health warnings, particularly in relation to pregnancy and information on the drink's calorie count and alcohol content, with reference to recommended limits
- Visit Scotland should encourage distilleries to ensure that tourists visiting their venues are aware of Scottish drink driving limits, for example, by providing breathalysers and promoting responsible drinking by visitors
- Community Planning Partners should encourage distilleries to restrict licensing hours rather than extend them to include morning drinking
- Licensing Boards should consider the risk associated with granting alcohol licenses for sporting events sponsored by the alcohol industry, particularly where the target audience for the event are children and young people



Update on 2014 Report

The 2014 Director of Public Health Annual Report (DPHAR) was focussed on the environment and took two perspectives, the impact of humans on the environment and conversely the impact of the home, work, built and natural environments on human health.

The first section highlighted both the potential impacts of climate change for human health and the contribution that health and social care services, community planning partnerships and individuals can make to mitigating and adapting to climate change.

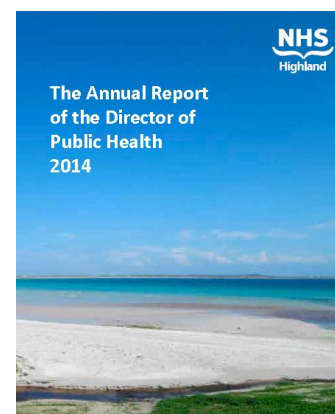
The second section reviewed some of the health impacts of the environments in which we live, work and socialise and the interventions being implemented to address these.

The report emphasised that adapting to climate change and promoting environmental, social and economic sustainability requires action across all sectors - public, private, community and voluntary. The recommendations from the report were therefore directed primarily at Community Planning Partnerships to build on existing joint working between agencies and to promote collaborative action elsewhere.

It is acknowledged that working towards the recommendations of the report is a long term undertaking which will require sustained commitment at all levels. However, one of the fundamental achievements of the report has been to raise the profile of the role of the environment in supporting human health and to promote discussion around these issues.

There have been a number of developments since the publication of the report as described below:

- **Development of the NHS Highland Sustainable Development Action Plan (SDAP):** A SDAP is being developed which sets out NHS Highland's contribution to the Scottish Government's sustainable development aims and objectives.
- **Required reporting on climate change:** From 2015/16 all public sector organisations in Scotland will be required to report on their carbon emissions and actions taken to mitigate and adapt to climate change.



- **Contribution to the Carbon CLEVER Conference 2014:** A Carbon CLEVER Conference was held in Inverness in November 2014 attracting over 100 delegates. The NHS Highland Public Health Department gave a presentation on the implications of climate change for health.
- **Lyme Disease and Tick Awareness Seminar:** An event was held in May 2015 which aimed to raise awareness of Lyme disease and its prevention in addition to launching the LymeMAP project; a phone app and web-based system that aims to identify tick hot-spots.
- **Development of the Active Highland Group:** One of the recommendations of the report was to promote physical activity through a renewed strategic approach. Multiple partners have come together to form the Active Highland Group which has started the process of developing a physical activity strategy for the Highland Council area.
- **Access to community weight management:** This has continued to be delivered through the evidence-based *Counterweight* programme in Argyll & Bute. Over the past 12 months links have been made to connect with physical activity programmes in the localities. Onward referral to more specialised Tier 3 face-to-face consultations are also now in place if required.
- **Fuel poverty:** The Health Inequalities theme group in North Highland is currently reviewing processes for addressing fuel poverty to ensure that clear pathways are in place which avoid duplication. The Highland Council has been working with community groups to look at strategies for addressing fuel poverty at a community level and is committed to reducing fuel costs for Highland residents and promoting energy efficiency measures.
- **Community Food and Health Practitioners:** Community Food and Health Practitioners have been employed with responsibility for delivery of community based group weight management interventions and training for trainers on 'Food for Thought' cooking skills, health issues in the community and community based 'Well Now' groups.
- **Sustainable and active travel:** The Highland Council and HITRANS have continued to invest infrastructure to



support active travel and public transport. Improving cycling infrastructure is a key commitment in the new Council programme, Highland First (agreed August 2015).

- **Highland Biodiversity Action Plan 2015-2020:** The action plan has been renewed and this iteration shows a clear transition away from focussing solely on biodiversity to encompassing the links with supporting health and wellbeing. One of the six objectives of the plan is to support communities, local groups and volunteers to carry out practical biodiversity projects. Environmental volunteering has a number of benefits to health and wellbeing such as increasing physical activity levels, improving mental health and reducing stress, reducing social isolation, building self confidence and increasing employability through skills development.
- **Home Environment:** In Argyll & Bute there has been continued focus on preventing falls in older people. The number of staff and volunteers now trained to deliver falls prevention awareness equates to 37 thus exceeding the Community Planning Partnership target. Over 300 people have been trained as a result.





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