



The Public Health and Social Impact of Alcohol Availability in Angus

March 2018

1. Executive Summary

The Licensing (Scotland) Act 2005 places a direct obligation on local licensing boards to consider the protection and improvement of public health when granting or reviewing licences.

This report collates and presents the current data with regards to the public health and social impact of alcohol consumption and provision in Angus to inform an evidence-based policy statement for Angus Licensing Board.

In Tayside, approximately 29% of men and 14% of women drink alcohol at levels that are considered hazardous or harmful (over 14 units per week). However, there is evidence of changing attitudes towards alcohol in 13-15 year olds, with more young people less accepting of trying alcohol and getting drunk.

Angus has an alcohol-related mortality rate that is lower than the Scottish average but higher than elsewhere in the United Kingdom.

Alcohol-related harm disproportionately affects those living in the most disadvantaged areas and therefore widens health inequalities.

In 2016, there were 445 alcohol-related A&E attendances by Angus residents. Individuals from the most deprived areas in Angus accounted for over three times the rate of presentations to A&E compared with those in the least deprived areas.

The drinking of alcohol has a significant impact on health care and policing resource in Angus. Alcohol was a recorded factor in 74% of serious assault offences. The estimated financial burden from all alcohol-related harm to Angus is approximately £33.46 million.

Since 1994, off-trade sales of alcohol have increased markedly in Scotland whereas on-sales trade has decreased. Almost three-quarters of alcohol currently sold in Scotland is purchased from off-sales trade. The contribution made to alcohol-related harm from off-sales outlets is greater than that from on-sales outlets.

Neighbourhoods with higher numbers of alcohol outlets have significantly higher alcohol-related hospitalisation and death rates. Overall Angus has an alcohol outlet availability that is lower than Scotland as a whole but within Angus there are areas of high alcohol availability.

Alcohol-related harm in a population is directly associated with alcohol consumption levels which, in turn, are directly associated with alcohol availability.

Alcohol availability (e.g. outlet density and opening hours), alcohol affordability (price) and marketing are the main factors influencing how much alcohol is consumed in Scotland.

Given the evidence of alcohol-related harm in Angus, the impact on health inequalities and the impact of drinking in private settings where friends and families are also exposed and affected, Angus Alcohol and Drugs Partnership would recommend Angus Licensing Board seeks to adopt an overprovision policy statement which would restrict the issuing of new off-sales licences in the area.

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3. Introduction

In response to rapidly increasing rates of alcohol-related harm in Scotland, the Scottish Government implemented a co-ordinated strategic approach in the mid-2000s to tackle the availability and affordability of alcohol. A Framework for Action was produced, in addition to the passing of three Parliamentary Acts. The approach was evidence-based and contains the main strategic elements advocated by WHO.¹

One of the pieces of legislation to be enacted was the Licensing (Scotland) Act 2005. This was implemented in September 2009 and required licensing boards to promote the following five objectives in their work:

1. Preventing crime and disorder
2. Securing public safety
3. Preventing public nuisance
4. Protecting children from harm
5. Protecting and improving public health.

In addition, licensing boards are required to publish a statement of their licensing policy every three years, which must seek to promote the five licensing objectives. The Licensing (Scotland) Act 2005, therefore, places a direct obligation on local licensing boards to consider the protection and improvement of public health when granting or reviewing licences.

The policy statement must also include a statement on overprovision of licensed premises within its area and the licensing board must subsequently pay regard to the content of the policy statement when making licensing decisions. The purpose of the policy statement is to enable a licensing board to take a strategic approach to managing alcohol provision in its area.

To date, some elements of Scotland's alcohol strategy have been successfully implemented and rates of alcohol-related hospitalisations and deaths have been declining in recent years. However the rates are still much higher than they were in the 1980s and significantly higher than in England and Wales. What is more, the decline in rates previously seen now appears to be stalling.² Also, there are persisting and significant inequalities arising from alcohol-related harm so much still needs to be done.

Increasing price, reducing availability and controlling the marketing of alcohol are the most effective and cost-effective measures to prevent and reduce alcohol-related harm.³ To support the work of Angus Licensing Board this report collates and presents the current data with regards to the public health and social impact of alcohol consumption and provision in Angus.

¹ World Health Organization. Global strategy to reduce the harmful use of alcohol. Available from: www.who.int/substance_abuse/activities/gsrhua/en/ [Accessed February 2018]

² Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsom A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

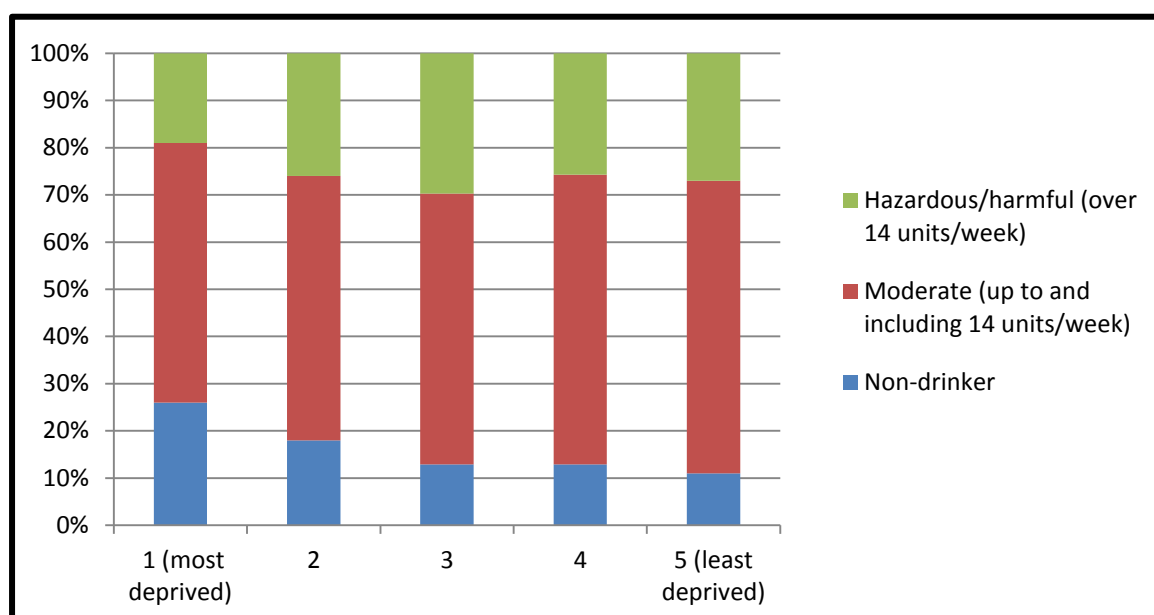
³ Chisholm D, Rehm J, Van Ommeren M, Monteiro M. Reducing the global burden of hazardous alcohol use: a comparative cost-effectiveness analysis. *Journal of studies on alcohol*. 2004;65(6):782-93.

4. Current trends in alcohol consumption

A considerable proportion of adults in Tayside drink alcohol in excess of safe government guidelines. The Scottish Health Survey showed that for Tayside, during the period 2013-2016, 29% of men and 14% of women were drinking alcohol at levels that are considered hazardous or harmful (over 14 units per week).⁴

Alcohol consumption varies with socioeconomic deprivation, with a greater proportion of adults in the least deprived areas drinking at moderate to harmful levels (Chart 1).

Chart 1. Weekly drinking category, by SIMD 2016 quintiles (age-standardised), Scotland 2016



Source: Scottish Government / National Statistics, The Scottish Health Survey 2016

However, it appears that attitudes towards alcohol are changing, particular in younger people. The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2015 showed that in Scotland⁵:

- 68% of 15 year old boys and 63% of 15 year old girls reported having ever had a drink (compared to 82% and 86% respectively in 1990).
- 71% of 15 year old boys and 65% of 15 year old girls who have tried alcohol previously reported being drunk at least once (compared to 79% and 76% respectively in 2002).

The survey also showed that young people were most likely to get alcohol from their home, a friend or a relative (with or without permission). Direct purchase of alcohol from a business was rare.

⁴ Scottish Government / National Statistics. The Scottish Health Survey 2016 Edition. Available from: www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey [Accessed February 2018]

⁵ Scottish Government / National Statistics. Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): Alcohol Report (2015). Available from: www.gov.scot/Resource/0050/00508470.pdf [Accessed February 2018]

5. Alcohol related harm

Excessive consumption of alcohol can result in a wide range of health problems for an individual. Some adverse health effects may occur after drinking over a relatively short period, such as acute intoxication (drunkenness) or poisoning (toxic effect). Others develop more gradually, only becoming evident after long-term heavy drinking, such as damage to the liver and brain. In addition to causing physical problems, excessive alcohol consumption can lead to mental health problems such as alcohol dependency.

However, the harm that arises from alcohol use does not only impact on individuals but significantly affects friends, families and the broader community.

In this section, data concerning the impact of alcohol on health, crime and disorder, social and economic activity within a local and national context will be considered.

3.1 Health

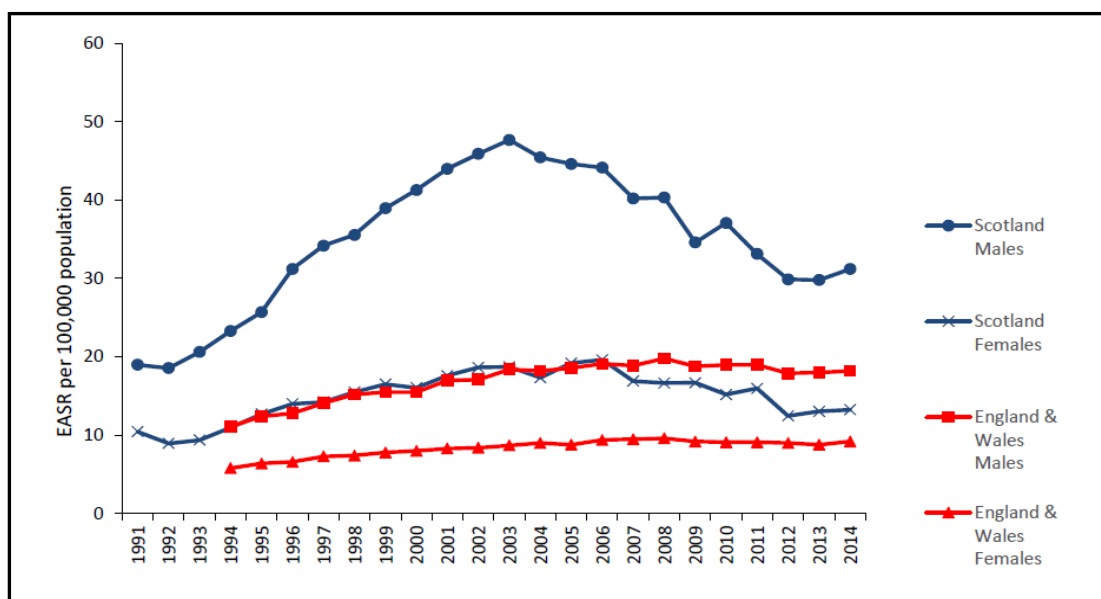
The most reliable and robust indicators of alcohol-related harm are alcohol-related death and hospitalisation rates.⁶

3.1.1 Alcohol-related deaths

Alcohol-related mortality rates in Scotland increased markedly during the 1990s and early 2000s, reaching a peak in 2003 (Chart 2). Since then alcohol-related mortality rates started to decline but the rates in Scotland continue to be much higher than those seen in the 1990s and significantly higher than England and Wales.⁶ Furthermore, the decline in alcohol-related mortality rates shows evidence of stalling.

⁶ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsom A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

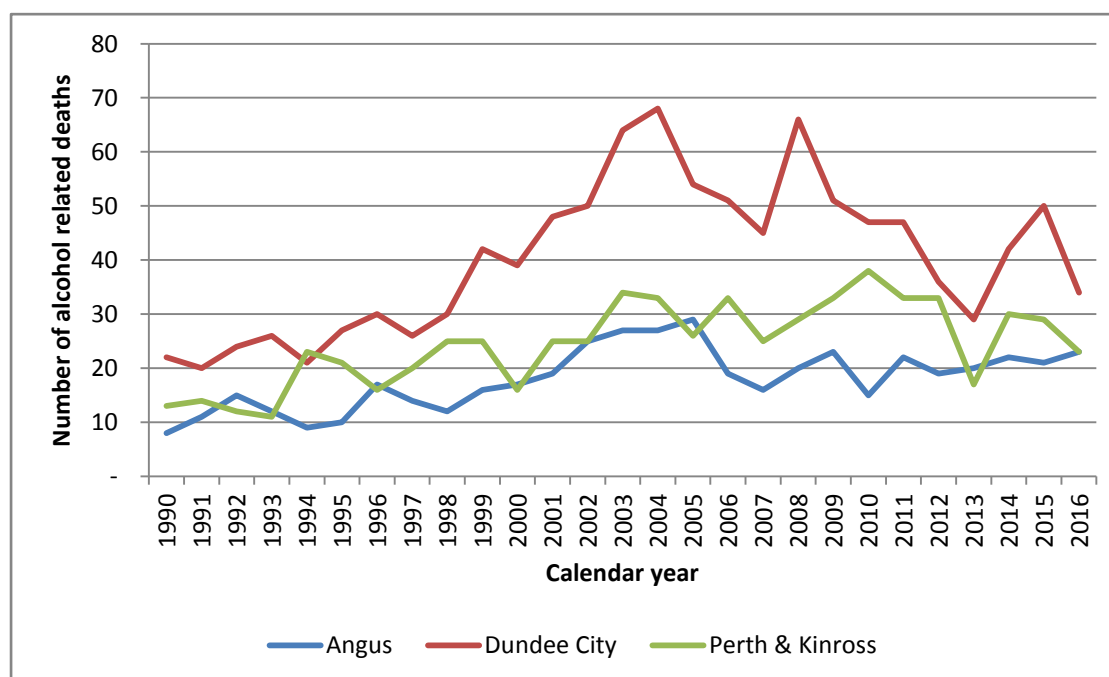
Chart 2. Alcohol-related mortality, by gender, for Scotland and England and Wales, 1991-2014



Source: Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016. (EASR = European Age Standardised Rate)

In Angus, the number of alcohol-related deaths increased from 8 in 1990 to 29 in 2005. Since then numbers have fluctuated but remain considerably higher than those recorded in 1990 (Chart 3).

Chart 3. Alcohol-related death rates in the local authority areas of Tayside, 1990-2016



Source: National Records of Scotland Alcohol Related Deaths Report 2016

Alcohol-related deaths disproportionately affect those living in the most disadvantaged areas. In 2014, the alcohol-death rates for people living in the most deprived 10% of areas in Scotland was eight times the rate for those living in the least deprived 10% of areas.⁷

The annual alcohol-related death rate of Angus is slightly lower than that of Scotland's (Table 1). Of note, however, the Scottish average is a poor benchmark, given that Scotland has one of the highest levels of alcohol-related harm in Western Europe and is consistently the UK country with the highest rate of alcohol-related deaths.^{8,9} The alcohol-related death rates in Angus are higher than those seen elsewhere in the UK – the only exceptions being the alcohol-related death rate seen in males in Northern Ireland in recent years and the alcohol-related death rate for males in Wales for the year 2012.

Table 1. Alcohol related deaths in Angus and the UK countries (rate per 100,000), 2012-2016^{10,11,12}

	2012	2013	2014	2015	2016
Angus (all persons)	16.3	17.2	18.8	18.0	19.7
Scotland (males)	26.7	27.6	28.1	27.7	30.9
Scotland (females)	10.9	11.2	11.7	12.0	12.1
England (males)	13.7	14.1	14.4	13.9	14.5
England (females)	6.6	6.6	6.9	6.8	6.8
Wales (males)	17.6	17.0	15.5	15.4	17.4
Wales (females)	9.6	8.6	7.7	8.5	8.3
Northern Ireland (males)	19.7	18.3	18.7	22.1	22.2
Northern Ireland (females)	9.9	6.4	7.3	11.0	11.8

The mortality rate in the UK from alcohol is highest in the age group of 55 to 64 year olds¹³.

⁷ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsom A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

⁸ Beeston C, Reid G, Robinson M, Craig N, McCartney G, Graham L and Grant I (on behalf of the MESAS project team). Monitoring and Evaluating Scotland's Alcohol Strategy. Third Annual Report. Edinburgh: NHS Health Scotland; 2013

⁹ Office for National Statistics. Alcohol-related deaths in the UK: registered in 2016. Available from: www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsinthekingdom/registeredin2016 [Accessed February 2018]

¹⁰ National Records of Scotland. Mid-year population estimates. Available from: www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates [Accessed February 2018]

¹¹ National Records of Scotland. Alcohol-related deaths. Available from: www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-related-deaths [Accessed February 2018]

¹² Office for National Statistics. Alcohol-related deaths in the UK Statistical Bulletins. Available from: www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsinthekingdom/previousReleases [Accessed February 2018]

¹³ Office for National Statistics. Alcohol-related deaths in the UK: registered in 2016. Available from: www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsinthekingdom/registeredin2016 [Accessed February 2018]

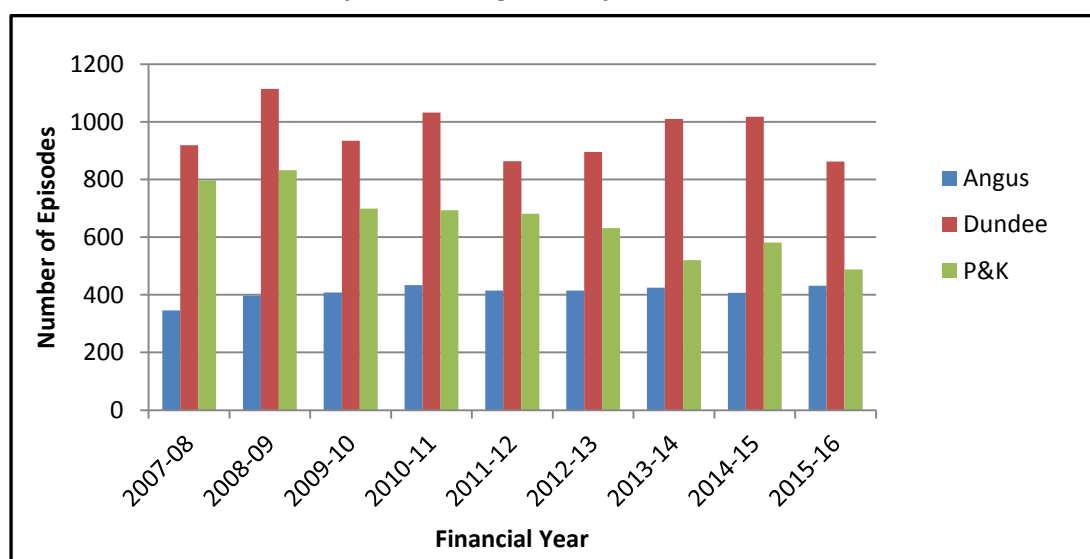
3.1.2 Alcohol-related hospital admissions

The harmful use of alcohol is known to be a *causal* factor in over 200 diseases and injury conditions.¹⁴

In 2015/16 there were 432 alcohol related hospital discharges by Angus residents.

The number of alcohol-related discharges in Angus has broadly remained constant (with some fluctuation) over the past ten years (Chart 4). This is in contrast to Perth and Kinross where the trend for alcohol-related hospital discharges has been decreasing.

Chart 4. Alcohol-related hospital discharges in Tayside

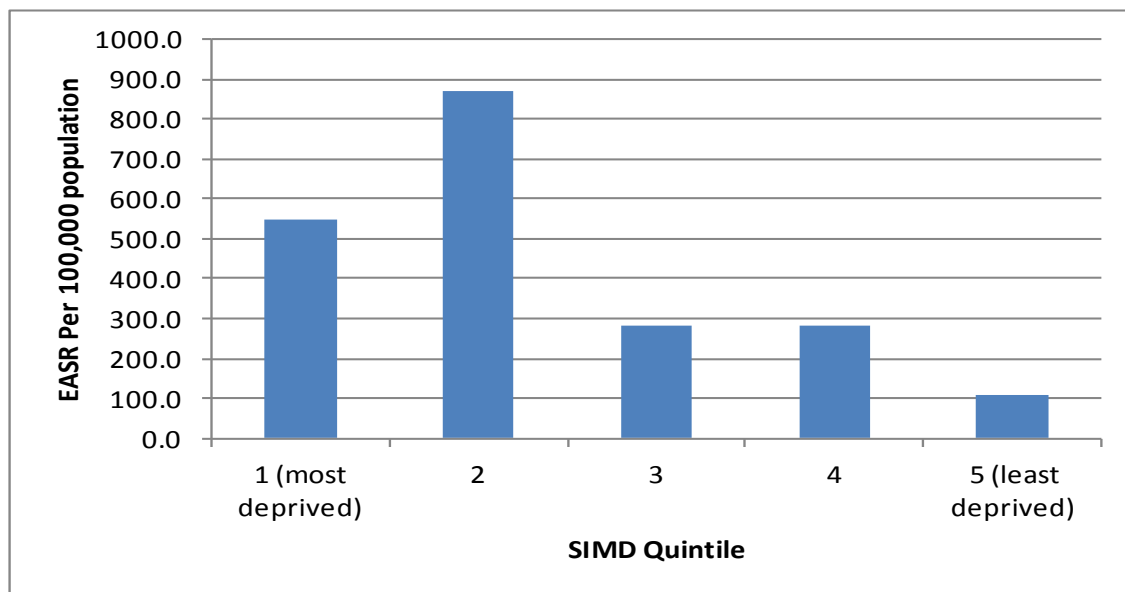


Source: SMR01 Discharges by financial year 2007/08 to 2015/16 (Extracted 11/01/2017)

Alcohol-related hospital discharges in Angus residents show an inequality gradient (Chart 5) with admissions to hospital much more common in people living in socio-economically deprived areas.

¹⁴ World Health Organization. Global status report on alcohol and health 2014. Available from: http://www.who.int/substance_abuse/publications/global_alcohol_report/en/ [Accessed May 2017]

Chart 5. Angus alcohol-related acute hospital standardised discharge rates (2015/16) by SIMD 2016 quintile



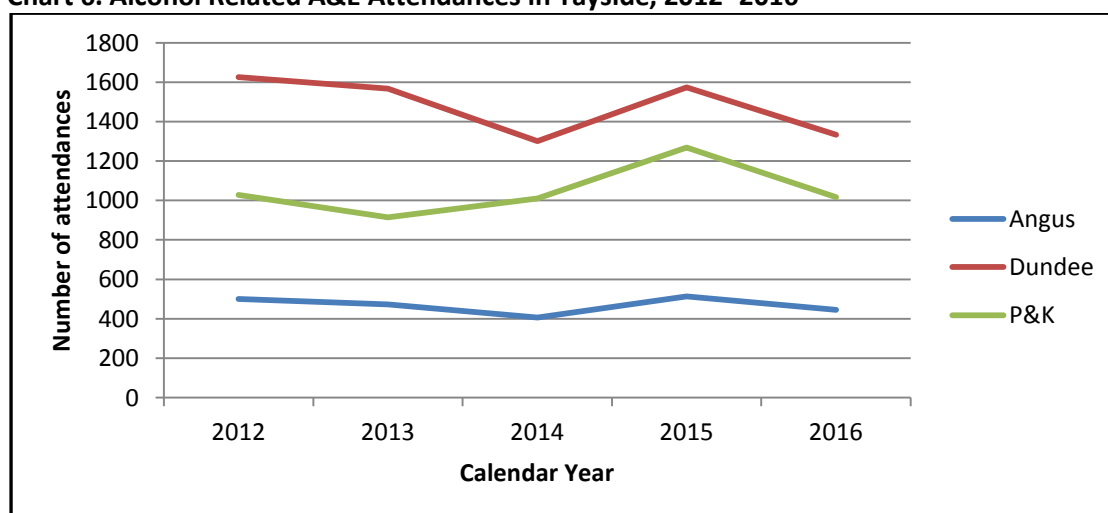
Source: SMR01 & NRS Midyear population estimates

3.1.3 Alcohol-related A&E attendances

Across Scotland, alcohol is a contributory factor in approximately 11% of attendances to A&E departments.¹⁵

In 2016, there were 445 alcohol-related A&E attendances by Angus residents and this number has remained relatively constant over the past five years (Chart 6).

Chart 6. Alcohol Related A&E Attendances in Tayside, 2012 -2016



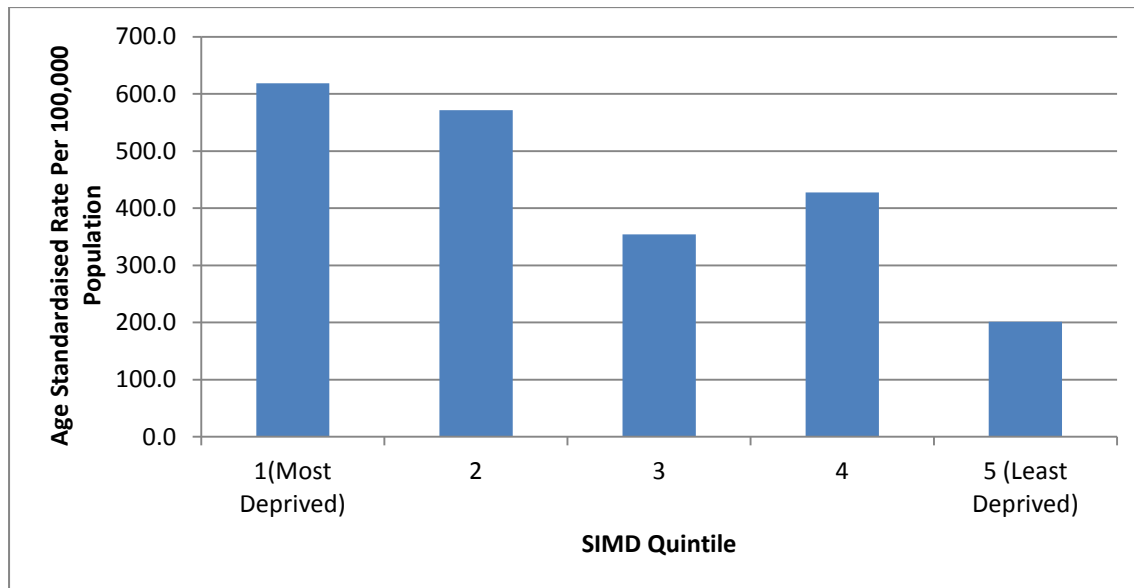
Source: NHS Tayside Business Unit Symphony (January 2016)

¹⁵ Audit Scotland. Drug and Alcohol Services in Scotland. 2009. Available from: http://www.audit-scotland.gov.uk/docs/health/2009/nr_090326_drugs_alcohol.pdf [Accessed May 2017]

In keeping with the findings in alcohol-related hospital discharges and alcohol-related mortality, there is a marked inequality gradient present in alcohol-related A&E attendances. Individuals from the most deprived areas in Angus account for over three times the rate of presentations to A&E compared with those the least deprived areas (Chart 7).

People living in socioeconomically deprived areas are disproportionately affected by alcohol-related harm.

Chart 7. Alcohol Related A&E attendance rate (2016) in Angus residents by SIMD 2016 quintile



Source: A&E systems accessed by NHS Tayside Business Unit

3.2 Crime and Disorder

Alcohol is known to be an aggravator in a significant proportion of incidents attended to by police, in particular petty assault and serious assault (Table 2). The Scottish Crime and Justice Survey for 2014/15 reported that in just over half (54%) of violent crimes the victim thought that the offender was under the influence of alcohol.¹⁶

Table 2: Offences recorded in Angus and their relationship with alcohol 2013/14

Offence Type	Total number of incidents	Incidents where alcohol is involved	
		Number	Percentage
Total Offences	6376	1051	16%
Domestic Related Crimes (Aggravator)	1136	352	31%
Serious Assaults	39	29	74%
Domestic Serious Assaults*	5	5	100%
Petty Assaults	1175	498	42%
Domestic Petty Assaults*	361	192	53%
Breach of Peace (BOP) (Including Threatening Behaviour)	836	199	24%
Domestic BOP (Inc Threatening Behaviour)*	209	103	49%
Vandalism	828	87	11%
Drugs Offences	410	38	9%
Sexual Offences	251	34	14%

Source: Police Scotland data

**Domestic crimes are included in the total for the broad crime type i.e. there were 39 serious assaults of which 5 were domestic serious assaults.*

¹⁶ Scottish Government / National Statistics. Scottish Crime and Justice Survey 2014/15: Main Findings. Available from: www.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey/publications [Accessed February 2018]

3.3 Social impact of alcohol

Alcohol is considered the drug that causes the greatest harm in Scotland.¹⁷

Work done nationally to ascertain the wider impact of alcohol beyond the harm caused to the drinker found that 1 in 2 people reported having experienced harm as a result of someone else's drinking and reported lower life satisfaction compared to others.¹⁸ 1 in 3 people in Scotland reported having being exposed to heavy drinkers in their lives and people who know heavy drinkers were more likely to report experiencing harm from others' drinking in private places such as the home or private parties (from off-sales alcohol trade).

Living with a problem drinker can result in relationship problems, tensions within the household, arguments and chaotic lifestyles. This can have a direct impact on children for whom there is worry, fear and uncertainty, the potential for neglect and an impact on school attendance.¹⁹

In Angus, the number of registrations of children on the Child Protection Register due to parental alcohol misuse has decreased in recent years to <5 over the academic year 2016/17.

Table 3. Child Protection Registrations in Angus, 2013/14– 2016/17

Academic year	Registrations	Number due to parental alcohol misuse	Percentage due to parental alcohol misuse (%)
2013/14	117	24	20.5
2014/15	88	12	13.6
2015/16	96	18	18.7
2016/17	52	<5	<10.0

Source: Angus Council

¹⁷ Sharp C, Marcinkiewicz A, Rutherford L. Attitudes towards alcohol in Scotland: results from the 2013 Scottish Social Attitudes Survey. NHS Health Scotland; 2014

¹⁸ Hope A, Curran J, Bell G, Platts A. Unrecognised and under-reported: the impact of alcohol on people other than the drinker in Scotland. Glasgow: Alcohol Focus Scotland; 2013.

¹⁹ Hope A, Curran J, Bell G, Platts A. Unrecognised and under-reported: the impact of alcohol on people other than the drinker in Scotland. Glasgow: Alcohol Focus Scotland; 2013.

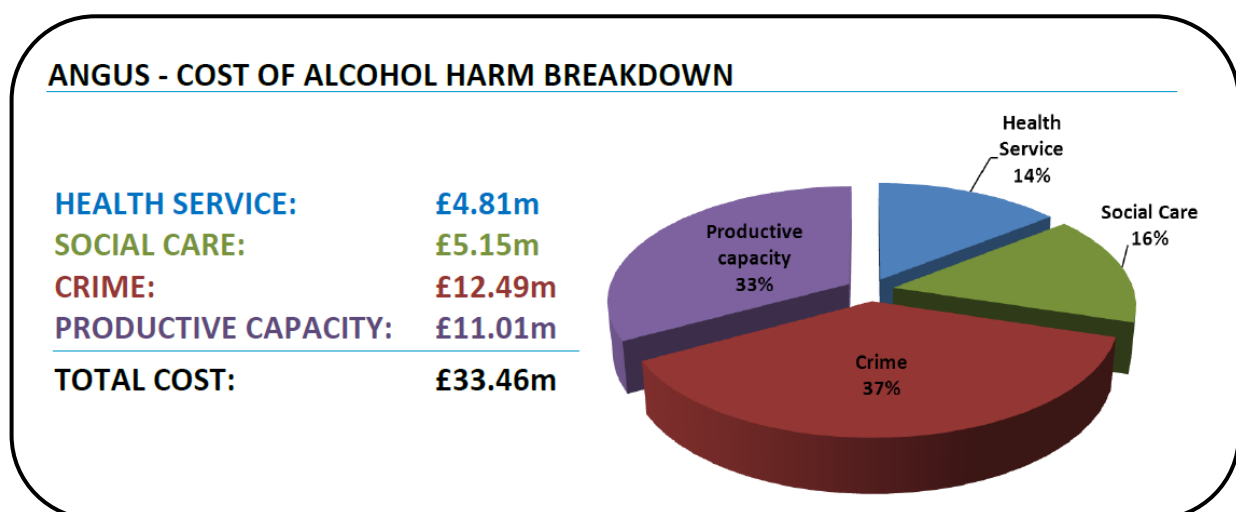
3.4 Economic impact of alcohol

Alcohol can result in direct economic costs, indirect costs and intangible costs as outlined in the examples below:

- **Direct costs:** cost to health, police, social and justice services incurred when managing alcohol-related impact on individuals
- **Indirect costs:** costs incurred due from lost productivity (due to e.g. absenteeism, unemployment), reduced earning potential and lost working years due to premature morbidity or death
- **Intangible costs:** costs assigned to pain and suffering and more generally to a diminished quality of life. These are costs borne not only by the person consuming hazardous or harmful quantities of alcohol, but frequently families and others linked to the individual.

There is substantial evidence that alcohol imposes major costs to the Scottish economy. Quantifying these costs is tricky but the total cost of alcohol harm in Angus each year is estimated to be in the region of £33 million.²⁰ This figure takes into account the impact of alcohol on health, social, crime and productive capacity (chart 8) but not the intangible costs.

Chart 8. Estimated cost of alcohol harm in Angus in 2010/11



Source: The cost of alcohol in Angus 2010/11, Alcohol Focus Scotland

²⁰ Alcohol Focus Scotland. The cost of alcohol in Angus 2010/11. Available from: www.alcohol-focus-scotland.org.uk/media/61408/The-Cost-of-Alcohol-Angus.pdf [Accessed February 2018]

3.5 Summary

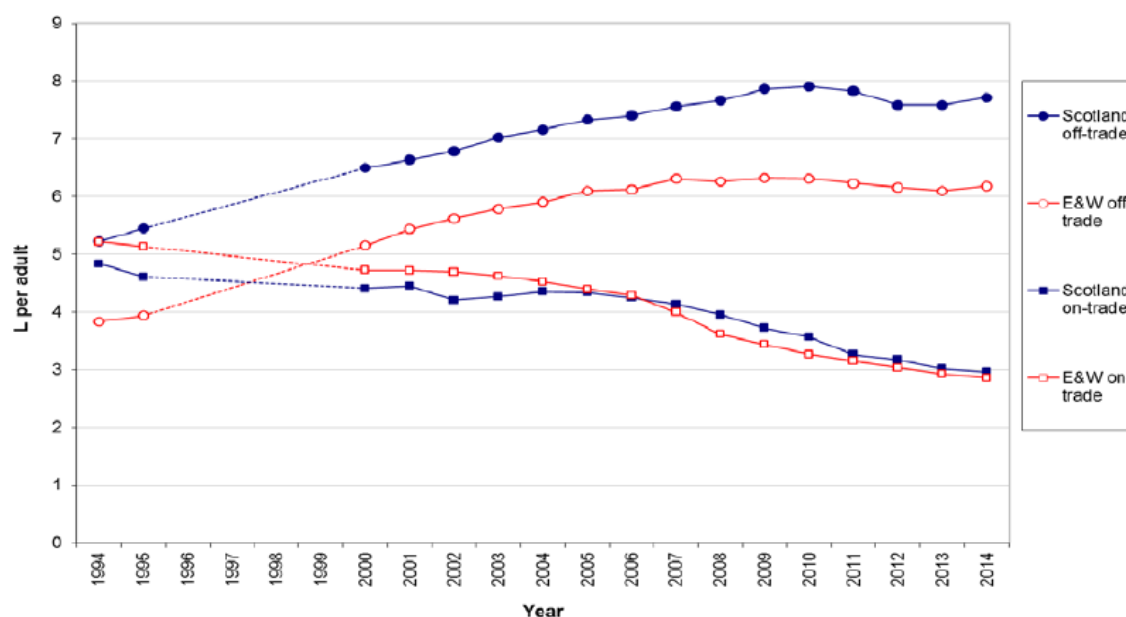
- Scotland has high levels of alcohol-related mortality and morbidity – much higher than in the early 1990s and also compared to other United Kingdom and Western European countries.
- Angus has an alcohol-related mortality rate that is slightly lower than the Scottish average but higher than elsewhere in the United Kingdom.
- The consumption of alcohol has a significant impact on individuals, families and communities in Angus. It also increases the demand on healthcare, policing resource, community safety provision and other social care services.
- The estimated financial burden to Angus is approximately £33.46 million.
- Although individuals in the least socioeconomically deprived areas on average drink more alcohol, individuals living in the most socioeconomically deprived areas experience greater alcohol-related harm.
- Much of the data presented in the section relies on the recording of the contribution of alcohol in, for example, police and healthcare summaries. Therefore the figures presented are likely to be an under-estimation of the true picture of the impact of alcohol-related harm in Angus.

6. Current trends in alcohol sales

Alcohol consumption levels in a population are best estimated using alcohol sales data. Although surveys provide a useful indicator to alcohol consumption trends, it has been estimated that surveys of population consumption only account for approximately 50% of sales based data and therefore alcohol sales data are preferred as the more accurate measure of alcohol consumption.^{21,22}

In 2014, 10.7 litres of pure alcohol were sold per adult in Scotland.²³ In recent years there has been a marked divergent trend in off-trade sales versus on-trade sales. Between 1994 and 2010, on-trade sales decreased by 28% whereas off-trade sales increased markedly by 52% (Chart 9).

Chart 9. Litres of pure alcohol sold per adult (aged ≥16 years) in Scotland and England & Wales, by market sector, 1994-2014



Source: Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

In 2015, 20% more alcohol was sold per adult in Scotland than in England and Wales, and almost all of this (97%) was because of higher sales in supermarkets and off-licences.²⁴ Almost three-quarters of alcohol currently sold in Scotland is purchased from off-sales trade.

²¹ Beeston C, Geddes R, Craig N, Gordon R, Graham L, McAuley A, McCartney G, Reid G, Robinson M, Van Heelsum A (on behalf of the MESAS project team). Monitoring and Evaluating Scotland's Alcohol Strategy. Fourth Annual Report. Edinburgh: NHS Health Scotland; 2014

²² World Health Organization. International guide for monitoring alcohol consumption and related harm. 2000 Available from: <http://apps.who.int/iris/handle/10665/66529> [Accessed February 2018]

²³ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

²⁴ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

The reason for this is thought to be principally due to the differences in average price of a unit of alcohol between off-sales and on-sales trade. The average price of a unit of alcohol sold in supermarkets and off-licences has remained approximately the same since 2000, whereas the average price of a unit of alcohol has consistently increased in pubs and clubs. The average price per unit of alcohol in Scotland in 2015 in pubs, clubs and restaurants was £1.74, compared to only 52p in supermarkets and off-licences.²⁵

²⁵ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsom A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

7. Alcohol Outlet Density

As part of the policy statement, Licensing Boards are required to make a statement with regards to overprovision of licensed premises within its area.

How many or what density of licensed premises that constitutes overprovision is a matter for a licensing board to decide, based on the assessment of the evidence. National guidance does not stipulate what constitutes 'overprovision'. Whether an area is overprovided in alcohol is, ultimately, a value judgement. However, the law empowers the licensing board to consider (as part of the five licensing objectives) the welfare of the community it serves, the health, social and economic consequences of over consumption and the overall best interests of society. Determining overprovision, therefore, involves the application of reason and judgement in the interests of the community.

In the case of *Tesco Stores Limited v City of Glasgow Licensing Board, 2012* the sheriff commented, when rebutting the appeal of *Tesco Stores Limited* against a licence which had been declined "The pursuer demands a standard appropriate to a court not a licensing board. Unlike a court judgement, it is sufficient for a board to make a value judgement."

The extent to which alcohol is available is strongly associated with alcohol consumption²⁶ and, in turn, alcohol-related harm.^{27,28,29,30,31} Greater density of alcohol outlets leads to increased physical availability to consumers and lower alcohol pricing (due to greater competition between retail outlets for sales).

In Scotland research has shown that neighbourhoods with higher numbers of alcohol outlets have significantly higher alcohol-related death rates and alcohol-related hospitalisation rates.³² Residents of neighbourhoods with the highest availability are more than twice as likely to die from an alcohol-

²⁶ Bryden A, Roberts B, McKee M, Petticrew M. A systematic review of the influence on alcohol use of community level availability and marketing of alcohol. *Health & place*. 2012;18(2):349-57.

²⁷ Gruenewald PJ, Freisthler B, Remer L, LaScala EA, Treno A. Ecological models of alcohol outlets and violent assaults: crime potentials and geospatial analysis. *Addiction*. 2006;101(5):666-77.

²⁸ LaScala EA, Johnson FW, Gruenewald PJ. Neighborhood characteristics of alcohol-related pedestrian injury collisions: a geostatistical analysis. *Prevention Science*. 2001 Jun 1;2(2):123-34.

²⁹ Pereira G, Wood L, Foster S, Haggart F. Access to alcohol outlets, alcohol consumption and mental health. *PLoS One*. 2013 Jan 16;8(1):e53461.

³⁰ Theall KP, Scribner R, Cohen D, Bluthenthal RN, Schonlau M, Lynch S, Farley TA. The neighborhood alcohol environment and alcohol-related morbidity. *Alcohol and alcoholism*. 2009 Sep 1;44(5):491-9.

³¹ Treno AJ, Johnson FW, Remer LG, Gruenewald PJ. The impact of outlet densities on alcohol-related crashes: a spatial panel approach. *Accident Analysis & Prevention*. 2007 Sep 30;39(5):894-901.

³² Richardson EA, Shortt NK, Pearce J, Mitchell R. Alcohol-related illness and deaths in Scottish neighbourhoods: is there a relationship with the number of alcohol outlets. Edinburgh: Centre for Research on Environment, Society and Health and Alcohol Focus Scotland. 2014.

related death than those with the fewest outlets.³³ Furthermore, higher densities of off-sales alcohol outlets are largely found in the most deprived areas of Scotland.³⁴

When considering the impact of off-sales outlets versus on-sales outlets, the contribution made to alcohol-related harm from off-sales outlets is notably greater than that of on-sales outlets.³⁵

Reasons for this are thought to include: the alcohol available to buy from off-sales outlets is generally cheaper than from on-sales outlets; large volumes of alcohol are obtainable from off-sales outlets and there is a lack of supervision of alcohol consumption when alcohol is purchased from an off-sales outlet.³⁶

Angus has an alcohol outlet availability that is lower than Scotland as a whole but there are areas of high alcohol availability. One quarter of neighbourhoods in Angus have an outlet density greater than the Scottish average (measured by number of outlets within 800m radius).³⁷

The density of off-sales, on/off-sales and on-sales outlets in Angus is shown in Charts 10, 11 and 12 respectively. Areas with overall higher densities of on- and off-sales outlets include Arbroath, Montrose and Forfar.

³³ Richardson EA, Shortt NK, Pearce J, Mitchell R. Alcohol-related illness and deaths in Scottish neighbourhoods: is there a relationship with the number of alcohol outlets. Edinburgh: Centre for Research on Environment, Society and Health and Alcohol Focus Scotland. 2014.

³⁴ Shortt NK, Tisch C, Pearce J, Mitchell R, Richardson EA, Hill S, Collin J. A cross-sectional analysis of the relationship between tobacco and alcohol outlet density and neighbourhood deprivation. BMC public health. 2015;15(1):1014.

³⁵ Richardson EA, Hill SE, Mitchell R, Pearce J, Shortt NK. Is local alcohol outlet density related to alcohol-related morbidity and mortality in Scottish cities?. Health & place. 2015;33:172-80.

³⁶ Forsyth AJ, Davidson N. Community off-sales provision and the presence of alcohol-related detritus in residential neighbourhoods. Health & place. 2010;16(2):349-58.

³⁷ CRESH and Alcohol Focus Scotland. Relationship between alcohol outlet density and alcohol-related harm. Angus. 2014. Available from: www.alcohol-focus-scotland.org.uk/media/61741/Outlet-density-and-harm-Angus.pdf [Accessed February 2018]

Chart 10. Density of off-sales outlets in Angus by 2011 datazone

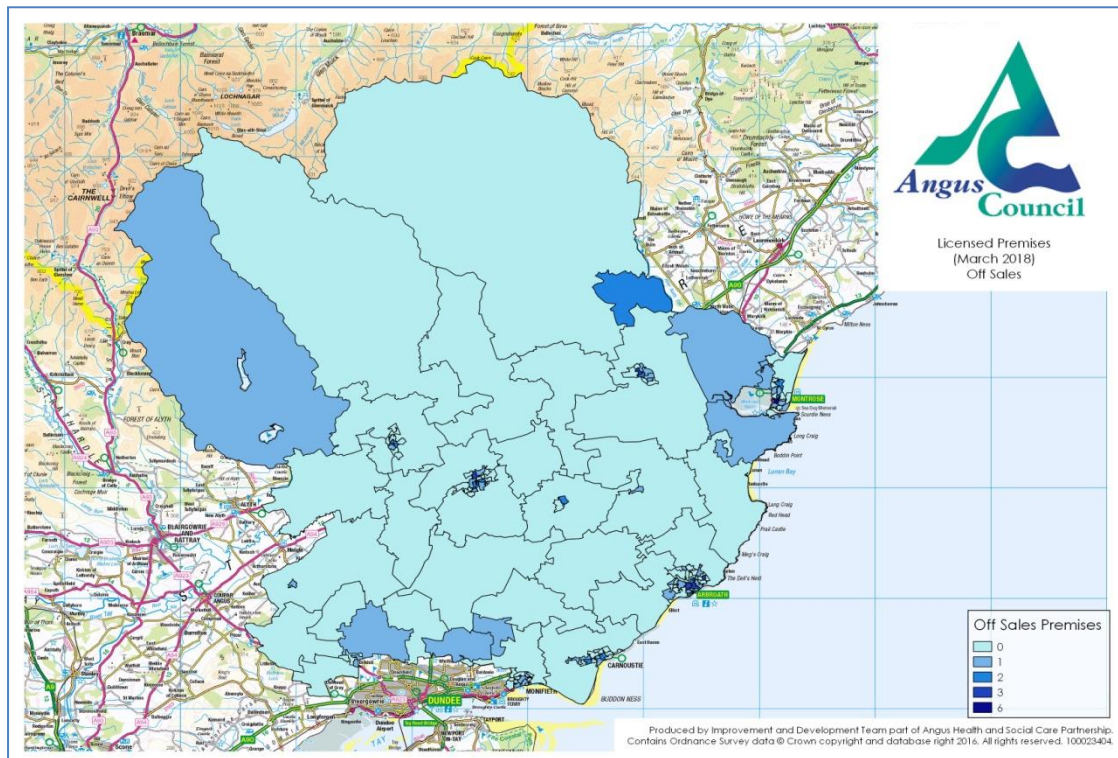


Chart 11. Density of on/off-sales outlets in Angus by 2011 datazone

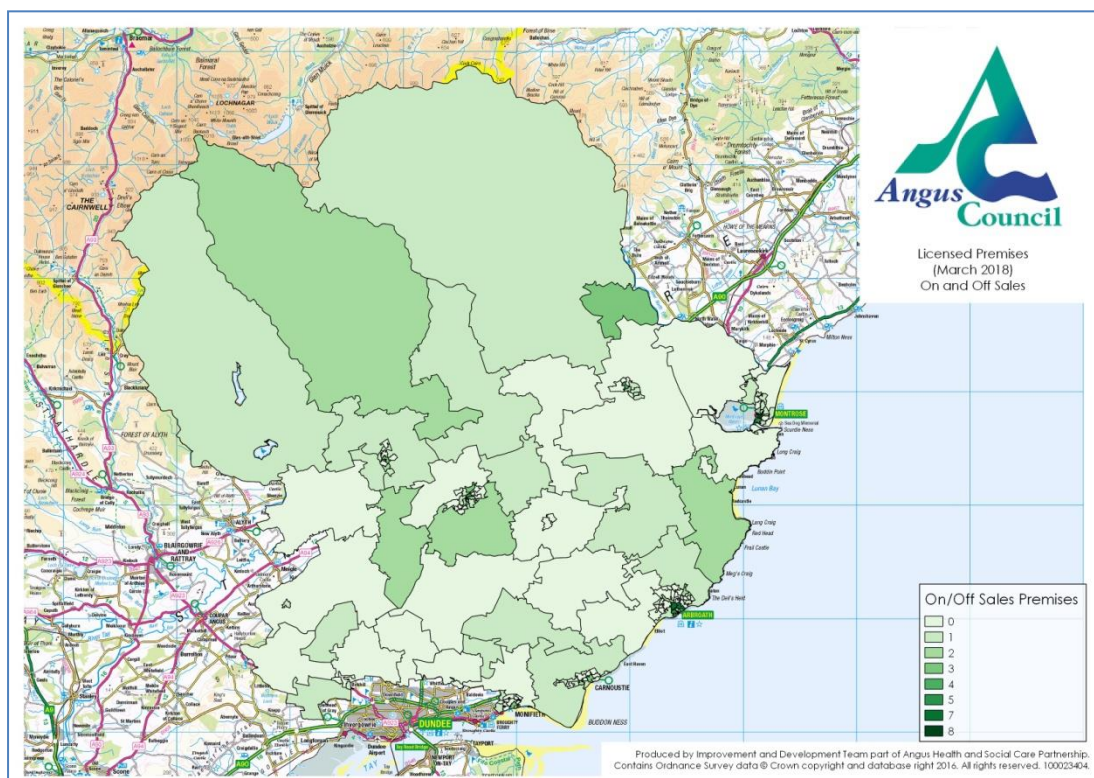
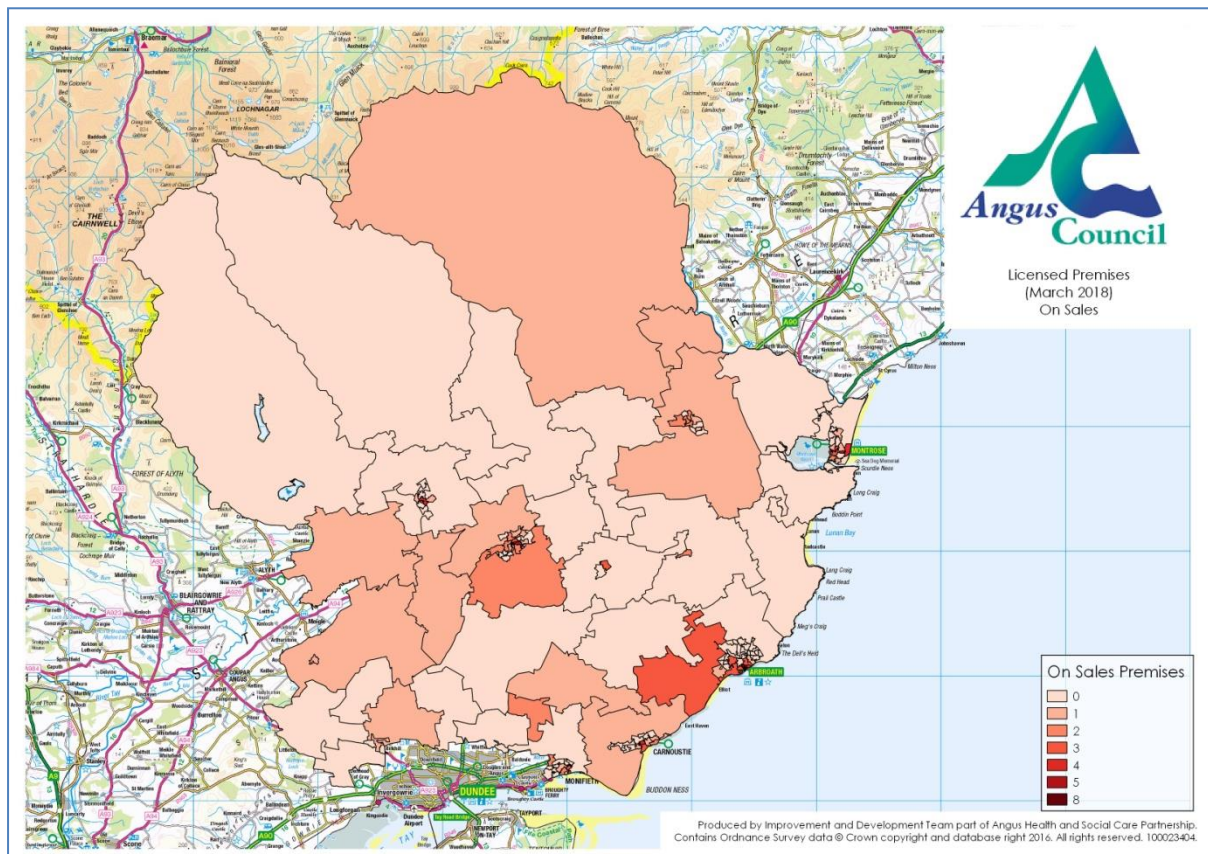


Chart 12. Density of on-sales outlets in Angus by 2011 datazone

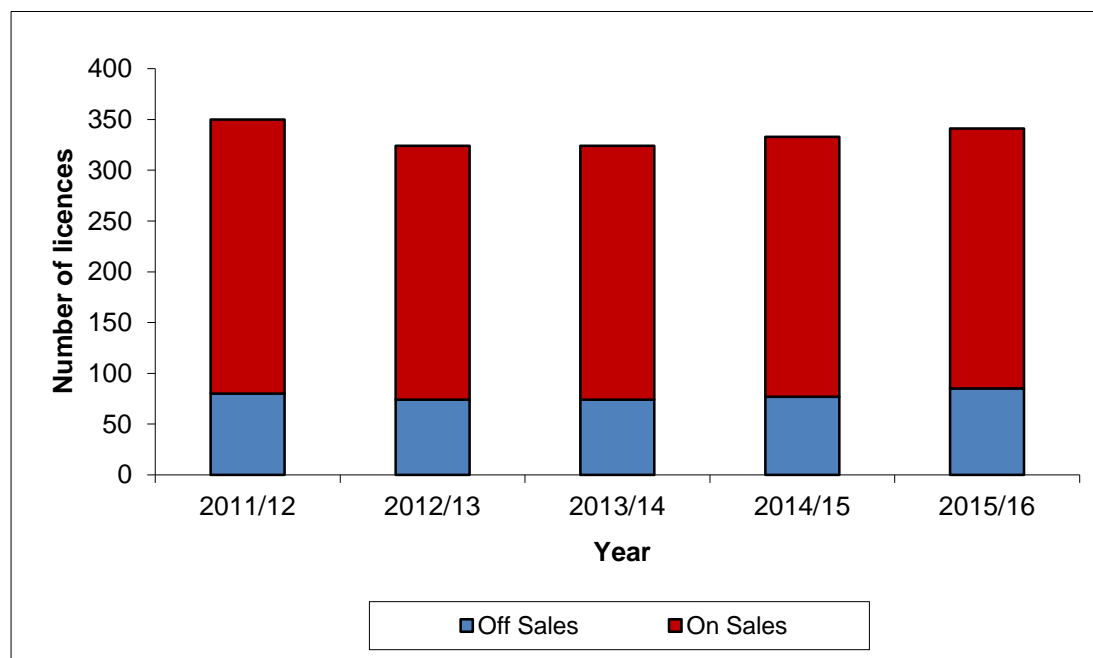


8. Alcohol licensing

8.1 Licenses for on- and off-sales of alcohol

The overall number of premises licences operational in Angus has decreased in the past 5 years (Chart 13) and as of 31st March 2017, the total stood at 338. However, over the same period the number of off sales licences has increased by 6% (from 80 in 2011/12 to 85 in 2015/16).

Chart 13. Licensed premises figures in Angus, 2010/11 – 2016/17



Source: <http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/PubLiquor>

The number of personal licences issued by Angus has also increased. In the period 2010/11, 764 individuals were issued with a personal licence. In 2016/17 it was 885, representing a relative increase of 15.8%.

9. Benefits of reducing alcohol availability

Alcohol-related harm in a population is directly associated with alcohol consumption levels.³⁸ The increased availability of alcohol in the commercial and public setting results in an increased availability of alcohol in the social setting and vice versa, therefore contributing to changing the social and cultural norms that promote harmful use of alcohol.

Alcohol-related harm disproportionately affects those living in the most disadvantaged areas and therefore widens health inequalities. Addressing health inequalities is a major public health challenge for Angus and therefore action to reduce health inequalities by mitigating the effects of alcohol-related harm through the restriction of alcohol licensing should be a key public health objective for Angus Licensing Board.

Population-based policy options – such as the use of taxation to regulate the demand for alcoholic beverages, restricting alcohol availability and implementing bans on alcohol advertising – have been shown to be the most effective strategies to reduce the harmful use of alcohol. These strategies have been shown to be not only greatly effective but also highly cost-effective in reducing alcohol-attributable deaths and disabilities at a population level.^{39,40} Examples of evidence-based strategies to reduce the availability of alcohol include regulating the density of alcohol outlets.⁴¹

³⁸ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsom A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

³⁹ Chisholm D, Rehm J, Van Ommeren M, Monteiro M. Reducing the global burden of hazardous alcohol use: a comparative cost-effectiveness analysis. *Journal of studies on alcohol*. 2004;65(6):782-93.

⁴⁰ Anderson P, Chisholm D, Fuhr DC. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *The Lancet*. 2009 Jul 3;373(9682):2234-46.

⁴¹ Campbell CA, Hahn RA, Elder R, Brewer R, Chattopadhyay S, Fielding J, Naimi TS, Toomey T, Lawrence B, Middleton JC, Task Force on Community Preventive Services. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *American journal of preventive medicine*. 2009 Dec 31;37(6):556-69.

10. Recommendations

“Preventing and reducing harmful use of alcohol is often given a low priority among decision-makers despite compelling evidence of its serious public health effects.”

WHO Global strategy to reduce the harmful use of alcohol

Alcohol availability (e.g. outlet density and opening hours), alcohol affordability (price) and marketing are the main factors affecting how much alcohol is drunk in Scotland.

Given the evidence of alcohol-related harm in Angus, the impact on health inequalities and the impact of drinking in private settings where friends and families are also exposed and affected, Angus Alcohol and Drugs Partnership (ADP) would strongly recommend that the Angus Licensing Board seeks to adopt an overprovision policy statement which would restrict the issuing of new off-sales licences in the area.

Given that the overall alcohol-related harm in Angus is higher than seen elsewhere in the United Kingdom the policy could arguably apply to the whole local authority area. However, given that alcohol-related harm affects people living in socioeconomically deprived areas disproportionately and there are pockets of high densities of alcohol outlets within the Angus area it may be that the Licensing Board would wish to consider a policy statement that covers only these areas in the first instance.

The development of a robust overprovision policy statement will enable an effective strategic approach to managing alcohol overprovision. This will have the effect of enhancing community life, improving health and well-being, reducing health inequalities, and boosting local productivity and economic performance. Reducing harmful alcohol consumption will lower the financial burden of alcohol-related problems, with the potential for some of the cost-savings to be redirected towards more sustainable economic development in Angus.