

SCOTTISH BORDERS LOCAL LICENSING FORUM

alcohol profile

IN THE SCOTTISH BORDERS 2016/17



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ACKNOWLEDGEMENTS

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SCOTTISH BORDERS LOCAL LICENSING FORUM ALCOHOL PROFILE 2016/17

EXECUTIVE SUMMARY

The Alcohol Profile (Profile) aims to present information available for 2016-17 from national research as well as local data from Police Scotland, NHS Borders, Scottish Borders Council.

The aim of the Profile is to support the Scottish Borders Licensing Board by providing evidence to support decision making and inform development of future Licensing Policy Statement.

The Licensing Policy Statement is published by the Licensing Board and describes the measures a Licensing Board will implement to promote the Licensing Objectives.

The Licensing Objectives are the guiding principles by which the Licensing Board will make decisions and are:

- Preventing crime and disorder
- Securing public safety
- Preventing public nuisance
- Protecting children and young people from harm
- Protecting and improving public health

Many different sources of evidence can be used to inform licensing policy and practice including experience and knowledge of licensing board members; views and experiences of people resident with the Board area as well as published alcohol data. Members may also wish to consider evidence from published research.

The data included in this report shows impact on intermediate geographies.

SCOTTISH BORDERS LOCAL LICENSING FORUM

ALCOHOL PROFILE 2016/17



SALES OF ALCOHOL

73%

of alcohol is sold in offsales
(Scotland)



HAZARDOUS/HARMFUL DRINKING

1 in 3 men **1 in 6 women**
drink to hazardous/harmful levels

38% males **16%** females
(Borders)

In Scotland it is similar levels

36% males **17%** females
(Scotland)



COST OF ALCOHOL HARM



£30.5m

annual cost of alcohol related harm
health, social care, crime, productive
capacity
(Borders)

£3.6b

a year in health, social care, crime,
productive capacity and wider costs
(Scotland)

AVAILABILITY OF ALCOHOL

458

places to buy alcohol in Borders

20

times more alcohol outlets than
GP practices
(Borders)

16,500

places to buy alcohol in Scotland

16

times more alcohol outlets than
GP practices
(Scotland)

ALCOHOL RELATED HARM

there are areas in Borders more
negatively affected by alcohol
related harm

ALCOHOL RELATED HOSPITAL STAYS

445.0

of alcohol related hospital stays per
100,000 population in Borders in 2015-16
(Borders)

673.0

of alcohol related hospital stays per 100,000
population in Scotland in 2015-16
(Scotland)



SCOTTISH BORDERS LOCAL LICENSING FORUM ALCOHOL PROFILE 2016/17

INTRODUCTION

This Scottish Borders Alcohol Profile (Profile) reports on the most recent data available for the financial year 2016-17.

It is produced by the Local Licensing Forum as a resource detailing evidence of alcohol related harm relevant to the Licensing Objectives and to support Licensing Board members in the following areas:

- Development of 'Statement of Licensing Policy'
- Development of 'Statement of Overprovision'
- Support decisions in upholding the five Licensing Objectives

The Licensing system is in place to control availability of alcohol and regulate the way individual premises and off-licences operate.

KEY POINTS

- Alcohol is a drug that causes a wide range of negative impacts.
- Licensing is a system of granting permits for the sale of alcohol.
- The system works to prevent and reduce alcohol problems by controlling the overall availability of alcohol through the number, type and opening hours of licensed premises, and by regulating the way individual on-trade premises and off-licences do business.
- Licensing Boards decide on all applications for licenses to sell and serve alcohol in their area.

Alcohol Focus Scotland, Licensing Resource Pack, 2017

DATA SOURCES

Various sources have been used to compile this Profile including Scottish Government, NHS Health Scotland, Alcohol Focus Scotland, NHS Borders, Police Scotland, Scottish Borders Council and Scottish Fire and Rescue Service.

A WHOLE POPULATION APPROACH

A range of health problems can be seen as a result of excessive consumption of alcohol. Acute intoxication (drunkenness) or poisoning can be seen after a single episode of excessive consumption, while other long-term health related problems can occur, such as damage to the liver and brain. Alcohol use is also associated with certain cancers.

Alcohol sold in Scotland today is **more affordable, more available and more heavily marketed than at any time over the last 30 years**. The result is that too many of us are drinking too much. The more we drink, the more the health and social problems caused by alcohol increase. The impact is not just on the person who drinks – family, friends, colleagues and strangers can be harmed by someone else's alcohol use.

It is for these reasons that alcohol policies are required that focus on the whole population, not just problematic drinkers.

If we all drink less, then harms will reduce

EFFECTIVE ALCOHOL POLICY

International evidence shows that the most effective policies aimed at the whole population to reduce the harmful use of alcohol are:¹

- Reduce affordability
- Reduce availability
- Reduce attractiveness

The interventions with the weakest evidence base for reducing alcohol harm include self-regulation of alcohol marketing, voluntary codes of retail practice, and information/education approaches.²

¹ World Health Organisation, Global status report on alcohol and health, (2014)

² <http://www.alcohol-focus-scotland.org.uk/media/86446/whole-population-approach-briefing.pdf>

LICENSING BOARDS ROLE IN REDUCING HARM FROM ALCOHOL

No single organisation or structure can solely be responsible for delivering a Whole Population Approach. Health and Social Care professionals have an important role in early identification and brief alcohol advice to clients to prevent problems developing. Licensing Boards are the gate keepers to the sale of alcohol. They are in place to regulate and minimise the harm not only from public disorder but to also protect public health (whole population).

Whilst regulation around on-sales was the focus of the Licensing (Scotland) Act 2005, off-sales through shops and supermarkets have become the dominant player with 73% of total alcohol sales. By carefully controlling the overall availability of alcohol, an effective overprovision policy can help to prevent and reduce alcohol problems; enhance community life, improve health and well-being and boost local productivity and economic performance.³

Licensing Boards need to seek to **control availability of alcohol in their local communities**

LICENSING AND ECONOMIC OBJECTIVES

Although licensing does not have responsibility for promoting business growth or tourism; in practice, Licensing Boards will try to manage competing priorities in their assessments and decision-making.

In considering the economic impact of refusing a new premises licence, it is important to test any assumptions about the economic value of an expansion in the licensed trade. It is often not a simple equation between a new premises licence and more local jobs, and nor is there evidence that a vibrant tourism industry depends on an ever-expanding alcohol supply.⁴

Moreover, the financial costs to a local economy from rates of alcohol-related harm can be considerable and should not be overlooked. It is estimated that alcohol-related problems cost Scotland £3.6 billion each year, including direct costs for dealing with alcohol-related crime and health damage as well as indirect costs such as employee absenteeism and reduced productivity.

These are largely costs to the public purse, whereas profit from the sale of alcohol is received by private companies.⁵ Estimates for the costs of alcohol related harms for local authority areas are also available from **Alcohol Focus Scotland's** website.

³ Alcohol Focus Scotland, Good Licensing Practice: Developing an effective overprovision policy, (2013)

⁴ Alcohol Focus Scotland, Licensing Resource Pack <http://www.alcohol-focus-scotland.org.uk/resources/> (2017)

⁵ Alcohol Focus Scotland, Licensing Resource Pack <http://www.alcohol-focus-scotland.org.uk/resources/> (2017)

ALCOHOL HARM IN SCOTLAND - OVERVIEW

- 17% more alcohol sold in Scotland than in England & Wales in 2016
- 73% of alcohol sold in Scotland through supermarkets and off-sales in 2016

PREVENTING CRIME & DISORDER/PREVENTING PUBLIC NUISANCE

- Alcohol is implicated in 38% of homicide accusations.⁶
- 54% of victims of violent crime thought the offender was under the influence of alcohol⁷
- Three fifths (60%) of young offenders reported being drunk at the time of their offence.⁸

SECURING PUBLIC SAFETY

- Alcohol or drugs use was a contributory factor in 14% of accidental dwelling fires⁹

PROTECTING & IMPROVING PUBLIC HEALTH

- In Scotland, 1 in 4 people drink above the low-risk drinking guidelines.¹⁰
- Alcohol caused an average 24 deaths per week in Scotland in 2016¹¹
- Across Scotland, alcohol-related hospital stays and deaths are higher in areas with higher alcohol outlet availability. Scottish neighbourhoods with the most alcohol outlets have double the alcohol-related death rate compared to those with the fewest outlets.¹²

PROTECTING CHILDREN AND YOUNG PEOPLE FROM HARM

- Up to 51,000 children are estimated to live with a problematic drinker.¹³
- The proportion of children who reported drinking in the last week declined significantly between 2010 and 2013, and remained unchanged between 2013 and 2015, with the exception of a small decrease among 15 year old boys. Overall, 17% of 15 year olds reported drinking in the last week, of which 57% reported getting drunk.¹⁴

⁶ Scottish Government, Homicide in Scotland 2014-15, (2015)

⁷ Scottish Government, Scottish Crime and Justice Survey 2014/15, (2015)

⁸ Scottish Prison Service, Young People in Custody 2015, (2016)

⁹ Scottish Fire & Rescue Statistics (2015-16)

¹⁰ Scottish Government, Scottish Health Survey 2015, (2016)

¹¹ National Records Scotland, Alcohol Related Deaths (2016)

¹² CRESH, Alcohol Outlet and Density and Harm Report, (2014)

¹³ Scottish Government, Final Business and Regulatory Impact Assessment for Minimum Price Per Unit of Alcohol (2012)

¹⁴ Scottish Government, SALSUS, (2016)

ALCOHOL HARM IN SCOTTISH BORDERS - OVERVIEW

- In Scottish Borders, more than **1 in 3 men (38%)** and **1 in 6 women (16%)** are drinking at hazardous/harmful levels.¹⁵
- 496 alcohol-related hospital stays in Scottish Borders last year.¹⁶
- 16 alcohol-related deaths in Scottish Borders last year.¹⁷
- 9 child protection case conferences in Scottish Borders where parental alcohol or drug misuse was involved 2016.¹⁸
- Scottish Borders has an alcohol outlet availability lower than Scotland as a whole, but has pockets of high availability.¹⁹
- The annual cost of alcohol related harm to Scottish Borders (health, social care, crime and productive capacity) was £30.5m – (£270 per person).²⁰
- There are areas in the Scottish Borders that are more negatively affected by alcohol related harm than others (Galashiels West, Langlee).

¹⁵ Scottish Health Survey 2015 Health Board Results, Scottish Government, (2016)

¹⁶ Alcohol-related hospital statistics Scotland 2015/16, NHS National Services Scotland, (2016)

¹⁷ Alcohol-related deaths 2015, National Records of Scotland, (2016)

¹⁸ Children's Social Work Statistics, ScotPHO Alcohol Profile, (2015)

¹⁹ Alcohol outlets and health in Scotland, CRESH, (2014)

²⁰ Local cost of alcohol profile, Alcohol Focus Scotland, (2012)

SCOTTISH BORDERS OVERVIEW

The table below compares key data by intermediate zone and shows areas most affected by alcohol related harm.

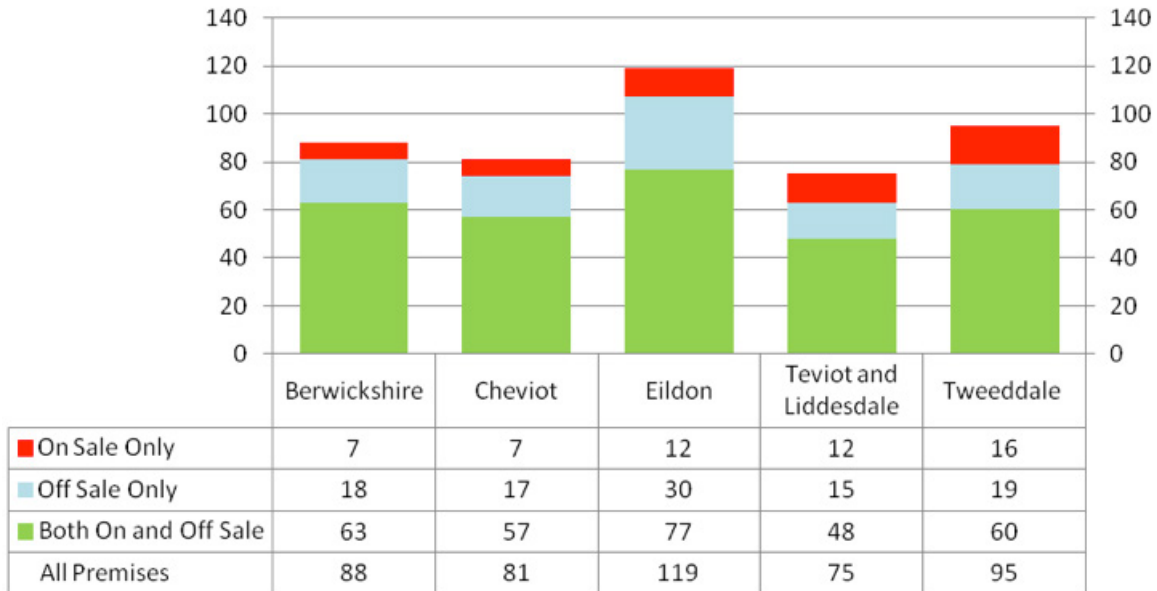
INTERMEDIATE ZONE	ALCOHOL-RELATED ANTISOCIAL BEHAVIOUR INCIDENTS PER 1,000	ALCOHOL-RELATED MORTALITY RATE PER 100,000 (5-YEAR ROLLING AVERAGE 2011-2015)	ALCOHOL-RELATED HOSPITAL STAYS RATE PER 100,000 (2015-16)
Berwickshire Central	2	3	1
Berwickshire East	2	2	2
Burnfoot	4	3	3
Cheviot East	2	2	2
Cheviot West	2	2	2
Chirnside and Area	2	2	2
Coldstream and Area	2	3	3
Denholm and Hermitage	2	2	2
Duns	3	2	3
Earlston Stow and Clovernfords Area	2	2	2
Ettrick Yarrow and Lilliesleaf Area	2	3	2
Eyemouth	3	4	4
Galashiels North	4	4	3
Galashiels South	4	1	3
Galashiels West	4	4	4
Hawick Central	4	2	4
Hawick North	3	2	3
Hawick West End	3	2	2
Jedburgh	3	2	4
Kelso North	2	2	3
Kelso South	4	4	2
Langlee	4	4	4
Lauder and Area	2	3	2
Melrose and Tweedbank Area	2	2	2
Peebles North	3	4	3
Peebles South	2	1	2
Selkirk	3	2	2
St Boswells and Newtown Area	2	3	1
Tweeddale East Area	2	2	2
Tweeddale West Area	2	2	1

1	Extreme Good (more than 1 standard deviation below the Scottish Borders mean)
2	Good (within 1 standard deviation below the Scottish Borders mean)
3	Not Good (within 1 standard deviation above the Scottish Borders mean)
4	Extreme Not Good (more than 1 standard deviation above the Scottish Borders mean)

NUMBER OF LICENSED PREMISES 2017 (SNAPSHOT)

In 2017 there were 458 licensed premises (slightly fewer than in 2016).

NUMBER OF LICENSED PREMISES 2017 BY LOCALITY



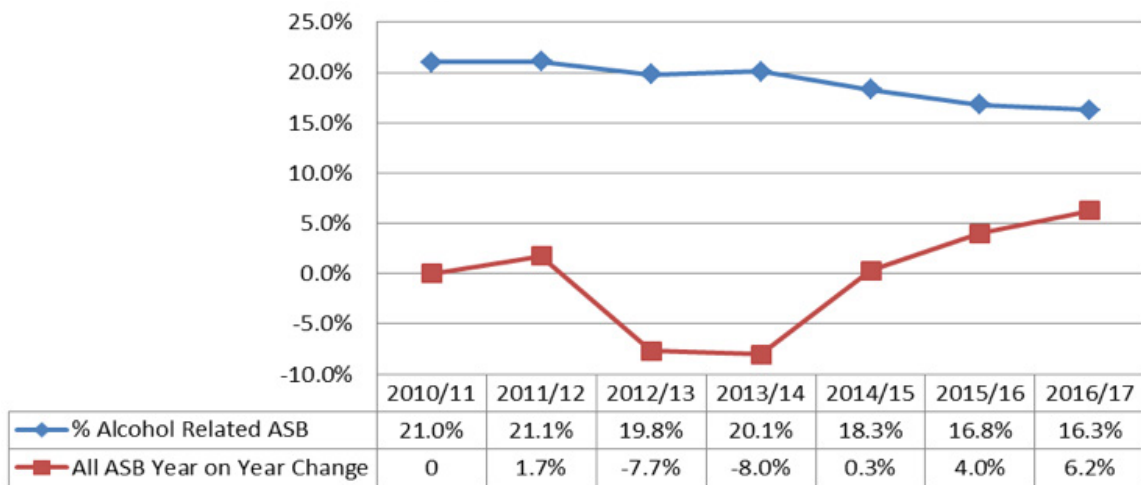
LICENSING OBJECTIVE PREVENTING CRIME & DISORDER/PREVENTING PUBLIC NUISANCE/SECURING PUBLIC SAFETY

The antisocial behaviour (ASB) data used within this profile is sourced from Police Scotland, however, within the Safer Communities Team within the Scottish Borders the data is enhanced locally to provide a detailed breakdown of alcohol related incidents, that is currently not available from Police Scotland directly.

The figures quoted within this report will differ from official Police Scotland statistics but have been approved for use within this profile. Any use of the data outside of this profile can only be done with express permission from Police Scotland.

Since 2013/14 the volume of ASB incidents has been increasing year on year but the percentage of those incidents that were alcohol related has decreased. In 2016-17, 16.3% of the total ASB incidents were alcohol related compared with 20% in 2013/14.

% OF ALCOHOL RELATED ANTISOCIAL BEHAVIOUR IN THE SCOTTISH BORDERS (2010-11 TO 2016-17)

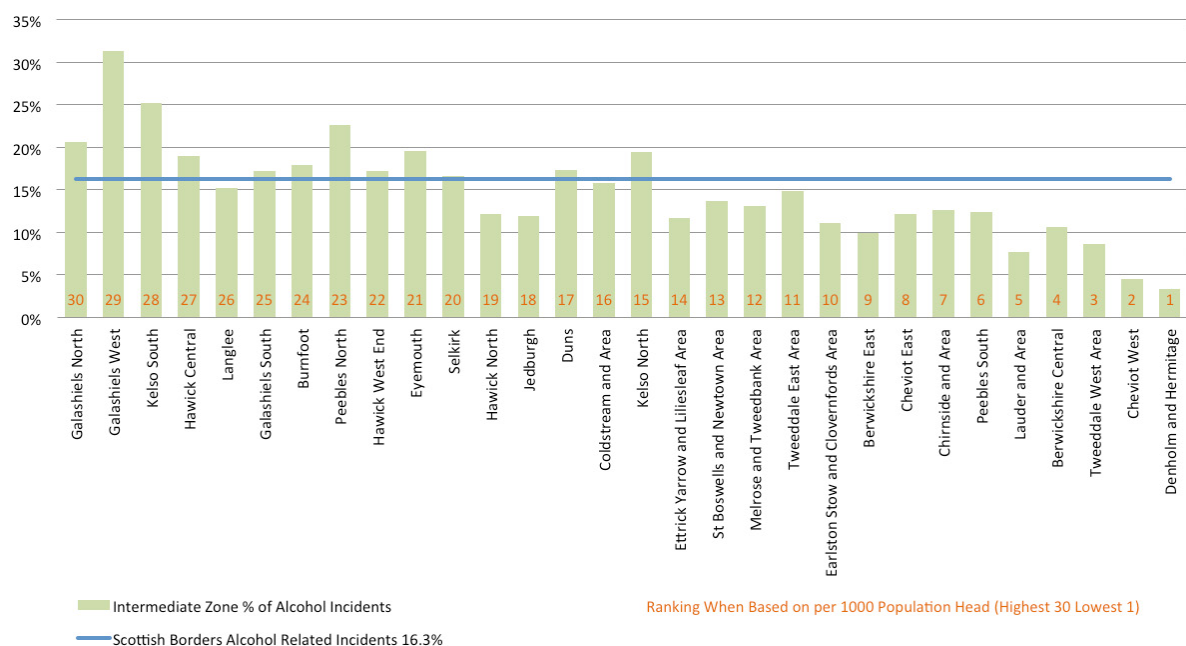


PEAK TIMES

55% of alcohol related incidents occur in the 21:00 to 02:59 time band, with the peak hours being 22:00 to 01:59.

The table below shows the percentage of alcohol related antisocial behaviour per intermediate geography. However when the intermediate geography are compared based on per 1000 head of population the ranking shows that **Galashiels North, Galashiels West and Kelso South** are the areas with the highest rates of alcohol related ASB.

% OF ASB INCIDENTS PER INTERMEDIATE GEOGRAPHY THAT ARE ALCOHOL RELATED

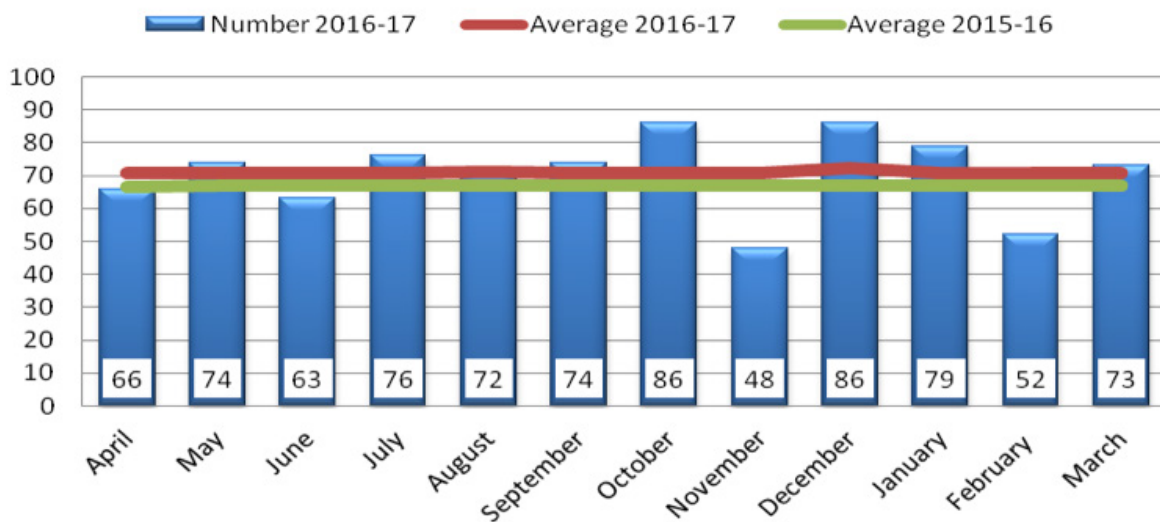


LICENSING OBJECTIVE PROTECTING & IMPROVING PUBLIC HEALTH

EMERGENCY DEPARTMENT, BORDERS GENERAL HOSPITAL

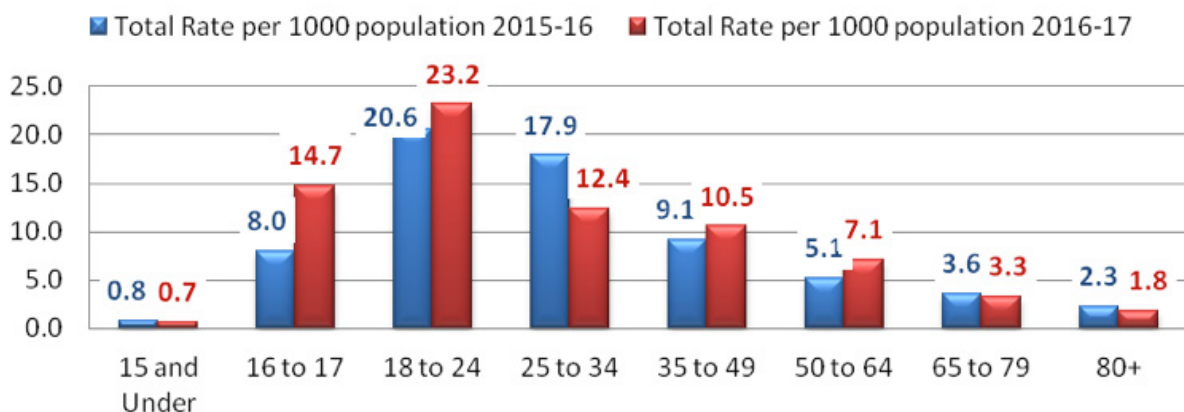
There were 849 attendances to the Emergency Department in the Borders General Hospital that were alcohol related during 2016-17. Attendances were highest in October and December and lowest in November and February.

ALCOHOL-RELATED ATTENDANCES IN EMERGENCY DEPARTMENT, BGH (2016-17)



The age group with the highest attendance is 18 to 24yr olds.

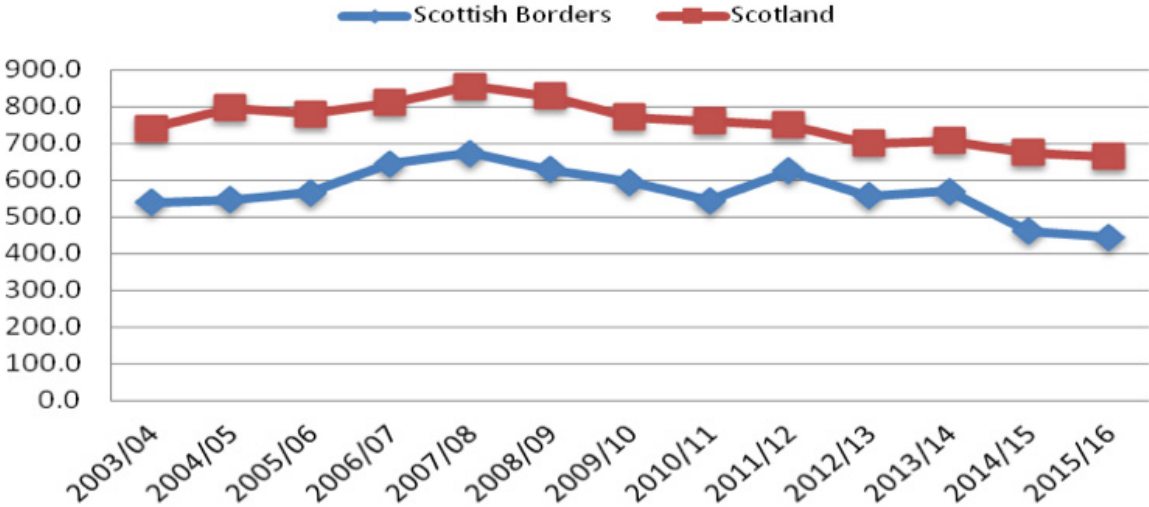
RATE OF ALCOHOL ATTENDANCES BY AGE GROUP



ALCOHOL-RELATED HOSPITAL STAYS: SCOTTISH BORDERS

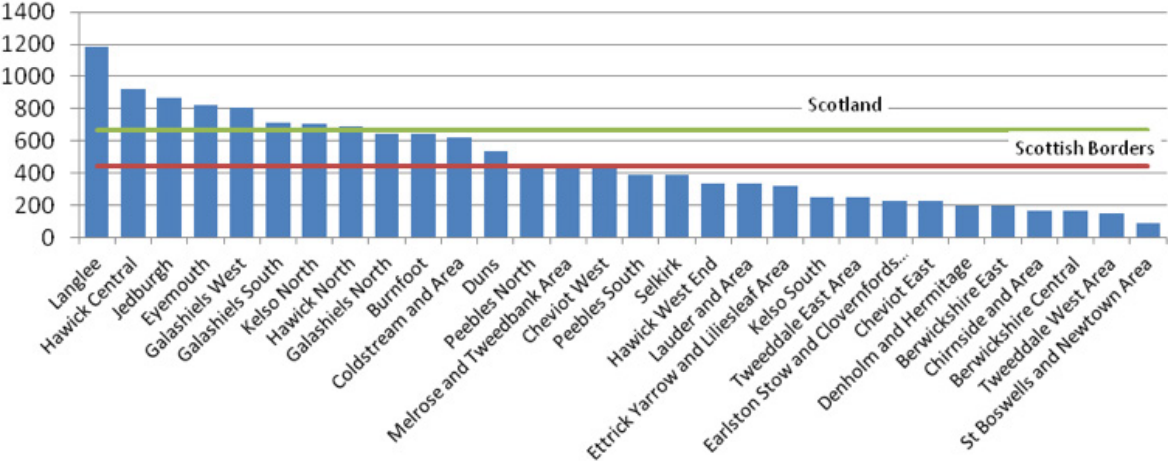
The rate of alcohol related hospital stays for Scottish Borders is at the lowest since 1998-99 and significantly better than the Scottish average. The trend overtime for Scottish Borders has been relatively stable since 2010-11. Langlee, Hawick Central, Jedburgh, Eyemouth and Galashiels West rates are higher than the national average.

RATE OF ALCOHOL-RELATED HOSPITAL STAYS PER 100,000 POPULATIONS



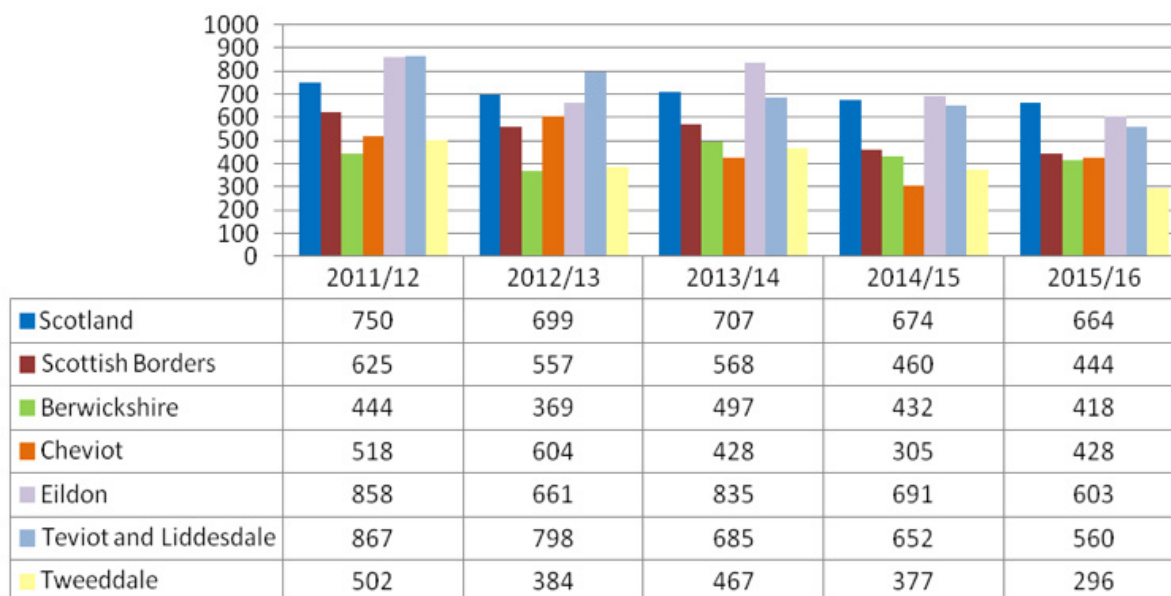
(ScotPHO/ISD)

ALCOHOL-RELATED HOSPITAL STAYS RATE PER 100,000 (2015/16), ScotPHO-ISD



Eildon and Teviot and Liddesdale have the highest rates of alcohol related hospital stays by locality over the past 5 years.

RATE OF ALCOHOL RELATED HOSPITAL STAYS: SCOTTISH BORDERS

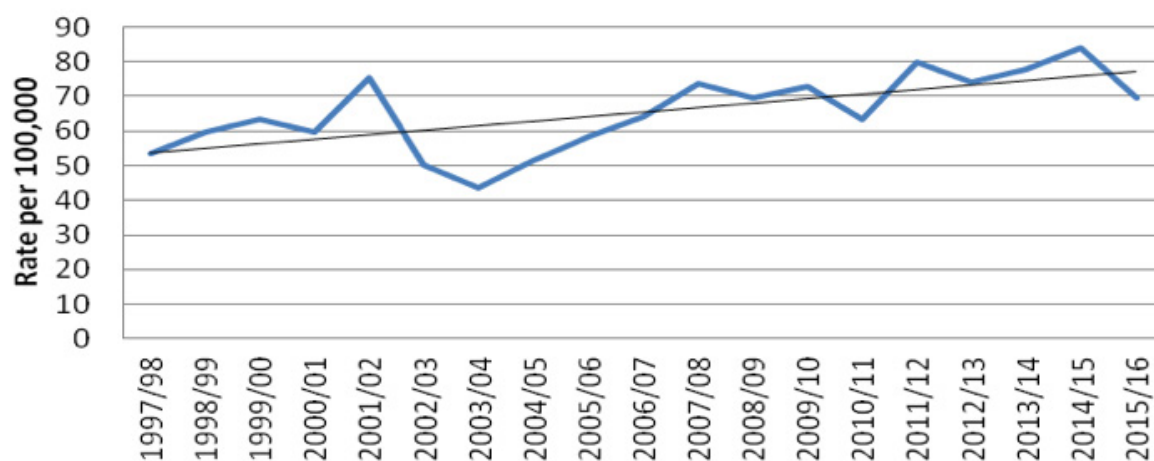


ALCOHOLIC LIVER DISEASE: SCOTTISH BORDERS

Since 1997/98 there has been a 59% increase nationally in hospital admissions for alcoholic liver disease compared with a 29% increase in Scottish Borders. In Scottish Borders the rate of hospital stays for alcoholic liver disease in 2015-16 was 69.5 compared with 132.4 nationally.

In Borders there were 8 new patients in 2015-16 with alcoholic liver disease. This is the lowest number since reporting commenced and compares to an average over this period of 20 new patients per year.

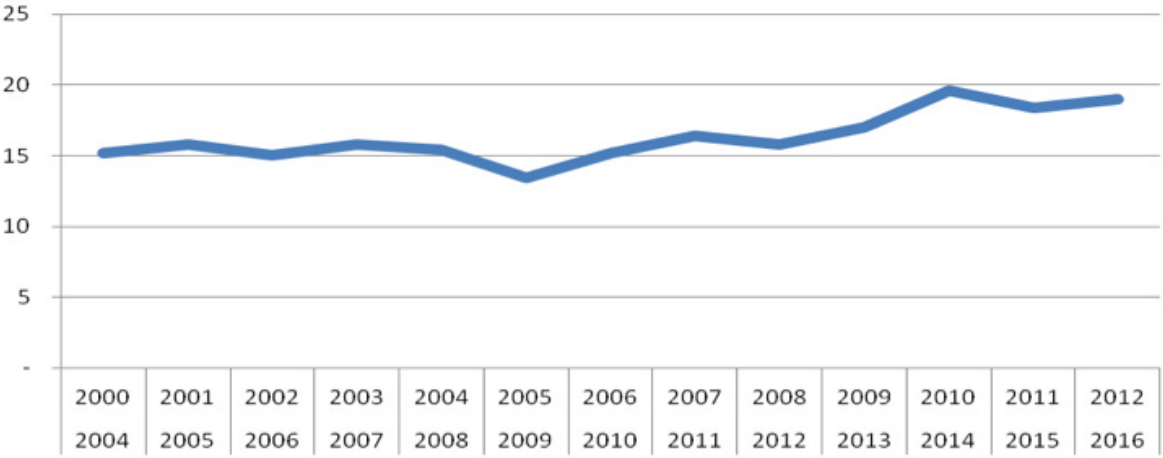
RATE OF ALCOHOLIC LIVER DISEASE: SCOTTISH BORDERS



ALCOHOL-RELATED DEATHS

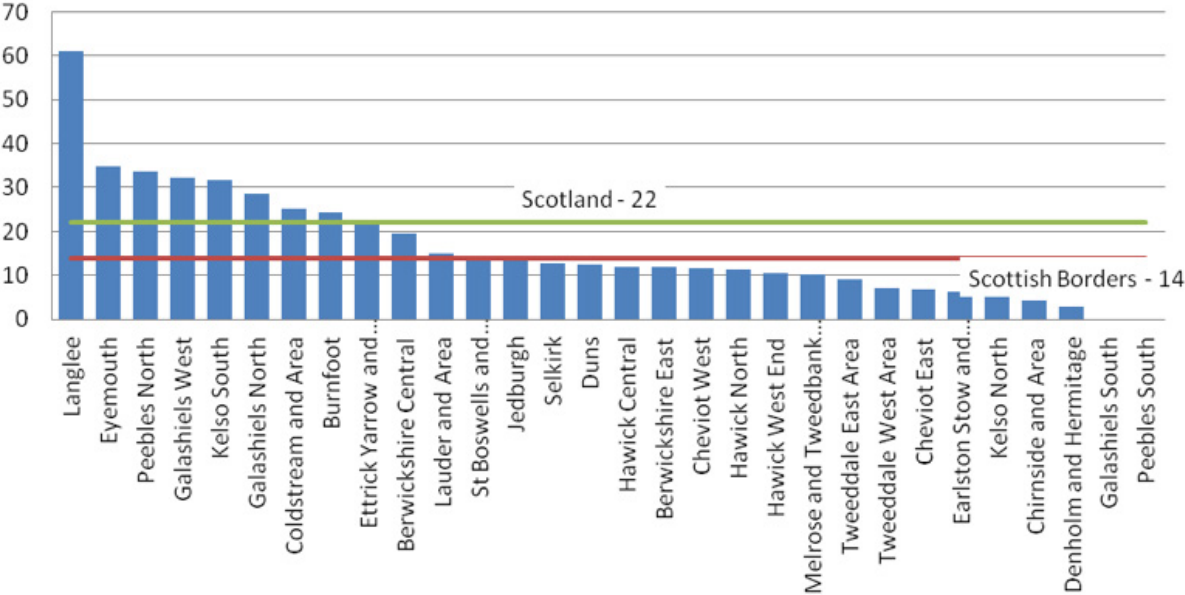
Since 2012 there has been an increase in three of the past four years with a larger increase in 2016 (10%) of alcohol-related deaths and an increase in the five-year moving average which may suggest a change in the direction of trend. In 2016 there were 1,265 alcohol-related deaths (867 were men and 398 were women). 24 people die every week due to alcohol and alcohol-related death rates are 54% higher than in England and Wales.²¹ The trend for Scottish Borders, is also increasing. The table below shows the number of deaths as a five year moving annual average.

ALCOHOL-RELATED MORTALITY FIVE YEAR MOVING ANNUAL AVERAGE: SCOTTISH BORDERS



The rate of alcohol-related deaths per 100,000 for Scottish Borders was 14 compared with 22 nationally. Within the Scottish Border areas, Langlee has the highest rate of alcohol related deaths and is significantly above the national average.

ALCOHOL-RELATED MORTALITY RATE PER 100,000 (5-YEAR ROLLING AVERAGE 2011-2015)

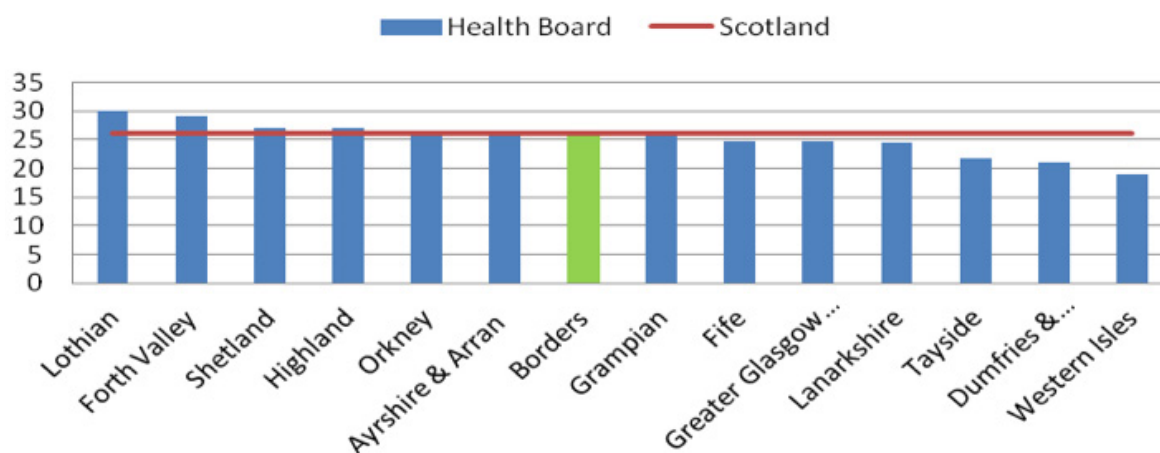


²¹ National Records of Scotland, Alcohol-Related Deaths in Scotland, 1970-2016, (2017)

INDIVIDUALS DRINKING OUT WITH GOVERNMENT GUIDELINES

New low risk guidelines were issued in 2016 and the Scottish Health Survey data has been updated to reflect this change. This shows that 26% of all adults in Borders are drinking above low risk guidelines (14 units per week). This is at the same level as the Scottish average. 38% of men are drinking above low risk guidelines in Borders compared to 16% of females.

INDIVIDUALS DRINKING ABOVE LOW RISK GUIDELINES (2012-2015)



LICENSING OBJECTIVE PROTECTING CHILDREN AND YOUNG PEOPLE FROM HARM

Salsus Data has not been updated since the last Alcohol Profile.

CHILDREN AND YOUNG PEOPLES CONSUMPTION: SCOTTISH BORDERS

Young people are drinking less than ever before, although those who do drink are drinking more. The most common sources of alcohol among 15 year olds across Scotland were friends (39%), home (27%) and relatives (26%).²² It is much less common for young people to buy alcohol directly from a shop (6%).

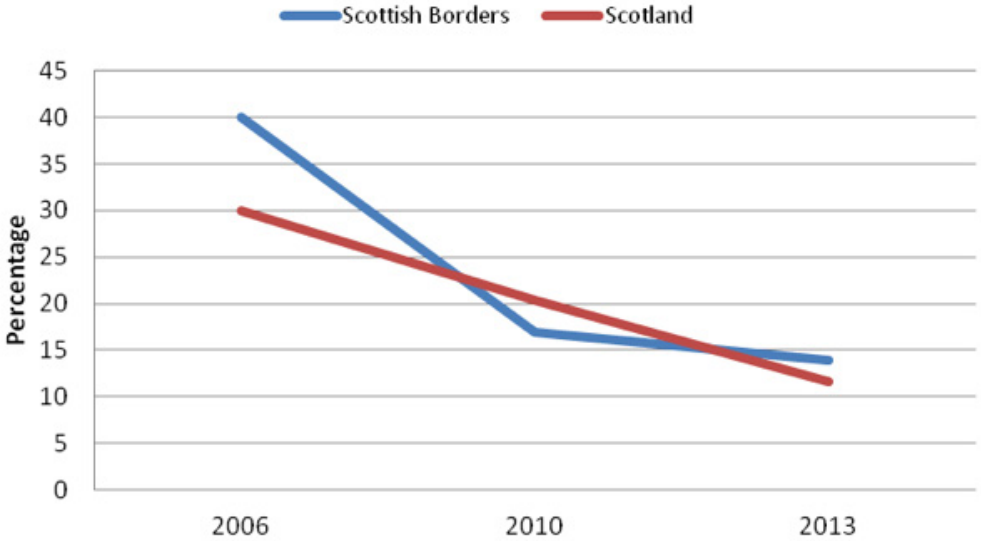
In the Scottish Borders although the proportion of young people (15yr olds) who are drinking on a regular bases has also reduced overtime to 13.9%, it is slightly higher than Scotland average (11.6%). However the rate of alcohol-related hospital stays for 11 – 25yr olds per 100,000 population is higher (370.2) in Scottish Borders compared to Scotland (271.4).²³

Whilst education has a role in reducing underage drinking, the research tells us that it only works in combination with other measures, such as increasing the price, reducing the availability, and restricting the marketing of alcohol.

²² Scottish Government, Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) (2015)

²³ Scotpho, Children and Young People Profile (Borders) (2017)

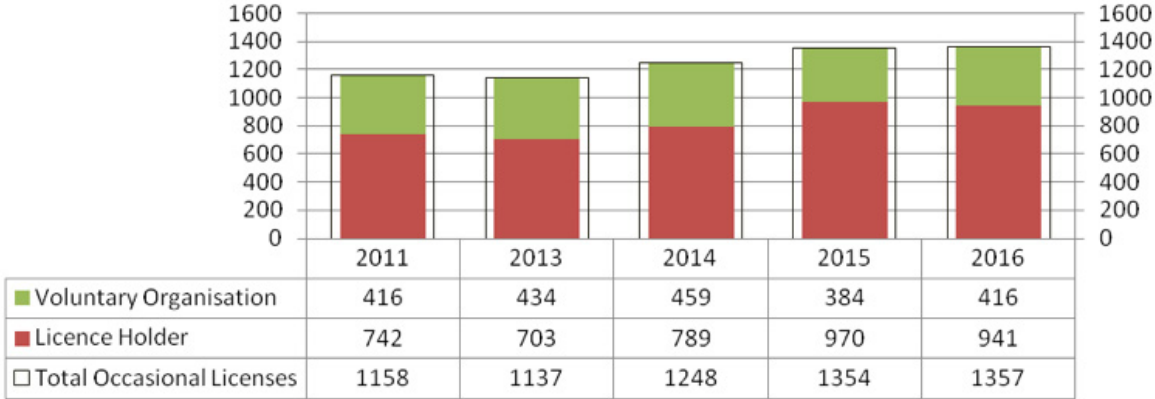
WEEKLY DRINKERS (15 YEAR OLDS)



OCCASIONAL LICENCES

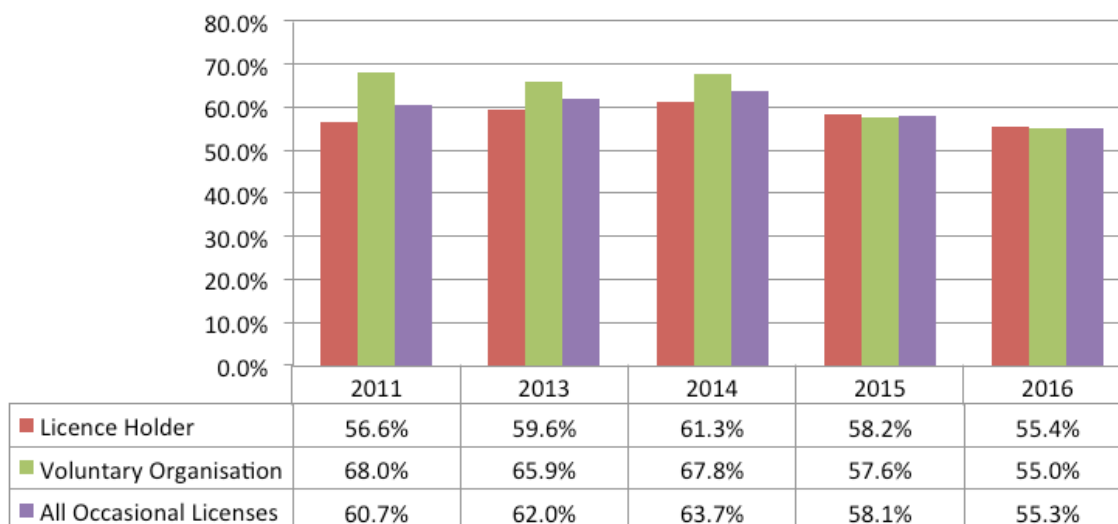
The overall number of occasional licences granted in the Scottish Borders remained relatively stable (1357).

NUMBER AND TYPE OF OCCASIONAL LICENCES BY YEAR FOR THE SCOTTISH BORDERS



There has been a decrease in the proportion of occasional licences that allowed children or young people compared to the previous years.

PERCENT OF OCCASIONAL LICENCES THAT ALLOW CHILDREN AND YOUNG PEOPLE



RECENT RESEARCH

The Licensing Board may wish to be aware of recent research and their finding that have been published.

IMPACT OF ALCOHOL MARKETING

Millions of pounds are spent by the alcohol industry every year marketing their products. This includes TV, cinema, billboards, online, social networks, magazines, newspapers, shops, pubs, sports sponsorship, music and arts festivals.

As a result children and young people are growing up surrounded by positive messages about drinking.

A recent study⁴ commissioned by Cancer Research UK which aimed to examine ways in which alcohol marketing influences teenagers reported the following key findings:

- Young people indicated that some alcohol brands were better known, better regarded and consumed more frequently by young people than other brands.
- Brands with brightly coloured packaging and with high levels of added sugar were seen as particularly attractive (especially with younger females). Drinks that tasted of fruit or sweets were seen as actually masking the taste of alcohol which was appealing.
- Ciders were consumed to relax and high strength spirits were used to get drunk.
- Alcohol content was an important factor guiding choice and appeal. This appeared to be

²⁴ Cancer Research UK , Youth Engagement with Alcohol Brands in the UK (2017)

- particularly important amongst respondents in Scotland.
- Gender, age and social class played a role in the way young people responded to different brands. For example, some drinks were seen as beginner's drinks that thirteen year olds would drink (fruit drinks, single-serve pre-mixed cocktails) and others were perceived to be what their grandparents would drink (whisky, gin, wine etc.)
 - Price and accessibility play a role in what products young people buy. Value for money in terms of the products' ability to get you drunk was in some cases a key consideration. Boys in particular talked in these terms, with some ranking their choice of beer by price.

Evidence has also shown that **exposure to alcohol marketing, increases the likelihood that young people will start to drink, drink at an earlier age and to drink more if they are already drinking.**

IMPACT OF PARENTAL DRINKING AT LOW LEVELS (LESS THAN 14 UNITS PER WEEK)

A recent report led by the Institute of Alcohol Studies²⁵ which explores the impact of non-dependent parental drinking on children and families shows that parents do not have to regularly drink large amounts of alcohol for their children to notice changes in their behaviour and experience negative impacts. The report shows that three in 10 parents say they have been drunk in front of their children and half have been 'tipsy', and such behaviour can trigger family rows or make children anxious. Even moderate drinking by parents can leave children feeling embarrassed or worried or lead to their bedtime being disrupted.

ALCOHOL OUTLET AVAILABILITY AND HARM IN SCOTTISH BORDERS (APRIL 2018)

This research shows a strong relationship found in Scotland between the number of alcohol outlets and harm in both urban and rural areas. Profiles have been developed for each area across Scotland. Scottish Borders is available to download here (can you put a hyperlink to allow the download please <http://www.alcohol-focus-scotland.org.uk/media/310753/alcohol-outlet-availability-and-harm-in-scottish-borders.pdf>)

²⁵ Institute of Alcohol Studies, 'Like Sugar for Adults' The effect of non-dependant parental drinking on children and families (2017)

APPENDIX 1

DEFINITIONS

ALCOHOL RELATED POLICE ANTISOCIAL BEHAVIOUR (ASB) DEFINITION

Antisocial behaviour is an act committed by a person or a course of conduct by any person, which causes or is likely to cause alarm or distress to at least one other person. The person harmed cannot live in the same household as the perpetrator and the conduct includes speech.

Examples of antisocial behaviour include:

- acts within the community like fighting, drunken behaviour, fire raising and noise.
- acts directed at individuals like assault, social network abuse and harassment.
- acts where there is an environmental impact like littering, fly tipping and damaging property and other.
- acts in the community having a general negative impact such as racing cars, drug misuse and drinking in public i.e. underage drinking, drunk and incapable and using controlled drugs which all can cause alarm.

The definition of an alcohol related Police ASB incident is 'those incidents that are identified as having alcohol as a contributing factor to the incident'.

INTERMEDIATE GEOGRAPHIES

There are 29 intermediate geographies in the Scottish Borders with a population between 2,500 and 6,000 which represent communities as best as possible. Comparing the data over intermediate geographies helps to identify if there are particular issues in localities and also if any remedial action is possible.

ALCOHOL GUIDELINES

New guidelines have been developed to keep health risks from drinking alcohol to a low level.

Weekly Guideline:

- For men and women you are safest not to drink regularly more than 14 units per week.
- If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more (avoid binge drinking).

Single Drinking Occasion:

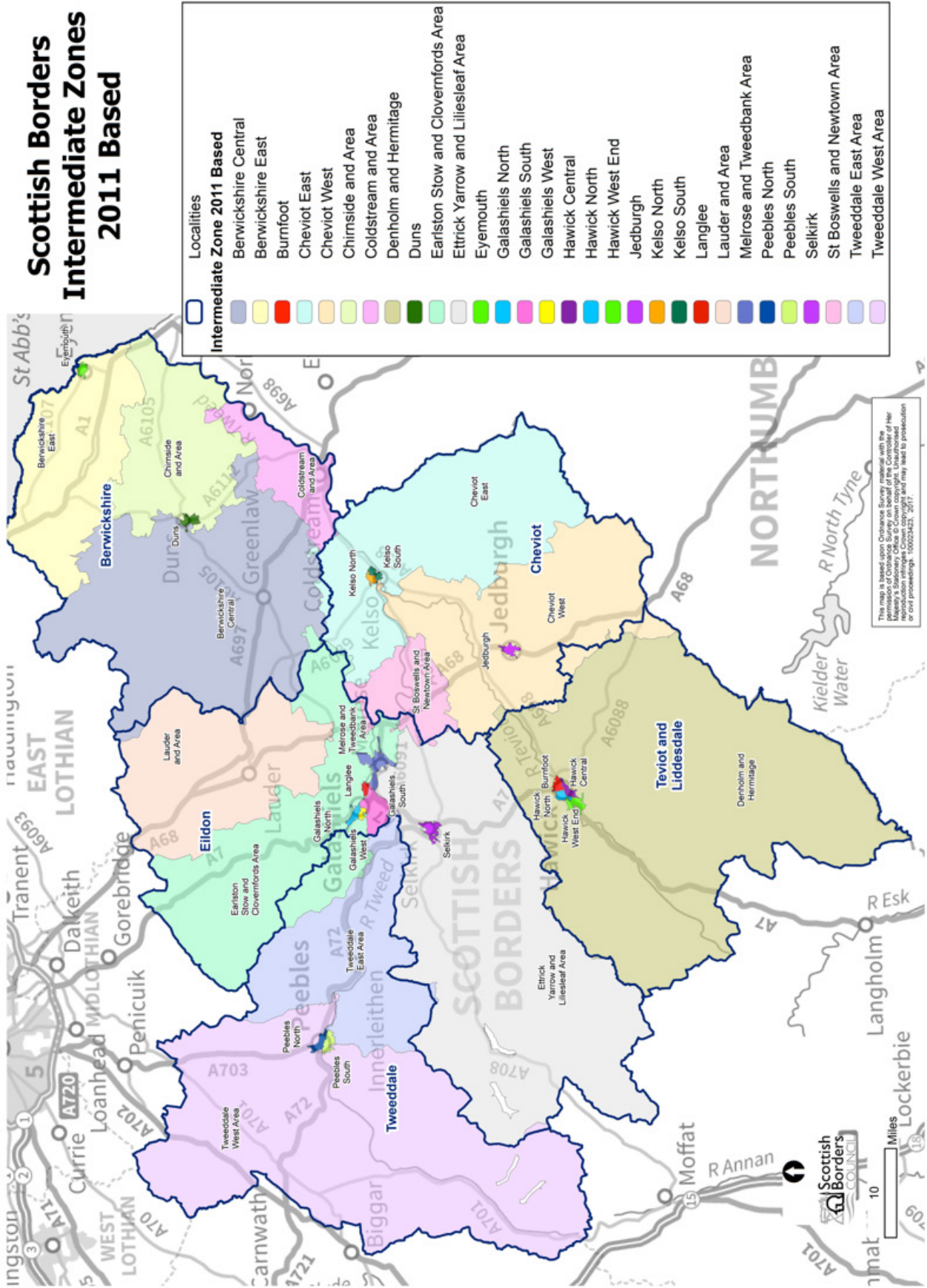
- Limit the total amount you drink on one occasion.
- Drink slowly, drink with food and alternate with water.
- Avoid risky places and activities, make sure you have people you know around and ensure you get home safely.

Pregnancy and drinking:

- If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all.

**ALCOHOL RELATED ATTENDANCES, EMERGENCY DEPARTMENT,
BORDERS GENERAL HOSPITAL**

Nationally available data on alcohol related hospital stays report only on patients admitted to the acute wards within the hospital. The data does not include patients who have attended Emergency Department (ED), Borders General Hospital (BGH) and are discharged directly from this department. Therefore ED data is collected by health professionals during the triage process where it is assessed if alcohol is a contributing factor to the patient's attendance to enhance the national data. This includes activity in ED for those who are discharged directly from the department and those who are subsequently admitted to acute wards.



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