

SCOTTISH BORDERS LOCAL LICENSING FORUM



ALCOHOL PROFILE

AUGUST 2021





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ACKNOWLEDGEMENTS

This report was prepared by Stasys Gimbutis and Susan Elliot, Alcohol & Drugs Partnership Support Team, on behalf of the Scottish Borders Local Licensing Forum. Thank you to all staff involved in providing the data to develop this report.

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EXECUTIVE SUMMARY

The Alcohol Profile (Profile) aims to collectively present the most up to date data from national research as well as local data from Police Scotland, NHS Borders, and 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 and including experience and knowledge of Licensing Board members; views and experiences of people resident within the Board area as well as published alcohol data. Members may also wish to consider evidence and good practice highlighted from published research reflected in this Profile.



ALCOHOL PROFILE AUGUST 2021

INTRODUCTION

This Scottish Borders Alcohol Profile (Profile) reports on the most recent data available for the financial year ending March 2021. 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 profile also includes good practice recommendations from the Alcohol Focus Scotland Review of Statements of Licensing Policy 2018 – 2023.

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 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, Public Health Scotland, National Records of Scotland, Scottish Prison Service, World Health Organisation, Office for National Statistics, ScotPho and Scottish Fire and Rescue Service.



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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. 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.

Alcohol sold in the UK in 2020 was 73% more affordable than it was in 1987. In recent years the general upward trend in the affordability of alcohol has been driven by increases in disposable income and a slight fall in the real price of alcohol in the UK. The volume of pure alcohol sold per adult in Scotland in 2020 was 6% higher than in England & Wales, the smallest difference seen in the available time series. Alcohol consumption at a population level in Scotland remained at its lowest level since 1994; on average, 18.0 units per adult per week were sold in 2020.¹

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

¹ PHS, Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) (2021)
<https://www.publichealthscotland.scot/publications/mesas-monitoring-report-2021/>



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EFFECTIVE ALCOHOL POLICY

International evidence shows that the most effective policies aimed at the whole population to reduce the harmful use of alcohol are:²

- 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.³

Implementation of minimum unit pricing

Minimum Unit Pricing (MUP) legislation that sets a minimum price at which a unit of alcohol can be sold, was introduced in Scotland on 1 May 2018. The minimum unit price is currently set at 50 pence per unit. MUP targets the cheapest, strongest drinks like white cider and super-strength lager that is bought mostly by the heaviest drinkers, however, should not be seen as the only method to reduce alcohol harm and instead should be seen as part of a range of measures.

The evidence for the evaluation of MUP will come as a portfolio of studies. There are four outcome areas as follows:

- **Implementation and compliance.** Assessing whether MUP was complied with, barrier and facilitators to implementation and public attitudes to MUP.
- **Alcoholic drinks industry.** Assessing how the alcohol industry responds to MUP and the economic impact on the alcohol industry in Scotland
- **Consumption.** Assessing the impact of MUP on alcohol consumption in Scotland, including where people get their alcohol from, and changes in consumption differ by age, sex, deprivation and pattern of drinking.
- **Health and social harms.** Assessing changes in a number of alcohol harms, including alcohol-related hospital admissions and deaths; harms to children and young people; alcohol-related crime and disorder; and unintended harms such as increased consumption of other harmful substances, as a result of MUP.

² World Health Organisation, Global status report on alcohol and health, (2014)

³ <http://www.alcohol-focus-scotland.org.uk/media/86446/whole-population-approach-briefing.pdf>



Some findings from evaluation studies available now include:

- Introduction of MUP in Scotland was associated with a 3.5% reduction in off-trade alcohol sales per adult in the 12 months following the implementation of MUP.⁴
- In 2020, 64% of the pure alcohol sold in Scotland was recorded as being sold at between 50.0p and 64.9p per unit, compared with 32% before MUP was implemented.⁵
- The study on the impact of MUP on children and young people's own drinking and related behaviour found that, on the whole, MUP was not perceived to impact on participants' alcohol consumption or related behaviour of participants either positively or negatively. The participants in the study were largely price aware but price is only one factor that influences children and young people's alcohol consumption. Furthermore, many of the products favoured by participants were not affected by MUP.
- The public is generally more in favour of MUP than against it in 2019, and attitudes appear more favourable between 2015 and 2019 – the same time frame in which MUP was implemented.
- Interim findings show that there is little evidence of negative consequences of MUP, such as a shift to using illicit substances, for people who are alcohol dependent and accessing treatment services. However, there is an indication that some people who are dependent on alcohol may have reduced daily living expenditure due to spending more on alcohol.

For more information on the evaluation programme for MUP click [here](#)

⁴ Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) (2020) – update on previously published estimates. <https://publichealthscotland.scot/media/2994/using-alcohol-retail-sales-data-to-estimate-population-alcohol-consumption-in-scotland-an-update-of-previously-published-estimates.pdf>

⁵ As per footnote 1 above

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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 nine in every ten units of alcohol sold off-trade in 2020⁶. A tool that can be used effectively for off-sales is overprovision where a Licensing Board can refuse new premises or extra capacity.

Alcohol deliveries and internet sales are a continuously evolving and expanding area of retail. In particular, the COVID-19 pandemic is likely to have increased online sales which may have longer term implications and can make alcohol easier to access.

The majority of Boards have responded to this emerging trend by setting out their approach to alcohol deliveries within their new policies. Within Scottish Borders Licensing Board Policy it states that premises which provide home deliveries of alcohol must ensure this is in their operating plan and provide detail how they will operate with particular regard to Licensing Objectives including hours of delivery and steps to identify age of person ordering and receiving alcohol.

Alcohol Focus Scotland completed a review of Statements of Licensing Policy for 2018-2023⁷ to identify any emerging trends in licensing approaches and identify good practice.

East Lothian Board makes clear that delivery staff must be trained to the same level as those on licensed premises; that challenge 25 checks must be conducted; and that alcohol must not be left at premises unless a responsible adult is present. It also clarifies that where licensees use a courier service, they must ensure that the service is compliant with the Board's requirements. These types of measures are now fairly common across the policies, with applicants also being expected to provide evidence of the policies and procedures that will be put in place.

⁶ As per footnote 1 above

⁷ Alcohol Focus Scotland, Review of Statements of Licensing Policy 2018-23
<https://www.alcohol-focus-scotland.org.uk/media/440017/afs-review-of-statements-of-licensing-policy-2018-2023.pdf>



Several Boards, such as Midlothian, Angus and Aberdeen City, also indicate the types of premises which may be more suitable to offer home delivery. In Midlothian, cafes and restaurants may be granted home delivery services, provided the order is supplementary to a meal, and any alcohol purchased with the order is proportionate. The Aberdeen City policy similarly indicates that deliveries of alcohol will generally only be permitted as part of a delivery of food, unless from a dedicated off-sales premises. Conversely, the Angus Board indicates that, in general, takeaway premises are not considered to be suitable for the sale of alcohol for consumption off the premises. Some of these options might also be appropriate for the Borders Licensing Board to consider.

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.⁸

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

⁸ Alcohol Focus Scotland , Good Licensing Practice: Developing an effective overprovision policy, (2013)

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LICENSING AND ECONOMIC OBJECTIVES

Although the licensing system 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.⁹

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.¹⁰ Estimated costs of alcohol related harm for Scottish Borders were last carried out for 2010/11 and available [here](#)¹¹

⁹ Alcohol Focus Scotland, Licensing Resource Pack <http://www.alcohol-focus-scotland.org.uk/resources/> (2017)

¹⁰ Alcohol Focus Scotland, Licensing Resource Pack <http://www.alcohol-focus-scotland.org.uk/resources/> (2017)

¹¹ <https://www.alcohol-focus-scotland.org.uk/media/61426/The-Cost-of-Alcohol-Borders.pdf>



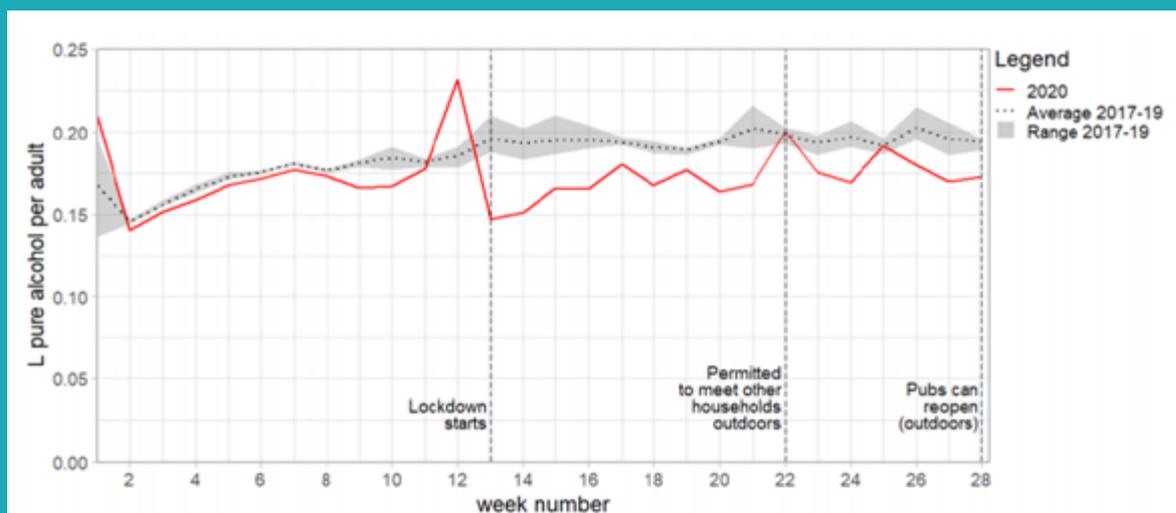
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ALCOHOL CONSUMPTION AND COVID-19

In Feb 2021 Public Health Scotland published findings from two studies commissioned to investigate the impact of COVID-19 pandemic and related restrictions on alcohol consumption in Scotland during its first few months. ¹²

The weekly alcohol sales data found that the pandemic and related restrictions were associated with a 6% reduction in the total volume of pure alcohol sold per adult in Scotland. Increases in per adult off-trade sales (28%) did not fully replace the loss of on-trade sales. There was evidence of stockpiling around the time on-trade premises were required to close across the UK however should not be interpreted as large increases in total consumption.

The study also found a notable shift to later start times of drinking, and increased solitary drinking, impacting some sub-groups of the population more than others. Despite the overall reduction in alcohol sales, weekly averages equated to 17.5 units per adult in Scotland, and 16.7 in England & Wales. This remains in excess of the UK Chief Medical Officers' guideline of 14 units per week.



¹² PHS (2021), <https://www.publichealthscotland.scot/news/2021/february/studies-of-alcohol-sales-and-consumption-in-the-early-stages-of-the-covid-19-pandemic-published/>

PHS (2021), <https://www.publichealthscotland.scot/downloads/changes-in-alcohol-consumption-in-scotland-during-the-early-stages-of-the-covid-19-pandemic-descriptive-analysis-of-repeat-cross-sectional-survey-data/>

PHS (2021), <https://www.publichealthscotland.scot/downloads/the-impact-of-covid-19-and-related-restrictions-on-population-level-alcohol-sales-in-scotland-and-england-wales-march-july-2020/>



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COVID-19 IMPACT ON BORDERS ALCOHOL LICENSING TRENDS

Over the COVID-19 period a number of annual events such as common riding festivals and rugby tournaments have not been able to take place due to Scottish Government restrictions. Whilst there was a reduction in occasional licences associated with these events, there was an increase in occasional license applications from licensed premises to licence an outside area next to their premises (when regulations permitted).

There was an increase in Borders premises licence applications in relation to new online and delivery sales of alcohol businesses. The premises from where the alcohol is dispatched following the online sale are required to be licensed. Premises ranged from an industrial unit, garden hut or a room within a dwelling.



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NATIONAL OVERVIEW

- 6% more alcohol sold in Scotland than in England & Wales in 2020¹³
- Nine in every ten units of alcohol sold in Scotland in 2020 were sold through the off-trade (supermarkets and other off-licences): an increase from seven in every ten units in 2019¹⁴
- In 2020, alcohol sold in the UK was 73% more affordable than it was in 1987¹⁵

PREVENTING CRIME & DISORDER/PREVENTING PUBLIC NUISANCE

- Alcohol is implicated in 50% of homicide accusations in 2019-20.¹⁶
- Offenders were believed to be under the influence of alcohol in 44% of violent incidents where victims were able to say something about the offender in 2019/20.¹⁷
- In 2019 50% of young offenders reported being under the influence of alcohol at the time of their offence (compared to 38% adults).¹⁸

SECURING PUBLIC SAFETY

- Alcohol or drugs use was suspected to have been a contributory factor in 16% of accidental dwelling fires in 2019-20.¹⁹

¹³ As per footnote 1 above

¹⁴ As per footnote 1 above

¹⁵ As per footnote 1 above

¹⁶ Scottish Government, Homicide in Scotland <https://www.gov.scot/publications/homicide-scotland-2019-2020/pages/4/>

¹⁷ Scottish Government, Scottish Crime and Justice Survey 2019/20,

<https://www.gov.scot/collections/scottish-crime-and-justice-survey/>

¹⁸ Scottish Prison Service, Young People in Custody 2019. <http://www.sps.gov.uk/Corporate/Publications/Publication-7199.aspx>

¹⁹ Scottish Fire & Rescue Statistics (2019-20), <https://www.firescotland.gov.uk/about-us/fire-and-rescue-statistics.aspx>

PROTECTING & IMPROVING PUBLIC HEALTH

- Alcohol caused an average 19.5 deaths per week in Scotland in 2019²⁰. In Scotland, 2019 death rates compared to England & Wales were 68% & 67% higher in men and 80% & 47% higher in women²¹
- In Scotland, 1 in 4 adults (24%) drank at harmful or hazardous level in 2019 (down from 32% in 2008)²².
- Across Scotland, alcohol-related hospital stays and deaths as well as crime rates are higher in areas with higher alcohol outlet availability. Scottish neighborhoods with the most alcohol outlets, compared to those with the fewest outlets have:
 - o double the alcohol-related death rate;
 - o almost double alcohol-related hospitalization;
 - o four times higher crime rates²³.

PROTECTING CHILDREN AND YOUNG PEOPLE FROM HARM

- Up to 51,000 children are estimated to live with a problematic drinker.²⁴
- Between 2015 and 2018, there has been an increase in the proportion of boys who had drunk in the last week: from 4% to 7% among 13 year olds and from 16% to 20% among 15 year olds. There was also an increase among 13 year old girls, from 4% in 2015 to 6% in 2018. Overall in 2018, 52% of 13 year olds and 57% of 15 year olds who had a drink in the last week, had been drunk in the same time period.²⁵

²⁰ National Records Scotland, Alcohol-specific deaths 2019, (2020), <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-deaths>

²¹ Office for National Statistics, Alcohol-specific deaths in the UK: registered in 2019 (2021), <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registered2019>

²² Scottish Government, Scottish Health Survey 2019, (2020), <https://scotland.shinyapps.io/sq-scottish-health-survey/>

²³ CRESH, Alcohol Outlet Availability and Harm in Scotland, (2018), <https://www.alcohol-focus-scotland.org.uk/media/310762/alcohol-outlet-availability-and-harm-in-scotland.pdf>

²⁴ Scottish Government, Final Business and Regulatory Impact Assessment for Minimum Price Per Unit of Alcohol (2012), <http://www.gov.scot/Topics/Health/Services/Alcohol/minimum-pricing/Impact-Assessment>

²⁵ Scottish Government, SALSUS 2018, (2019), <https://www.gov.scot/publications/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-alcohol-report-2018/>

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ALCOHOL HARM IN SCOTTISH BORDERS

- In Scottish Borders, nearly **1 in 3 men** (31%) and more than **1 in 6 women** (18%) were drinking at hazardous/harmful levels (2016/19).²⁶
- **597 alcohol-related hospital stays** in Scottish Borders during 2019/20 financial year.²⁷
- **15 alcohol-specific deaths** in Scottish Borders in 2019.²⁸
- **7 child protection cases** in Scottish Borders where parental alcohol or drug problematic use was involved (2019 July snapshot).²⁹
- Scottish Borders has an alcohol outlet availability lower than Scotland as a whole, but has **pockets of high availability**.³⁰
- The annual cost of alcohol related harm to Scottish Borders (health, social care, crime and productive capacity) was **£30.5m** (£270 per person).³¹
- There are areas in the Scottish Borders that are more negatively affected by alcohol related harm than others (Hawick Central, Burnfoot, Peebles North, Galashiels North).³²

²⁶ Scottish Government, Scottish Health Survey 2019, (2020), <https://scotland.shinyapps.io/sq-scottish-health-survey/>

²⁷ Alcohol-related hospital stays 2019/20 financial year, ScotPho (2020)

²⁸ National Records Scotland, Alcohol-specific deaths 2019, (2020), <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-deaths>

²⁹ Alcohol-related hospital stays 2019/20 financial year, ScotPho (2020)

³⁰ CRESH Alcohol outlets Availability and Harm in Scottish Borders (2018)

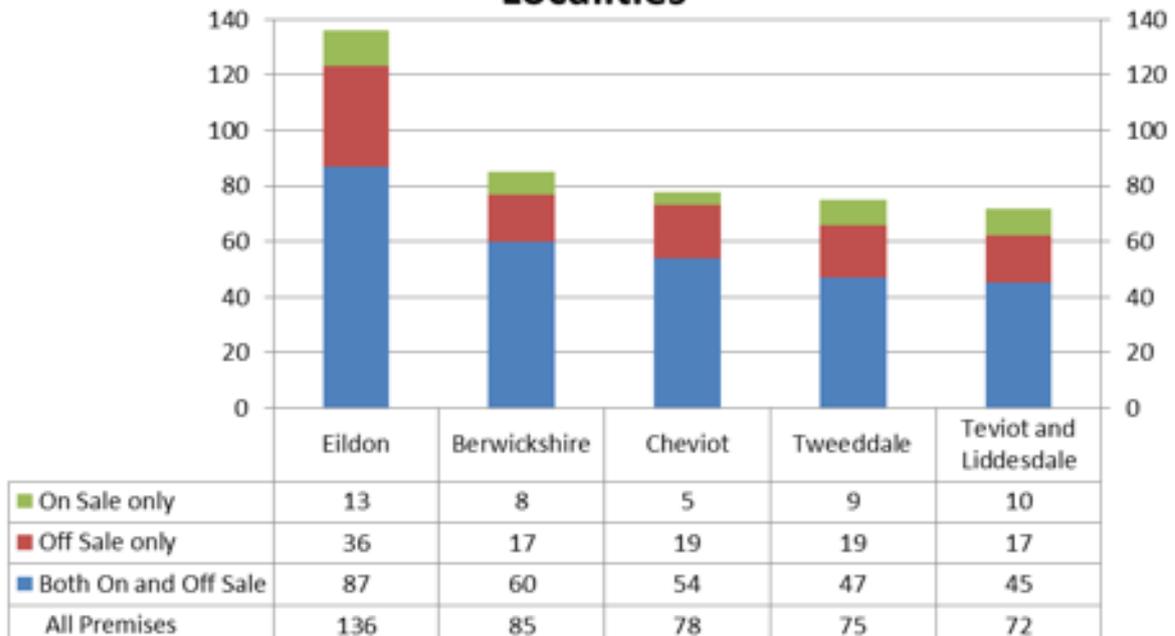
³¹ Cost of Alcohol In Scottish Borders 2010/11, Alcohol Focus Scotland (2010/11)

³² Intermediate zones listed are significantly higher than Borders average for alcohol related hospital stays for 2019/20 financial year (source – ScotPho)

NUMBER OF LICENSED PREMISES 2021 (SNAPSHOT)

In Jan 2021 there were 446 licensed premises (slightly fewer than in Mar 2019). Eildon locality has the highest number of licensed premises (136).

Number of Licensed Premises Jan 2021 by Localities



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LICENSING OBJECTIVES: PREVENTING CRIME & DISORDER/PREVENTING PUBLIC NUISANCE/SECURING PUBLIC SAFETY

For several years antisocial behaviour (ASB) data has been provided in support of the alcohol profile based on the number ASB incidents reported to Police Scotland in a given year and the percentage of those incidents known to involve alcohol. This information was produced using locally available information on alcohol related ASB incidents in the Scottish Borders.

From 2019/20 a new Annual Licensing Report is produced and is endorsed by the Chief Constable. The report comes from Police Scotland and provides pertinent information on alcohol related disorder and licensing issues and interventions in the Scottish Borders. The Scottish Borders report for 2019-20 is available [here](#)³³.

Key information from the report is as follows:

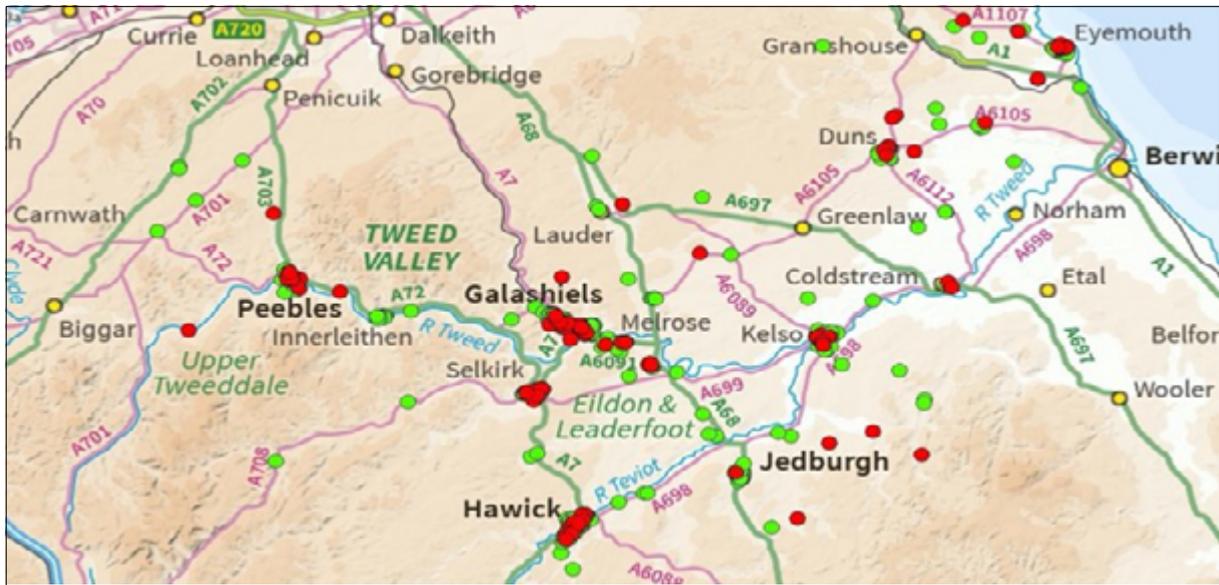
In the Scottish Borders there were 341 recorded incidents in licensed premises between 1st April 2019 and 31st March 2020, this figure shows a very slight decrease of 1.15% on the year before. There continues to be a notable trend in thefts of alcohol from 'off sales' premises over the reporting year, this may be due to the introduction of minimum pricing.

On Friday and Saturday evenings police officers are deployed on foot, where other incidents permit, to aid with dispersal of licensed premises and reduce antisocial behaviour and violence related incidents between the hours of 2200-0400.

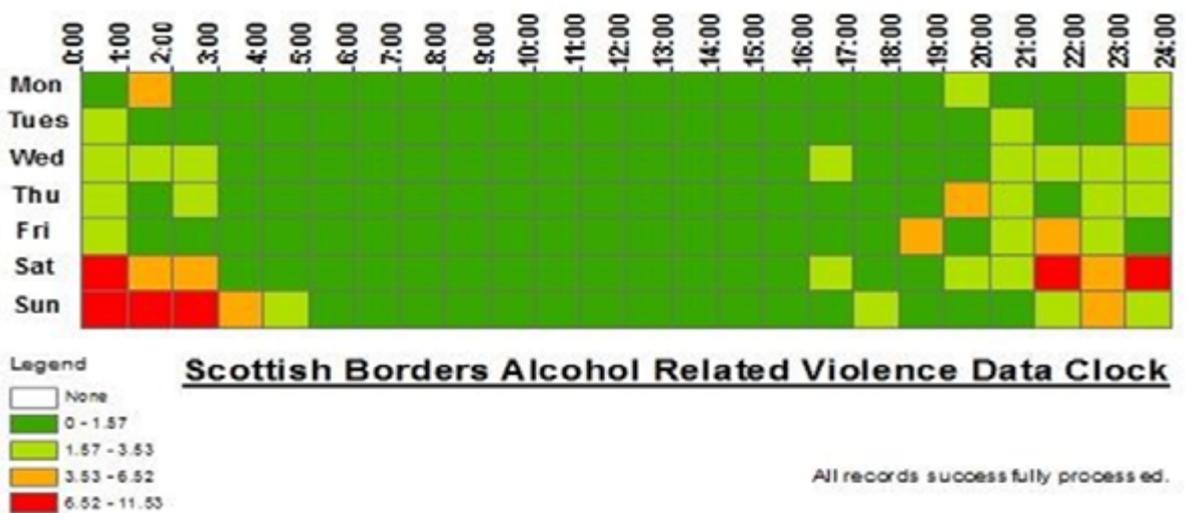
Violence recording indicates an "Alcohol" marker as a clearly defined aggravator to indicate where the presence of alcohol is deemed a factor in the act of violence. Of the 1009 recorded crimes of violence for the 2019-20 period, a total of 235 had the alcohol marker attached to the crime report. Of that total 107 were in residential locations leaving 128 acts of violence in a public space where alcohol featured.

³³ SBC, <https://scottishborders.moderngov.co.uk/documents/s47924/Item%208%20-%20Chief%20Constables%20Report%202019-2020.pdf>

The following map has been produced indicating the locations of public space violence where alcohol is a factor. The red dots indicate alcohol while the green dots are the other crimes where no such aggravator has been added. Galashiels, Hawick, Kelso, Selkirk and Peebles are the areas most frequently affected.



Police Scotland note the timing of alcohol related incidents and this is presented in the alcohol data clock below. The clock shows that late evening into weekends are the busiest time in relation to incidents.



Over the last calendar year there has been one premise in the Scottish Borders which have been classed as 'Monitored', this was monitored for the period of a month. This premise is no longer trading.

During the reporting year there were no declared problematic premises in the Scottish Borders.

Number of offences reported to COPFS 2019-20	
Section 111 (drunk persons within licensed premises)	1
Section 112 (obtaining alcohol by or for a drunk person)	0
Section 113 (sale of alcohol to a drunk person)	0
Section 114 (DPM drunk whilst on duty)	2
Section 115 (disorderly conduct within licensed premises)	0
Section 116 (refusal to leave licensed premises)	8

The following licensing offences related to children and young persons have been reported to the COPFS during the reporting year.

Number of offences reported to COPFS 2019-20	
Section 102 (sale of alcohol to a child or young person)	0
Section 103 (allowing the sale of alcohol to a child or young person)	0
Section 104A (supply of alcohol to a child)	2
Section 104B (supply of alcohol to a young person)	5
Section 105 (purchase of alcohol by or for a child or young person)	2

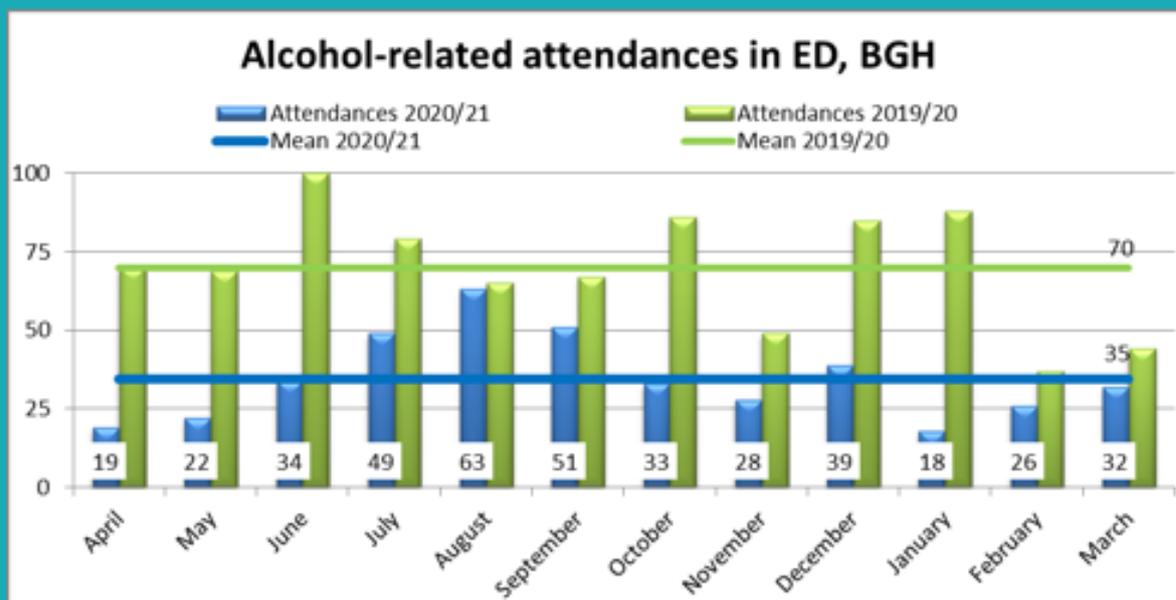


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LICENSING OBJECTIVE: PROTECTING & IMPROVING PUBLIC HEALTH

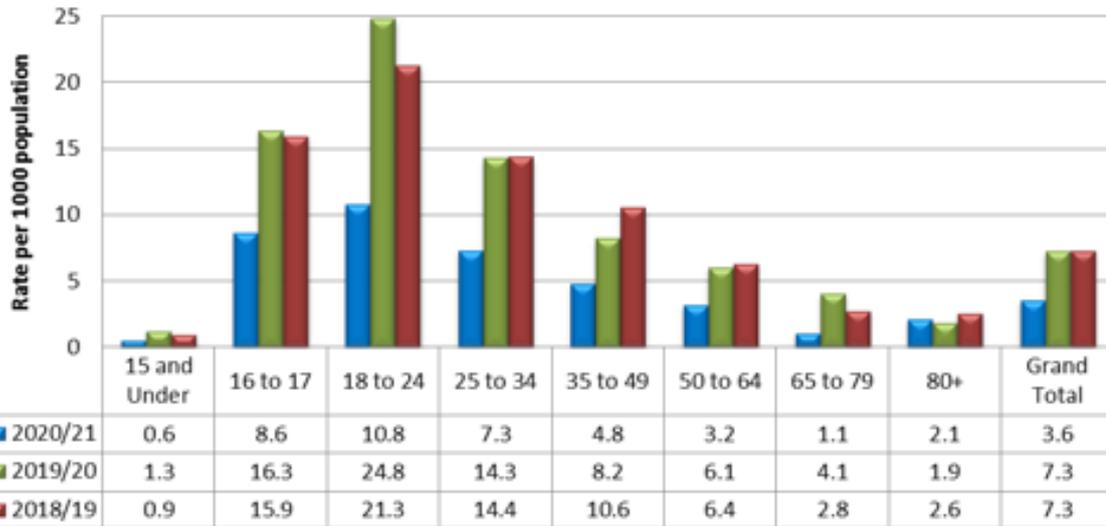
EMERGENCY DEPARTMENT (ED), BORDERS GENERAL HOSPITAL (BGH)

There were 414 attendances to the ED in BGH that were alcohol related during 2020-21. This is 49% lower than the previous year's 839 attendances. Attendances were highest in July, August and September. The lowest months were January, February, April and May which coincides with national lockdowns due to the COVID-19 pandemic.



When compared with the last two years' averages, the rate of ED alcohol attendances (per 1000 population) for 2020-21 has reduced by 51%. However, the split by age group retained a similar pattern with 18 to 24 age group being the highest.

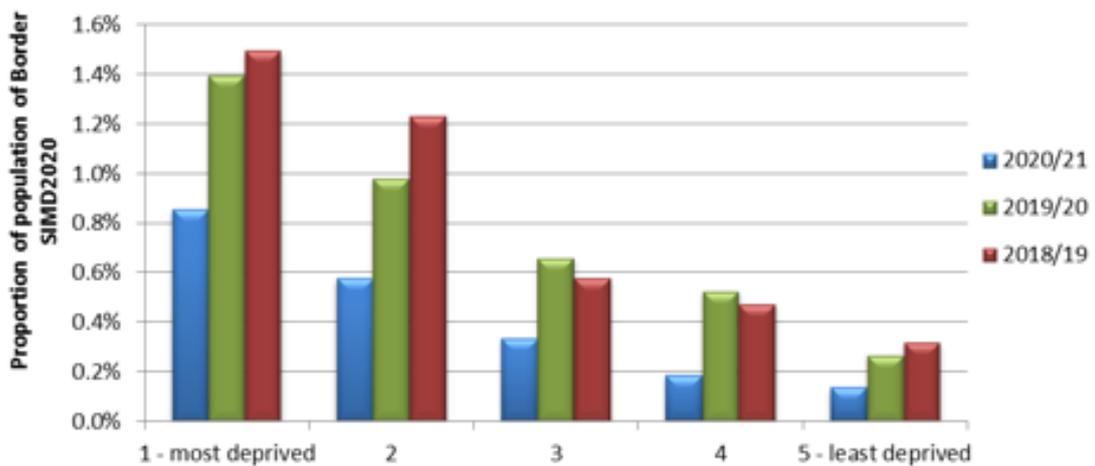
Rate of alcohol-related ED attendances per 1000 population by age - annual comparison



Residents of the most deprived areas were more than 6 times likely to attend ED due to alcohol compared to residents living in the least deprived areas of Borders.

The COVID-19 pandemic did not change the pattern of attendances being more frequent from more deprived areas. Newtown St Boswells (0.77%), Selkirk (0.52%), Galashiels (0.49%) and Hawick (0.44%) were amongst highest alcohol related ED attendances by the rate of population (Borders average 0.28%).

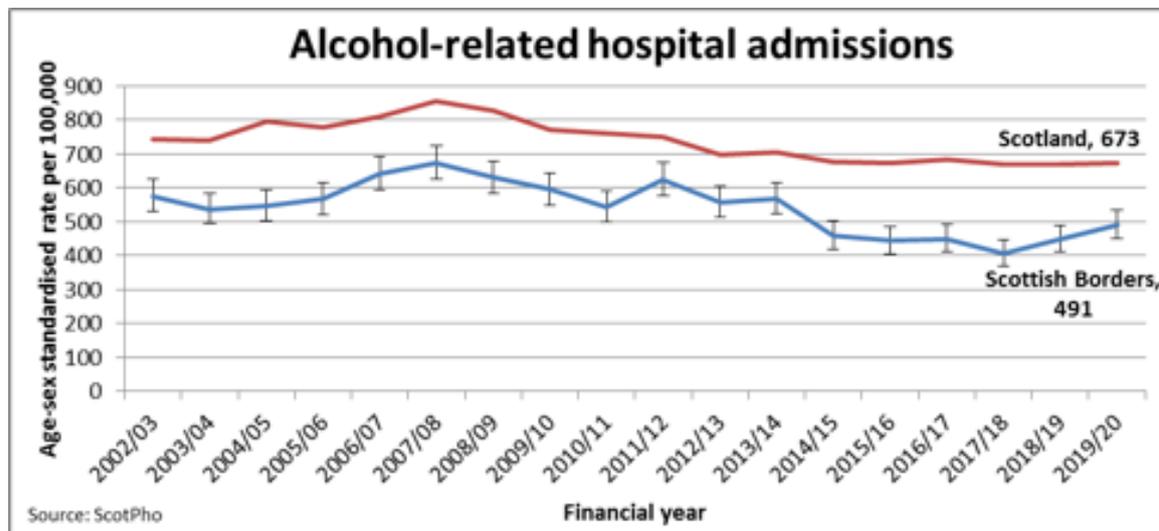
Alcohol ED attendances by area of deprivation



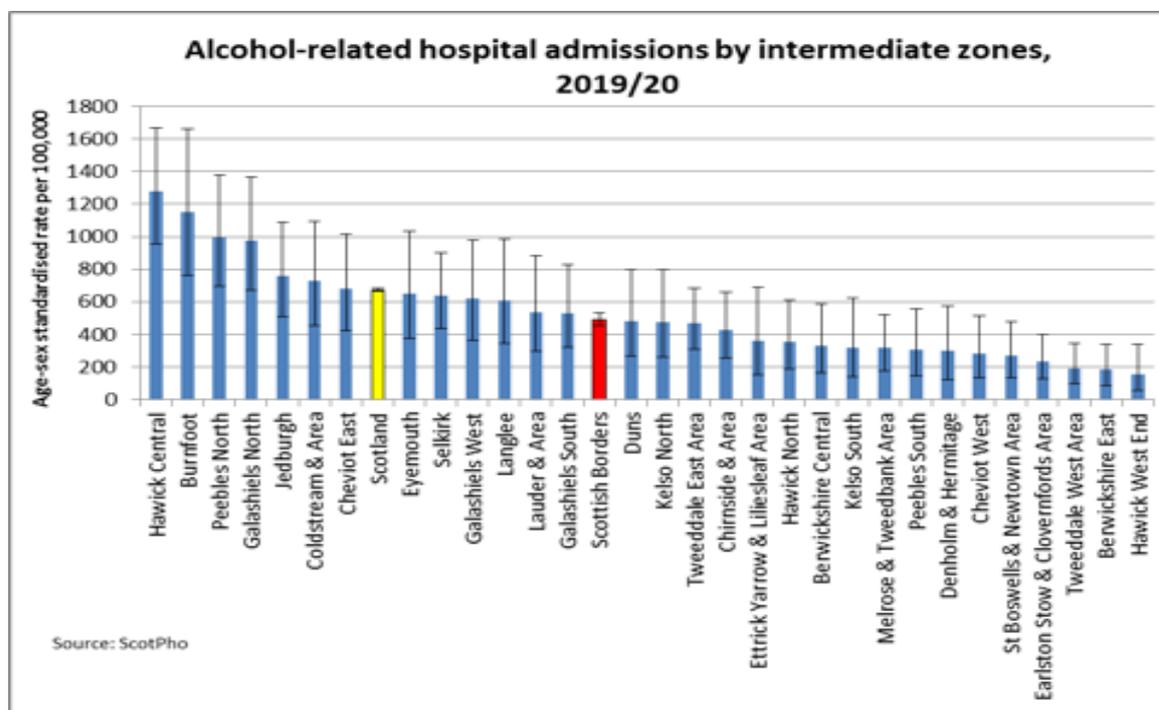
ALCOHOL-RELATED HOSPITAL STAYS

In 2019/20 the Scottish Borders rate was 491 per 100,000 people an increase from 408 in 2017/18.

Borders rate has consistently been better than the Scottish average.



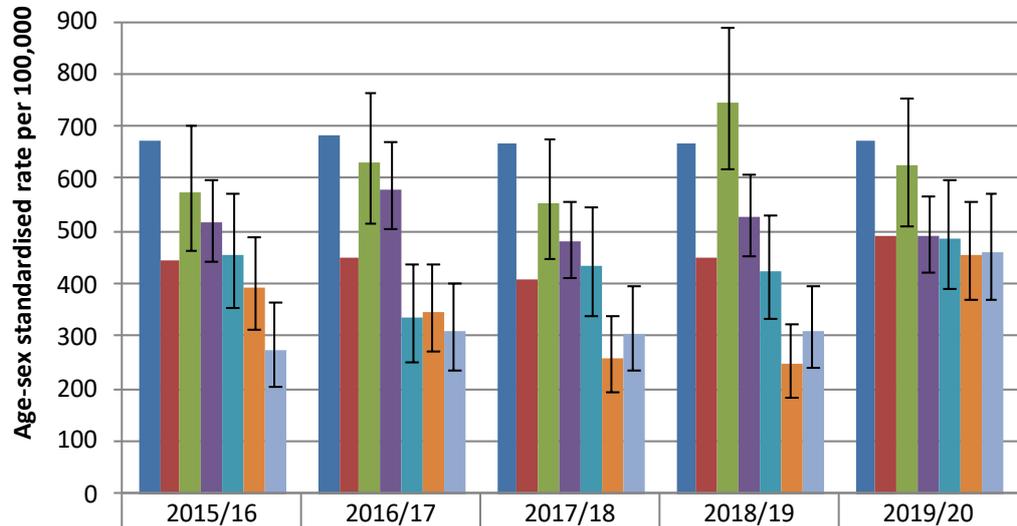
Hawick Central, Burnfoot, Peebles North rates are significantly higher than the Scottish average. A year ago (2018/19) only Hawick Central was significantly higher than the Scottish average.



Teviot and Liddesdale and Eildon and have the highest rates of alcohol related hospital stays by locality over the past 5 years. In 2019/20 all except Teviot and Liddesdale localities' rates were significantly lower than the Scottish average.

Teviot and Liddesdale and Eildon and have the highest rates of alcohol related hospital stays by locality over the past 5 years. In 2019/20 all except Teviot and Liddesdale localities' rates were significantly lower than the Scottish average.

Alcohol-related hospital admissions by localities



	2015/16	2016/17	2017/18	2018/19	2019/20
Scotland	674	685	669	669	673
Scottish Borders	445	450	408	449	491
Teviot & Liddesdale	573	631	552	742	624
Eildon	517	582	479	527	489
Cheviot	455	335	432	425	485
Berwickshire	393	346	259	245	455
Tweeddale	274	308	306	309	462

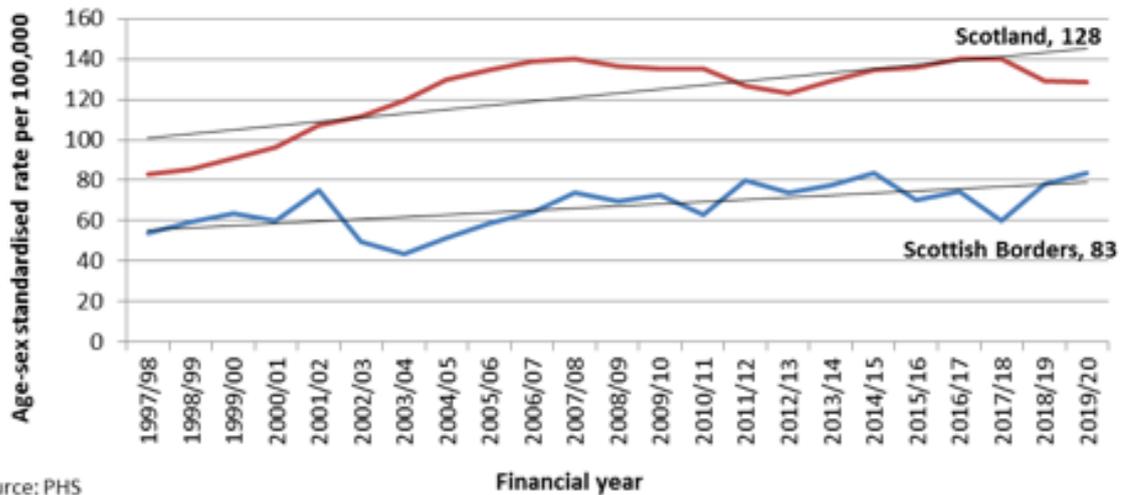
ALCOHOLIC LIVER DISEASE

In Scotland there is an increasing rate of alcoholic liver disease hospital stays. Scotland's rate has increased by 45% from 83 in 1997/98 to 128 in 2019/20.

The trend in Borders is also similar with rates increasing from 54 in 1997/98 to 83 in 2019/20 (an increase of 54%).

In Borders there were 21 new acute inpatients in 2019/20 with alcoholic liver disease. This compares to an average of 18.2 new inpatients between 2007/08 and 2019/20. The rate of new inpatients for 2019/20 for Borders is 16.3 (Scotland 19.2).

Alcoholic Liver Disease: Hospital Stays

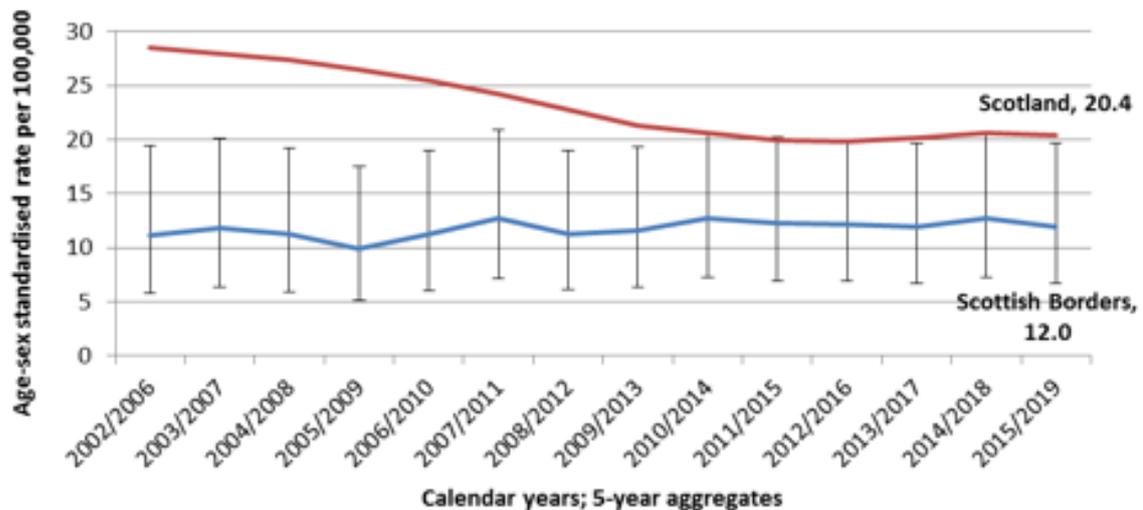


Source: PHS

ALCOHOL-SPECIFIC DEATHS

In 2019 there were 15 alcohol-specific deaths in Borders. Rate of alcohol-specific deaths in Borders remain fairly stable since 2002/06. The latest 5 year average rate was 12 (2015/19) which is significantly better than Scottish average (20.4).

Alcohol-specific deaths

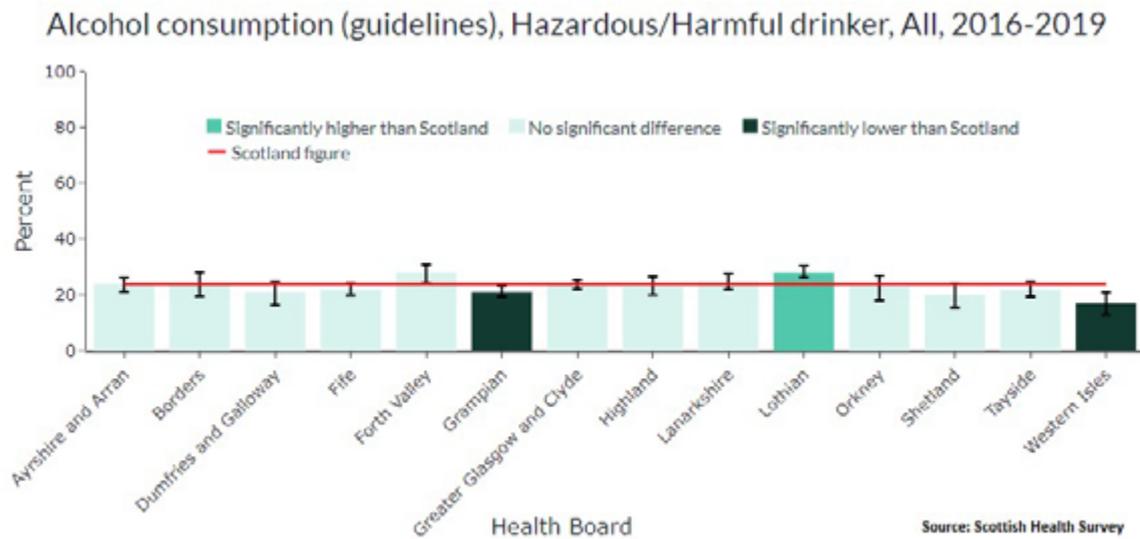


Source - ScotPho

INDIVIDUALS DRINKING OUT WITH GOVERNMENT GUIDELINES

According to Scottish Health Survey (2016/2017/2018/2019 combined), 24% of all adults (aged 16 and over) in Borders are drinking above low risk guidelines (14 units per week) which is the same as Scotland average.

In all health boards, a higher proportion of men than women drank out with the guidelines. The proportion of males drinking at harmful levels in Borders had a significant drop from 38% (2012/15) to 31% (2016/19). Scotland's male population drinking at harmful levels remained fairly stable (from 36% to 33%). There is minimal change in the proportion female population drinking at harmful level from 2012/15 (17% Scotland; 16% Borders) to 2016/19 (16% Scotland; 18% Borders).



ALTERNATIVE APPROACH TO PUBLIC HEALTH OBJECTIVE

The Glasgow Licensing Policy highlights that throughout the consultation process the Board heard repeated concerns about the changing habits in alcohol purchasing and consumption, with a number of respondents focusing on the evidence of the link between alcohol availability and harm. The policy therefore includes a section specifically relating to off sales and the public health objective. This explains that the Board is concerned by a number of areas suffering from high levels of alcohol-related harm, but containing very few licensed premises. The Board does not consider it appropriate to declare these areas as being overprovided for, but the policy makes clear that it may nonetheless be inconsistent with the public health objective to grant a licence which would enable easier access to alcohol – thereby having the potential to exacerbate existing alcohol-related health problems in the area. To date, overprovision assessments have tended to be the key tool which Licensing Boards have used to pursue the health objective, predominantly by controlling availability. The new policy approach adopted in Glasgow departs from this to some extent. It makes explicit that the Board will use the health objective as a stand-alone ground for refusal, in order to control the availability of alcohol from off-sales premises, where unacceptably high levels of health harm are identified. This position is based on credible evidence of the links between off-sales premises and health harm, and stating this in the policy has a number of potential advantages. Firstly, it allows for appropriate consideration of alcohol harm data and information at the assessment stage, without a requirement to then link that data directly to individual licensed premises at the application stage. It also prevents the need to continually evidence ‘causal link’ each and every time an application is submitted in localities suffering high levels of harm, as in effect this link has been established within the policy itself.



ALCOHOL PROFILE AUGUST 2021

LICENSING OBJECTIVE: PROTECTING CHILDREN AND YOUNG PEOPLE FROM HARM

The most recent scientific evidence states that an alcohol free childhood is the healthiest option. Exposure to alcohol and witnessing adult drinking can influence our children's future drinking habits. Young people's bodies are more vulnerable to the effects of alcohol because they are still growing and developing. Research also shows that the earlier a young person starts drinking, the more likely they are to drink in ways that can be harmful later in life. Our children and young people have the right to grow up in an environment where communities are safe, thriving and are able to grow up safe from alcohol-related harm³⁴.

No significant change (and no significant difference from national figures) in the prevalence of drinking for 13 year olds and 15 year olds when comparing latest Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)³⁵ data of 2018 with 2013 results:

- 38% of 13 year olds and 75% of 15 year olds said they had had an alcoholic drink (a whole drink, not a sip).
- 4% of 13 year olds and 24% of 15 year olds said they had drunk alcohol in week prior to survey.
- 50% of 13 year olds and 73% of 15 year olds said they had been drunk at some point in their lives.
- 2% of 13 year olds and 18% of 15 year olds said they had been drunk more than 10 times (less than Scottish average).

The rate of alcohol-related hospital stays for 11 – 25yr olds per 100,000 population (2017/18 – 2019/20) in Scottish Borders (278) is not significantly different from Scotland (272)³⁶.

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 of alcohol, reducing the availability, and restricting the marketing of alcohol.

For more information on alcohol and young people www.alcohol-focus-scotland.org.uk

³⁴ Alcohol & Young People, Alcohol Focus Scotland (2015) , <https://www.alcohol-focus-scotland.org.uk/media/60109/Alcohol-and-young-people-factsheet.pdf>

³⁵ SALSUS 2018 (2019) <http://www.nhsborders.scot.nhs.uk/media/696168/summary-findings-scottish-borders-council.pdf>

³⁶ ScotPho (2020) <https://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool/>

OCCASIONAL LICENCES

The overall number of occasional licences granted in the Scottish Borders is assumed to have been affected by COVID-19 in 2020 and was as follows:

	Voluntary Organisation	Premises Licence	Personal Licence
2019	372	271	667
2020	75	55	156

The proportion of occasional licences that allowed children or young people was unavailable at time of reporting.

In Borders Licensing Board Policy it states that it would expect any organisation considering applying, to take into account whether or not it is appropriate to have the sale of alcohol forming a normal part of the event with particular regard to the Protecting Children and Young Persons from Harm objective. This should be particularly considered for child centred events and the Board may require to see written policies evidencing the measures in place to meet the Protecting Children and Young Persons from Harm objective. A child centred event is one which is primarily for the entertainment of children or young persons.

Elsewhere in Scotland a number of the Licensing Board policies, including Aberdeen City, Aberdeenshire, Falkirk, South Ayrshire, and Stirling, include a presumption against granting occasional licences for events aimed primarily at children and young persons, or indicate that it is highly unlikely that a licence will be granted in these circumstances. Some Boards have also set out conditions relating to issues such as management, supervision, signage and training, which they will apply specifically to occasional licenses, either as standard practice or on a case-by-case basis. In response to growing concerns about the potential misuse of occasional licences, a number of Boards have also set out measures to ensure that this type of application is subject to appropriate scrutiny. A variety of approaches are being adopted. The most commonly indicated approach, adopted in areas such as Aberdeenshire, East Lothian, and South Lanarkshire, is for Boards to require a hearing where an application relates to activities that have been occurring (either in identical or largely similar terms) on the premises regularly over a period of three months.

ALCOHOL PROFILE AUGUST 2021

APPENDIX 1 – DEFINITIONS

INTERMEDIATE GEOGRAPHIES

There are 30 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

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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