



chapter one

use and misuse of alcohol in Scotland



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introduction

1.1 This chapter:

- sets out the inclusive approach in this Plan;
- comments on the positive aspects of the use of alcohol in Scotland;
- describes negative aspects and problems associated with alcohol;
- sets out estimated costs of alcohol problems to Scottish society.

Inclusive approach

- 1.2** The Executive believes that public policy to address alcohol problems must be inclusive and command general agreement. Otherwise we shall not see the necessary changes in behaviour and attitudes of individuals, communities and of society in general. We have built this Plan by consulting widely. We gathered views in writing, through meetings and by going out and talking to a range of interests:

- the alcohol industry and related business organisations;
- those who provide services that respond to alcohol problems;
- people who have problems with alcohol and their families and friends, through NFO System Three Social Research;
- a sample of the general public, also through System Three;
- children and young people, through Save the Children;
- equalities and community groups;
- organisations with an interest in the broader issues for society;
- the general public.

We are publishing, alongside the Plan, reports of all the views expressed in our consultation exercises. Details are at Appendix 2. Appendix 2 also lists other background documents, including a summary of all the evidence we looked at and on which the Plan is based.

- 1.3** It was encouraging that many of those consulted identified the same concerns, issues and action. It was also encouraging that a whole range of organisations and individuals saw themselves playing a part in what needs to be done. Their suggestions are incorporated in the following chapters.
- 1.4** This Plan is for all who are concerned about the burden on society of problems with alcohol. In the following chapters, we describe how responsibility for action might fall both to individuals and to organisations such as the Executive, NHS boards, local authorities, the police, industry and businesses, voluntary organisations and others. Chapter 7 sets out how delivery will be achieved through partnerships, national and local, and how accountability for results will work.

Positive aspects of the use of alcohol

- 1.5** The Executive acknowledges that there are many positive aspects to the use of alcohol and it has an important place in our society. Alcohol is part of many people's social life. As we said in the Scottish Parliament in December 2000:
- “Alcohol has long been associated with relaxation, individual enjoyment and community celebration. For most people in Scotland, it does not create problems...”*
- 1.6** The alcohol industry told us in the Executive's written consultation exercise:
- “Alcoholic drinks are important to Scotland. They benefit the economy, provide many jobs and are important to Scotland's tourist industry.”*

For example, the drinks and hospitality industries employ about 200,000 people in Scotland: more than any other sector.



- 1.7** Drinking small amounts is compatible with a healthy lifestyle. For some people, it can confer benefits to health. Drinking 1-2 units a day on a regular basis may reduce the risk of heart disease in men over 40 and in women after the menopause. However, it is also perfectly healthy not to drink alcohol at all.

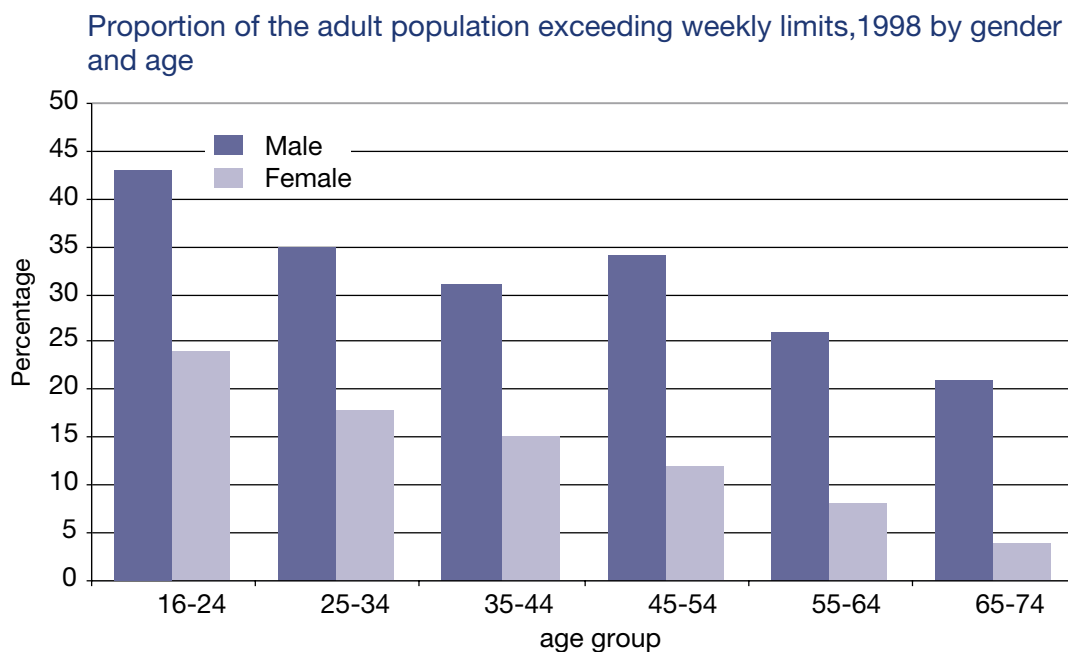
Current concerns about alcohol

- 1.8** Those who responded to the Executive's consultation exercises agreed that alcohol could be misused and this posed some serious problems, for individuals, their families and friends, and for society as a whole. The summary of evidence published alongside this Plan, sets out current concerns and problems:

- the range of effects that alcohol can have on physical and mental health. These are not confined to the effects of severe alcohol dependence or alcoholism, but may also result from drinking at lower levels, outwith sensible limits;
- accidents and injuries caused by use of alcohol;
- personal and social effects on individuals;
- harmful effects on children, family and others close to people with alcohol problems;
- aggressive behaviour and violence;
- alcohol-related crime and effects on public safety, including drink driving;
- patterns and locations of drinking. In particular there are concerns about binge drinking and drinking in certain situations such as at work;
- amounts being drunk by children and young people, and the age at which they start drinking;
- increases in drinking by some women;
- problems such as access to appropriate and sensitive services, that may be experienced by groups including homeless people, older people, users of illegal drugs, minority ethnic groups, lesbian, gay, bisexual and transgender groups, disabled people, people in rural areas;
- the increased availability of alcohol for sale;
- smuggled or bootleg alcohol;
- some of the ways in which alcohol is advertised and promoted.

1.9 Appendix 1 illustrates the range of problems with alcohol for which we have figures. For example:

- in 1998, 33% of men and 15% of women aged 16-64 were drinking more than weekly recommended limits;
- for both sexes, it was people in the youngest age group (16-24) who were the most likely to exceed recommended limits (43% for men and 24% for women). These proportions have increased since 1995 from 37% and 18% respectively;



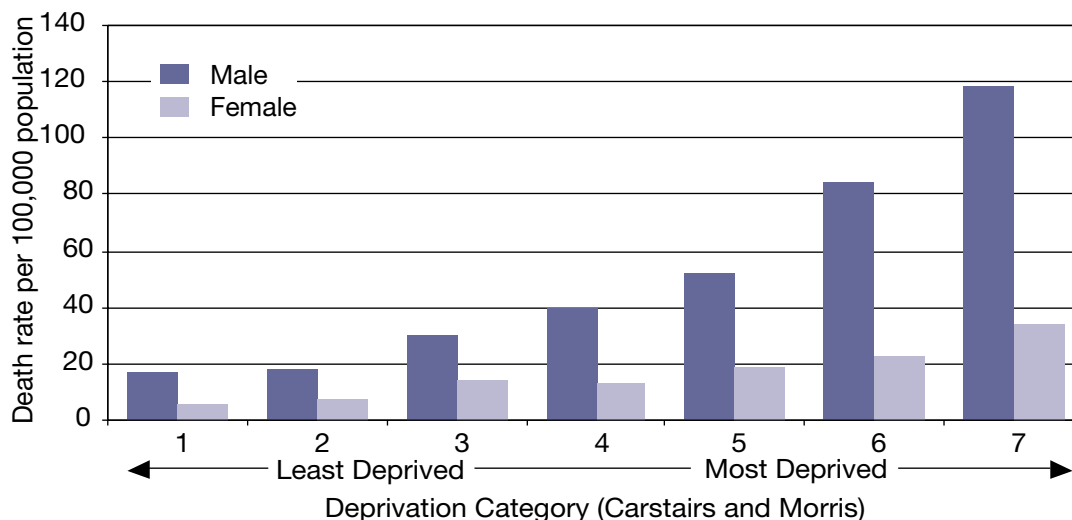
(Source: Scottish Health Survey)

- the proportion of children aged 12-15 who had had an alcoholic drink in the previous week has risen in the last decade from 14% in 1990 to 21% in 2000. The average weekly consumption of those who had drunk in the last 7 days has increased from 8.4 units to 11.1 units;
- there were 1,428 emergency admissions of 10-19 year olds to hospital for acute intoxication in 2000;
- 57% of children aged 12-15 who drink at least once a week have also used drugs;



- 1 in 10 hospital accident and emergency attendances has been attributed to alcohol misuse;
- 3% of all acute hospital admissions have an alcohol-related diagnosis, such as acute intoxication, alcohol dependence, organ damage or alcohol poisoning;
- 15% of all psychiatric hospital admissions have an alcohol-related diagnosis;
- men living in the most deprived areas of Scotland are seven times more likely to die an alcohol-related death than those in the least deprived areas;

Alcohol-related death rates (1999) by Deprivation Category and gender



(Source: GRO)

- 1 in 5 road accident deaths in Scotland is due to drink driving;
- of those victims of violent crime who could tell anything about their assailant, 72% reported that the assailant was under the influence of alcohol.

Costs of alcohol problems

- 1.10** The Executive commissioned a study: “Alcohol Misuse in Scotland: Trends and Costs” by Catalyst Health Economics Consultants, which is published separately alongside this Plan. The study estimates that:

- the annual cost to NHSScotland of alcohol problems is around £96 million;
- the annual cost borne by social work services and associated organisations is around £80 million;
- the annual cost to the criminal justice system, including the police and the courts, is around £268 million;
- the wider economic costs resulting from alcohol problems through lost productivity are around £405 million;
- the human costs of deaths among the non-working age population are around £217 million. However, it was not possible to quantify reduced quality of life associated with alcohol-related conditions.

1.11 So alcohol problems are costing Scotland at least £1 billion each year. This is equivalent to over 1.5% of Scotland's GDP. The Catalyst study compares direct costs to those of some other conditions. Alcohol problems (£449m annually) incur more direct costs, to health, social work and criminal justice systems, than drug misuse (£382m), Alzheimer's disease (£155m), schizophrenia (£121m) and stroke (£118m). Wider economic costs due to lost productivity (£405m) are similar to those from depression (£411m), but exceed those from schizophrenia (£235m).

1.12 Alcohol problems therefore impose a substantial cost burden on Scottish society, not all of which can be quantified. The costs of reduced productivity and human costs are large elements within the total. Costs to statutory agencies are also considerable, and the resources currently being used could be diverted to other priorities if alcohol-related harm were reduced.

A strategic approach

1.13 Alcohol problems are many-faceted and often complex. They may be actual or potential, they may harm the individual, others around them, communities or society more widely. There will be no quick or simple solutions to the range of problems described in this Plan.

1.14 Action on alcohol problems needs to be part of our community planning, because of the broad nature of the issues. It also needs to be part of the wider health improvement effort across the Executive's policies and programmes. This joined-up approach looks at environments, settings and communities. It targets individuals, and groups according to their characteristics and needs. Policies and strategies with a bearing on alcohol problems include:



- social justice;
- equality;
- community safety;
- Joint Health Improvement Plans and Local Health Plans;
- children's services plans;
- health education and the health promoting school;
- drugs;
- mental health;
- housing and homelessness.

Some of the action in this Plan relates also to these other strategies. For example, milestone 18 in the Executive's social justice strategy is: ["Improving the health of families by reducing alcohol misuse ..."](#).

1.15 It's happening already: In East Ayrshire Social Inclusion Partnership, the Alternatives to Addiction project works with schools and community groups to reach young people, lone parents and existing drug users to offer healthier living alternatives to alcohol and drugs. This involves offering people a range of activities including drama, music, art, crafts and sports.