

Appendix 1

Statistics on alcohol in Scotland

Source documents are referenced [square brackets] alongside the statistics. Explanatory notes either appear in the text in italics or as referenced technical notes (in brackets) at the end of the document.

1. Alcohol and the Economy

- a. **The UK Government revenue from alcohol was almost £11.5 billion in 1999/00.** [Brewer's Society Statistical Handbook 2000 BBPA].
- b. **The drinks and hospitality sector is Scotland's largest employer.** It employs approximately 200,000 people. [*'Pathfinder - Drinks and Hospitality'* Scottish Executive March 1999]
- c. **In 1998, the UK population spent £29,805 million on buying alcohol.** [Brewer's Society Statistical Handbook 1999 BBPA].

2. Place of Purchase and Consumption

- a. **In the UK, almost two thirds of alcohol is bought and consumed in licensed premises.** [Family Spending A Report on the 1999-2000 Family Expenditure Survey ONS 2000].
- b. The outlets people were most likely to have bought alcohol in 2000 in Great Britain were supermarkets (72%), licensed bars (70%) and restaurants (60%). [Lader, D.; Meltzer, H. *Drinking: adult's behaviour and knowledge in 2000* ONS 2001].
- c. There were 17,244 liquor licences in Scotland in force at 31 December 2000, equivalent to 43 /10,000 population over 18. This rate has been constant over the past five years.
- d. In general, licence distribution rates were higher in the rural areas.
- e. Of the cities, Edinburgh had the highest rate (53/10,000 population) and Glasgow the lowest (36/10,000 population).
- f. Over one third of licences were for off sales and 29% for public houses (see Figure 1 below). Over past two decades there has been a drop in proportion of hotel licences (21% to 14%). By contrast, the proportion of restaurant, refreshment and entertainment licences have increased from 8% to 17%. [Liquor Licensing Statistics 2000 Scottish Executive June 2001]

Liquor Licences in Scotland 2000

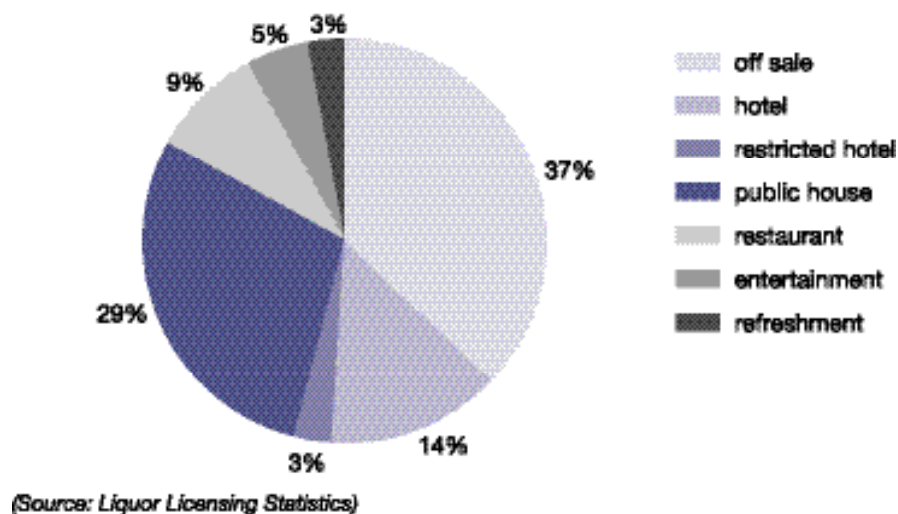


Figure 1

3. Awareness and Knowledge of Units and Safe Limits

Units of Alcohol

Individual consumption of alcohol is usually measured in units. A unit of alcohol = 8 gm alcohol = 10ml of 100% alcohol (roughly equivalent to a half pint of beer, a small glass of wine or a single measure of spirits).

Recommended Limits

In 1995 the Department of Health revised the previous sensible drinking limits (of 21 units for men and 14 units for women per week) to daily benchmarks of 3-4 units for men and 2-3 units for women. [Sensible Drinking: The Report of an Inter-Departmental Working Group Department of Health 1995].

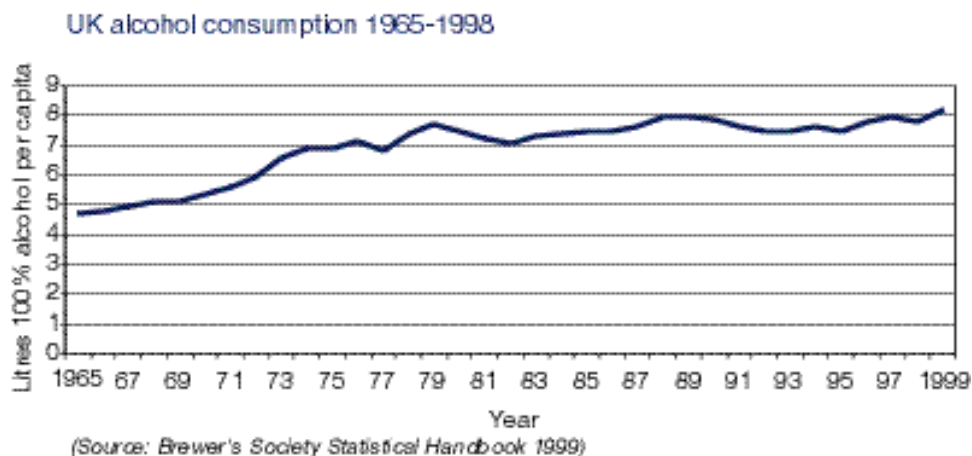
- In 2000, 80% of respondents in Great Britain had heard of measuring alcohol consumption in units.
- 50% of beer drinkers knew that a unit of beer is a half pint and 58% of wine drinkers knew that one glass was a unit of wine.
- Almost two thirds of people had heard of daily benchmarks. However, of those who had heard of daily benchmarks, only a quarter knew the correct daily limits for men and one third knew the correct daily limit for women.
[Lader, D.; Meltzer, H. Drinking: adult's behaviour and knowledge in 2000 ONS 2001]

- d. In a more recent survey of people in Scotland, only 36% of men knew the correct recommended daily levels of alcohol for men whereas 51% of women knew the correct daily levels for women. [Scottish Opinion Faults Alcohol Study 2001 unpublished]

4. UK Population Consumption

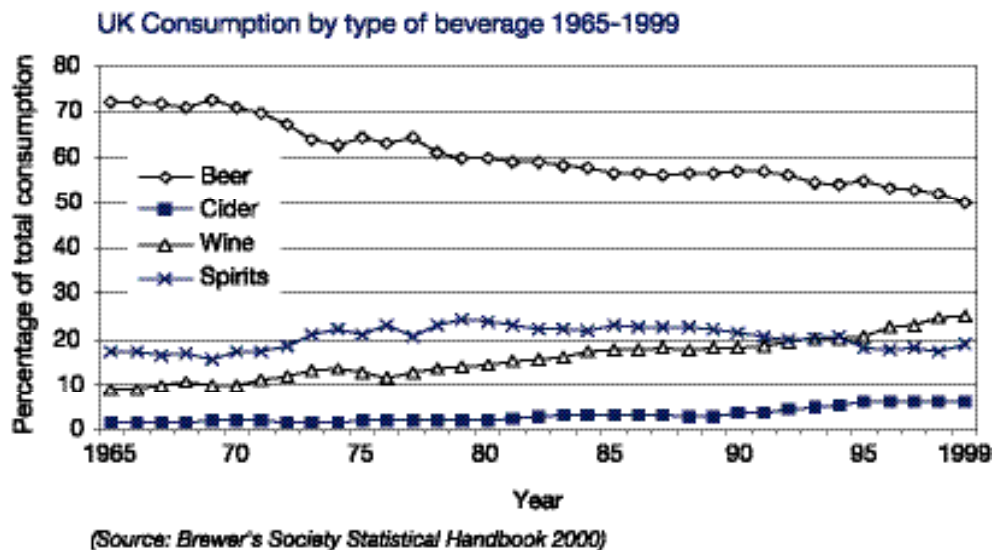
UK population consumption is derived from the overall amount consumed by a population (from duty paid to Customs and Excise) and is expressed in litres of 100% alcohol per capita. It provides long-term trends and allows international comparison.

- a. **UK alcohol consumption has remained steady over the past 20 years.** UK population consumption rose during the 1960s (4.7 litres per head of total population of 100% alcohol in 1965) and early 70s but has remained relatively constant since then (7.8 litres per capita in 1998), see Graph 1 below.



Graph 1

- b. **UK average consumption is less than that of France but more than the United States.** In 1997, the UK consumed 7.5 litres per head of 100% alcohol, the USA 6.6 and France 11.5.
- c. **The relative proportion of cider consumed (as proportion of all types of beverage) has quadrupled in the last 25 years.** Beer consumption has fallen slightly from nearly 72% (1965 base year) to 50% of the total. By contrast, wine consumption has increased from 9% to 25.1% and consumption of cider has more than quadrupled from 1.5% to 6.3% (see Graph 2).
- [Brewer's Society Statistical Handbook 2000 BBPA]



Graph 2

- d. **1 in 4 adults in the UK are drinking hazardously*** In a recent survey of Psychiatric Morbidity, over a quarter (26%) of those interviewed reported hazardous drinking patterns. Men were much more likely to report hazardous drinking behaviour than women. For example, 38% of men reported hazardous drinking compared with only 15% of women. [Survey of Psychiatric Morbidity of Adults in Private Households 2000: First Release of Findings ONS 2001]

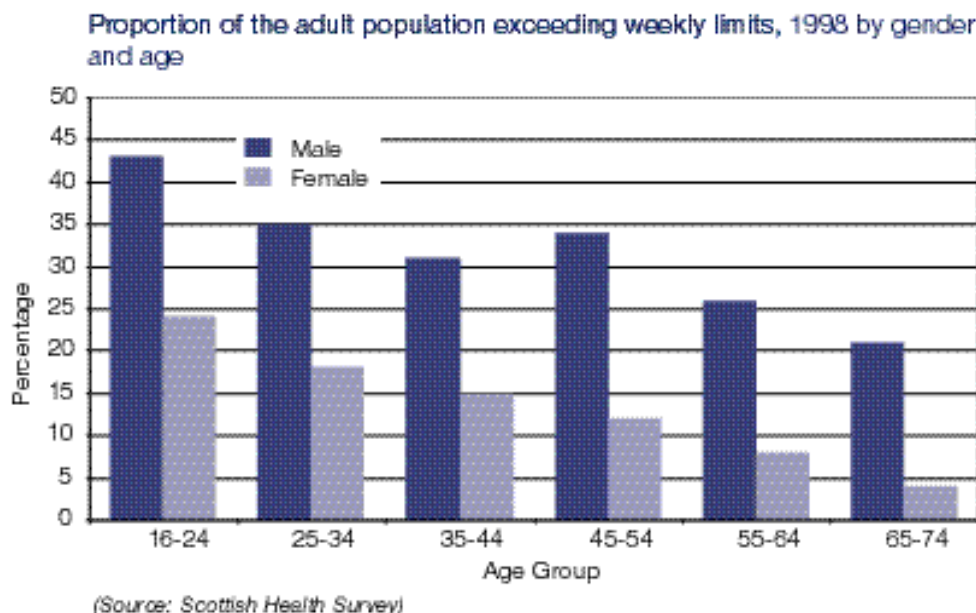
5. Adult Consumption of Alcohol in Scotland

- a. **The majority of people in Scotland drink alcohol.** In Scotland, 93% of men and 87% of women aged 16-74 drink alcohol, with 74% of men and 53% of women having had a drink in the last week.
- b. Average weekly consumption for men age 16-64 fell marginally from 20.1 to 19.8 units from 1995 to 1998, whereas for women it rose from 6.3 to 7.4 units.

* Hazardous drinking is defined as an established pattern of alcohol consumption which confers a high risk of future damage to health (physical and/or psychological). [T. Babor *et al*; AUDIT, Guidelines for Use in Primary Care 1992 WHO]

Exceeding Weekly Limits

- c. The proportion of men aged 16-64 drinking over weekly recommended limits fell slightly from 1995 and 1998 (34% to 33%). In contrast, the proportion of women increased from 13% to 15%.
 - d. For both sexes, it was people in the youngest age group (16-24) that were the most likely to exceed recommended limits (43% for men and 24% for women), see Graph 3.
- [Scottish Health Survey 1998]



Graph 3

Exceeding Daily Benchmarks

- e. 26% of all women and 44% of all men drank more than twice the recommended daily benchmarks on their heaviest drinking day (i.e. >6 units for women and >8 units for men). [Scottish Health Survey 1998 Joint Health Surveys Unit 2000]
- f. **Scottish men and women are more likely to have drunk more than twice the recommended daily benchmarks than those in England.** Men living in Scotland were more likely than those living in England to have consumed more than eight units of alcohol on at least one day the previous week (24% compared with 20%). Similarly, women in Scotland were more likely to have consumed more than six units on any one day during the previous week (12% compared with 8%). [General Household Survey 1998, ONS]



Heavy Drinking

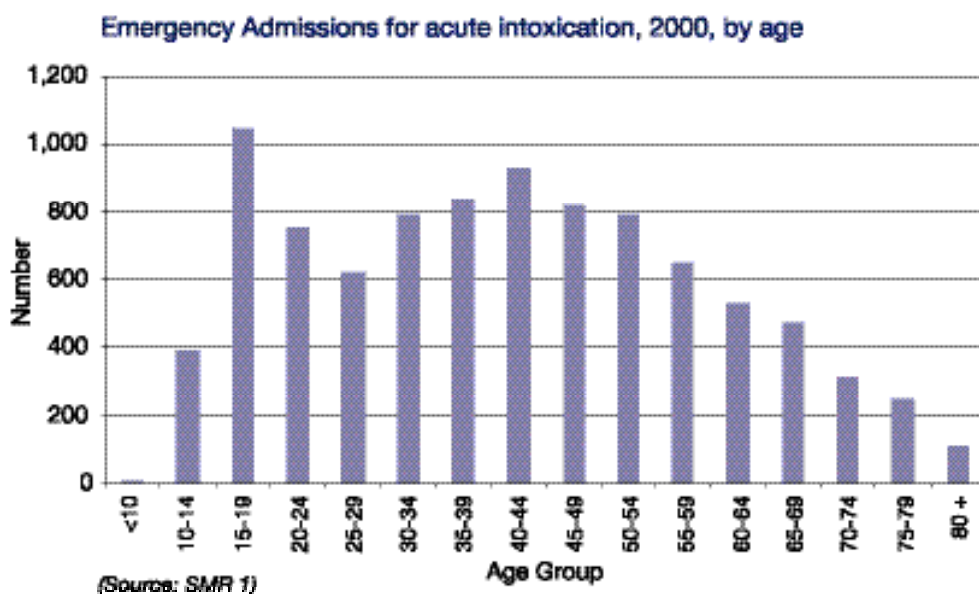
- g. Of people aged 16-74, 15% of men drank more than 35 units per week and 6% of women drank more than 21 units per week. [Scottish Health Survey 1998]

6. Young People and Alcohol

- a. **Not only are more children in Scotland drinking, they are drinking more.** The proportion of pupils 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 seven days has increased from 8.4 units to 11.1 units.
- b. **4 out of 10 children aged 15 had had a drink in the last week.** The likelihood of weekly drinking increases sharply with age. Only 6% of those aged 12 had had a drink in the past week compared with 39% of 15 year olds. This latter age group has shown the greatest change in the proportion drinking over the decade with an increase from 28% to 39%.
- c. **More young girls are drinking at least once a week.** In 1990, boys were more likely than girls to have had a drink the previous week (16% compared with 12%). However, by 2000, this gap had virtually closed (21% compared with 20%).
- d. **Boys drink more than girls.** Boys aged 12-15 have a higher mean weekly consumption than girls (12.8 units compared with 9.3 units).
- e. **Children who drink frequently are more likely to report drug use.** Amongst children aged 12-15, drug use was related to drinking frequency. 39% of those who drank at least once a week had used drugs in the last month, compared with only 1% of those who had never had a drink.
[Boreman, R., Shaw, A. (eds) Smoking, drinking and drug use among young people in Scotland, NCSR/NFER 2001].
- f. **Young people age 16-24 in Scotland are drinking more.** Average weekly consumption in young people age 16-24 has risen from 1995 to 1998 for both sexes (20.8 to 23.4 units for men and 8.4 to 10.0 units for women).
- g. **Young people are the most likely age group to exceed weekly recommended limits.** The proportion of young people age 16-24 exceeding weekly limits has increased from 37% to 43% for men and from 18% to 24% for women.
- h. **Two out of three young men and one out of two young women drank more than twice the recommended daily benchmarks.** 62% of men and 49% of women age 16-24 drank more than recommended daily benchmarks (i.e. >6 units for women and >8 units for men) on their heaviest drinking day.
[Scottish Health Survey 1998]



- i. The commonest place of purchase of alcohol by children in Scotland (aged 12-15) was the off-licence, mentioned by 16% of drinkers, followed by a shop or supermarket (14%). One in five (11%) of children aged 12-15 are buying alcohol directly from a friend or relative. [Boreman, R., Shaw, A. (eds) Smoking, drinking and drug use among young people in Scotland, NCSR/NFER 2001].
- j. In 2000, there were 1,428 emergency admissions of young people aged 10-19 with a diagnosis of acute intoxication. Admissions were highest (1,036) in the 15-19 year age group (see Graph 4).



Graph 4

- k. In 1999/2000 there were 1260 referrals to the Children’s Hearing System in Scotland on the grounds of the misuse of alcohol and/or drugs. This represents 2% of all referrals to the Hearing System. Of these referrals, 58% were boys and 42% girls. [Source Scottish Children’s Reporter Administration, Care and Justice for All Children, Annual Report 1999-2000, SCRA]

7. Women and Alcohol

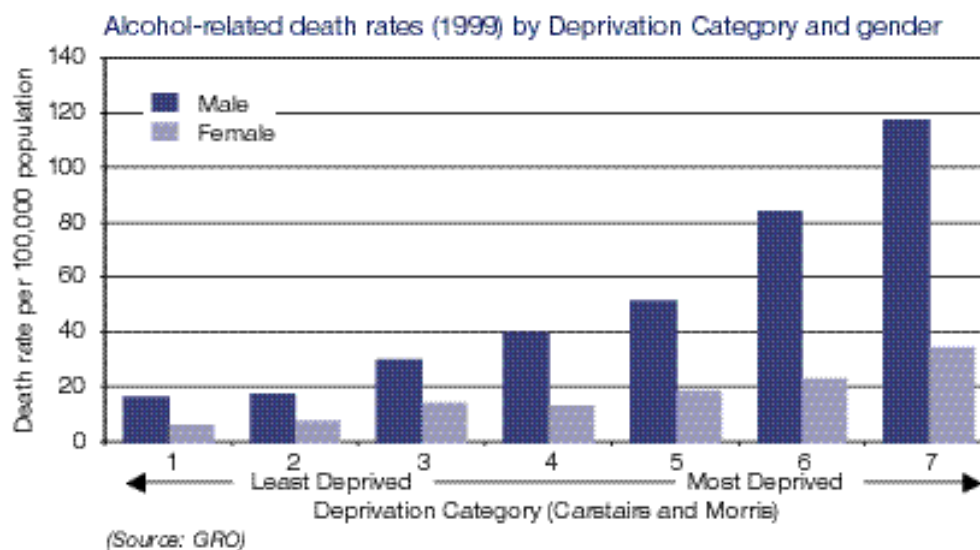
- a. **Scottish women are drinking more.** Mean weekly consumption of women age 16-64 in Scotland has risen from 6.3 to 7.4 units from 1995 to 1998.

- b. **More Scottish women are drinking excessively.** The proportion of women age 16-64 drinking more than weekly recommended limits increased from 13% to 15% from 1995 to 1998.
- c. In 1998, 1 in 4 women in Scotland drank more than twice the recommended daily benchmarks on their heaviest drinking day.
- d. In 1998, 24% of young women aged 16-24 were drinking over weekly recommended limits, a rise from 18% in 1995. Although all age groups for women have shown a rise in excess drinking, this age group has shown the largest.
[Scottish Health Survey 1998]
- e. **Alcohol-related death rates for women have doubled in the last decade.** Death rates have risen from 13.4/100,000 population in 1990 to 31.2/100,000 in 2000, a rise of more than 100%. Although rates for men have increased slightly more than those for women, rates for women have doubled (2.4/100,000 compared with 2.1/100,000). [GRO]

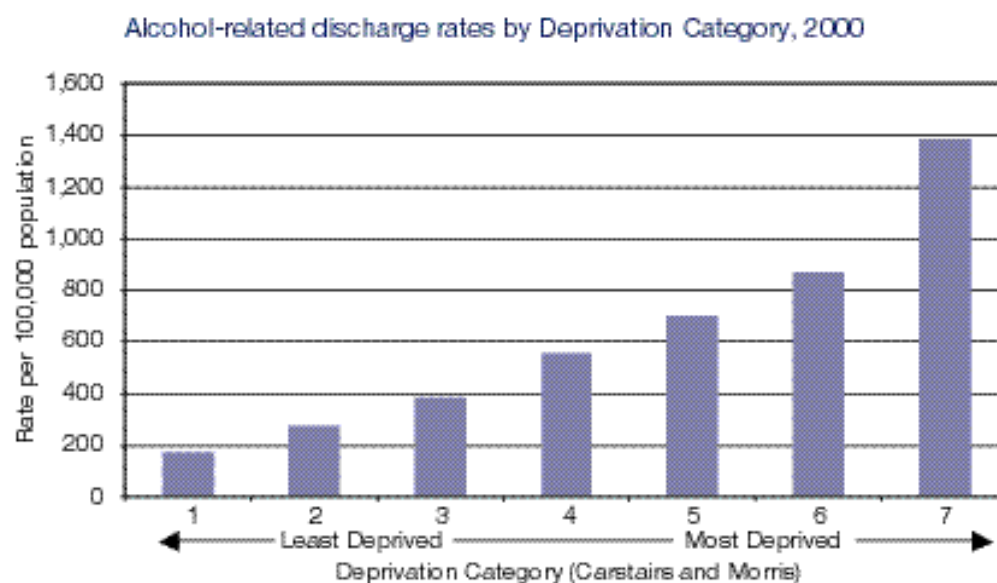
8. Alcohol and Inequality

- a. Women in non-manual social classes were more likely to consume more than 14 units per week and had the highest levels of mean weekly consumption. However, women in manual classes were more likely to have had more than 6 units on any one day during the previous week.
- b. Men in non-manual social classes had higher weekly average consumption and were more likely to drink more than 8 units on any one occasion.

[Scottish Health Survey 1998 Joint Health Surveys Unit 2000]
- c. **Men living in the most deprived areas (Deprivation Category 7) are seven times more likely to die an alcohol-related death than those in least deprived areas (Deprivation Category 1)** (see Graph 5).
- d. **People living in the most deprived areas are seven times more likely to be admitted to an acute hospital with an alcohol related diagnosis.** Acute hospital inpatient admission rates with an alcohol diagnosis are seven times higher in Deprivation Category 7 than Deprivation Category 1. (1,461.3/100,000 compared with 189.6/100,000) (see Graph 6).
- e. **By contrast, people living in more deprived areas were twice as likely to be admitted as a psychiatric inpatient with an alcohol-related diagnosis than those living in least deprived areas.** Psychiatric admission rates with an alcohol-related diagnosis were twice as high in Deprivation Category 7 compared with Deprivation Category 1 (151.5/100,000 population compared with 88.7/100,000 population).



Graph 5



Graph 6



9. Homeless People

- a. **More than half of a sample of homeless people in Greater Glasgow in 1999 were drinking hazardously***. This increased with age from 37% of 16-24 year olds to 63% of those aged 55 and over. Men were more likely to report hazardous drinking than women (60% compared with 16%). [Health and Wellbeing of Homeless People in Greater Glasgow ONS 2000]

10. Prisoners

- a. **Over 50% of male prisoners in the UK were drinking hazardously* in the year before coming to prison.** [Psychiatric Morbidity among Prisoners ONS 1997]

11. Personal Safety

Road accidents

- a. **1 in 5 road accident deaths in Scotland is due to drink driving.** In 1999 there were 310 road accident fatalities in Scotland. Of these, 60 (19%) were due to drink driving (Table 1).
- b. Over the last 10 years, the number of drink drive accidents and casualties has fallen from 1,140 to 750 (accidents) and from 1,600 to 1,110 (casualties) (see Table 1). This is against a background rise by almost 30% of the number of registered vehicles (1,657,000 in 1988 to 2,073,000 in 1998).

*Hazardous drinking is defined as an established pattern of alcohol consumption which confers a high risk of future damage to health (physical and/or psychological). [T. Babor *et al*; AUDIT, Guidelines for Use in Primary Care 1992 WHO]



Table 1 Casualties which involved motor vehicle drivers or riders with illegal alcohol levels* by severity of accident, Scotland

	Number of accidents	Number of casualties	Number of fatal casualties
1989	1,190	1,750	80
1990	1,040	1,600	80
1991	990	1,510	80
1992	860	1,230	60
1993	840	1,280	60
1994	790	1,170	80
1995	790	1,210	50
1996	750	1,170	50
1997	790	1,220	40
1998	740	1,090	50
1999	750	1,110	60

*above current drink-drive limit of 80mg alcohol per 100ml of blood

[Road Accidents Scotland 2000 SE 2001]

- c. **1 in 3 adult pedestrian fatalities had alcohol levels over the legal limit for driving.** Nearly half of pedestrians killed on the roads each year in the UK have been drinking, and more than a third have an alcohol level over the legal limit for driving. [Alcohol and Pedestrians Road Safety Research Report 20 Department for Transport, Local Government and the Regions].

Fire

- d. **Misuse of alcohol was a contributory factor in over 50% of deaths caused by fire in Scotland.** [Fire Safety Scotland Special Guide Scottish Executive 2001]

12. Crime

Drunken Offenders

- a. Numbers of drunkenness offences **resulting in a proven charge** have fallen from 10,778 (20.7/10,000 pop.) in 1964 to 434 in 2000. By contrast to the low number of proven charges in 2000, the number of drunkenness offences **recorded** was 7,810. In other words, approximately 1 in 20 drunken offences result in a conviction. This is likely to reflect policing policy such as diversion from prosecution schemes for these types of offences. [Recorded crime in Scotland 2000, Scottish Executive] [Criminal Proceedings in Scottish Courts 2000, Scottish Executive]

Violent Crime

- b. Of those victims of violent crime who could tell anything about their assailant, 72% reported that the assailant was under the influence of alcohol. [Scottish Crime Survey 2000]

Homicides

- c. 128 people were accused of homicide in 2000. Of the 88 people for whom the drink status was known, 61% were drunk. Accused persons aged over 30 were most often drunk (67%). [Homicide in Scotland 2000, Scottish Executive 2001]

Positive Breath Tests

- d. Of the motorists involved in accidents in 2000 and who were asked to take a breath test, 3.3% (526/15,933) either tested positive or refused. Although this proportion has shown minor fluctuations in recent years (see Table 2), over the longer term there has been a reduction in both the numbers and proportion of drunk drivers: the number of positive/ refused cases fell from 1,118 in 1986 to 526 in 2000 and from 3.8% to 2.1% as a percentage of all motorists involved in accidents.

Table 2 Number of breath tests and number positive (Scotland) 1995-2000

	1995	1996	1997	1998	1999	2000
Number involved	25,847	25,305	26,877	26,593	24,740	24,545
Number tested	17,576	17,353	18,244	18,134	16,631	15,933
Positive / refused	577	556	587	548	512	526
% of tested	3.3	3.2	3.2	3.0	3.1	3.3

[Road Accidents Scotland 2000, Scottish Executive 2001]

Drink Driving Offences

- e. Between 1999 and 2000, drink driving offences fell by 1% (109 cases) to a total of 10,712 in 2000 (Table 3).

Table 3 Drink driving offences recorded by the police 1994-1999 (Scotland)*

1994	1995	1996	1997	1998	1999	2000
10,835	10,719	11,796	11,208	10,563	10,821	10,712

*excludes causing death by driving under the influence of drink

[Motor Vehicle Offences in Scotland 2000 Scottish Executive Dec 2001]

13. Health Care Contacts

Adverse effects of alcohol are potentially linked with many clinical disorders. Some of these, for which an alcohol-related diagnosis is recorded are entirely attributable to alcohol (such as alcohol psychosis; alcohol liver disease). Some other conditions, such as pancreatitis and certain cancers (e.g. cancers of the oropharynx are also due to alcohol.



GP Consultations

- a. **There were an estimated 107,685 GP consultations in Scotland for alcohol-related diagnoses in 2000, representing 0.7% of all GP consultations.**
- b. **Alcohol dependence is the commonest reason for consulting a GP with an alcohol-related problem.** Of these, 69% were due to alcohol dependency; 21% to acute intoxication; 5% due to physical/organ damage (including alcohol liver disease); 3% due to alcohol psychosis and 2% due to problem drinking/excess consumption.
- c. **Twice as many men as women consult GPs with an alcohol-related problem.** Of the total number of consultations, 71% were made by men (88% of these by men aged 25-64) and 29% by women. [Continuous Morbidity Recording 2000 ISD]
- d. One in 10 men in the UK report having discussions about drinking in the last year with their GP or someone else at the surgery or with a doctor or medical person elsewhere. [ONS Omnibus Survey 2001]

Accident and Emergency Attendances

- e. **Alcohol misuse has been attributed to 1 in 10 A&E attendances.** Although not quantifiable from Scottish routine statistics, from UK studies, alcohol misuse is probably responsible for at least 10% of attendances. [Alcohol-can the NHS afford it? Royal College of Physicians Feb 2001].

Acute Hospital Inpatient Admissions

- f. **Three in 100 of all acute hospital inpatient admissions had an alcohol related diagnosis.** In 2000, there were 32,925 (32,925/1,070,256) admissions to acute hospitals in Scotland with an alcohol-related diagnosis representing 3.1% of all acute admissions.
- g. **Men are twice as likely to be admitted to an acute hospital bed as women.** Admission rates in males are twice those of females (998.3/100,000 population compared with 356.3/100,000 population).
- h. Of alcohol-related admissions, 9,388 (28.5%) had a diagnosis of acute intoxication; 8,618 (26.2%) had a diagnosis of alcohol dependence; 8,140 (24.7%) of alcohol problems; 5,620 (17.1%) of organ damage (including liver); 3,631 (11%) of alcohol poisoning (many of which are linked to overdoses) and 333 (1%) of alcoholic psychosis. [SMR 1 ISD]



Mental Health and Alcohol

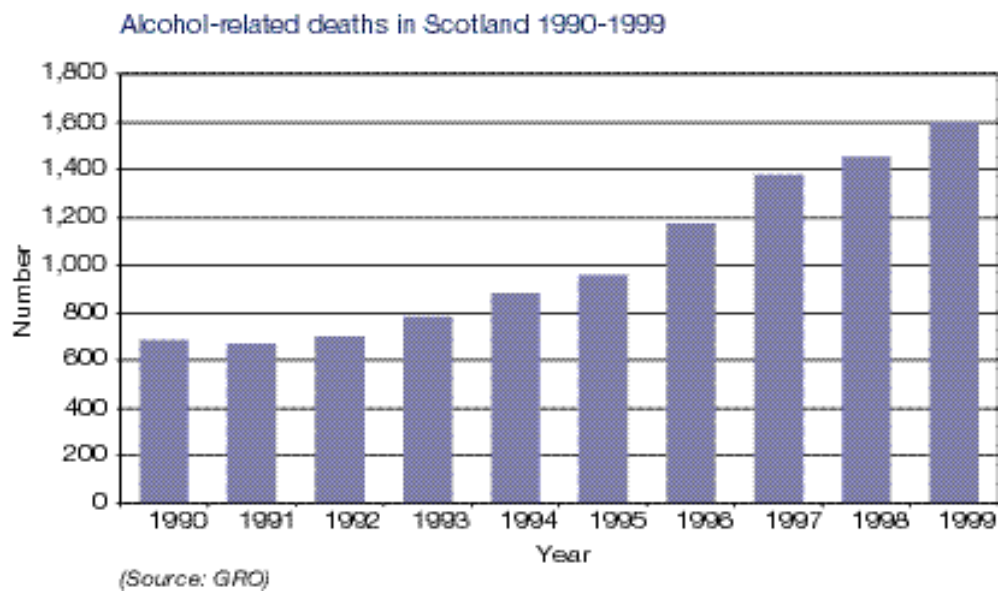
- i. **15% of all psychiatric hospital admissions had an alcohol-related diagnosis.** There were 4,432 admissions to psychiatric hospitals in Scotland with an alcohol related diagnosis in 2000, 15% of all psychiatric admissions (4,432/28,869).
- j. **Over two thirds of alcohol-related psychiatric admissions had a diagnosis of alcohol dependence.** Of these admissions, 3,164 (71.4%) had a diagnosis of alcohol dependence; 885 (20%) of alcohol problems; 332 (7.5%) of alcohol psychosis; 113 (2.6%) of acute intoxication; 40 (0.9%) other; 9 (0.2%) organ damage (including liver) and 1 (0.02%) of alcohol poisoning.
- k. **Admissions for men were twice as frequent as for women.** 3,070 were males and 1,362 were females. The majority of admissions were in the middle age categories. [SMR 4 ISD]

Drug Misuse

- l. In 1999/2000, one in 10 of those attending drug services reported use of alcohol as a problem in addition to their drug problem. [Scottish Drug Misuse Database, ISD 2001]

14. Alcohol-related Deaths

- a. **In 1990, alcohol-related deaths accounted for 1 in 100 deaths in Scotland. By 1999, this had risen to one in 40.** There were 1,595 alcohol-related deaths in Scotland in 1999, accounting for 2.6% (1,595/60,281) of all deaths in Scotland. This proportion has risen from 1.1% in 1990 (see Graph 7). These changes over time may be due in part to improved recording although there is no specific evidence to support this.
- b. **More than two thirds of alcohol-related deaths are of men.** 73% of alcohol related deaths were in men. The majority of deaths are in the 45-64 age group. Numbers in older younger men (30-45) have doubled.
- c. **The majority of alcohol-related deaths have diagnoses of alcoholic liver disease and alcohol dependence.** 51% of these deaths had a diagnosis of alcoholic liver disease; 44% alcohol dependence; 13% acute intoxication and 1% alcoholic psychosis.
- d. 53% of suicides in Scotland who had been in contact with services in the 12 months before death had a history of alcohol misuse. 17% had alcohol dependence. [Department of Health: Safety First: Five Year Report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness 2001]



Graph 7





Technical Notes

Population consumption does not include alcohol consumed abroad, from home manufacturing, or from smuggled sources.

International figures exclude cider.

The Survey of Psychiatric Morbidity of Adults used the WHO definition of hazardous alcohol use. The prevalence of alcohol misuse in the year prior to interview was assessed using the Alcohol Use Disorders Identification Test (AUDIT) at the initial interview. An AUDIT score of eight or above indicates likely hazardous alcohol use. People who scored 10 or more on the AUDIT were also assessed for alcohol dependence using the Severity of Alcohol Dependence Questionnaire (SAD-Q).

The 1995 Scottish Health Survey sampled people aged 16-64. The 1998 survey expanded sampling to include those age 65-74. Comparisons between surveys are therefore confined to ages 16-64.


Social inequality can be measured using area base, socio-economic data. Analyses here have used Depcat deprivation categories (Depcats 1-7, where Depcat 7 is most deprived) as defined by Carstairs and Morris [Deprivation and Health in Scotland V. Carstairs, R. Morris AUP 1991]. These assess material deprivation at postcode sector level using indicators derived from the census.

Estimates from the DTLR (Department for Transport Local Government and Regions) combine information from Road Accident Statistical returns on motorists in an accident who fail/refuse breath test along with information from the Procurator Fiscal about blood alcohol levels of road users who died within 12 hours of being injured in a road accident.

A set of alcohol-related Read codes were chosen for the analysis and grouped into clinically meaningful conditions (available on request from ISD). As for deaths and hospital admissions, this figure only accounts for consultations where an alcohol diagnosis is recorded. The true number is likely to be much higher.

SMR (Standard Morbidity Records) 1(non-psychiatric, non-obstetric) discharges, all episodes excluding transfers. A set of alcohol-related ICD 10 codes were chosen for the analysis and grouped into clinically meaningful conditions (available on request from ISD). All diagnostic positions were searched but each episode only counted once. The presence of an alcohol-related diagnosis does not necessarily mean that alcohol caused the admission *per se*. As for deaths and GP consultations, there will be many other episodes where alcohol is a contributory factor but has not been coded as such.

SMR 4 (psychiatric) discharges, all episodes excluding transfers. The codes used for analysis were the same set as for SMR 1. All diagnostic positions were searched but each episode only counted once.



Deaths for which an alcohol-related diagnosis has been recorded (all positions searched). A set of alcohol-related ICD 9(International Classification of Diseases, (9th revision) codes were chosen for the analyses and grouped into clinically meaningful conditions (available on request from ISD.) It is probable that there will be under-reporting of alcohol-related deaths, for example due to lack of awareness of the reporting physician of alcohol involvement or of unwillingness to stigmatise the deceased (relatives will see the death certificate). It is generally acknowledged that there are many other diseases where alcohol is a contributory factor. Calculations can be carried out as to what proportion of deaths from these other diseases are attributable to alcohol (aetiological fractions). As yet, there is no standardised method for this in Scotland but research studies suggest the true number of deaths could be as much as three times as many.



Appendix 2

Studies and reports published alongside the Plan

Alcohol Misuse in Scotland: Trends and Costs, Catalyst Health Economics Consultants, 2001

Alcohol Misuse Information in Scotland, Information and Statistics Division, 2000

Attitudes Towards Alcohol: Views of the General Public, Problem Drinkers, Alcohol Service Users and their Families and Friends, NFO System 3, 2001

Consultation with Children and Young People on the Scottish Executive's Plan for Action on Alcohol Misuse, Save the Children, 2001

International Alcohol Policies: A Review of Selected Literature, Kate Sewel, 2001

Effective and Cost-Effective Measures to Reduce Alcohol Misuse in Scotland: A Literature Review, Health Economics Research Unit, 2001

Perceptions of Factors that Promote and Protect Against the Misuse of Alcohol amongst Young People and Adults, Scottish Advisory Committee on Alcohol Misuse, 2001

Prevention of Alcohol Misuse: Informing the Strategy, Scottish Advisory Committee on Alcohol Misuse, 2001

Towards a Plan for Action on Alcohol Misuse – Summary of Evidence, Reid Howie Associates, 2001

Towards a Plan for Action on Alcohol Misuse – Responses to the Written Consultation, Reid Howie Associates, 2001

All reports are available from the Scottish Executive Website at www.scotland.gov.uk/health/alcoholproblems