

Health, Social Care and Housing Committee

10am, Tuesday, 27 January 2014

Reducing the negative impact of alcohol on our city

Item number	7.9
Report number	
Executive/routine	
Wards	All

Executive summary

A presentation on alcohol-related harm within the city will accompany this report.

In September 2014, the Edinburgh Partnership agreed to identify alcohol as a priority within the Single Outcome Agreement for 2015-18. This included tasking lead officers to develop a strategy regarding alcohol to support the delivery of the Single Outcome Agreement. This report sets out the levels and dimensions of alcohol-related harm experienced across the city.

- Alcohol costs the city £221 million annually.
- Alcohol-related deaths doubled between 1991 and 2004 and have shown a modest reduction since.
- Approximately 7,000 children in Edinburgh live with parents with some level of problematic alcohol use.
- 47% of adults in Edinburgh report drinking more than the Chief Medical Officer's guidelines, compared to 43% in Scotland.
- Across Scotland, there are 30.9 licensed premises per 10,000 people. In Edinburgh, the rate is higher at 38.8 per 10,000.
- Nationally, 69% of alcohol is sold in off-sales.

Links

Coalition pledges	P12
Council outcomes	CO10 , CO25 , CO26
Single Outcome Agreement	SO2 , SO4

Evidence suggests that interventions that reduce alcohol-related harm across the whole population have a bigger impact on preventing and reducing problem drinking than interventions focusing solely on the population of problem drinkers.

These interventions include:

- delivery of Alcohol Brief Interventions within primary care
- drink driving limits
- reducing the availability of alcohol
- minimum pricing.

Recommendations

The Health, Social Care and Housing Committee is recommended to:

- note the harm caused by alcohol across the city
- note that effective interventions to reduce alcohol-related harm need to focus on reducing harm across the whole population
- Support the local dialogue across the Council, Police, NHS and 3rd Sector with the intention of developing a cross cutting higher level strategy on alcohol to underpin the delivery of the Single Outcome Agreement.

Reducing the negative impact of alcohol on our city

Background

On 11 September 2014, the Edinburgh Partnership received a presentation from the Edinburgh Alcohol and Drugs Partnership on the challenges posed by alcohol misuse in the city. The presentation and follow up report set out a series of recommendations for the Edinburgh Partnership.

- Alcohol is identified as a priority area for action in Edinburgh Partnership Community Plan 2015-18 (SOA 5).
- A clear vision for “alcohol in the city” is articulated as a part of the 2030 visioning exercise at the Edinburgh Partnership Family Gathering on 28 October 2014.
- Officers across the public and third sector within Planning, Economic Development, Public Health, Social Work, Education, Police, Fire Service and Licensing are tasked with developing a cross-cutting strategy and action plan on alcohol. This will enable the delivery of the Alcohol and Drug Partnership’s Framework to reduce alcohol-related harm.

These recommendations were adopted by the Edinburgh Partnership and work is underway on the development of the strategy.

This report sets out the challenge around alcohol, particularly in relation to the work of the Health, Social Care and Housing Committee. It is accompanied by a presentation from the Edinburgh Alcohol and Drug Partnership.

Main report

This section sets out the dimensions of alcohol-related harm.

1) Financial Cost of Alcohol-related Harm

Alcohol costs Edinburgh £221 million annually.

- The cost to the Council’s social care services is £29 million. These costs are based on the estimated level of social work caseload due to problem alcohol use; community service orders and probation orders related to alcohol; and care home expenditure for people with alcohol addictions, including those with alcohol-related brain damage.
- The cost to NHS Lothian is £23 million, which includes hospital admissions, A&E attendances, ambulance journeys, outpatient attendances, alcohol

services, prescription costs and GP consultations; the highest single health cost is related to hospital admissions (£5.1 million).

- The cost in relation to crime is £82 million. Crime includes alcohol-specific offences, such as drink-driving and drunkenness. It also includes offences where alcohol is recognised as being a contributory factor, such as breach of the peace and violence.
- Other costs relate to the impact on economic productivity, which are estimated at £85 million.

2) Impact on health and social care need

Alcohol-related mortality

Alcohol-related deaths doubled between 1991 and 2004, and have shown a modest reduction since.

In 2013, just over 58% of these deaths across Scotland occurred amongst those under the age of 60; although these data are not available at a local authority level, life expectancy in Edinburgh is 77 years for men and 84 for women. Alcohol deaths are defined very narrowly, and include only those deaths solely attributable to alcohol (e.g. liver cirrhosis), and not those where alcohol is a contributing factor (e.g. fatal drink driving accidents).

Alcohol-related hospital admissions

Hospital admissions are a useful proxy for drinking levels that cause significant harm to health across the city. Scotland has an average alcohol-related hospital admission rate of 83.4 per 10,000 of the population. Edinburgh's rate is slightly higher at 89.4.

There are 101 Intermediate Zones in Edinburgh¹; 42% of these have higher rates of hospital admissions than the general population in Scotland.

Impact on families

Approximately 7,000 children in Edinburgh live with parents with some level of problematic alcohol use². Levels of harm vary depending on the patterns of drinking and related behaviour of parents; as well as the resilience of children.

In 2012/13, there were 62 Edinburgh children whose names were placed on the Child Protection Register where parental alcohol use was identified as a contributing factor. This is an increase from 2011/12 of 20 children. The 2012/13

¹ Intermediate zones form one of the key geographies for disseminating government statistics and for supporting decision-making. They are amalgamations of "data zones" and contain between 2,500 and 6,000 people.

² EADP Needs Assessment

<http://edinburghadp.co.uk/Resources/EADPPublications/Pages/default.aspx>

figure equates to a rate of 7.4 per 10,000 of population under the age of 18. This compares to a Scottish Average of 5.1.

3) Links to violence and other crime

Over a quarter of Edinburgh residents believe that street drinking or alcohol-related disorder is a problem in their neighbourhood. In Leith and the City Centre Neighbourhood Partnership areas, over a third of residents report that this is a problem; large data fluctuations make it difficult to report trends, and the data in figure 4 are based on an average since this question was first asked.

26% of serious assaults committed in a public space and 23% in a private space are alcohol aggravated³.

4) Impact on whole population

47% of adults in Edinburgh report drinking more than the Chief Medical Officer's guidelines, compared to 43% in Scotland⁴. This places them at risk of alcohol-related harm, particularly in terms of long-term morbidity (certain cancers, liver disease). A number of studies have shown that people regularly underestimate their drinking levels.

Alcohol consumption can also be identified through sales data:

- 10.9 litres of pure alcohol sold per adult in Scotland in 2012 (estimated)
- 69% is sold through the off-trade

Alcohol consumption and deprivation

The Lothian Health Survey identifies that drinking levels are higher in more affluent areas. It notes that respondents who live in the least deprived quintile of the city reported the most frequent drinking; 14.5% in the North and 13.2% in the South of the city saying that on average they drink most days. This is compared with the most deprived quintile where 7.3% in the North and 7.3% in the south of the city reported on average drinking most days.

Source: Lothian Health Survey 2011

Licenses in Edinburgh

As of 31 July 2013, there were:

- 1,726 licensed premises in Edinburgh
- 71% were on-sales and 26% off-sales.

Source: Edinburgh Licensing Board

³ Police Scotland

⁴ Scottish Health Survey 2011

Across the whole of Scotland, there are 30.9 licensed premises per 10,000 persons⁵. In Edinburgh, the rate is higher at 38.8 per 10,000. This breaks down to 28.5 on-sale licensed premises in Edinburgh per 10,000 persons (compared with 21.7 across Scotland) and 10.3 off sales licensed premises per 10,000 persons (compared with 9.2 across Scotland).

Edinburgh has the highest rate of licensed premises per head of population compared to Glasgow, Aberdeen and Dundee. The Edinburgh rate at 38.8 per 10,000 is 31% higher than the next highest city, Glasgow, which has a rate of 29.5 per 10,000 persons. Dundee and Aberdeen have rates of 28.6 and 28.3 per 10,000 respectively.

5) The Cross-cutting Strategy

The work has started to develop a high level strategy will set out the role alcohol plays across the 4 high level outcomes of the Single Outcome Agreement. This will include the role it plays within the proposed 13 priorities and the various supporting performance indicators.

The strategy will identify effective interventions that will deliver the priorities within the Single Outcome Agreement. Evidence suggests that interventions that reduce alcohol-related harm across the whole population have a bigger impact on preventing and reducing problem drinking than interventions focusing solely on the population of problem drinkers.

These interventions include:

- delivering of Alcohol Brief Interventions within primary care
- drink driving limits
- reducing the availability of alcohol
- minimum pricing.

Further dialogue is needed with key partners about how we can develop a local strategy on alcohol which reduces alcohol related harm and supports the economic development of the city.

Measures of success

Success measures are yet to be developed (they will need to be developed in line with the success indicators within the Single Outcome Agreement), however, they are likely to include:

- reduction alcohol-related hospital admissions

⁵ Census 2011 data was used at the local authority level analysis. Midyear population estimates were used at the sub-edinburgh level geography. 2011 midyear population estimates inflate the population of Edinburgh by approximately 18,000.

- reduction in number of licensed premises selling cheap alcohol (off-sales)
- the delivery of Alcohol Brief Interventions.

Financial impact

Based on the estimates identified above, reducing alcohol-related harm across the population could have a significant impact on public expenditure.

Risk, policy, compliance and governance impact

N/a at this stage.

Equalities impact

There is likely to be a differential in the levels of harm experienced across protected characteristics. As a result the strategy on alcohol will require an equalities impact assessment.

Sustainability impact

N/a at this stage.

Consultation and engagement

Development of the strategy will include significant involvement of key stakeholders.

Background reading/external references

None.

Peter Gabbitas

Director of Health and Social Care

Contact: Nick Smith, EADP Manager

E-mail: nicholas.smith@edinburgh.gov.uk | Tel: 0131 529 2117

Links

Coalition pledges P12 – Work with health, police and third sector agencies to expand existing and effective drug and alcohol treatment programmes

Council outcomes	CO10 – Improved health and reduced inequalities CO26 – The Council engages with stakeholders and works in partnership to improve services and deliver on agreed objectives
Single Outcome Agreement	SO2 – Edinburgh’s citizens experience improved health and wellbeing, with reduced inequalities in health SO4 – Edinburgh’s communities are safer and have improved physical and social fabric