Assessment of the overprovision of licensed premises in the Highland Council area

Submitted by the Directorate of Public Health and Health Policy, NHS Highland May 2018

1. Situation

This paper provides background information and recommendations to inform the Highland Licensing Board's adoption of a policy statement on the overprovision of alcohol sales capacity in the Highland Council area in accordance with section 7 of the Licensing (Scotland) Act 2005.

This paper builds upon a report submitted to the Highland Licensing Board in 2013 that informed the Board's current Policy Statement (including its overprovision statement). The Board's next statement of policy will cover the five-year period from 4 November 2018 to 3 November 2023.

This paper assesses:

- Alcohol-related health harm in the Highland Council area
- Population access to off-sales and on-sales licensed premises
- Crime and disorder data
- Public safety and house fires
- Views of the public

Section 4 makes recommendations for the Highland Licensing Board to consider in preparation of the statement on alcohol overprovision to be included in the 2018 - 2023 Policy Statement.

In addition a short documentary is available providing expert opinion from a number of sources. These views have been gathered from those personally affected by alcohol and by professionals involved in public health and service delivery.

2. Background

The Licensing (Scotland) Act 2005[1] has five central objectives:

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

The Act stipulates that each Licensing Board must publish a statement of its policy with respect to the exercise of the Board's functions under the Act, in advance of each five year period.

2.1. Problems related to alcohol

Alcohol is an integral part of Highland life; alcohol production and associated businesses provide work for thousands of people and bring a welcome source of income into the Highland economy. It can also make a positive contribution to an individual's social life and mental wellbeing when used sensibly. Similarly, for communities alcohol can make a positive contribution to social interactions and gatherings.

An increasing body of international and national evidence demonstrates the harmful effect of alcohol on a range of health, social and economic outcomes across the life course. Alcohol, if not used in moderation, has great potential to cause harm leading the way to a range of social, physical and mental health problems, including the following:

Table 1: Summary of the harms caused by alcohol consumption

Harm to health	Harm to the family	Harm to society
Death	Fetal Alcohol Spectrum Disorders	Crime and disorder
Acute poisoning and intoxication	Child neglect and trauma	Employment issues
Alcohol use disorders	Relationship and social issues	Absenteeism
Long term conditions (e.g. cancer, heart disease, stroke)	Intimate partner violence	House fires
Falls and injuries	Underage drinking	Road accidents
Mental health conditions (e.g. depression and anxiety)	Financial pressures	Violence and assault
Sexually transmitted diseases	Underachievement in education	
Unwanted pregnancy		

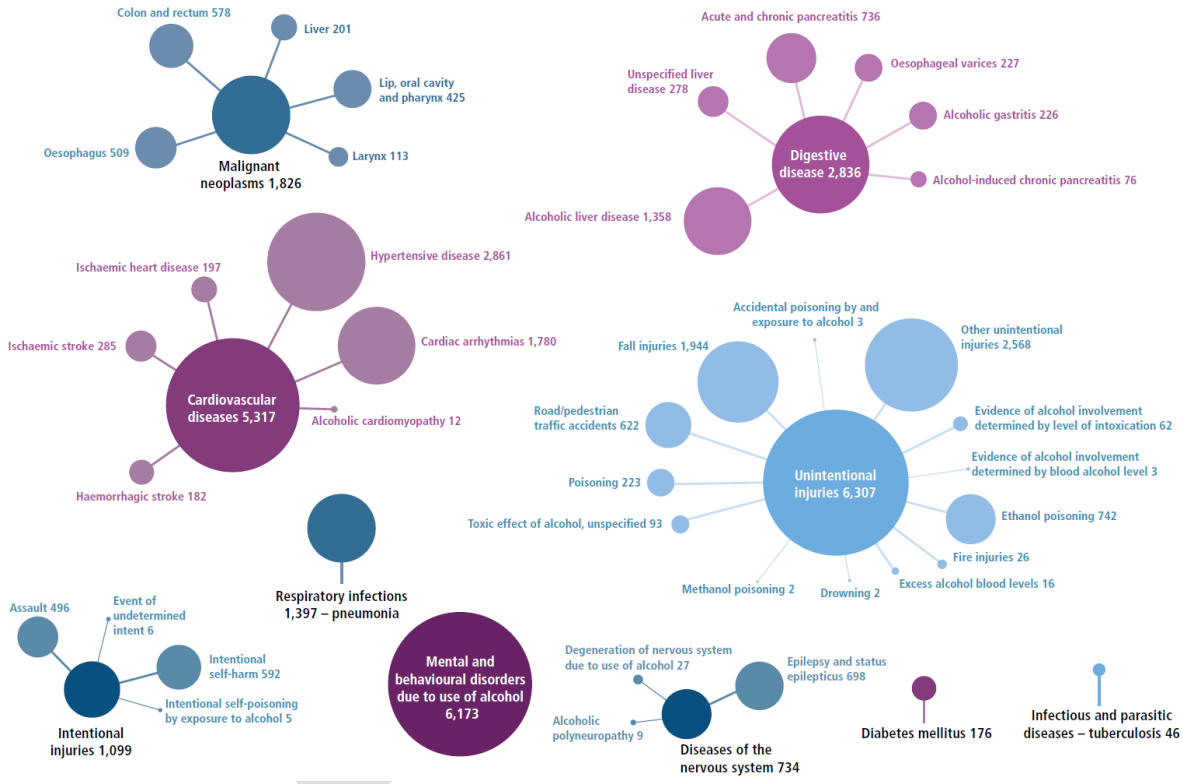
Data source(s): Public Health England 2016[2], Institute of Alcohol Studies 2015[3], World Health Organisation 2012[4]

Table 1 shows that alcohol causes harm beyond the physical and psychological health of the drinker, and can have a negative impact upon the health and wellbeing of families and people around them, including relationship partners, children, relatives, friends, co-workers and strangers.

2.1.1. Harm to health

The impact of alcohol consumption in terms of risks to health is well evidenced, with a recent study estimating that alcohol accounts for 8% of the overall burden of disease in Scotland.[5] This figure includes the years of life lost through early death and the years of healthy life lost through living with the consequences of a range of conditions including various cancers, strokes, heart disease, stroke, diabetes, epilepsy, pneumonia, pancreatitis, gallstones, falls, accidents and injuries. The range of health conditions that can be explained either wholly or partially by alcohol consumption are illustrated in Figure 1. This shows the number of men admitted to hospital in Scotland in 2015 with an alcohol-attributable condition.

Figure 1. Number of men admitted to hospital with an alcohol-attributable condition, 2015



Data source(s): Scottish Public Health Observatory[5]

Alcohol also carries a significant risk of dependence, characterised by the individual not being able to control their drinking and thus affecting their family and social interactions, employment and recreational activities. A recent Scottish study estimated that 5% of men and 2% of women, aged 16 years and over, were alcohol dependent in 2015.[6] Applying the rates from this study to mid-year population estimates equates to 9,250 adults in our local population with alcohol dependency.

2.1.2. Crime and disorder

Preventing crime and disorder is an important factor in alcohol licensing policy. A number of studies highlight the relationship between alcohol and crime, reporting a strong association between alcohol and a person's risk of being a perpetrator or victim of crime.[7] The latest data has also found a significant relationship between alcohol outlet availability and crime rates in Highland: neighbourhoods with more places to buy alcohol have higher crime rates than neighbourhoods with the least.[8]

Table 2 shows the trend in incidents reported to Police Scotland with alcohol flagged to be a contributory factor in Highland between 2014-15 and 2016-17. There have been over 260,000 police incidents recorded during this period, with 24,000 (9.1%) marked as being alcohol-related. Although there has been a decrease in the number of recorded incidents, the proportion related to alcohol have remained at a relatively consistent level.

Table 2: Trend in number of police incidents where alcohol was flagged as a contributory factor, Highland, 2014-15 to 2016-17

Measure	2014-15	2015-16	2016-17
Number of incidents	92,970	89,815	81,479
Number of incidents with an alcohol marker	8,533	7.973	7,638
Percentage of incidents with an alcohol marker	9.2%	8.9%	9.4%

Data source(s): Police Scotland Freedom of Information request

Data from the annual Highland Council Performance Survey outlines the extent to which the public feel concerned about alcohol misuse in their local neighbourhoods. The survey is sent to members of the Citizens' Panel, designed by The Highland Council to be able to generalise the panel results to the adult population of the Highlands as a whole. Table 3 shows that over two thirds of respondents regularly report feeling concerned about alcohol use in their local area, and that these trends have been consistent over time.

Table 3: Extent to which Highland Council residents feel concerned about alcohol misuse in their local area, 2012 to 2017

Question	2012	2013	2014	2015	2016	2017
Concerned about alcohol misuse in their neighbourhood	65%	63%	69%	69%	70%	66%

Data source(s): Highland Council Performance Survey series

2.1.3. House Fires

Preventing and reducing accidental house fires where impairment due to suspected alcohol use was a contributory factor is an important indicator of public safety. Table 4 shows the trend in accidental dwelling fires where impairment due to suspected alcohol or drugs use was a contributory factor in Highland between 2011-12 and 2016-17. There have been 110 alcohol-related fires in this period, equivalent to 13% of all dwelling fires. In addition, a review of fatal fire conferences showed that over half (56%) of the fatal fires across Highland identified alcohol as a contributory factor.

Table 4: Trend in accidental dwelling fires where impairment due to suspected alcohol/drugs use was a contributory factor, Highland, 2011-12 to 2016-17

Measure	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Number of accidental dwelling fires	18	20	18	15	15	24
Percentage of accidental dwelling fires	13%	16%	13%	9%	12%	16%

Data source(s): Scottish Fire and Rescue Service[9]

A breakdown of accidental dwelling fires where impairment due to suspected alcohol and/or drugs use was a contributory factor by Highland Area Committee is shown in Table 5. The areas where the greatest numbers of fires occur are Inverness (49) and Ross and Cromarty (23). The highest levels of alcohol-related dwelling fires, expressed as a proportion of all accidental dwelling fires, are found in Skye (21%) and Inverness (16%).

Table 5: Accidental dwelling fires where impairment due to suspected alcohol/drugs use was a contributory factor by Highland Area Committee, 2011-12 to 2016-17

Highland Area Committee	Number of alcohol-related dwelling fires	Number of all accidental dwelling fires	Percentage alcohol-related dwelling fires
Badenoch and Strathspey	2	42	5%
Caithness	12	90	13%
City of Inverness	49	306	16%
Lochaber	7	96	7%
Nairn	6	50	12%
Ross and Cromarty	23	162	14%
Skye	9	42	21%
Sutherland	2	54	4%
Highland	110	842	13%

Data source(s): Scottish Fire and Rescue Service Management Information

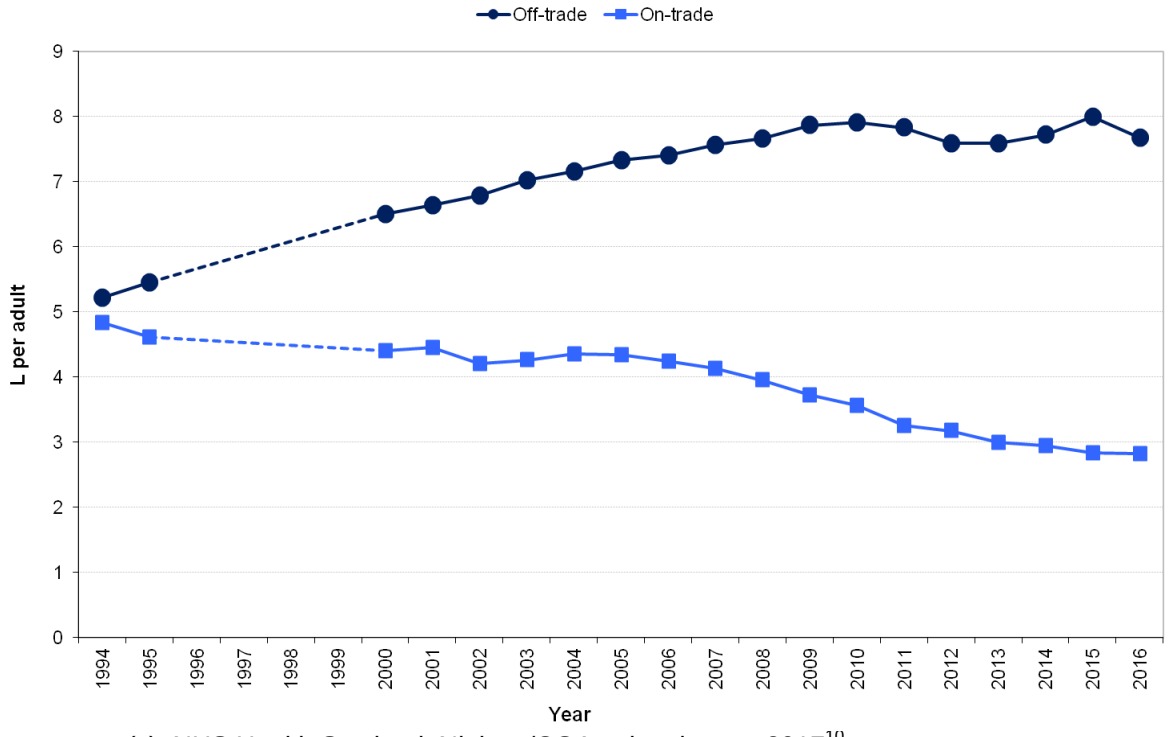
2.2. Alcohol Sales

The latest trends in alcohol retail sales by trade sector in Scotland are shown in Figure 2. In 2016, 10.5 litres (L) of pure alcohol were sold per adult aged 16 years and over, which is equivalent to 20.2 units per adult per week.[10] This exceeds the UK Chief Medical Officers low risk drinking guidelines of 14 units per week.[11] Even higher levels of population consumption (12.5L) are estimated when sales are expressed per adult drinker rather than per adult.

Analysis of sales by market sector shows that the overall trend in alcohol sales is driven by the off-trade. In 2016 almost three quarters (73%) of all alcohol sold in Scotland was sold through off-trade premises (supermarkets and other off-licenses) compared with 27% sold through the on-trade (pubs, clubs and restaurants). On-trade sales have decreased by 42% from 4.8L in 1994 to 2.8L in 2016, whereas off-trade sales have increased by 47% from 5.2L in 1994 to 7.7L in 2016.

Although sales data specific to the Highland area are not available, it is likely that the on-trade and off-trade sales trends observed for Scotland will reflect the local situation.

Figure 2: Trends in Alcohol Retail Sales by trade sector, Scotland, 1994-2016



Data source(s): NHS Health Scotland, Nielsen/CGA sales dataset 2017[10]
Volume of pure alcohol (litres) sold per adult (16+), with off-trade sales from 2011onwards adjusted to account for the loss of discount retailer data.

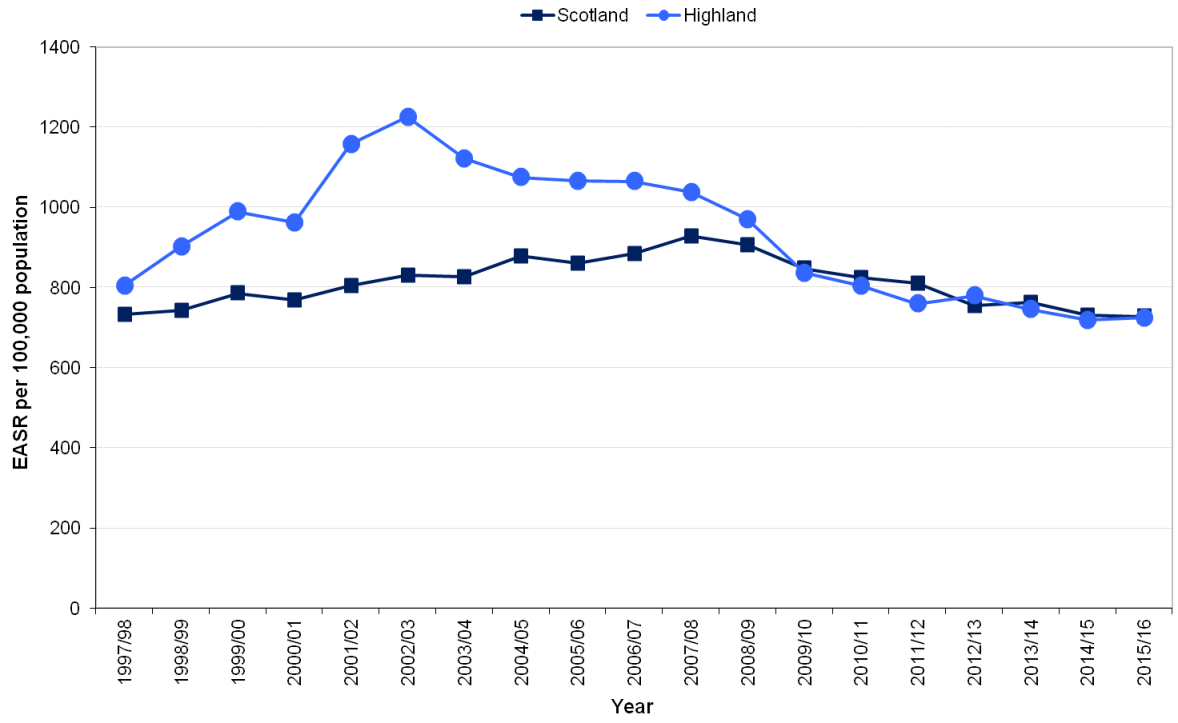
3. Assessment

Assessment of alcohol-related harm in the Highland Council area is drawn from a wide range of evidence. The selected indicators are nationally collected datasets and provide context by allowing comparison of different areas and monitoring of changes over time.

3.1. Alcohol-related Hospital Admissions

Alcohol-related hospital admissions are routinely used as a way of understanding the impact of alcohol on the health of a population. These data include both the short term health effects of intoxication and alcohol poisoning and longer term effects on health such as damage to the liver. The data do not reflect people who were not admitted to hospital, for instance those who consulted their GP, attended an Emergency Department, or received specialist alcohol treatment. It is therefore a significant underestimation of the true picture of health harm as a result of alcohol.

Figure 3: Alcohol-related hospital admission rates in Highland and Scotland, 2007/08 to 2015/16



Data source(s): Information Services Division, NHS Health Services Scotland[12]
General acute inpatient and daycase stays (SMR01) and psychiatric inpatient and daycase stays (SMR04) with an alcohol-related condition in any diagnostic position.
EASR = European Age-Sex Standardised Rate

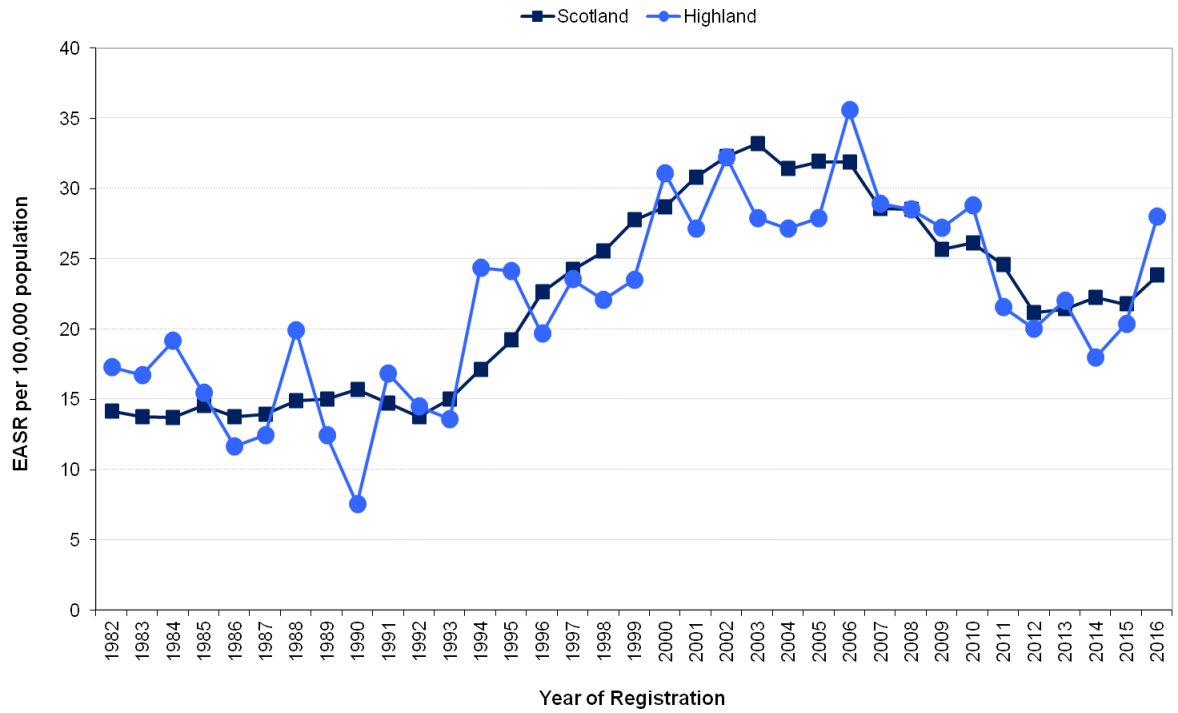
Figure 3 shows the trend in hospital admission rates with an alcohol-related diagnosis.[12] In 2015/16 there were over 1,700 alcohol-related hospital stays by Highland residents, equivalent to a rate of 724 stays per 100,000 population. Rates of alcohol-related hospital stays in Highland increased during the late 1990s and

early 2000s, reaching a peak of 1,225 per 100,000 population in 2002/03. Since then the trend has been downward, though rates of alcohol-related hospital stays in Highland remained significantly higher than the Scotland average until 2008/09. The continuing downward trend is positive, although admission rates remain on a par with Scotland as a whole.

3.2. Alcohol Related Mortality

The trend in mortality rates where alcohol was recorded as the underlying cause of death in Highland and Scotland between 1982 and 2016 is shown in Figure 4. The alcohol-related mortality rate in Highland has fallen from 35.6 deaths per 100,000 people in 2006, when the rate peaked, to 28.0 per 100,000 people in 2016. This is a 27% reduction in the rate over the last ten years, though still higher than the rates typically observed during the 1980s. Since 2012, the downward trends in alcohol-related death rates in both Scotland and Highland have flattened and show some sign of a recent increase. This is of concern and further monitoring is required to determine whether this is a change in the overall trend.

Figure 4: Alcohol-related mortality rates (underlying cause) in Highland and Scotland, 1982 to 2016



Data source(s): National Records of Scotland (NRS)[13]
EASR = European Age-Sex Standardised Rate

The numbers of deaths each year are subject to quite large annual fluctuations so five-year annual average rates provide a more stable guide to the underlying mortality level and long-term trend, as shown in Table 6.

Table 6: Alcohol-related mortality rates (underlying cause) in Highland and Scotland, selected time periods 1982 to 2016

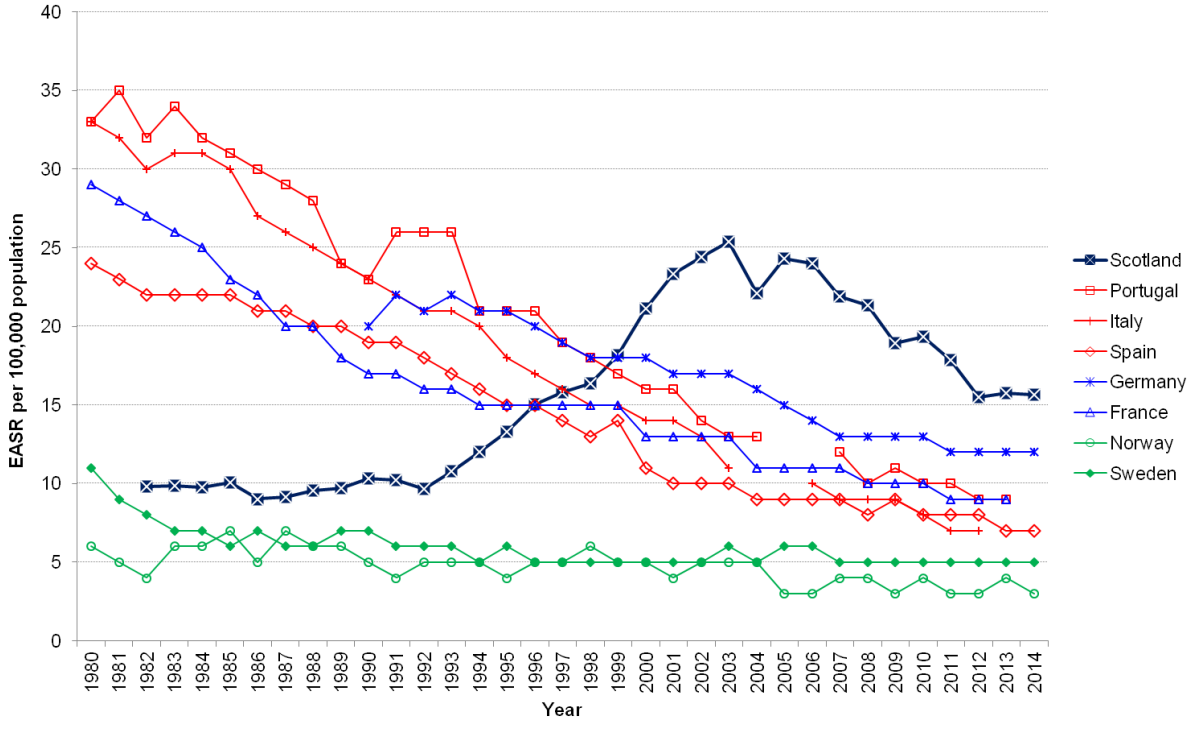
Area	1982 - 1986	1987 - 1991	1992 - 1996	1997 - 2001	2002 - 2006	2007 - 2011	2012 - 2016
Highland	16.1	13.8	19.2	25.5	30.1	27.0	21.7
Scotland	14.0	14.9	17.5	27.4	32.1	26.7	22.1

Data source(s): National Records of Scotland (NRS)[13]
EASR = European Age-Sex Standardised Rate, 5-year rolling average

3.3. Scotland in Comparison to Europe and the United Kingdom

Despite the modest reduction in recent years, the trends in alcohol-related mortality rates both locally and nationally remain a concern in comparison to Europe. Alcohol is a major cause of liver disease and Figure 5 shows trends in mortality rates from chronic liver disease and cirrhosis in Scotland and selected European countries. Death rates in Scotland remain higher than most other European countries, including those shown representing southern Europe, northern Europe and Scandinavia.

Figure 5: Mortality from chronic liver disease and cirrhosis, all ages, selected European countries, 1980 - 2014



Data source(s): European Health for All database[14], ScotPHO[15]
ICD-10 code: K70, K73 and K74. EASR = European Age-Sex Standardised Rate

It is also of note that evidence from the Office for National Statistics (Table 7) shows that for both males and females, alcohol-related death rates remain higher in Scotland than the other three UK constituent countries.[16]

Table 7: Alcohol-related mortality rates in the United Kingdom Constituent Countries by gender, selected time periods 1995 to 2015

Gender	Area	1995	2000	2005	2010	2015
Males	Scotland	25.7	41.3	44.6	37.1	30.0
	England	12.2	15.4	18.6	18.7	17.8
	Wales	13.8	16.0	18.7	21.5	19.3
	Northern Ireland	11.8	20.5	23.3	24.7	24.4
Females	Scotland	12.7	16.1	19.2	15.2	13.8
	England	6.3	7.9	8.7	8.9	9.0
	Wales	7.2	9.3	10.2	12.0	11.3
	Northern Ireland	7.6	7.8	9.7	11.2	12.4

Data source(s): Office for National Statistics[16]

3.4. Drinking behaviours

3.4.1. Population exceeding weekly guidelines

The UK Chief Medical Officers low risk drinking guidelines published in 2016 reviewed the latest national and international evidence on the effects of alcohol on health and length of life.[11] This evidence included a large number of studies and covered a wide range of health issues, including accidents, injuries, cancer, heart disease and life expectancy. The guideline for both men and women is that "*to keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis*."

Table 8 presents data on the proportion of adults in the Highland area exceeding guidelines on weekly alcohol consumption in the period 2013 to 2016. As shown, an estimated 34.5% of men and 16.7% of women were drinking above the recommended maximum of 14 units per week. This equates to 68,000 adults in Highland (25.0%) drinking at hazardous / harmful levels, a rate comparable to Scotland (25.3%) as a whole.

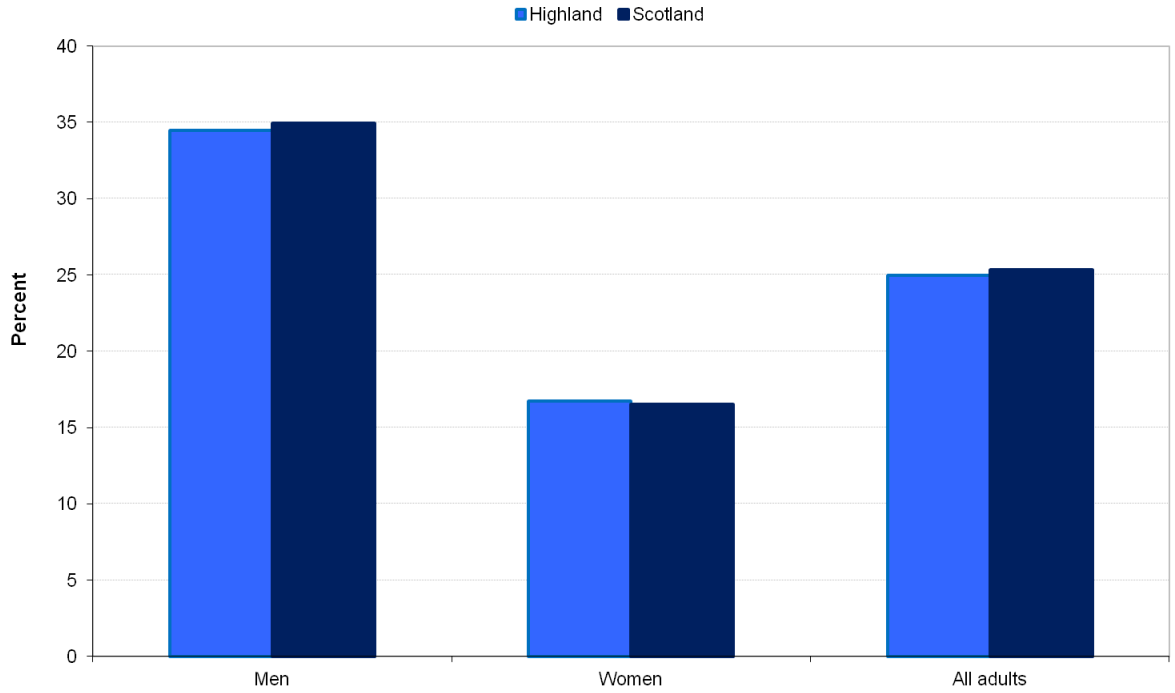
Table 8: Proportion of adults drinking at hazardous/harmful levels, Highland and Scotland, 2013 - 2016 combined

Area	Males	Females	All adults
Highland	34.5	16.7	25.0
Scotland	34.9	16.5	25.3

Data source(s): Scottish Health Survey[17]

Based on 2016 CMO recommendations: Hazardous/harmful - Over 14 units per week

Figure 6: Proportion of adults exceeding low risk weekly drinking guidelines by gender, Highland and Scotland, 2013 - 2016 combined



Data source(s): Scottish Health Survey Local Authority tables[17]
Based on 2016 CMO recommendations: Hazardous/harmful - Over 14 units per week

3.4.2. Population 'binge' drinking

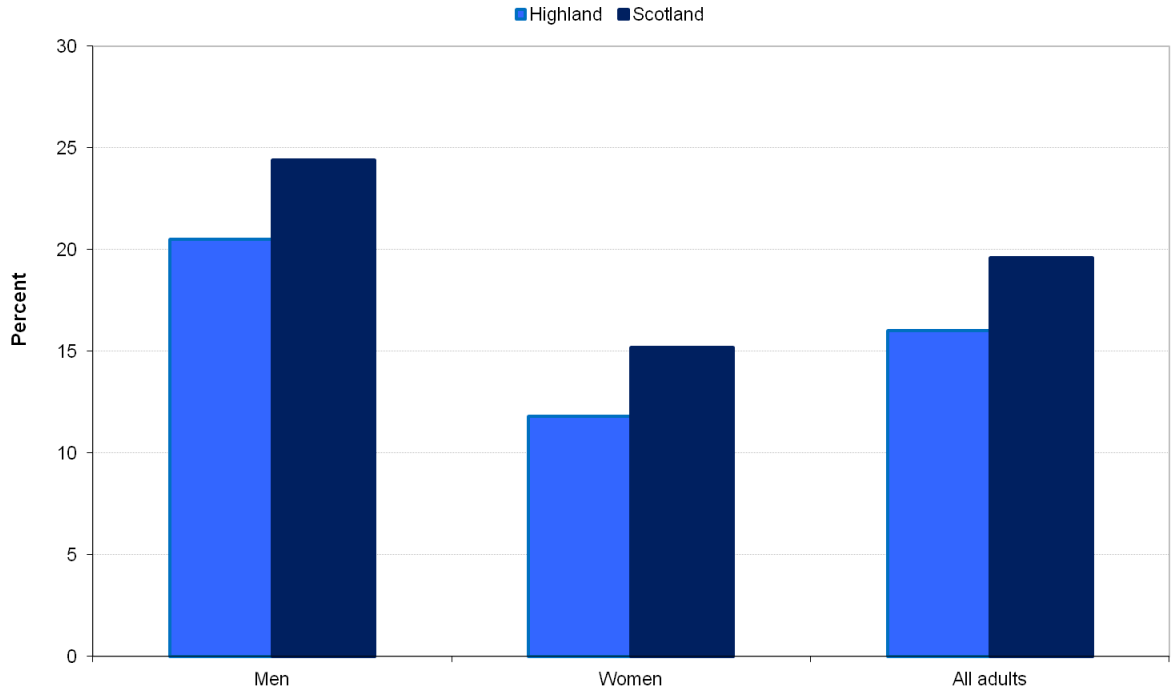
Binge drinking, defined as exceeding eight units in one day for men and six units in one day for women, is more common in younger age groups and associated with a range of alcohol-related harms.[18] Table 9 shows an estimated 20.5% of men and 11.8% of women in Highland report binge drinking. The Highland figure for all adults is statistically significantly lower than the Scotland average, 16.0% compared to 19.6% respectively. Applying these data to mid-year population estimates equates to 43,000 adults in our local population regularly binge drinking.

Table 9: Proportion of adults binge drinking, Highland and Scotland, 2013 - 2016 combined

Area	Males	Females	All adults
Highland	20.5	11.8	16.0
Scotland	24.4	15.2	19.6

Data source(s): Scottish Public Health Observatory Alcohol Profile[19]
Defined as exceeding 8+ units in one day for men and 6+ units in one day for women

Figure 7: Proportion of adults binge drinking by gender, Highland and Scotland, 2013 - 2016 combined



Data sources(s): Scottish Health Survey Health Board tables[17]
Defined as exceeding 8+ units in one day for men and 6+ units in one day for women

3.5. Community Partnerships

For the purposes of planning and licensing, it is also necessary for the Licensing Board to be able to consider the health picture in local areas rather than across the whole council area. Local profiles developed by the Highland Alcohol and Drugs Partnership present information at a community partnership level that help provide a better understanding of the impact of alcohol on local communities.

Table 10 shows the latest alcohol-related mortality and hospital admission rates for each of the nine community partnerships in Highland. The 95% confidence intervals represent the range of values likely to arise from natural variation for each indicator. They are used to aide interpretation, where non-overlapping intervals represent a statistically significant difference.

This evidence demonstrates that high levels of alcohol-related harm are widespread across Highland. The only significant differences found are as follows:

- Mid Ross has a lower mortality rate
- Badenoch and Strathspey and Nairn and Nairnshire have lower than average alcohol-related admission rates
- Caithness and Inverness have higher than average alcohol-related admission rates.

Table 10: Alcohol-related mortality and hospital admission rates for Highland Community Partnership areas

	Alcohol-related mortality[a]		Alcohol-related hospital stays[b]	
Area	EASR	95% CI	EASR	95% CI
Badenoch and Strathspey	18.4	8.7 to 28.1	**429.4**	364.0 to 494.7
Caithness	25.5	16.9 to 34.2	**781.1**	719.8 to 842.5
East Ross	28.0	18.0 to 38.1	607.6	546.3 to 668.8
Inverness	22.3	17.6 to 27.1	**733.2**	698.4 to 767.9
Lochaber	27.6	17.4 to 37.8	642.8	577.9 to 707.7
Mid Ross	**14.2**	7.9 to 20.6	617.3	561.5 to 673.2
Nairn and Nairnshire	21.2	10.4 to 32.0	**453.9**	386.9 to 520.9
Skye, Lochalsh and Wester Ross	16.9	9.2 to 24.6	585.9	524.8 to 646.9
Sutherland	19.7	9.6 to 29.8	570.4	496.3 to 644.5
Highland	21.7	19.1 to 24.3	650.0	631.1 to 668.9

Data source(s): Highland Alcohol and Drugs Partnership[20]
a. NRS, 2012 - 2016 5 year aggregate number and directly age-sex standardised rates per 100,000
b. SMR01, 2014/15 - 2016/17 3 year aggregate number and age-sex standardised rates per 100,000
EASR = European Age-Sex Standardised Rate per 100,000 population
CI = Confidence Interval
Figures in bold statistically significantly different than Highland average

3.6. Alcohol availability in Highland

Alcohol availability refers to the ease of access to alcohol, whether to drink on the premises (e.g. pubs, clubs or restaurants) or to drink off the premises (e.g. shops and supermarkets). Alcohol availability includes the number, capacity and opening hours of alcohol outlets. The latest published data shows that, as at March 2017, there were 1,203 outlets licensed to sell alcohol in Highland, with 887 classified as on-sale licences and 316 classified as off sale licenses. Table 11 shows the number of licenses per 10,000 population aged 18 years and over. The availability of alcohol in Highland is statistically significantly higher than the national average for each license category.

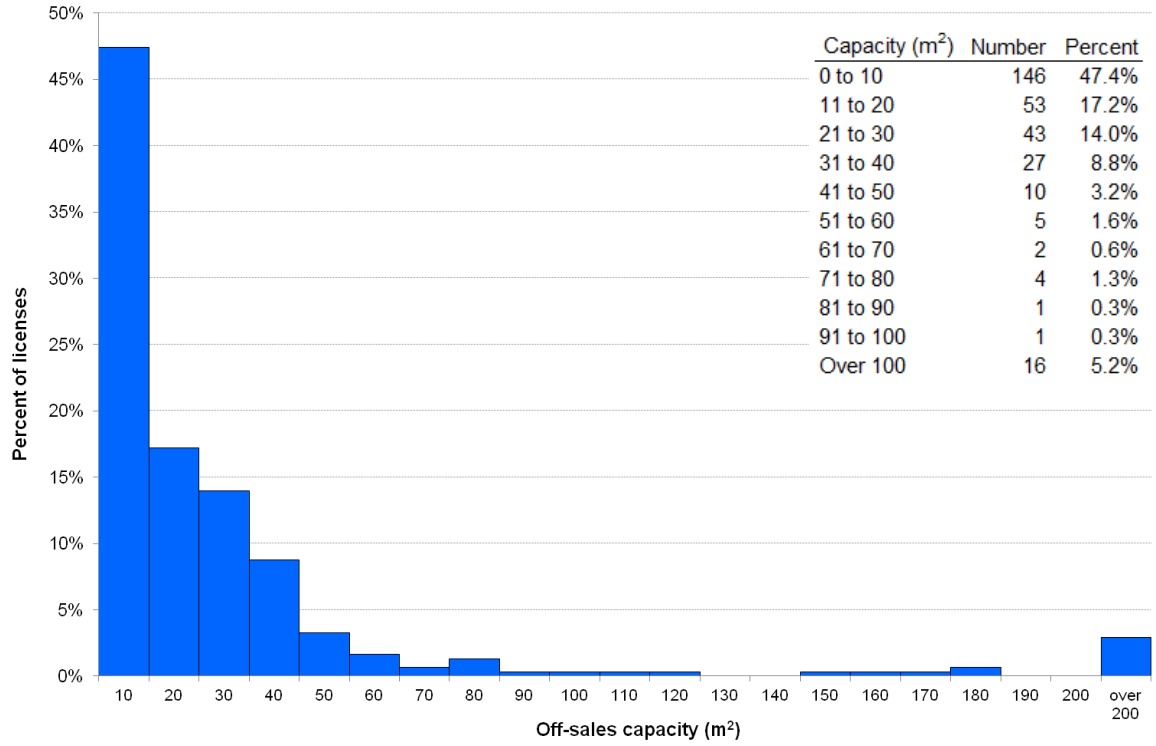
Table 11: Number of premise licenses in force per 10,000 population aged 18 years and over, Highland and Scotland, 2017.

Area	On trade	Off trade	Total
Highland	46.8	16.7	63.5
Scotland	26.5	11.6	38.1

Data source(s): Scottish Public Health Observatory Alcohol Profile[21]

The sales data outlined in section 2.2 of this report describes that the majority of alcohol in Scotland is sold through the off-trade. Details of the sales capacity of off-sales premises in Highland are outlined in Figure 8.

Figure 8: Distribution of off-sales premise license capacity in Highland, 2017



Data sources(s): Highland Local Authority premise location file

Smaller capacity off-sales premises, which have a display area of 30 square metres (m^2) or less account for over three quarters (79%) of premises licenses. These are typically local convenience stores, small supermarkets, tourist and distillery shops. Off-sales premises with an alcohol display area exceeding 40 m^2 are typically found in existing larger supermarkets, including 16 premises (5%) with a sales display area in excess of 100 m^2.

3.7. Population access to licensed premises: walk and drive times

Alcohol availability has been shown in research to have a strong influence on alcohol use. Evidence from a systematic review identified significant positive relationships between the density of outlets and levels of violence, alcohol related traffic accidents, self-reported injuries and suicide, sexually-transmitted disease and child abuse or neglect.[22] Recent Scottish research has also identified evidence of a significant relationship between increased alcohol outlet availability and levels of alcohol-related mortality, hospital admissions and crime in the Highland area.[8]

Analyses of population access to alcohol licensed premises in Highland undertaken by the Directorate of Public Health and Health Policy are shown in Tables 12 to 14.[23] A Geographic Information System (GIS) was used to identify the population living within 5, 15 and 30 minute drive and walk times of premises licensed to sell alcohol in the Highland Local Authority area. Analysis was undertaken for all alcohol licensed locations and separately for 'off sales' and 'on sales' outlets. The drive and walk time extents are shown in Appendix 1 and 2.

Table 12: Percentage of Highland Community Partnership populations within drive and walk time extents of licensed premises (on and off sales locations)

		Drive time in minutes			Walk time in minutes		
	Population 2016	5	15	30	5	15	30
Badenoch and Strathspey	13,777	100.0	100.0	100.0	43.5	86.1	95.5
Caithness	25,807	91.0	100.0	100.0	47.9	72.5	85.8
East Ross	22,209	94.4	100.0	100.0	41.5	86.3	91.6
Inverness	80,895	93.5	100.0	100.0	39.8	84.6	92.1
Lochaber	19,806	81.0	90.4	100.0	50.4	77.0	87.5
Mid Ross	26,646	93.4	96.8	100.0	39.8	74.4	84.1
Nairn & Nairnshire	13,209	90.3	100.0	100.0	36.7	90.3	90.3
Skye, Lochalsh and West Ross	19,399	73.0	93.8	96.5	28.7	59.4	86.8
Sutherland	13,022	86.1	89.7	100.0	49.2	80.5	86.4
Highland	**234,770**	**90.3**	**97.7**	**99.7**	**41.4**	**79.7**	**89.4**

Data source(s): Directorate of Public Health and Health Policy[23]
Based on Highland Local Authority premise location file, NRS mid-2016 small area population estimates and population weighted datazone centroids.

Table 12 shows that over 90% of the population of Highland live within a 5 minute drive time and over 40% are within a 5 minute walk time of a licensed premise. When the travel time extents are increased to 15 minutes, the proportion increases to 98% of Highland residents within a 15 minute drive and 80% within a 15 minute walk of a licensed outlet.

Table 13: Percentage of Highland Community Partnership populations within drive and walk time extents of licensed premises (on sales locations)

		Drive time in minutes			Walk time in minutes		
	Population 2016	5	15	30	5	15	30
Badenoch and Strathspey	13,777	94.5	100.0	100.0	43.5	86.1	90.0
Caithness	25,807	88.7	100.0	100.0	27.4	65.2	83.1
East Ross	22,209	94.4	100.0	100.0	35.4	79.5	91.6
Inverness	80,895	93.5	100.0	100.0	18.4	66.9	92.1
Lochaber	19,806	81.0	95.5	100.0	24.9	66.8	87.5
Mid Ross	26,646	87.5	96.8	100.0	31.5	62.2	81.4
Nairn & Nairnshire	13,209	90.3	100.0	100.0	28.5	66.8	90.3
Skye, Lochalsh and West Ross	19,399	73.0	93.8	96.5	21.0	56.1	86.8
Sutherland	13,022	86.1	89.7	100.0	32.7	69.9	79.7
Highland	**234,770**	**89.1**	**98.2**	**99.7**	**26.1**	**67.7**	**88.1**

Data source(s): Directorate of Public Health and Health Policy[23]
Based on Highland Local Authority premise location file, NRS mid-2016 small area population estimates and population weighted datazone centroids.

Table 14: Percentage of Highland Community Partnership populations within drive and walk time extents of licensed premises (off sales locations)

		Drive time in minutes			Walk time in minutes		
	Population 2016	5	15	30	5	15	30
Badenoch and Strathspey	13,777	80.5	100.0	100.0	32.7	80.9	90.3
Caithness	25,807	80.2	97.3	97.3	34.6	67.0	75.2
East Ross	22,209	76.8	100.0	100.0	16.6	69.5	79.8
Inverness	80,895	90.5	98.7	100.0	30.4	76.4	85.9
Lochaber	19,806	56.1	72.5	88.0	21.7	68.4	76.0
Mid Ross	26,646	90.3	96.8	96.8	19.0	67.8	77.6
Nairn & Nairnshire	13,209	90.3	100.0	100.0	24.0	70.4	90.3
Skye, Lochalsh and West Ross	19,399	46.0	66.0	78.4	19.5	44.1	66.4
Sutherland	13,022	71.7	84.9	95.4	34.0	69.1	78.9
Highland	**234,770**	**79.8**	**92.9**	**96.3**	**26.6**	**69.9**	**80.8**

Data source(s): Directorate of Public Health and Health Policy[23]
Based on Highland Local Authority premise location file, NRS mid-2016 small area population estimates and population weighted datazone centroids.

For off-sales licensed premises only the percentage decreases slightly to 93% of the population within a 15 minute drive and 70% within a 15 minute walk time, as shown in Table 14. There are variations with Community Partnership areas, for instance 15

minute walk time access to licensed premises is highest in Nairn and Nairnshire and lowest in Skye, Lochalsh and Wester Ross (Table 12).

3.8. Views of the Public

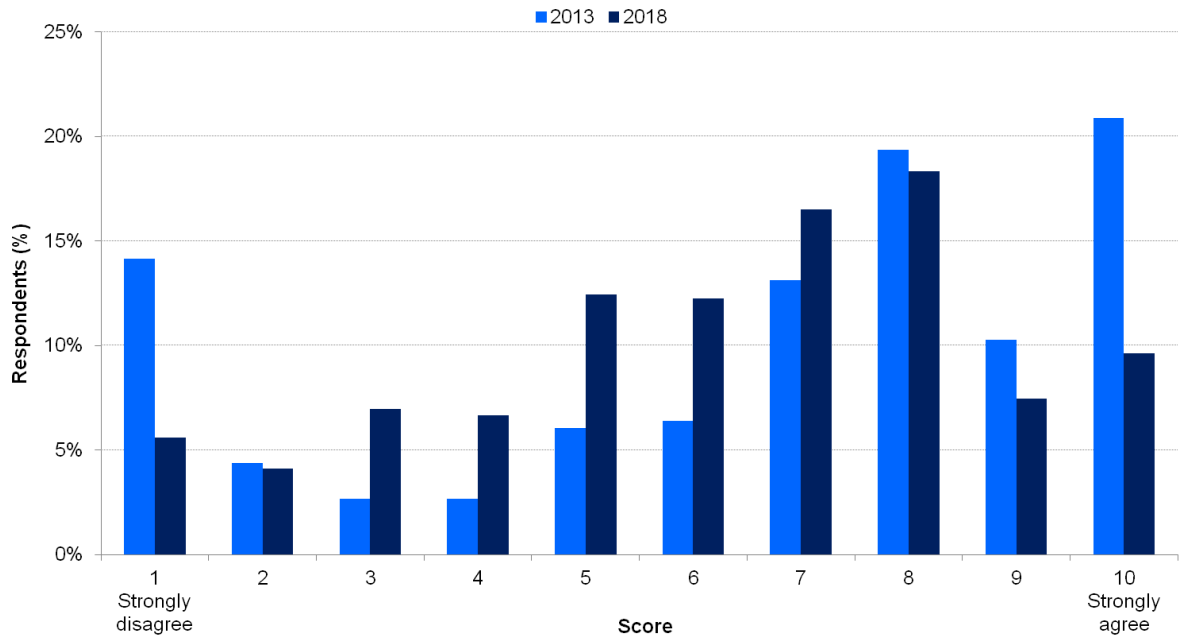
A survey undertaken by the Directorate of Public Health in 2018 provides public opinion about alcohol provision and overprovision in Highland. The survey, distributed through a range of networks using an online Survey Monkey tool, collected the views of 4,217 people across Highland. This method was chosen to add another dimension to the discussion about alcohol overprovision in addition to quantitative data. A similar survey was conducted in 2013 and Highland are now in the unique position of being able to compare this older data with that collected in 2018.

The key results are described in the following section, although it is not possible to report all the survey findings here. A full report is available from the Highland Alcohol and Drugs Partnership website.[24]

3.8.1. Alcohol is part of Highland life. Do you agree or disagree with this statement?

The first question in the survey asked, "Alcohol is part of Highland life. Do you agree or disagree with this statement?" Respondents were asked to rate their response on a scale of 1 (strongly disagree) to 10 (strongly agree).

Figure 9: "Alcohol is part of Highland life. Do you agree or disagree with this statement?"



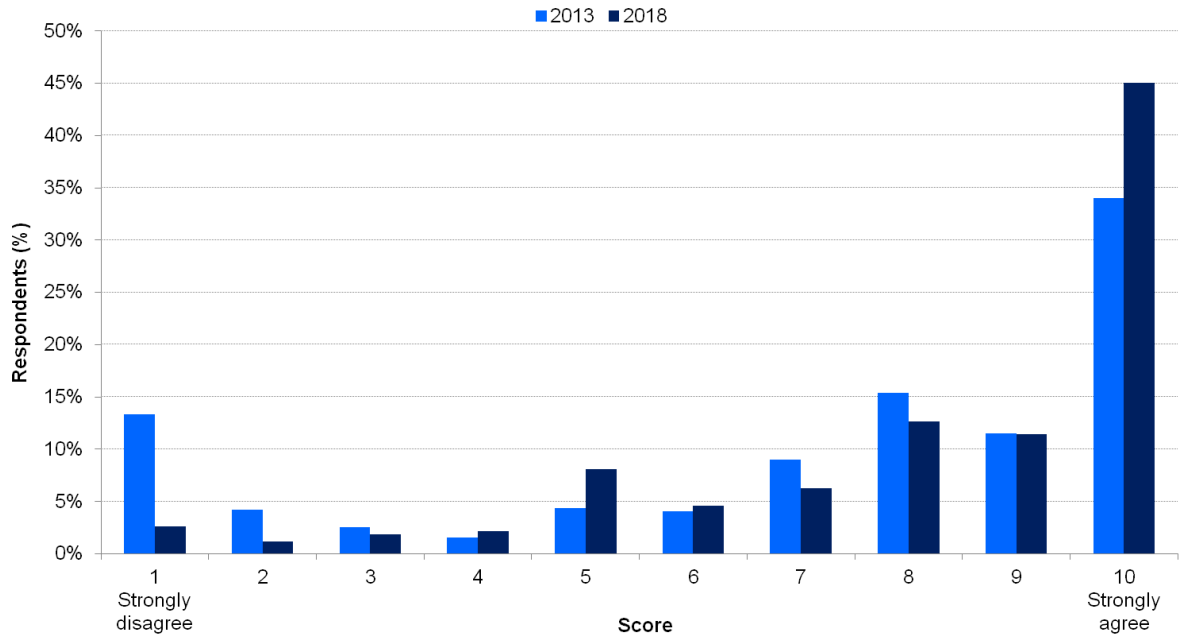
Data source(s): Directorate of Public Health and Health Policy, NHS Highland
Base: All respondents 2013 (594) and 2018 (3967). Disagree = score 1-4, Agree = score 5-10

Figure 9 indicates that in 2018 over three quarters (77%) of people agreed with this statement, a similar level compared to 76% in 2013. When the highest three scores (8, 9 and 10) are considered together it shows that 35% of people in 2018 strongly agree that alcohol is part of Highland life compared with 51% in 2013.

3.8.2. There are enough places selling alcohol in the area where you live. Do you agree or disagree with this statement?"

The public survey asked the question "There are enough places selling alcohol in the area where you live. Do you agree or disagree with this statement?" In 2018 the majority (88%) of respondents agreed with this statement, which was significantly more than the 78% in 2013. When the highest three scores (8 to 10) are added together over two thirds of people (69%) in 2018 strongly agree that there are enough places selling alcohol in the area where they live. This is an increase in public opinion compared to 61% reported in 2013. Figure 10 also shows that when asked how strongly they agree almost half (45%) of respondents chose the strongest score of 10.

Figure 10: "There are enough places selling alcohol in the area where you live. Do you agree or disagree with this statement?"

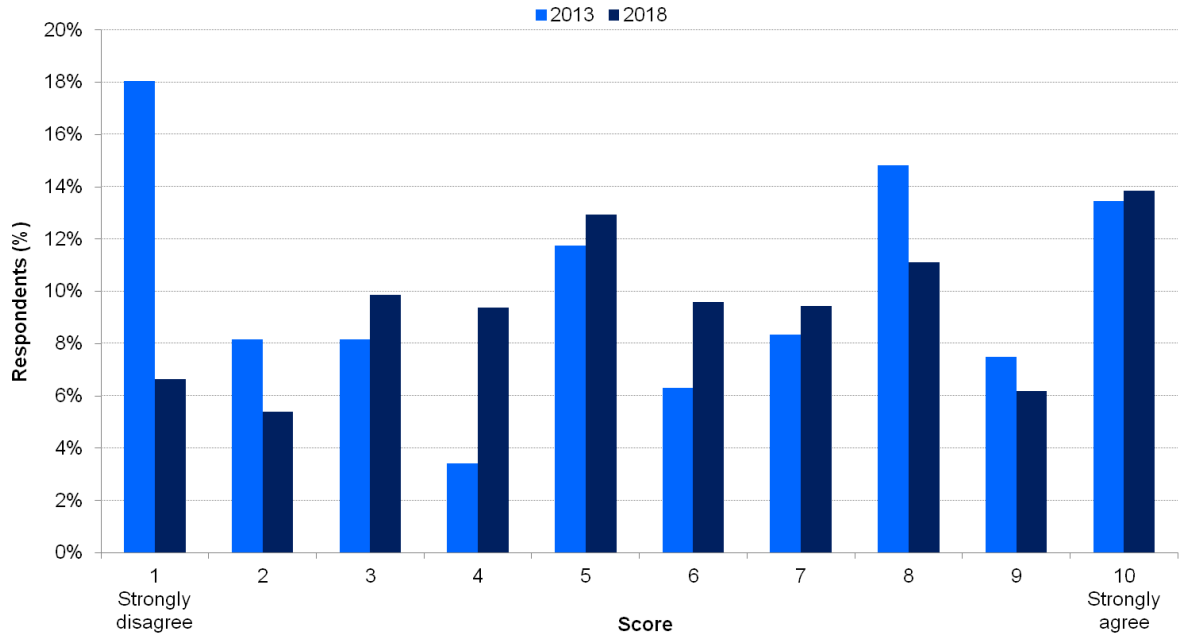


Data source(s): Directorate of Public Health and Health Policy, NHS Highland
Base: All respondents 2013 (591) and 2018 (3803). Disagree = score 1-4, Agree = score 5-10

3.8.3. "When more alcohol is available people tend to drink more. Do you agree or disagree with this statement?"

When asked for their views on the statement "When alcohol is more available people tend to drink more", 63% of respondents were in agreement with this statement in 2018. This is a similar level to the 62% reported in 2013. A third of people in 2018 (33%) strongly agreed that when more alcohol is available people will drink more compared to 36% in 2013. Figure 11 also shows a reduction in the proportion of respondents who strongly disagree with this statement, 7% in 2018 compared with 18% in 2013.

Figure 11: "When more alcohol is available people tend to drink more. Do you agree or disagree with this statement?"

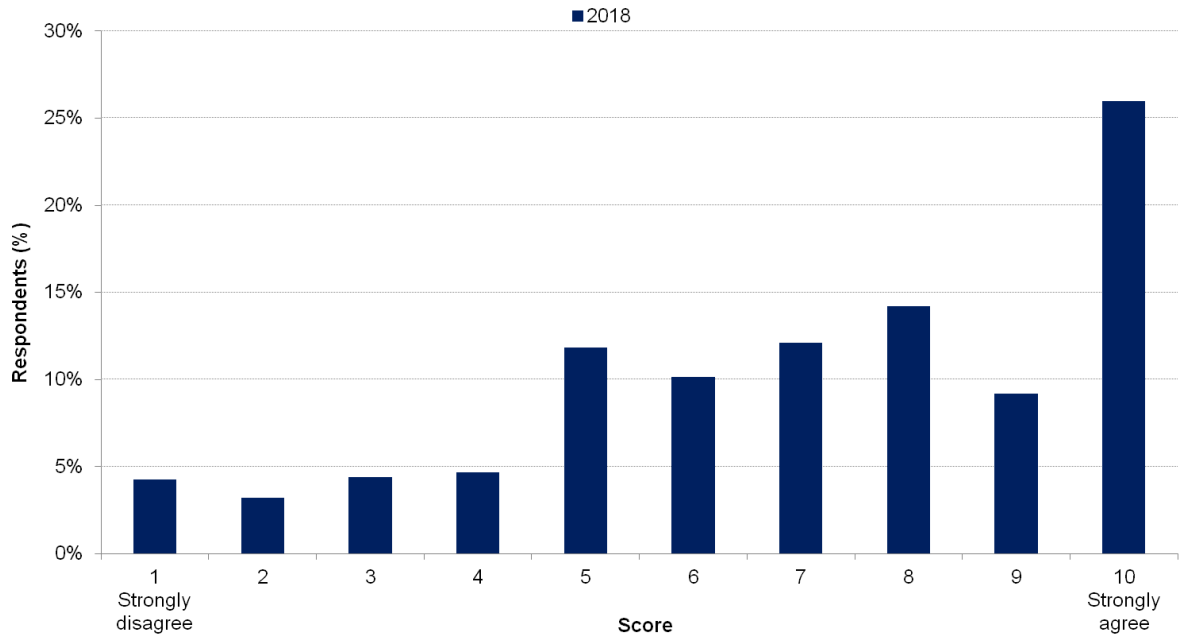


Data source(s): Directorate of Public Health and Health Policy, NHS Highland
Base: All respondents 2013 (587) and 2018 (3743). Disagree = score 1-4, Agree = score 5-10

3.8.4. "The availability of alcohol can have a harmful impact on family life. Do you agree or disagree with this statement?"

A question to ascertain the publics' views on the impact of alcohol on family life was introduced in 2018. Figure 12 shows that the majority (83%) of people agreed with this statement. When the highest three scores (8 to 10) are added together half (49%) of survey respondents strongly agree that the availability of alcohol can have a harmful impact on family life. It is also of note that just over a quarter (26%) of people gave this statement the highest possible score (10).

Figure 12: "The availability of alcohol can have a harmful impact on family life. Do you agree or disagree with this statement?"



Data source(s): Directorate of Public Health and Health Policy, NHS Highland
Base: All respondents 2018 (3577). Disagree = score 1-4, Agree = score 5-10

3.8.5. "Is there anything you think that would minimise exposure to alcohol for children (less than 16 years of age)?"

When asked for their views on minimising exposure to alcohol for children, 1,553 people (37%) answered this question. Many views and opinions were expressed, with a 10% sample selected at random and analysed for key themes and issues. There were thoughtful responses to this question and many members of the public gave multiple answers.

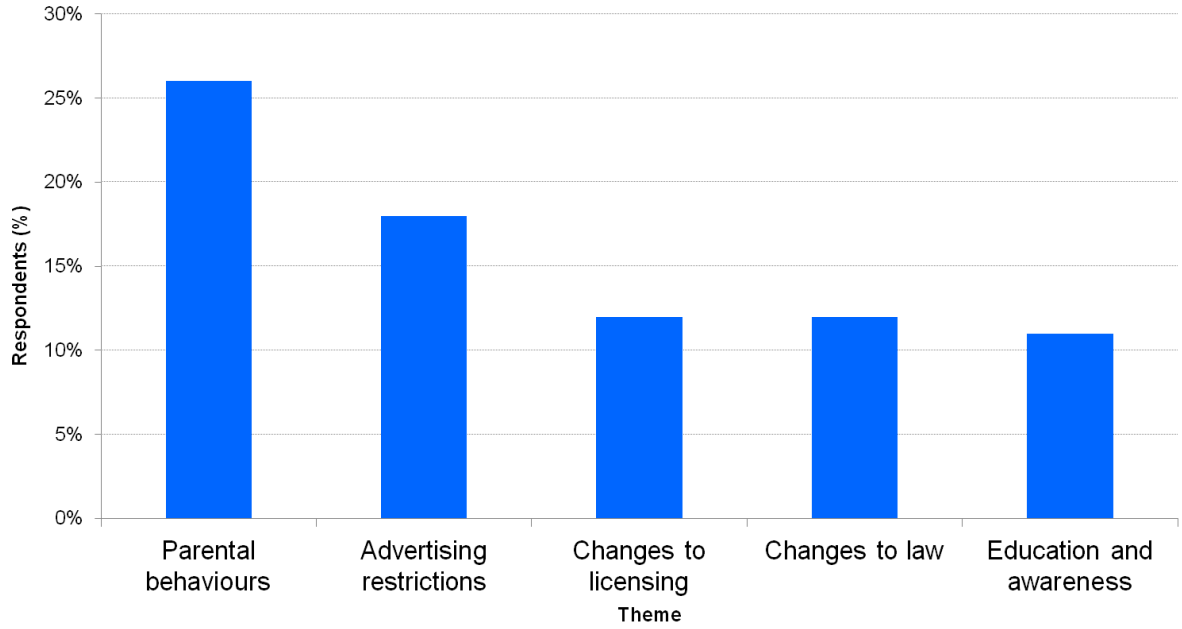
Members of the public have stated that in order to minimise exposure to alcohol for children they think:

- parenting skills and being a role model is important (26%)
- there should be further advertising restrictions relating to the TV or cinema (18%)
- there should be changes to alcohol licensing such as limiting sales capacity (12%)
- there should be changes to the law such as prosecuting those who supply children with alcohol (12%)
- education and awareness raising for both children and young people, for example, the harms alcohol can cause (11%)

Other comments included links to tobacco control, impact on tourism both good and bad, more services to offer support for the whole family not just the person with an

alcohol problem, and that there are lessons to be learnt from European culture and altitude towards alcohol.

Figure 13: Main themes for "Is there anything you think that would minimise exposure to alcohol for children?"



Data source(s): Directorate of Public Health and Health Policy, NHS Highland
Base: 10% random sample of respondents 2018 (1553)

Figure 13 shows that parenting and in particular being a role model was raised as the highest rating issue, however, licensing was also raised as a means of limiting exposure of alcohol for children. Table 15 shows that members of the public cited actions that were both prohibitive and incentives or support:

Table 15: Actions identified for limiting exposure to alcohol for children

Prohibitive	Incentives/support
• No alcohol sales in cinemas, take-a-ways, sporting events • Ban alcohol licenses when there are children present, for example, festivals • Ban alcohol pops (or similar) • Limit where alcohol can be sold (off-sales) so it is less visible • Limit sales capacity • Increase penalties to shop keepers who sell alcohol to underage young people • Increase penalties to people / parents supplying alcohol to underage people • Increase Minimum Unit Price from 50p	• Provide support to shop keepers who sell alcohol for example checking age IDs • Increase the attractiveness of on-sales • Ongoing awareness and teaching • Relaxation of licensing rules so that children learn responsibility

Data source(s): Directorate of Public Health and Health Policy, NHS Highland

Other comments related to the removal of cheap alcohol that has since been addressed because of Minimum Unit Pricing (MUP) legislation.

Quotes from members of the public:

"The only safe way to minimise children's exposure to alcohol will be to ban children completely from all licensed establishments and to ban alcohol drinking at home when children are about."

"Not having it in convenience stores i.e. XXXXX right next to sweets/snacks etc."
"Moving the alcohol aisle in large shops to the end the aisle instead of the one opposite entrance."
"Not having alcohol at the point of sale on the end of aisles."
"Having alcohol only section so unless over 18 you should not be in the aisle."
"Also pubs actually ID'ing people many 16 year olds in pubs."

"Stiff penalties for anyone selling drink to those underage."
"Stiff penalties for parents permitting underage drinking outside the home."
"Secret shoppers seeing where alcohol is being sold."
"Undercover at local halls and festivals where kids drinking is rife."

"A shift in attitudes that sees alcohol being consumed in moderation at meal times, and being ok to decline an alcoholic drink without being pressured to fit in may help. Additionally, if attitudes were to follow this approach, licensing hours could be relaxed to prevent binge drinking at last orders time."

The numbers who completed this section of the questionnaire clearly had something to say about protecting children and so a fuller analysis is provided in a separate report.[24] As expected the members of the public gave a range of views and were not always in agreement, however, there was a unifying desire to protect children from the harms of alcohol. A pragmatic approach to managing the volume of information was to sample the responses.

The importance of parenting and being a role model came out as the top issue followed by recognising the influence of advertising (i.e. through TV, the cinema and other forms of media). Some of the suggestions proposed about creating healthy public policy are out with the gift of the licensing board but many are not, for example, reducing overall capacity and restricting the sale of alcohol at sporting events or events targeted at children and families.

The responses to this question show an appetite for changes to licensing in order to protect children and families.

4. Summary

In developing this report it is recognised that alcohol has an important place in Highland culture and contributes significantly to the local economy. The four recommendations are intended to tackle the overprovision of alcohol and to reduce alcohol-related harm.

The levels of alcohol-related health harm in the Highland Council area remain of serious concern. In 2013 we were able to report a slight downward trend in some of the data, for instance mortality and hospital admission rates. In 2018 the mortality data is showing a slight worrying increase in numbers (cannot be seen as a trend) and the hospital admission rates remain similar but on a par with the overall Scotland position. Furthermore, standardised death rates comparing Scotland and selected European countries, show that Scotland has one of the highest mortality rates from chronic liver disease and cirrhosis in Europe.

An estimated 34.5% of men and 16.7% of women were drinking above the recommended maximum of 14 units per week. This equates to 68,000 adults in Highland (25.0%) drinking at hazardous / harmful levels, a rate comparable to Scotland (25.3%) as a whole.

An estimated 20.5% of men and 11.8% of women in Highland report binge drinking. The Highland figure for all adults is statistically significantly lower than the Scotland average, 16.0% compared to 19.6% respectively. Applying these data to mid-year population estimates equates to 43,000 adults in our local population regularly binge drinking.

Data for the nine community partnership has become available since 2013 such as Alcohol-related mortality and hospital admission rates which help understand local variations. The only significant differences found are as follows:

- Mid Ross has a lower mortality rate
- Badenoch and Strathspey and Nairn and Nairnshire have lower than average alcohol-related admission rates
- Caithness and Inverness have higher than average alcohol-related admission rates.

Similarly a breakdown of accidental dwelling fires where impairment due to suspected alcohol/drugs use was a contributory factor by Highland Area Committee has become available. The areas where the greatest numbers of fires occur are Inverness (49) and Ross and Cromarty (23). The highest levels of alcohol-related dwelling fires, expressed as a proportion of all accidental dwelling fires, are found in Skye (21%) and Inverness (16%).

There have been over 260,000 police incidents recorded during 2014-15 with 24,000 (9.1%) marked as being alcohol-related. Although there has been a decrease in the number of recorded incidents, the proportion related to alcohol have remained at a relatively consistent level.

The impact of the downward trend of on-sales and upward trend of off-sales is important and should be considered in developing the policy statement. Furthermore this report provides evidence of the population's ease of access to alcohol because 98% of the population of Highland are within a fifteen minute drive time of a licensed premise.

The results from the public survey indicate that the public are aware of the harmful drinking culture, concerned that there are enough places selling alcohol in the area where they live, and agree that when alcohol is more available people tend to drink more. The members of the public who responded to the survey are also concerned about the impact of alcohol on children and family life and are not adverse to introducing further restrictions such as no alcohol sales at sports events or other places where children are present.

There is improving local evidence of the impact of alcohol-related harm on communities across Highland. The Highland Alcohol and Drugs Partnership (HADP) have developed local profiles to support local partnerships and contribute to a better understanding of the impact of alcohol on local communities. HADP also manage an agreed set of indicators that will help with future analysis.

5. Recommendations

The Highland Licensing Board accepts the information provided within this assessment when formulating the Board's next Policy Statement.

Option 1
The Highland Licensing Board should consider in relation to off-sales the overall supply of alcohol in Highland as well as individual premises and agree that the current supply is sufficient. To limit the supply, no more off-sales licenses are agreed, where the sales capacity is 40 square meters and over.

Key Evidence

- Standardised mortality rates for Scotland in comparison to European rates (Figure 5)
- Alcohol-related mortality and alcohol-related hospital admission rates (Figure 3 and Figure 4)
- Increased supply of alcohol through off-sales trade sector (Figure 2)
- Alcohol accounts for 8% of the overall disease burden in Scotland (Figure 1)
- Highland patterns of harmful drinking (Table 8 and Table 9)
- Alcohol related incidents recorded by the police (Table 2)
- Population access to alcohol licensed premises; 5 minute drive and walk times (Table 12)
- Public opinion suggesting a willingness to accept a change to licensing practice and protect children from harm (Section 3.8)

Option 2
The Highland Licensing Board should consider in relation to off-sales the overall supply of alcohol in Highland as well as individual premises and agree that the current supply is sufficient. To limit the supply, no more off-sales licenses are agreed, where the sales capacity is 30 square meters and over.

Key Evidence

- As option 1

Option 3
The Highland Licensing Board should consider in relation to off-sales the overall supply of alcohol in Highland as well as individual premises and agree that the current supply is sufficient. To limit the supply, no more off-sales licenses are agreed, where the sales capacity is 40 square meters and over, AND no more on-sales are agreed in the areas of Caithness and Inverness which have higher than average alcohol-related admission rates.

Key Evidence

- As option 1
- Alcohol- related mortality and hospital admission rates for Highland Community Partnership area (Table 10)

Option 4

The Highland Licensing Board should consider in relation to off-sales the overall supply of alcohol in Highland as well as individual premises and agree that the current supply is sufficient. To limit the supply, no more off-sales licenses are agreed, where the sales capacity is 30 square meters and over, AND no more on sales are agreed in the areas of Caithness and Inverness have higher than average alcohol-related admission rates.

Key Evidence

- As option 1
- Alcohol- related mortality and hospital admission rates for Highland Community Partnership area (Table 10)
- Off-sales premise license capacities (Figure 8)

Option 4 is the NHS preferred option.

Finally, the Licensing Board agrees to receive future reports on the impact of alcohol harm as the data sources continue to be developed.

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Thank you to the Highland Alcohol and Drugs Partnership for their support and guidance.

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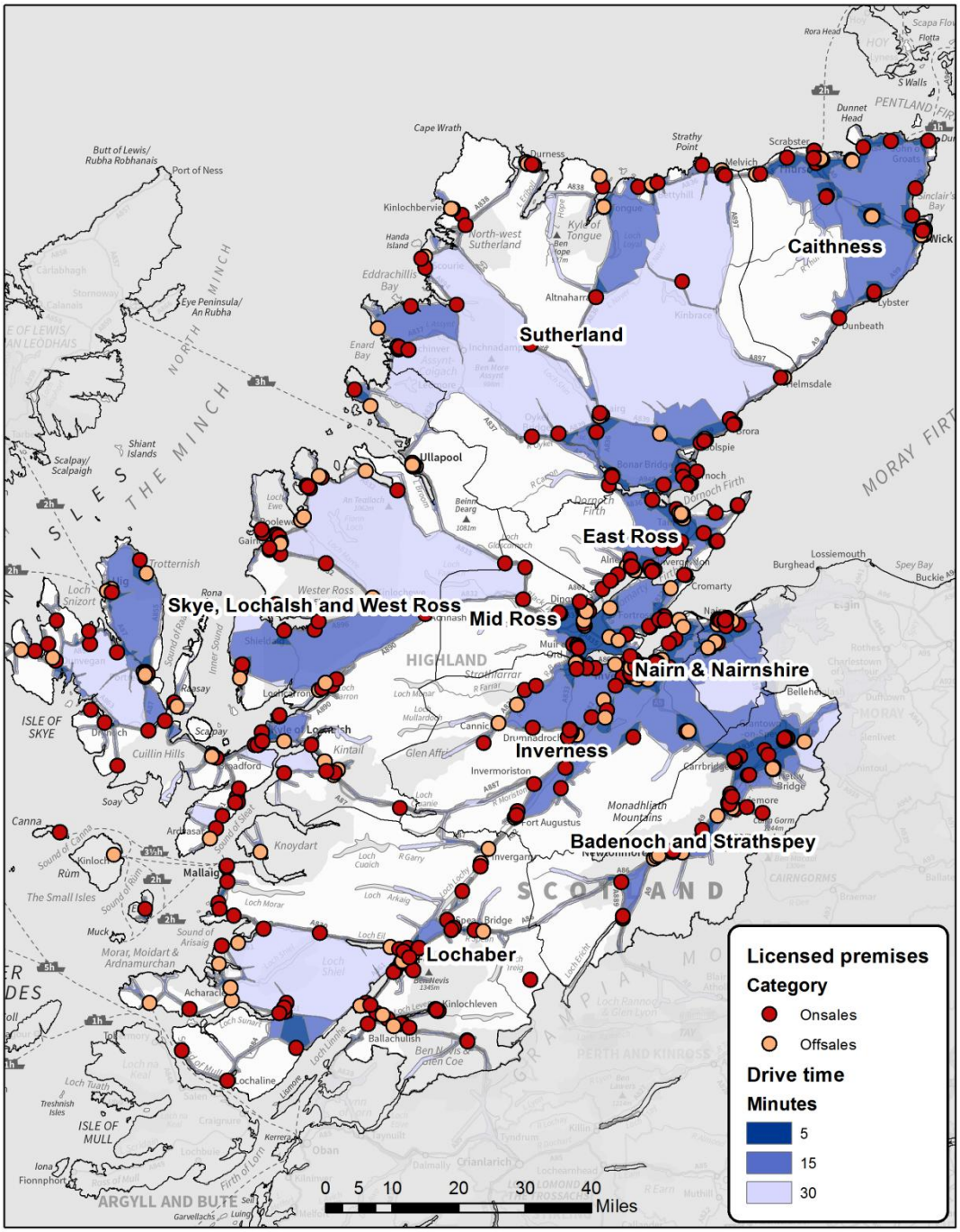
Appendix 1: Drive time extents from locations licensed to sell alcohol in Highland[23]



Drive time areas from Licensed Locations in Highland	
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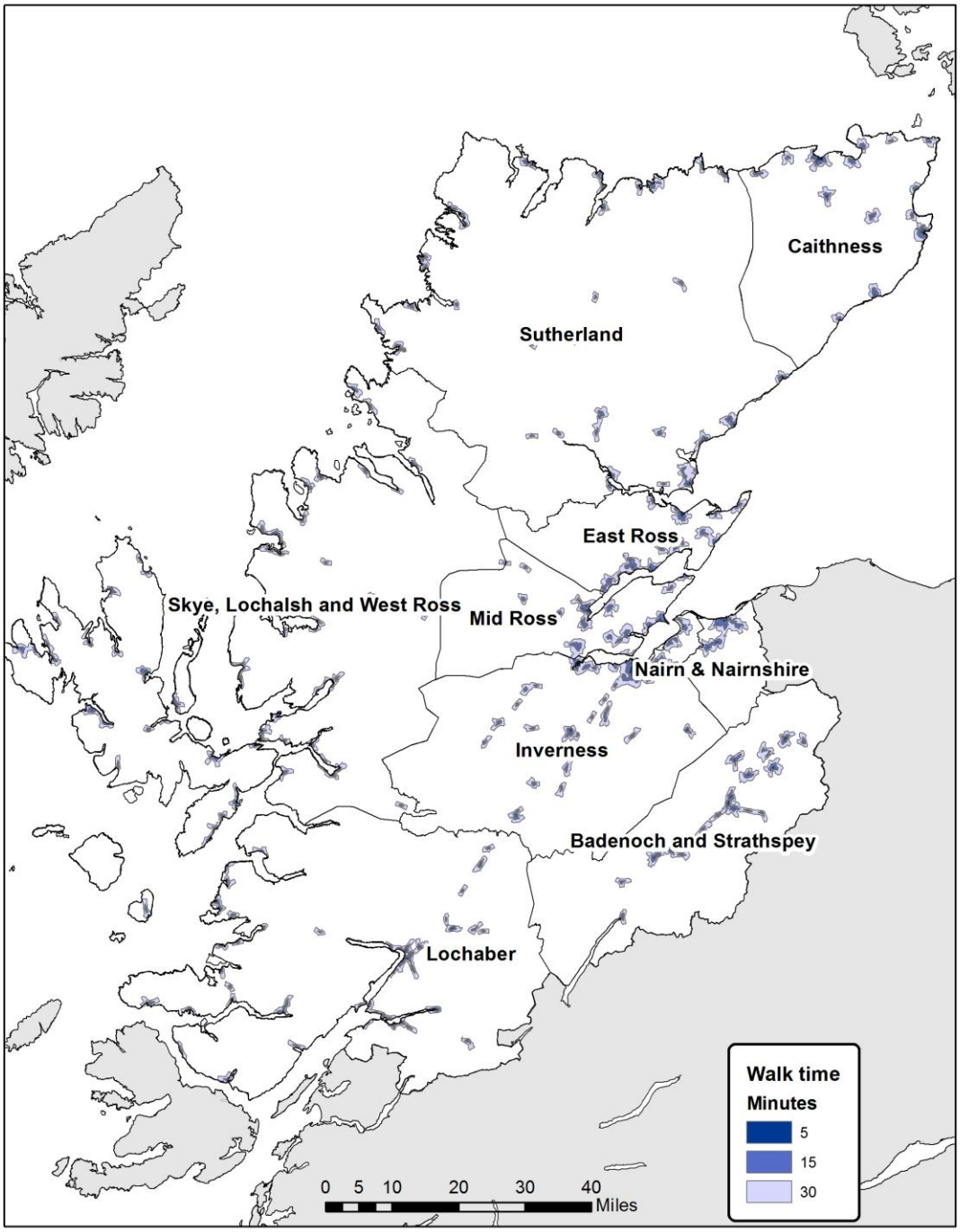
Appendix 2: Walk time extents from locations licensed to sell alcohol in Highland[23]



Walk time areas from Licensed Locations in Highland

NHS Highland

Directorate of Public Health
Health IntelligenceTeam
Larch House, Inverness

Date: April 2018