WEST DUNBARTONSHIRE LICENSING BOARD

Report by the Clerk to the Licensing Board

Licensing Board : 25 October 2011

Subject: Update of Alcohol Sales and Price Band Analyses Report by NHS Health Scotland.

1. Purpose

1.1 To advise Members of new data published by NHS Health Scotland in August 2011 detailing the volume of pure alcohol sold in premises across a range of price bands for main drink categories. This provides information on trends.

2. Background

2.1 NHS Health Scotland was asked by the Scottish Government to prepare a baseline report on alcohol sales figures. These figures, obtained from sales data derived from electronic sales records and retail outlet sampling provided by the Nielsen Company and CGA Strategy, describe trends in alcohol sales in Scotland and England. Such data is already used by major licensing traders such as supermarkets to influence their sales policy. From the Scottish Government's point of view this data helps inform policy, such as the level of minimum pricing.

3. Main Issues

- 3.1 The report is attached at Appendix 2 and a briefing note summarising its key points and conclusions is attached at Appendix 1. The key points are:
 - a) In 2010 11.8 litres (22.8 units per adult per week) of pure alcohol was sold per adult in Scotland compared with 10.7 litres in 1994, being an increase of 11%. Most of this increase occurred between 1994 and 2005 with a broadly stable trend thereafter. It should be noted that the recommended upper weekly limit is 21 units for men and 14 units for women. Bearing in mind the fact that a significant number of the population do not drink, the inevitable conclusion is that the majority of Scotland's population are drinking significantly in excess of the recommended weekly limits.
 - b) In England and Wales, per adult sales, were 9.6 litres in 2010 (18.5 units per adult per week). Sales have been declining since 2005 in England and Wales. Since then on-trade sales declined at a slower rate in Scotland and there was a consistent pattern of higher off-trades sales in Scotland. The present figures show an increase in the disparity between England and Scotland in terms of alcohol consumption, with per adult sales being 23% higher in Scotland.

- c) In Scotland on-trade sales of pure alcohol decreased by 28% from 5.5 litres in 1994 to 3.9 litres in 2010, whereas off-trade sales increased by 52% over the same time period, from 5.2 litres in 1994 to 7.9 litres in 2010. About 67% of all pure alcohol sold in Scotland in 2010 was sold through the off-trade. Other statistics show that 66% of all off-sales is sold from five main supermarkets.
- d) The upward trend in off-trade sales per adult was driven by a more than two fold increase in off-trade of wine sales (from 1 litre to 2.6 litres).
- e) Other notable differences in Scotland are as follows. Firstly, 1.1 litre of the off-trade difference between Scotland and England was due to higher per adult sales of spirits. Vodka explained 38% of the difference in off-trade sales, per adult sales of vodka through the Scottish off-trade being almost 2.5 times higher than in England and Wales.
- 3.2 The data on pricing levels is interesting in relation to minimum pricing. Higher off-trade sales (compared to on-trade sales) were particularly marked in the 30 to 44.9 pence per unit range and for spirits, especially vodka. In 2010 the average price of a unit of alcohol through the off-trade in Scotland was 45p per unit and 134p per unit through the on-trade. A minimum unit price of alcohol would therefore impact much more on off-trade sales than on on-trade sales. However it should be noted that as the price of alcohol increased between 2008 and 2010, the proportion of alcohol sold through the off-trade under different price thresholds changed. In 2008, 57% of off-trade sales were sold at less than 40 price per unit (ppu) and 81% at less than 50 ppu. By 2010 this had dropped to 45% at less than 40 ppu and 73% less than 50 ppu. The conclusion is that if a minimum price unit was to be introduced, changes in alcohol prices and disposable incomes would need to be monitored to assess whether they might influence the potential effect of a minimum unit price on consumption and harm.
- 3.3 At the recently held health impact assessment of the Board's Licensing Policy Statement some interesting local statistics were provided by Dr Catherine Chiang of Greater Glasgow and Clyde NHS Board. This included:-
 - a) Survey information was that 42% of males and 34% of females were exceeding recommended weekly limits for alcohol consumption in Scotland. The West Dunbartonshire figures were 62% for males and 51% for females.
 - b) Binge drinking was particularly common in younger drinkers and males.
 - c) Out of 408 local authority areas across the UK, West Dunbartonshire Council had the fifth alcohol related death rate for males (previously third) and had the twelfth worst for females.

d) In-patient admissions relating to alcohol peaks on a Saturday and Sunday across the Health Board area. However within West Dunbartonshire the peaks were Monday and Thursday. This could be due to three causes. Firstly, it could be due to a larger in number of admissions due to chronic alcohol problems not directly linked to weekend binge drinking. Secondly, it may be that more binge drinking is going on throughout the week in West Dunbartonshire. Thirdly, this may reflect the fact that benefits are often paid on these days.

Proposals

- 3.4 While the report is for noting, the information is consistent with the information obtained by West Dunbartonshire Local Licensing Forum and the Licensing Board as part of its Overprovision Assessment. The figures demonstrate that on average every single member of Scotland's population over the age of 18 is exceeding the recommended weekly limits. This supports the "whole population" approach taken by the Forum and the Board in attempting to identify the health impacts of alcohol across the whole population of West Dunbartonshire, rather than just focussing on specific problem areas. The logic of the whole population approach is that if the whole population are targeted by measures, less of the population will become alcohol dependant, cultures will change and problems associated to alcohol misuse may be reduced.
- 3.5 The figures also tend to demonstrate that the off-trade, particularly the largest supermarkets have an increasing share of total market sales across Scotland. It also shows the increasing price discrepancy between the off-trade and onsales. In turn this leads to a changing drinking culture of greater drinking at home and pre-loading on cheap supermarket alcohol prior to visiting on-sales.
- 3.6 Interestingly a large proportion of the increase in off-sales was driven by increased sales of wine. Wine sales are generally not at the lowest price per unit, possibly masking the fact that most sales of beer, cider, vodka and many other spirits are at a low price per unit.
- 3.7 While alcohol sales appear to have stabilised since 2008 it is understood that alcohol related hospital admissions continue to increase. With one of the fastest growing rates of liver disease and cirrhosis in the world the Chief Medical Officer for Scotland recently added alcoholic liver disease to the list of 'big killers' alongside heart disease, stroke and cancer.

It is noted that alcohol sales have marginally reduced since 2008, when prices started to rise. It will be interesting to see if this supports the argument for minimum pricing.

4. People Implications

4.1 There are no people implications.

5. Financial Implications

5.1 There are no financial implications.

6. Risk Analysis

6.1 This report supports the approach taken by the Forum and Board to overprovision. It highlights the significant challenges facing Scotland and West Dunbartonshire in dealing with alcohol. One risk is that the recent case of Brightcrew v City of Glasgow Licensing Board will make it more difficult to use the licensing legislation to try and deal with this problem. Brightcrew held that the contents of licensing policy must be directly linked to the sale of alcohol and any decision in relation to an individual premises must be directly linked to the sale of alcohol in those premises. It is often difficult to link alcohol related health problems of the community to the sale of alcohol in individual premises, particularly when pre-loading is so prevalent.

7. Equalities, Health & Human Rights Impact Assessment (EIA)

7.1 The report is merely for noting and if these figures are included in any future Board Policy it will be subject to equalities screening and if necessary an Equalities Impact Assessment.

8. Strategic Assessment

8.1 West Dunbartonshire's alcohol related problems have an impact on the area's ability to attract new business, to train a suitable workforce, on work absence rates and on the attractiveness of the area as a place to live. All of these issues impact on regeneration of West Dunbartonshire,

9. Conclusions and Recommendations

- 9.1 The data published by NHS Health Scotland is consistent with that obtained by the Forum and Board in the 2010 Overprovision Assessment. It should be borne in mind that many of the figures obtained for the overprovision assessment showed that most areas of West Dunbartonshire had significantly worse alcohol related health, crime and disorder figures than elsewhere in Scotland. As such the Scotlish average figures contained in this report are likely to be considerably worse in West Dunbartonshire.
- 9.2 The report supports the conclusion of the overprovision assessment that most of the health related problems are driven by sales of cheap off-sales alcohol, the bulk of which is sold by large supermarket chains.

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Appendices: Appendix 1 – NHS Health Scotland: An update of alcohol

sales and price band analyses data

Appendix 2 – NHS Health Scotland: An update of alcohol

sales and price band analyses report

Background Papers:

Wards Affected: All