

Overprovision Evidence to the West Dunbartonshire Licensing Board from NHS Greater Glasgow and Clyde and West Dunbartonshire HSCP

February 2023

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Summary

West Dunbartonshire Population Profile

- West Dunbartonshire has an aging population. Life expectancy is lower than the Scottish average. The proportion of working age population on out of work benefits is higher than the Scottish average.
- West Dunbartonshire has the fourth highest (in Scotland) local share of the most deprived SIMD (Scottish Index of Multiple Deprivation) datazones.
- People living in more deprived areas experience greater levels of alcohol related harm

Current Trends in Alcohol Consumption

- Accurate alcohol consumption data is not available for West Dunbartonshire. The best proxy indicator is consumption data for NHS GGC from the Scottish Health Survey. Self-reported survey data usually obtains lower estimates than sales data. 23% of adults (31% of men and 16% of women) report drinking at hazardous or harmful levels (defined as over 14 units per week), but the true proportion is likely to be higher.
- 85% of alcohol is sold in supermarkets and off-sales.

Alcohol Related Health Impact in West Dunbartonshire

- The rate of alcohol-related hospital admissions in West Dunbartonshire is higher than the Scottish average.
- In 2021, 40 alcohol specific deaths were recorded in West Dunbartonshire. This is the highest number of alcohol specific deaths in the time period from 2010. Alcohol specific death rates for West Dunbartonshire remain higher than for Scotland as a whole.
- Female alcohol specific death rates are rising rapidly whilst the male rate is in decline and is the lowest since 2002.
- Rates of alcohol related mental health hospital admissions are higher than the Scottish average and have consistently been higher for the available time period (2013-2022)
- The highest rates of alcohol ambulance calls are for males in the age groups 35-44 and 55-64.
- The impact on children and families of non-dependent parental drinking has been highlighted by research. Locally, concerns about parental alcohol use

continue to be identified at a number of case conferences for children on the child protection register.

Alcohol Related Impact in West Dunbartonshire by Intermediate Zone

- The 2011 Intermediate Zones have not changed in size significantly in the last 2 years. The population sizes range from an estimated 3,464 for IZ05 to 7,162 for IZ12.
- All Intermediate Zones have residents living in SIMD 1 and 2 areas.
- An analysis of the three main alcohol related health indicators has been undertaken by Intermediate Zone. All Intermediate Zones have two or more indicators worse than the Scottish average except for IZ05 (Goldenhill, Parkhall North, East Kilbowie & Hardgate Central) and IZ07 (Duntocher & Cochno).

1 Introduction

1.1 Background

With the increase of alcohol related harm in Scotland during the mid 2000s the Scottish Government co-ordinated a strategic approach to reduce overall alcohol consumption and harm. Changing Scotland's Relationship with Alcohol: A Framework for Action was published in 2009 and three Parliamentary Acts were passed. The approach was evidence based and contained the main strategic elements advocated by the World Health Organisation's Global Strategy to Reduce the Harmful use of Alcohol.

The Licensing (Scotland) Act 2005 was implemented in September 2009 and introduced five licensing objectives which should underlie both Licensing Policy Statements and the decision made on Premises Licence Applications. These objectives are:

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

Licensing boards must publish a statement of their licensing policy which must seek to promote the five licensing objectives. The Licensing Act, therefore, places a direct obligation on local licensing boards to consider the protection and improvement of public health when granting or reviewing licenses.

The policy statement must also include a statement on overprovision of licensed premises within its area and the licensing board must subsequently pay regard to the content of the policy statement when making licensing decisions.

1.2 Strategic Context

The Licensing Board Policy and Overprovision Statement are connected with and make an important contribution to a number of national and local policies and strategies.

At a national level, a number of policies and strategies were introduced in 2018 that will co-exist with the updated Licensing Policy Statement. The Scottish Government published Scotland's top six [Public Health Priorities](#), which highlighted that substance use, including alcohol, is a major cause of preventable harm nationally. To address this, [Minimum Unit Pricing](#) was introduced in May 2018, followed by the [Alcohol Framework 2018](#) and [Rights, Respect and Recovery](#) later in the year. Also,

since 2018, it has been a Ministerial Priority to reduce the attractiveness, access and availability of alcohol.

In addition, the [Community Empowerment \(Scotland\) Act 2015](#) details a range of ways in which local communities can get more involved in the design and delivery of services in their local areas and the [Fairer Scotland Duty](#) places a legal requirement on public bodies to actively consider and reduce inequalities. At a local level, the Licensing Board Policy will impact on locality plans developed to support implementation of the [West Dunbartonshire Plan for Place 2017 – 2027 \(Local Outcome Improvement Plan\)](#) as required by the legislation. The plan places an emphasis on tackling health inequalities, placing specific duties on Community Planning Partners to act with a view to reducing inequality of outcomes.

The [West Dunbartonshire Council Strategic Plan 2022-2027](#) also highlights health inequalities as a key concern and focusses on the following 4 strategic priorities: strategic priorities:

- Resilient and thriving communities who support each other and take responsibility for their local area
- A need to protect and enhance our environment in response to climate change
- A strong, flourishing and sustainable local economy which reflects the demands of a changing population
- Inclusive and adaptable local government working efficiently and effectively to improve outcomes for communities

The [West Dunbartonshire Health and Social Care Partnership Strategic Plan 2019-2022](#) vision is to improve the lives of people in West Dunbartonshire by delivering actions under the following strategic priorities:

- Early Interventions
- Access
- Resilience
- Assets
- Inequalities

The [West Dunbartonshire Substance Use Prevention Strategy 2018-2027](#) aims to prevent, delay or reduce use of substances and reduce related harm. This will be achieved directly or indirectly using a variety of approaches (policies, programmes and/or activities). The strategy has specific actions to reduce alcohol availability by supporting alcohol licensing policy development, including overprovision and its implementation whilst responding to applications as required.

The [West Dunbartonshire Community Planning Partnership Integrated Children's Services Plan 2021 – 2023](#) strategic priorities to improving outcomes for West Dunbartonshire's children and young people include:

- Ensuring the wellbeing and safe care of all children and young people
- Improved attainment and achievement for all children and young people
- Ensure all children and young people have a safe and stable home environment
- Respecting the voices of all children and young people in their life choices

1.3 Purpose

This report collates and presents the current data available in relation to alcohol and public health. It has been gathered by and on behalf of NHS Greater Glasgow and Clyde and West Dunbartonshire HSCP fulfilling its duty as a statutory consultee to the West Dunbartonshire Licensing Board. It provides an overview of the main indicators available presenting a picture of alcohol related health harm in West Dunbartonshire and aims to support the development an evidence-informed policy.

2 Method of Data Collection

Data and other information on alcohol consumption and impact over the past five years was identified and collated from a range of local and national sources. Where possible the most recently available data has been used, however on occasion data older than five years has been referenced where the content still provides valuable evidence. Where data has been affected by the coronavirus pandemic, this will be highlighted throughout the document. As different information sources have different publishing schedules the most up to date information available at time of writing is provided. Where available, data is presented for West Dunbartonshire and where this has not been possible, data for NHSGG&C or Scotland is provided as a proxy indicator. In addition, where relevant, latest research evidence has been included. A glossary of terms and explanation of data limitations is provided.

3 West Dunbartonshire Population Profile

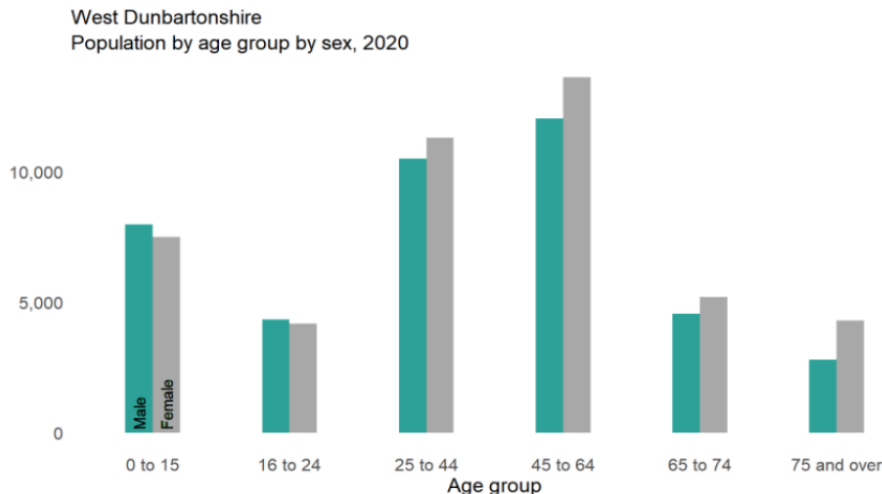
Key Finding:

- By 2043, the population of West Dunbartonshire is projected to decrease by 7.4% to 82,537 (from 89,130 in 2018).
- The average age of the population of West Dunbartonshire is projected to increase as more people are expected to live longer.

3.1 Age

West Dunbartonshire's population 88,340 (June 2020), which accounts for 1.6% of the Scottish population. In contrast to Scotland as a whole, the population of West Dunbartonshire has been declining steadily (6% since 2000). This is due to fewer babies being born each year and more people moving out of the area than moving in.

Figure 1: Population by age and sex (National Records for Scotland, 2021)



Source: [National Records of Scotland \(2021\)](#).

West Dunbartonshire has an ageing population. In terms of overall size, the 45-64 age group was the largest in 2020, with a population of 25,646 (29%).

3.2 Gender

In keeping with the Scottish picture, there are more females (52.2%) than males (47.8%) living in West Dunbartonshire. The gender split begins to widen with increasing age from the 25-44 age group onwards.

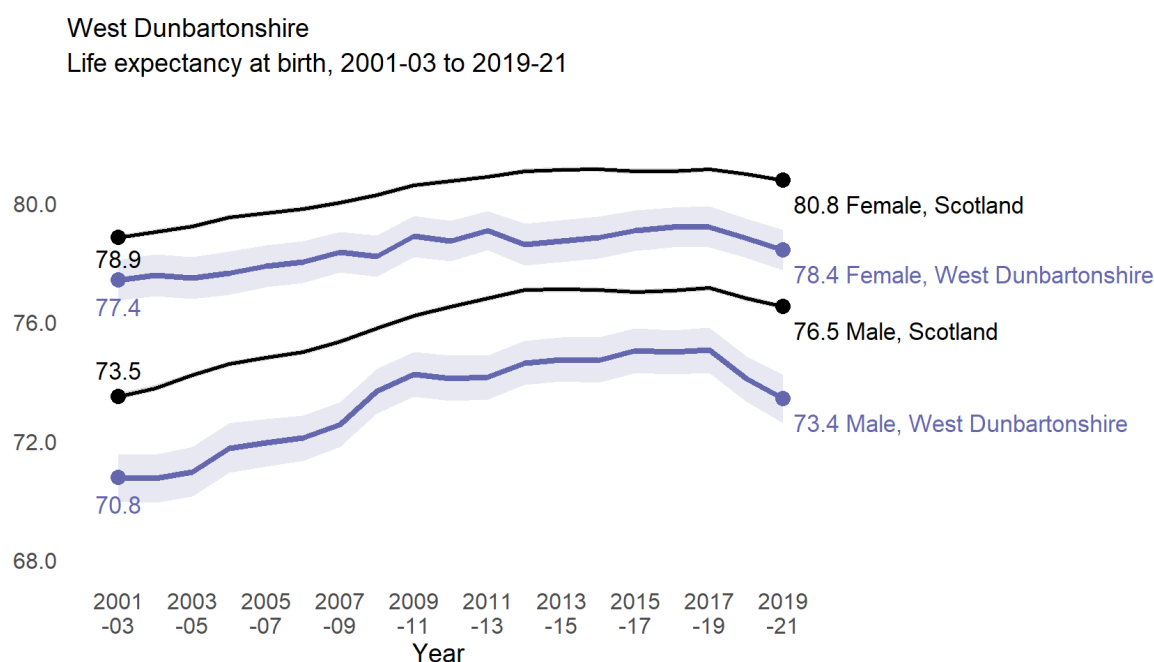
3.3 Ethnicity

There is a very small minority ethnic population in West Dunbartonshire. In the 2011 Census, the majority of residents (93%) of West Dunbartonshire identified as being white Scottish, and 1.5% identified as being Asian, Asian Scottish or Asian British, or 'other ethnicity'. This is lower than Scotland which is 4%. In terms of nationality, an estimated 3.4% of the local population are non-British, compared to 8% in Scotland.

3.4 Life Expectancy

Life expectancy in West Dunbartonshire is lower than the Scottish average (Female 80.8 years: Male 76.5 years). Female life expectancy at birth is the second lowest in Scotland at 78.4 years. Similarly, male life expectancy is also the second lowest at 73.4 years (National Records of Scotland, 2022). For both males and females' life expectancy is falling.

Figure 2: Life Expectancy (West Dunbartonshire v Scotland)



Source: [National Records of Scotland, 2022a](#)

3.5 Employment

West Dunbartonshire has a slightly lower percentage of the population who are economically active (74.2%) compared to the Scottish average of (76.1%). 77.4% of males were economically active during this time period compared to 71.3% of females. The Scottish equivalent figures were 79.3% for males and 73.1% for females ([Nomis](#))

3.6 Deprivation

Key Findings:

- West Dunbartonshire has the fourth highest (in Scotland) local share of the most deprived SIMD (Scottish Index of Multiple Deprivation) datazones.
- People living in more deprived areas experience greater levels of alcohol related harm

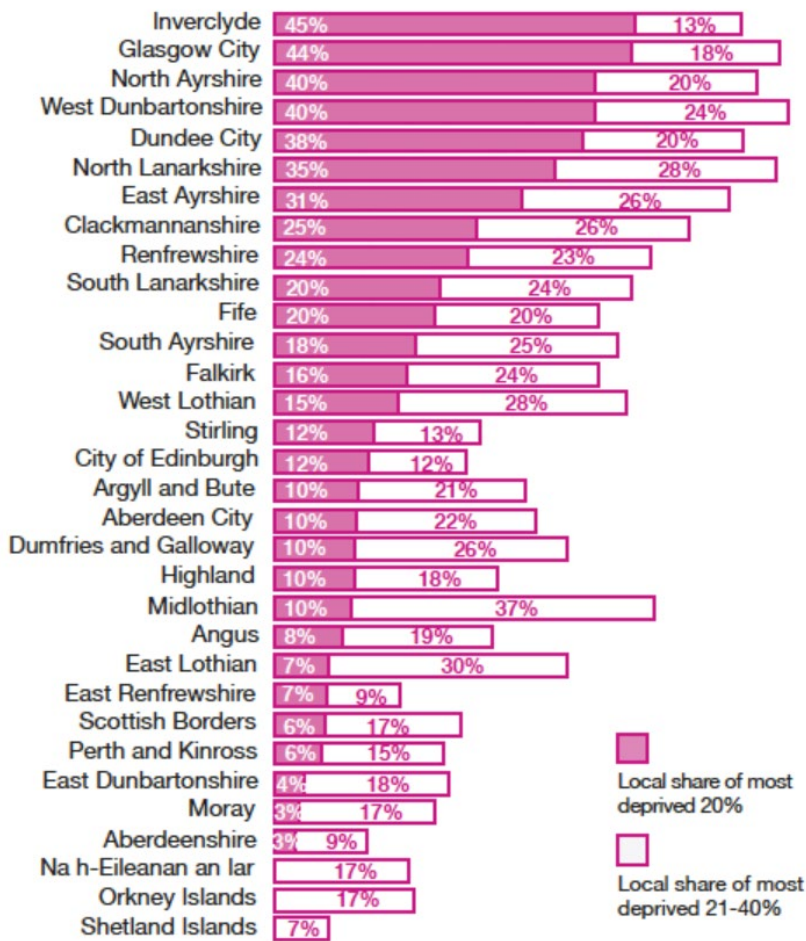
SIMD 2020 provides an analysis of deprivation across Scotland based on 6,976 data zone areas across Scotland.

West Dunbartonshire has 48 data zones in the most deprived 20%. Compared to other local authorities in Scotland, West Dunbartonshire contains the fourth highest local share of the most deprived datazones (below only Inverclyde, Glasgow City and North Ayrshire – see chart on next page) and contains the highest share of the 40% most deprived datazones (see pink and white area combined).

The association between alcohol and deprivation is complex. Several studies have shown that the more deprived an area, the lower the levels of alcohol consumption (Pollack et al, 2005). However, a Glasgow University study found that low socioeconomic status was associated with a greater risk of alcohol-attributable harms such as mortality or illness due to alcohol consumption (Vittal et al 2017).

Local data shows there are over four times as many hospital admissions and more than double the rate of alcohol specific deaths, when comparing those living in the most deprived areas of Scotland to those living in the least deprived areas (ScotPHO, 2022).

Figure 3: Percentage of Deprivation by Council Area



Source: [Scottish Government \(2020\)](#)

West Dunbartonshire has the fourth greatest local share of the most deprived datazones in Scotland. Additionally, West Dunbartonshire has the highest percentage of individuals residing in the 40% most deprived datazones.

4 Current Trends in Alcohol Consumption

Key Findings:

- Accurate alcohol consumption data is not available for West Dunbartonshire. The best proxy indicator is consumption data for NHS GG&C from the Scottish Health Survey. Self-reported survey data usually obtains lower estimates than sales data.
- 23% of all adults (31% of men and 16% of women) report drinking at hazardous or harmful levels (defined as over 14 units per week) Scottish Health Survey (2021) NHS GG&C.
- 85% of alcohol is sold in supermarkets and off-sales.

4.1 Adults

The consumption of alcohol is recognised as a major issue in Scotland, carrying a risk of physical and mental health problems, as well as potential negative social consequences. People who consume large quantities of alcohol have increased risks of high blood pressure, chronic liver disease and cirrhosis, pancreatitis, some cancers, mental ill-health and accidents. The current Chief Medical Officers' guidelines to keep health risks from drinking alcohol to a low level are 14 units per week for both men and women. They recommend spreading the units over three or more days and having drink free days, as heavy drinking sessions can increase your risk of death and long term illnesses and accidents and injuries (Department of Health, 2016).

Self-reported alcohol consumption data is problematic. Surveys usually obtain lower consumption estimates than those implied by alcohol sales data (Health Scotland, 2011). This can largely be explained by participants' under-reporting of consumption, due in part to not accounting for atypical / special occasion drinking. There is also some evidence that survey non-responders are more likely than responders to engage in risky health behaviours, including hazardous alcohol use (Cheung et al, 2017). In spite of this surveys do provide an indication about the social patterning of individuals' alcohol consumption.

Furthermore, accurate consumption data for West Dunbartonshire is difficult to obtain. A number of sources have been reviewed. It is difficult to make comparisons due the differences in questions used. It is also difficult to assess drinking levels in relation to the national guidelines as the questions and analysis do not always reflect the 2016 changes (from 21 units for men prior to 2016, to 14 units for both men and women from 2016 onwards).

Scottish Health Survey (NHSGG&C Data)

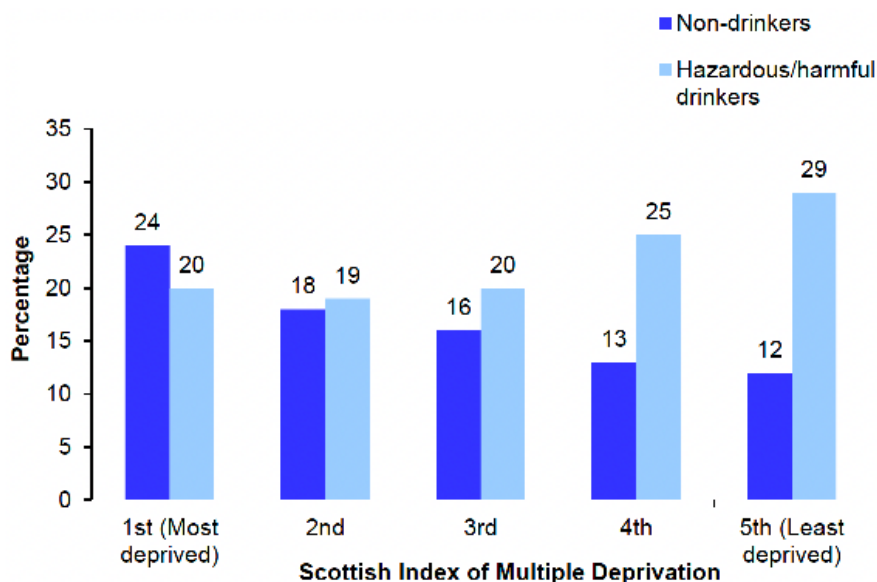
Accurate data on alcohol consumption for West Dunbartonshire is not available. The best proxy indicator is from the [Scottish Health Survey 2021](#)

Data on alcohol consumption from Scottish Health Survey (combined 2017 - 2021) suggest that harmful drinking (defined as consuming more than 14 units per week) in West Dunbartonshire is lower than NHSGG&C (24%) and Scotland (24%).

Additionally, the data (Scottish Government, 2021) shows:

- The mean number of units per week among drinkers in West Dunbartonshire is 11.2 with male drinkers' consumption considerably higher at 14.1 units compared to 8.6 units for females.

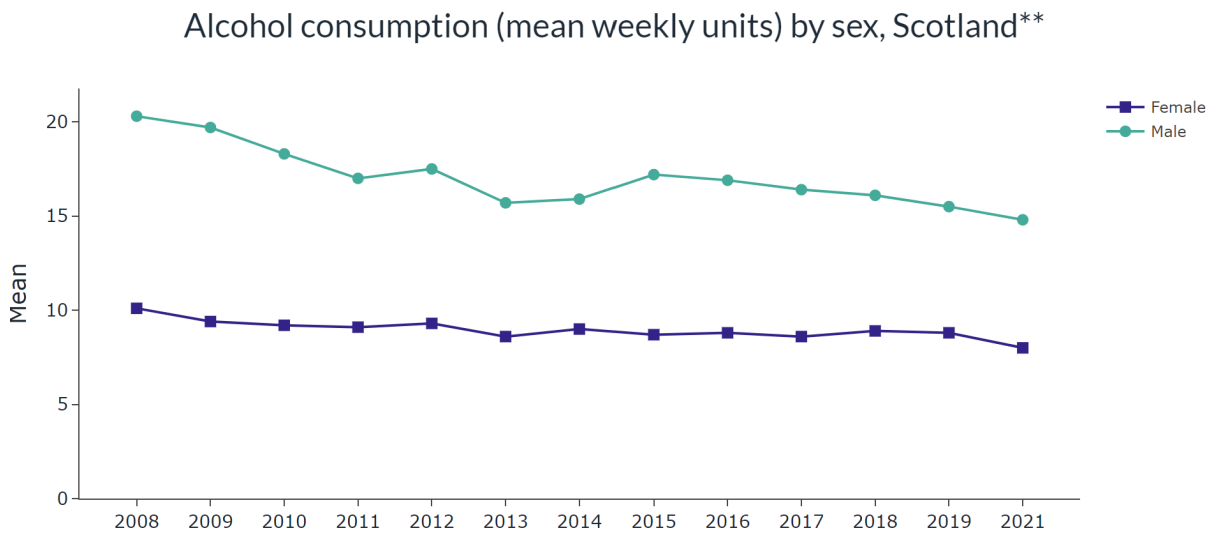
Figure 4: Weekly Alcohol Consumption by SIMD quintile



Source: [Scottish Health Survey, Scottish Government](#)

In Scotland, levels of harmful/hazardous drinking (defined as 14 units and over per week) increase with higher household income. There is a slight decrease in SIMD 2 areas however this rises again in the most deprived areas (SIMD 1).

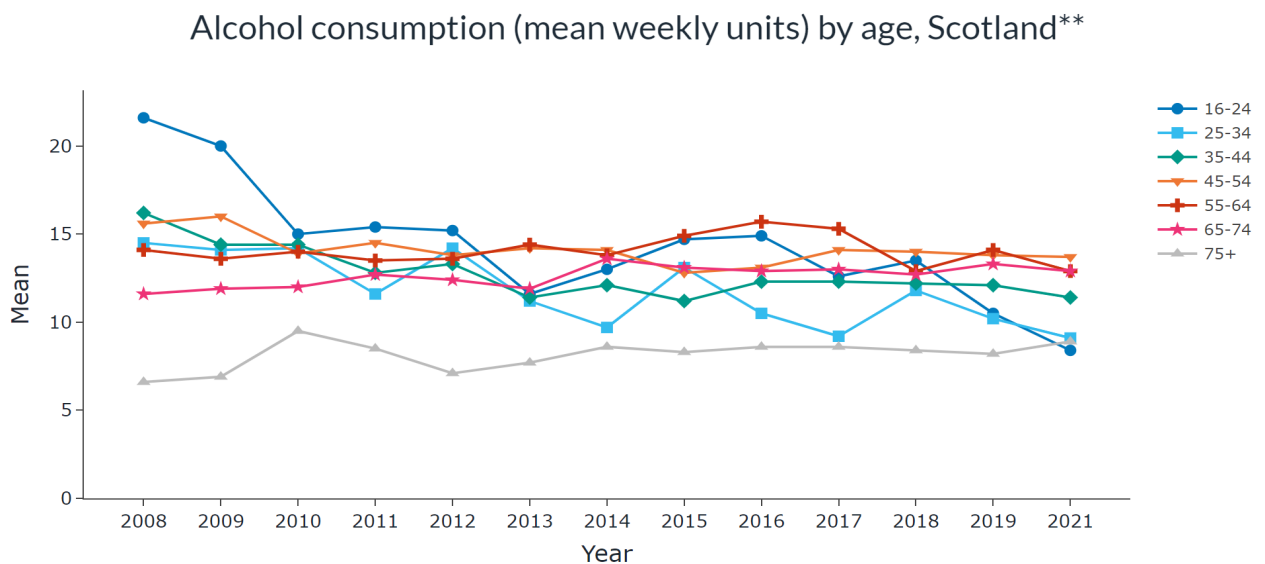
Figure 5: Alcohol consumption (mean weekly units) by sex, Scotland



Source: [Scottish Health Survey, Scottish Government](#)

The graph above shows nationally, since 2008 until 2021 males have consistently consumed more mean weekly units than females. Female consumption has been relatively static throughout the time period whilst male consumption has fallen overall (from a mean of 20 units in 2008, to 14.8 units in 2021).

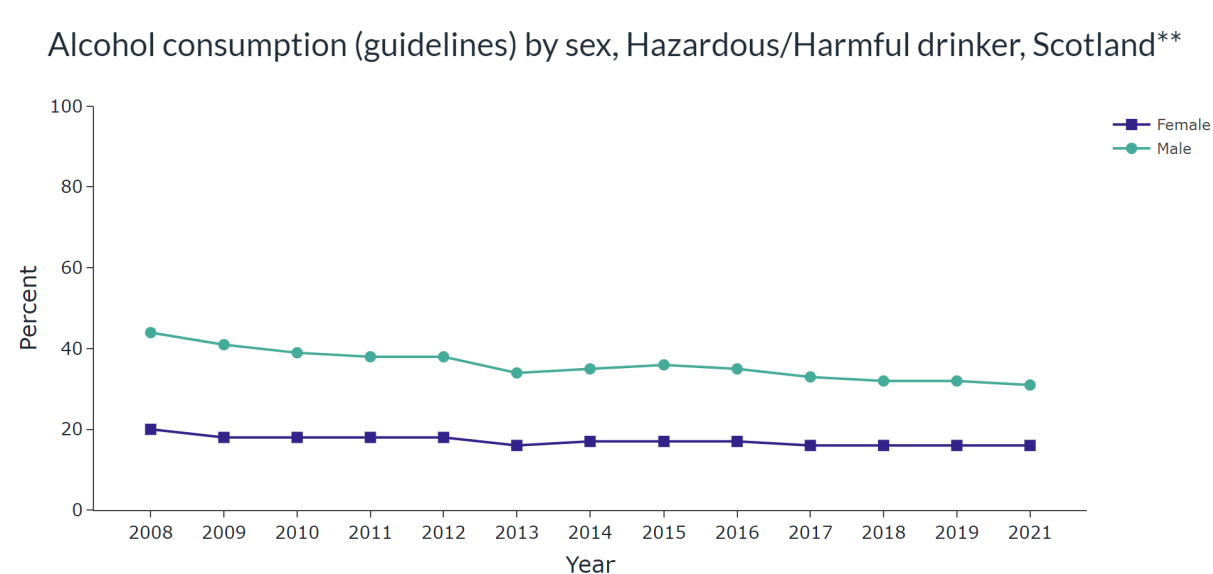
Figure 6: Alcohol consumption (mean weekly units) by age, Scotland



Source: [Scottish Health Survey, Scottish Government](#)

In Scotland, 45 to 74 year olds consume the most mean weekly units.

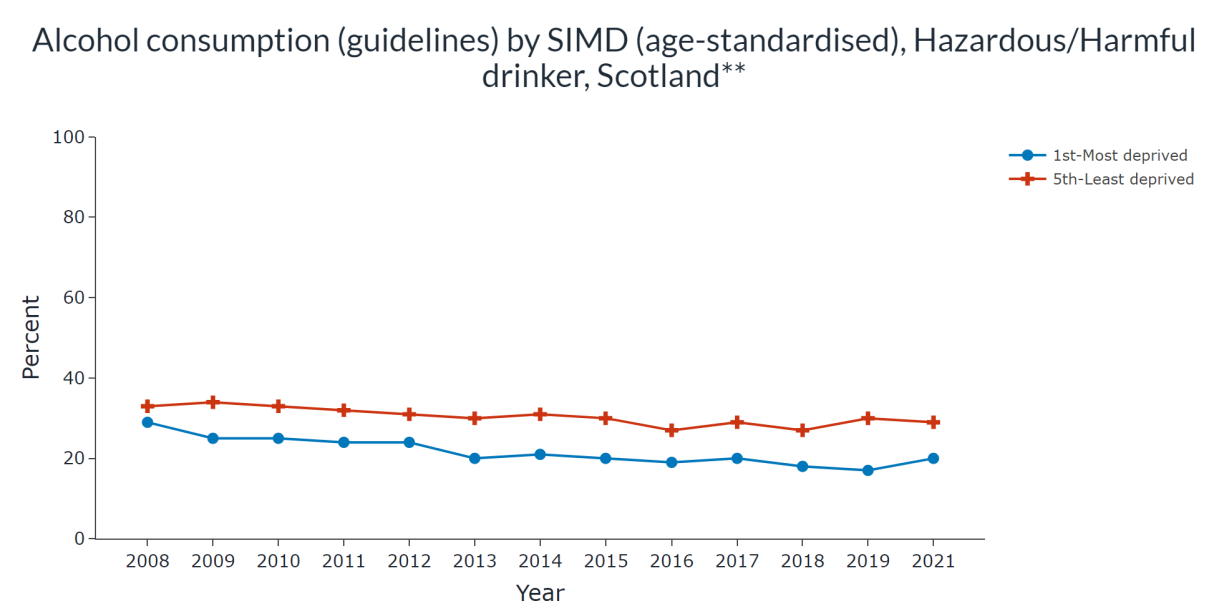
Figure 7: Alcohol consumption (hazardous/harmful), Scotland



Source: [Scottish Health Survey, Scottish Government](#)

Similar to alcohol consumption by mean weekly units, the graph above shows that nationally, males are more likely than females to consume alcohol at hazardous/harmful levels.

Figure 8: Alcohol consumption (hazardous/harmful) by SIMD, Scotland



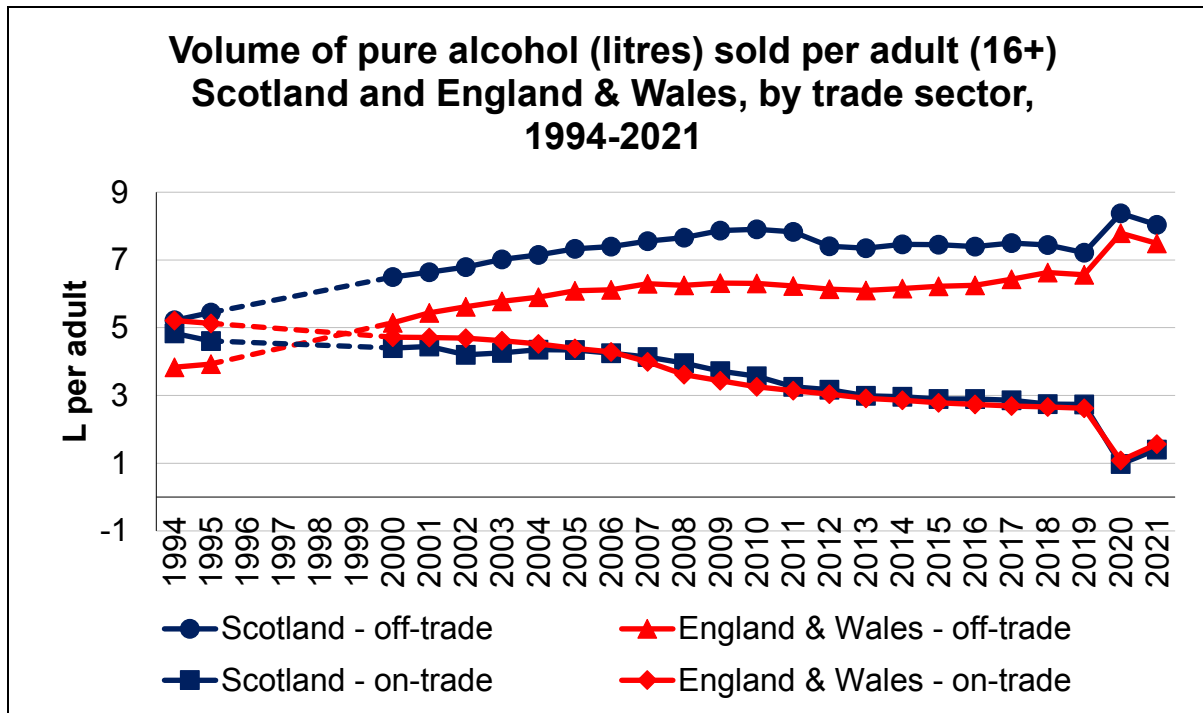
Source: [Scottish Health Survey, Scottish Government](#)

Nationally there are higher levels of reported hazardous/harmful drinking among those living in the least deprived quintiles, this is consistent over the available time period (2008-2021). However, [Katikireddi et al \(2017\)](#) highlighted disadvantaged social groups have greater alcohol-attributable harms compared with individuals from advantaged areas even with equal levels of alcohol consumption and after

accounting for different drinking patterns, obesity, and smoking status at the individual level. This observation is also known as the [Alcohol Harm Paradox](#) (Bloomfield, K 2020).

4.1.1 Alcohol Sales

Figure 9: Off-trade/On-Trade Sales – litres per adult, Scotland v England & Wales



Source: [Monitoring and Evaluating Scotland's Alcohol Strategy \(MESAS\), Public Health Scotland](#)(2022)

Scotland has consistently had greater pure alcohol volume sold in the off-trade than England & Wales. In the on-trade, the pure alcohol volume sold is the same in Scotland as it is for England & Wales, and it has consistently been the same since 2005.

Alcohol Sales and Harm in Scotland During the Coronavirus Pandemic

- Alcohol sales indicate that population-level consumption was above recommended levels. Between the start of COVID-19 restrictions in March 2020 and May 2021, 17 units (171 ml) of pure alcohol have been sold per adult each week on average, 16 (162 ml) of which have been from off-trade premises. This represents enough alcohol to put every adult in Scotland over the Chief Medical Officer's low-risk weekly drinking guideline
- Alcohol-related hospital stays were 7.3% (95% CI: 5.9% to 8.6%) lower in 2020 than the 2017–19 average.
- Rates of alcohol-related hospital stays decreased most for males, those aged over 45 years, and those living in deprivation quintiles 1 (most deprived), 2 and 4. In general, these groups had the highest rates of alcohol-related stays in 2017–19.

- Alcohol-specific deaths increased following the start of the pandemic. This was driven primarily by an increase in alcohol-specific death rates among males and those aged 45 to 64 years.
- Increased rates of alcohol specific death for some groups may support existing evidence that drinking at hazardous and harmful levels may have increased for some groups, despite consumption reducing at the population level.
- Of concern is the potential that groups with high levels of alcohol consumption before the pandemic may have increased their alcohol consumption, had reduced access to hospital treatment for alcohol related conditions, and potentially experienced higher rates of mortality as a consequence.

4.2 Young People

4.2.1 Planet Youth in Scotland

West Dunbartonshire is one of five pilot sites across Scotland as part of '[Planet Youth in Scotland](#)' (Icelandic Prevention Model). In West Dunbartonshire the pilot is led by WDC Education Services in collaboration with the Health Improvement Team and sits within the Substance Use Prevention Strategy Delivery Plan: Action Area 2 Healthier and Safer Environments.

The Planet Youth survey was completed during class time under exam conditions in October 2021 by S3 pupils in a West Dunbartonshire Secondary School

A summary of results that may be of interest to the Licensing Board is given below:

Alcohol Use – S3

- 61% have drunk alcohol in their lifetime
- 25% have drunk alcohol in the last 30 days
- 31% have been drunk in their lifetime
- 10% have been drunk in the last 30 days
- Average age of trying alcohol for the first time is 12.3 years

Location of Alcohol Consumption – S3

- 18% drink alcohol in their own home
- 17% drink alcohol at a party or other organised event
- 13% drink alcohol in the home of others
- 12% drink alcohol outdoors

Accessing Alcohol – S3

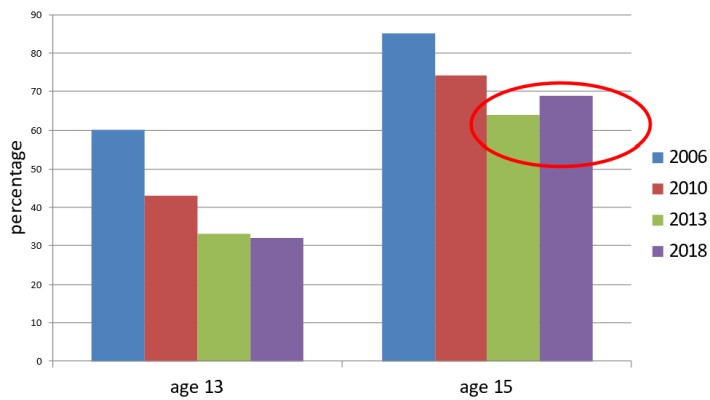
- 15% get alcohol from a family member
- 13% get alcohol from another adult
- 3% buy alcohol in a shop
- 1% take alcohol from a store without paying
- 1% get alcohol delivered

4.2.2 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)

SALSUS is a series of publications which provided data on a range of health indicators for S2 (13 year olds) and S4 (15 year olds) pupils across Scotland. Data was gathered by self-completion survey which was completed under exam conditions in class time. The most recent and final publication in the series, for West Dunbartonshire is from 2018.

Figure 10: WD Pupils - Ever drank alcohol

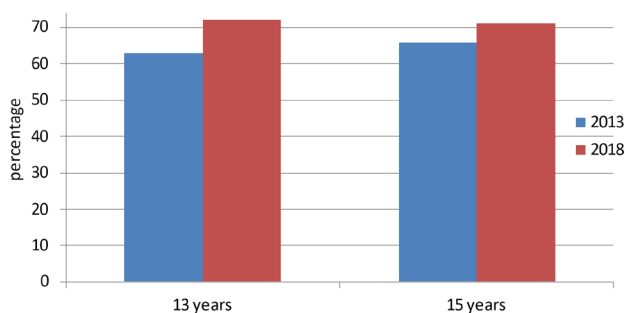
Pupils who reported ever having had an alcoholic drink



SALSUS 2018 shows there was an increase in underage drinking (15-year-olds; red ring) in West Dunbartonshire since the last data point in 2013. However, there was a decrease overall since the first data published in 2006.

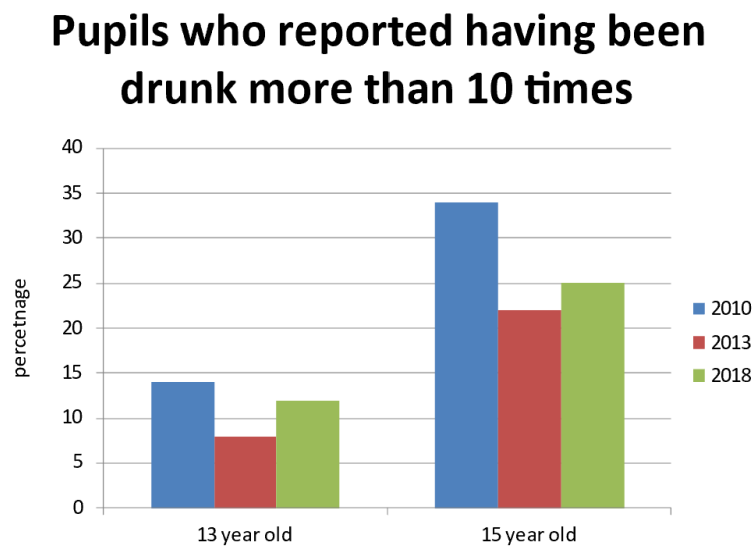
Figure 11: WD Pupils - Ever Drunk

Pupils who reported ever having been drunk



More 13- and 15-year-olds reported having ever been drunk in 2018 than in the 2013 survey.

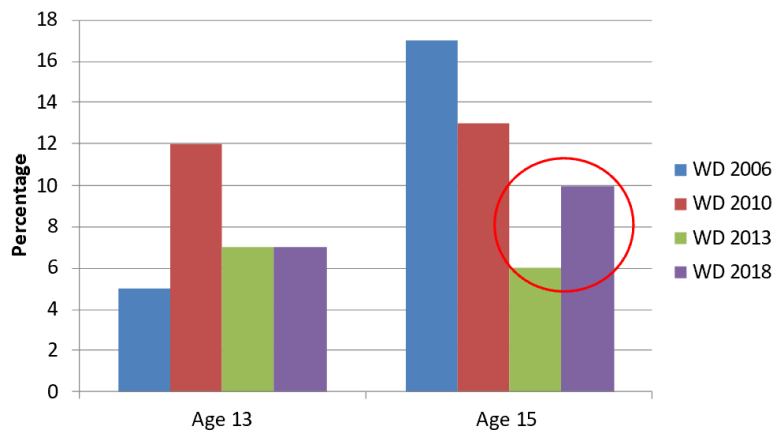
Figure 12: WD Pupils - Drunk 10 Times +



The above shows there was an increase in pupils reporting having been drunk more than ten times since the last data point in 2013. However, this has decreased overall since the question was first asked in 2010.

Figure 13: WD Pupils - Purchased Alcohol

Pupils who reported having managed to buy alcohol



SALSUS 2018 West Dunbartonshire reports that the majority of pupils, 13 and 15 years of age (90% and 87%, respectively) have never tried to purchase alcohol from a shop, supermarket or off licence. However, as seen above (red ring) 10% of 15-year-olds successfully managed to purchase alcohol.

5 Alcohol Related Hospital Admissions

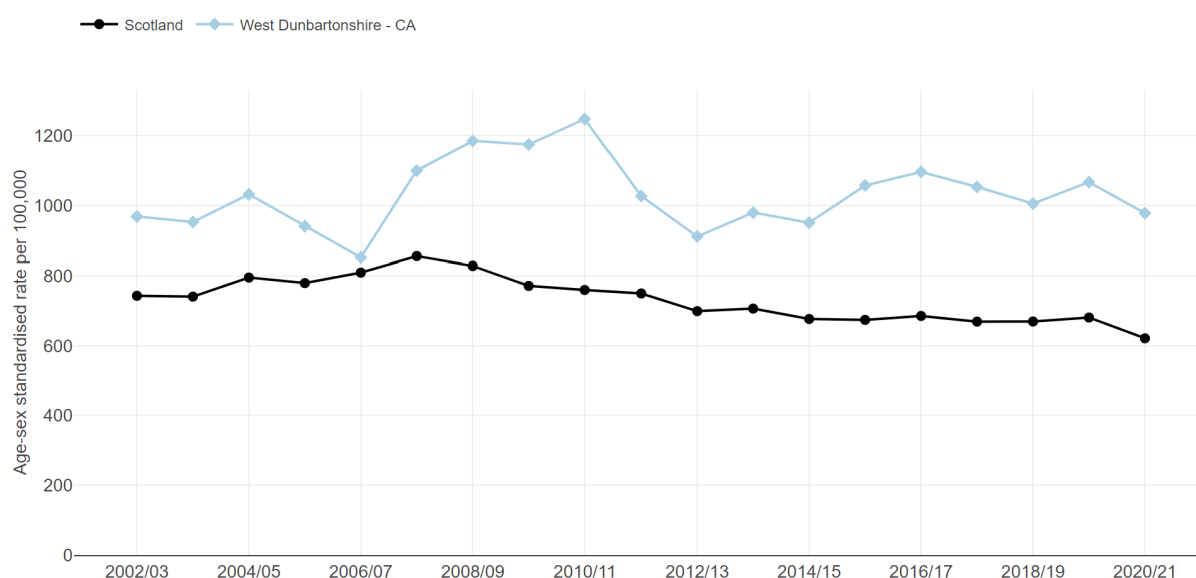
Key Finding:

- The rate of alcohol-related hospital admissions in West Dunbartonshire is consistently higher than the Scottish average.

Figure 14: Alcohol Related Hospital Admissions – West Dunbartonshire v Scotland

Alcohol-related hospital admissions

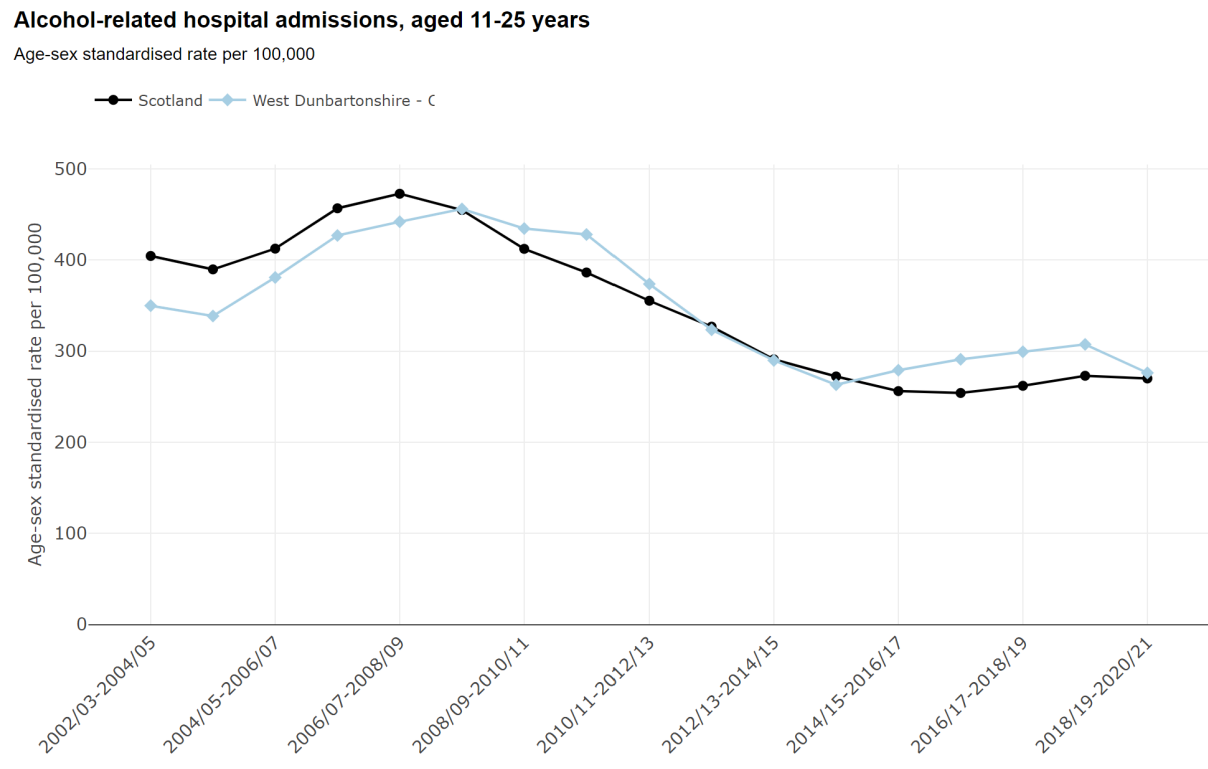
Age-sex standardised rate per 100,000



Source: [Scottish Public Health Observatory Profile Tool](#)

Since 2002/3 the rate of alcohol related hospital admissions (ARHA) in West Dunbartonshire has consistently remained higher than the national rate. Data points over the past ten years show that the gap between local and national rates is increasing. Whilst the Scottish rate is in slow decline, the West Dunbartonshire rate is rising overall. The latest data point for WD does show a fall in ARHA but this is likely due to the covid 19 pandemic.

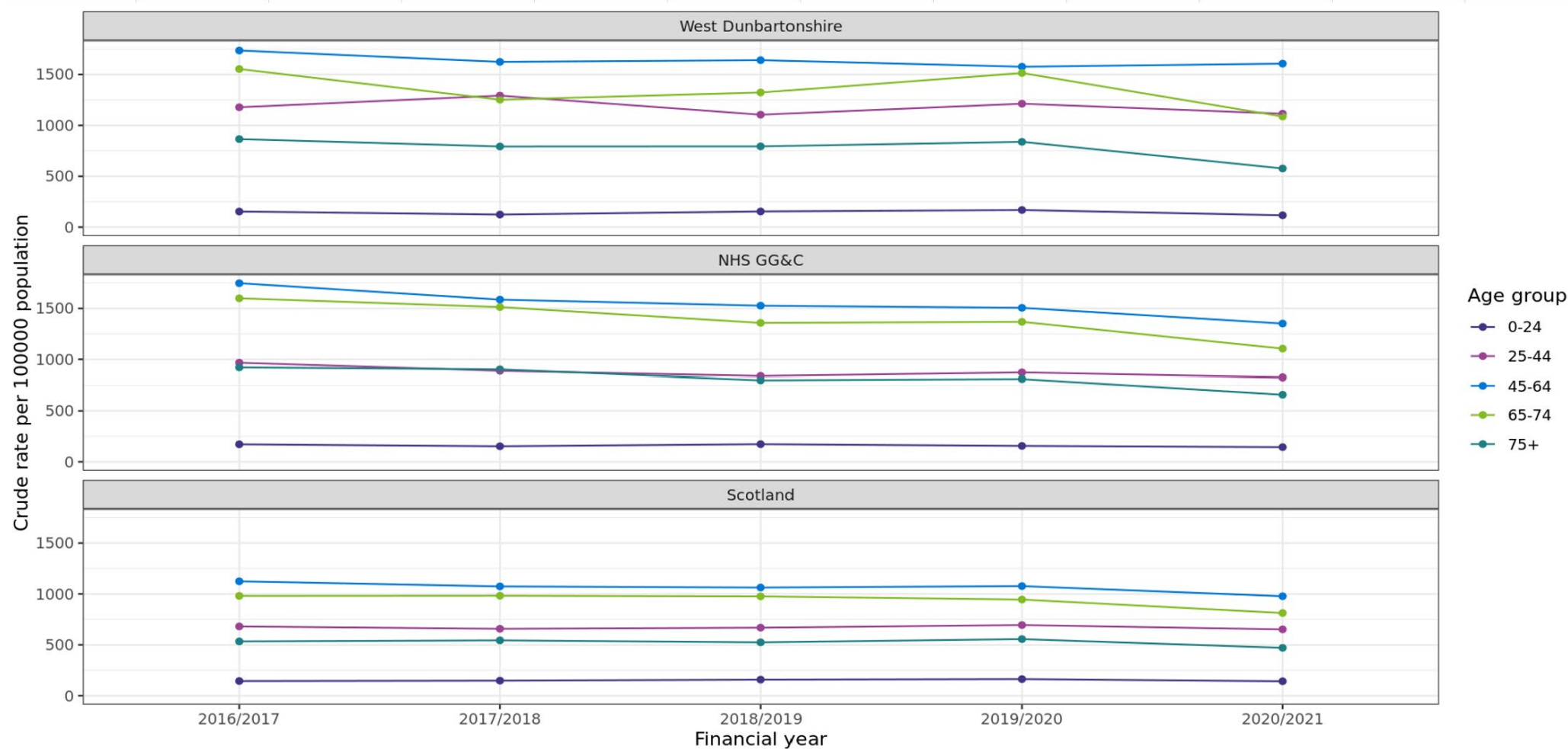
Figure 15: Alcohol Related Hospital Admissions, young people (11-25 years)



Source: [Scottish Public Health Observatory Profile Tool](#)

National and local alcohol related hospital admissions for young people have fallen overall since 2007-10. In West Dunbartonshire the rate began to rise again from 2013-16. The latest data point shows a fall in admissions, which could be attributable to the coronavirus pandemic where public messaging asked people to avoid hospitals, if possible.

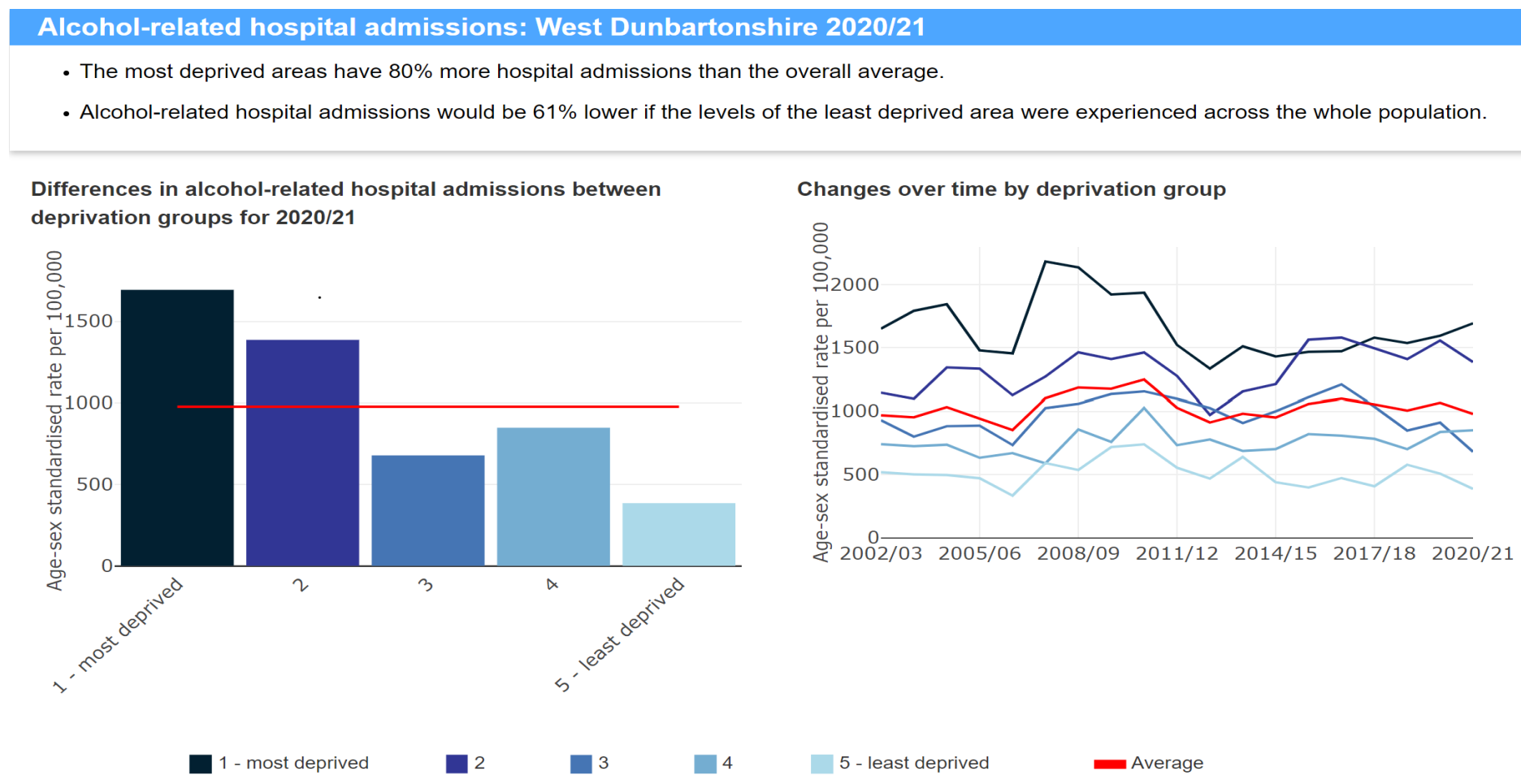
Figure 16: Alcohol Related Hospital Admissions crude rate by age – West Dunbartonshire, NHSGGC and Scotland



Source: LIST Analyst data, provided upon request

In West Dunbartonshire, 45-64 year olds have the highest ARHA crude rate followed by 25-44 and 65-74 year olds. The crude rate for these age groups is higher than is observed in NHSGGC and Scotland

Figure 17: Alcohol Related Hospital Admissions in West Dunbartonshire by SIMD quintile 2020/21



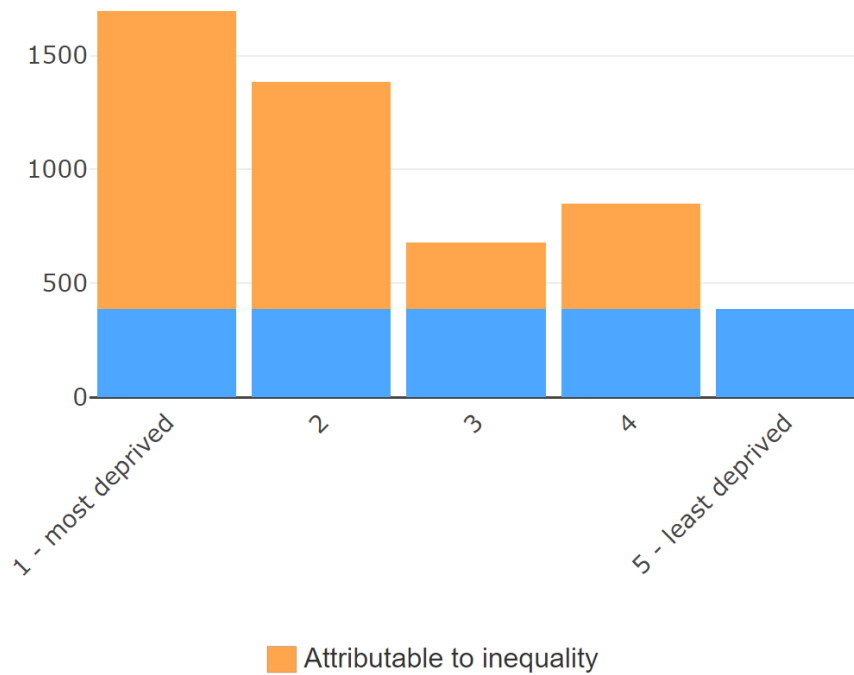
Source: [Scottish Public Health Observatory Profile Tool](#)

Residents in the most deprived quintile (1693.6 per 100,000 population) and second most deprived quintile (1385.9 per 100,000 population) account for a significant proportion of admissions. The [Alcohol Harm Paradox](#) tells us that people living in more deprived areas experience greater alcohol related harm than those in more affluent areas even if the consumption patterns are the same.

Figure 18: Excess Alcohol Related Hospital Admissions due to Inequality

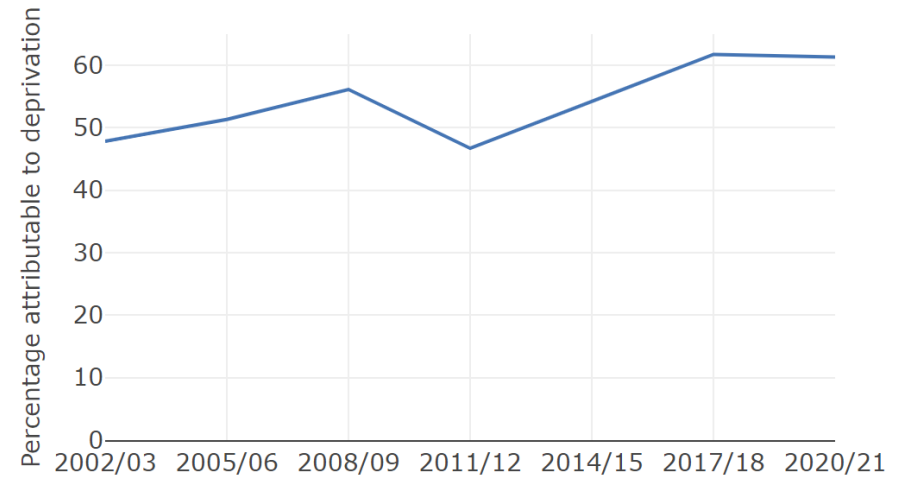
Attributable to inequality, 2020/21

What part of alcohol-related hospital admissions can be attributed to socioeconomic inequalities.



Potential for improvement of alcohol-related hospital admissions

If the levels of the least deprived area were experienced across the whole population.



Source: [Scottish Public Health Observatory Profile Tool](#)

In 2020/21, over 60% of alcohol related hospital admissions could have potentially been avoided if inequalities were more effectively addressed and the level of alcohol related harm experienced by the least deprived was shared across the population.

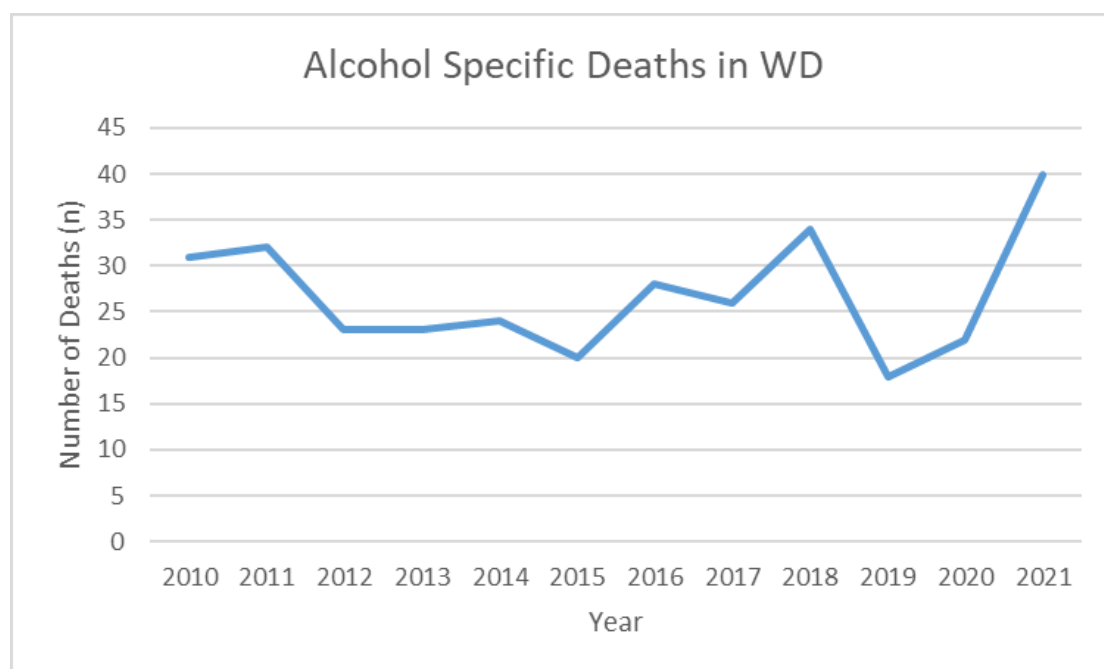
6 Alcohol Specific Deaths

Key Findings:

- In 2021, 40 alcohol related deaths were recorded in West Dunbartonshire.
- From 2010, numbers of deaths relating to alcohol slowly decreased, with the latest data point in 2021 showing the highest number of deaths in the time period.
- While the West Dunbartonshire rate is on a downward trend overall, it remains higher than Scotland as a whole. This downward trend also masks an increase in female deaths.
- Female alcohol specific death rates are rising rapidly whilst the male rate is in decline and is the lowest since 2002.

In West Dunbartonshire from 2017-21, there have been 140 alcohol specific deaths. Since 2010 the number of deaths relating to alcohol slowly decreased to a low of 18 in 2019 but has risen sharply with the most recent data point (n=40 in 2021).

Figure 19: Number of Alcohol Specific Deaths in West Dunbartonshire

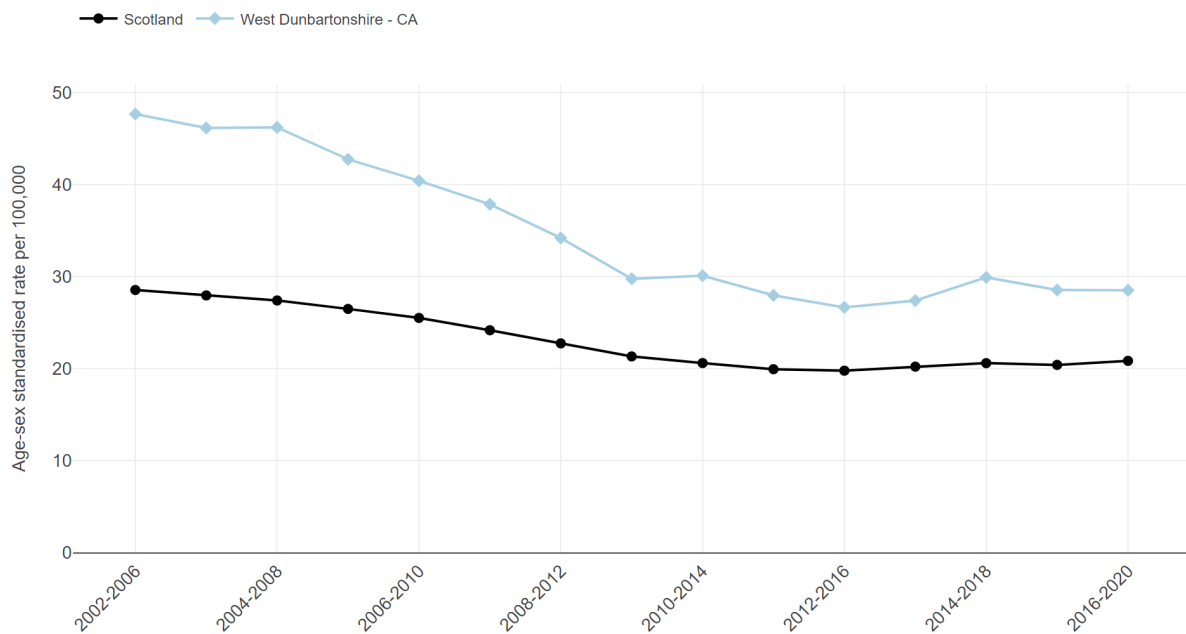


Source: [Alcohol Specific Deaths, National Records of Scotland](#)

Figure 20: Alcohol Specific Deaths, West Dunbartonshire v Scotland

Alcohol-specific deaths

Age-sex standardised rate per 100,000



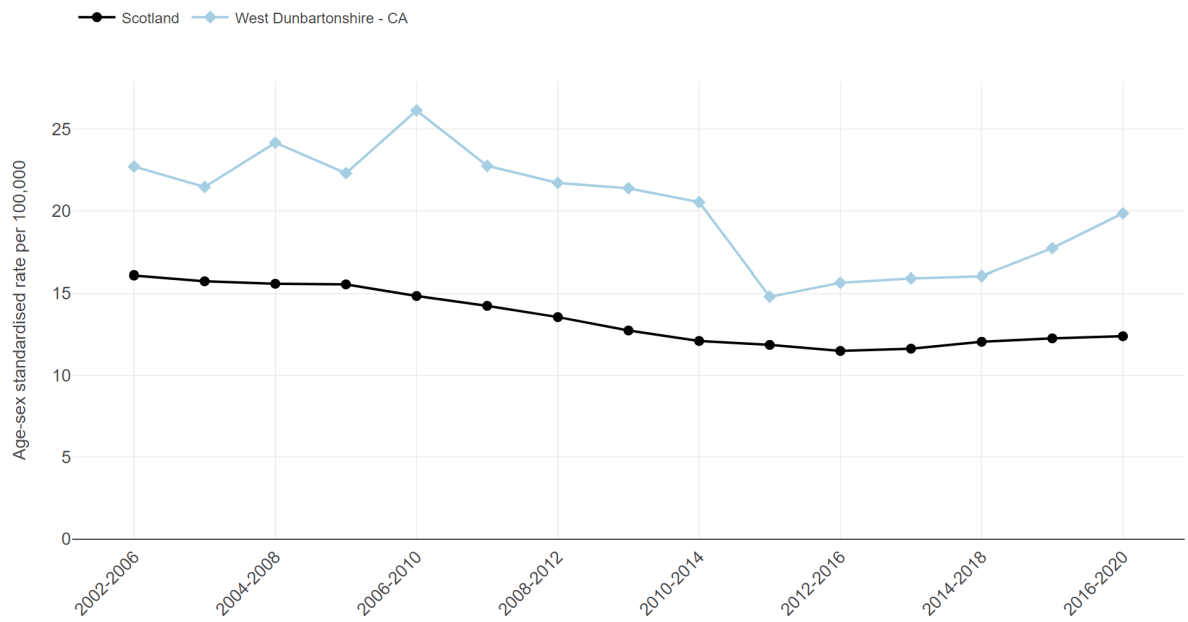
Source: [Scottish Public Health Observatory Profile Tool](#)

Although there has been a fall in the number of alcohol specific deaths overall, rates for West Dunbartonshire remain higher than for Scotland as a whole. However, it should be noted that this graph does not consider the sharp rise in the number of deaths in 2021 as per figure 19.

Figure 21: Alcohol Specific Deaths, Females – West Dunbartonshire v Scotland

Alcohol-specific deaths, females

Age-sex standardised rate per 100,000



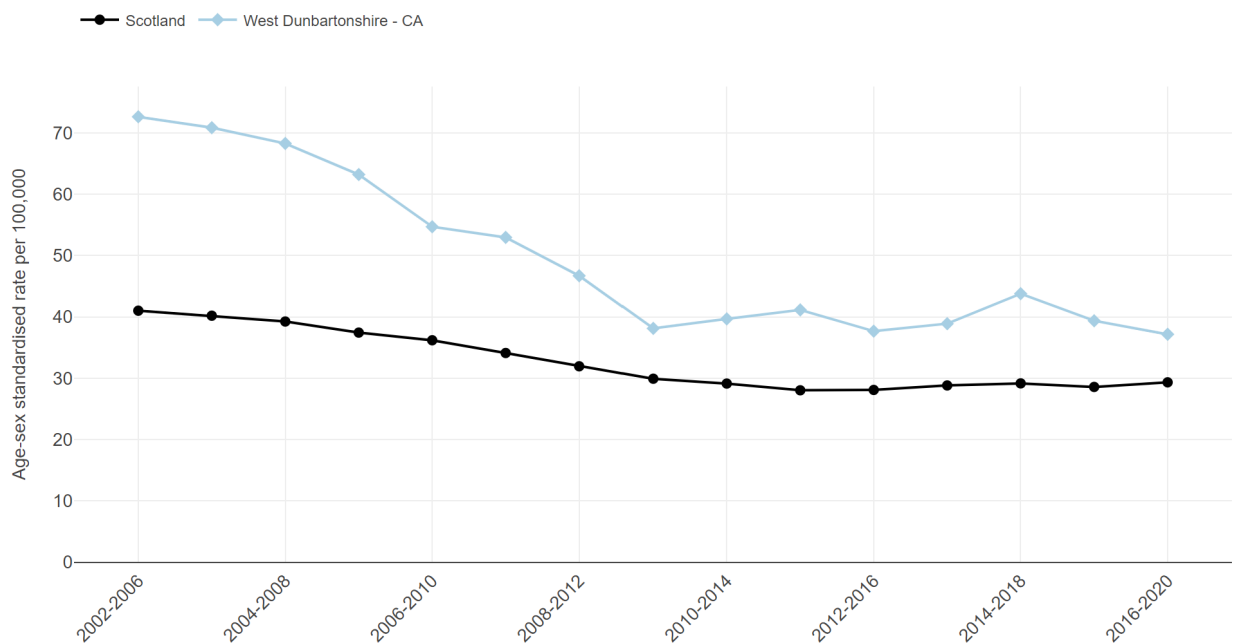
Source: [Scottish Public Health Observatory Profile Tool](#)

The female alcohol specific death rate in West Dunbartonshire has been consistently higher than the national rate. Despite a narrowing of the gap between local and national rates in 2011-2015, locally the rate is rising whilst the national rate has remained relatively static.

Figure 22: Alcohol Specific Deaths, Males – West Dunbartonshire v Scotland

Alcohol-specific deaths, males

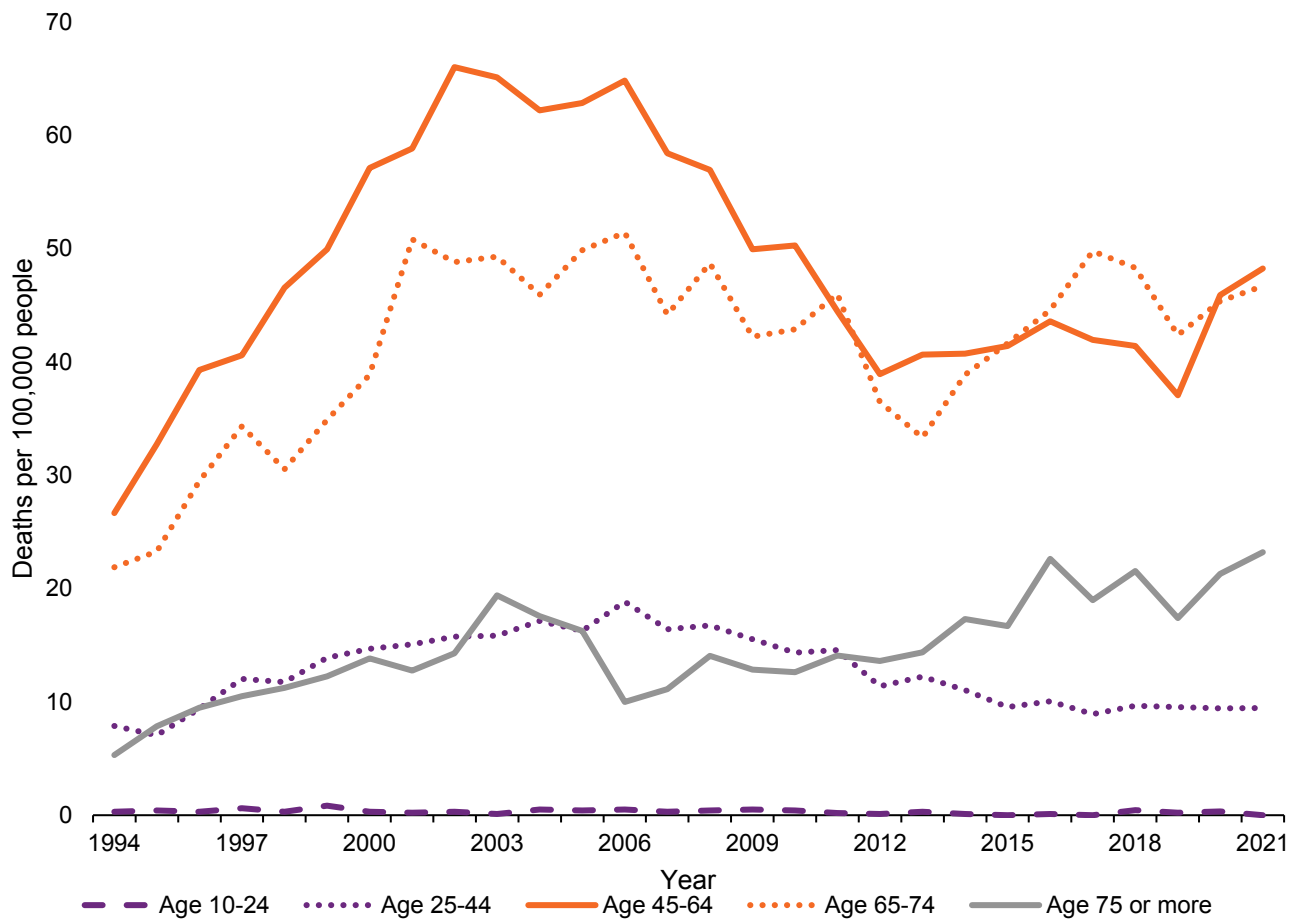
Age-sex standardised rate per 100,000



Source: [Scottish Public Health Observatory Profile Tool](#)

Similar to females, the male alcohol specific death rate in West Dunbartonshire has been consistently higher than the national rate. However, the male rate has steadily declined and is now at the lowest rate in the time period shown in the above graph.

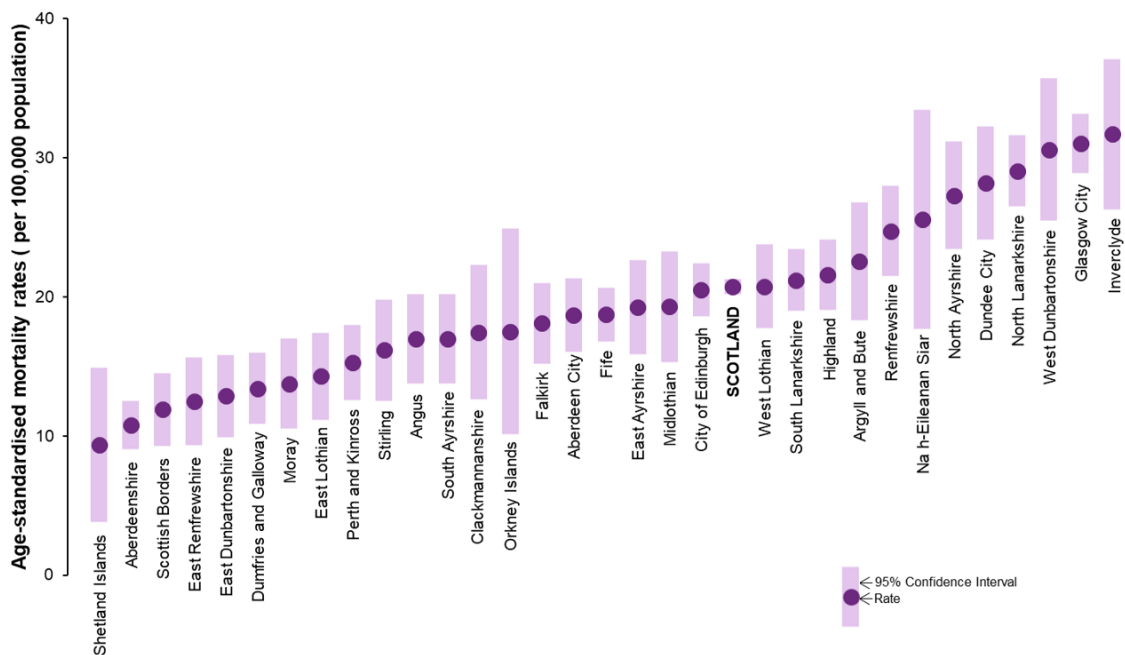
Figure 23: Alcohol Specific Death Rates by Age – Changes over time (Scotland)



Source: [National Records of Scotland](#) (2022b)

Nationally age band rates for alcohol specific deaths naturally fluctuate within each age bracket. However, age 45-64 and 65-74 have consistently been the most common ages for an alcohol specific death. In more recent years (2012 onwards) there has been a noticeable rise in the over 75s dying of alcohol specific causes. This is not surprising given the cumulative effect of alcohol consumption over time.

Figure 24: Alcohol Specific Deaths in Council Areas 2017-21



Source: [National Records of Scotland](#) (2022b)

The above graph shows a comparison of alcohol specific deaths across all Scottish Council Areas for the period 2017-21. West Dunbartonshire is the third worst local authority area.

Figure 25: Alcohol Specific Deaths by Council Area, change over time

Alcohol-specific deaths

Changes within Council area: 2002-2006 compared to 2016-2020

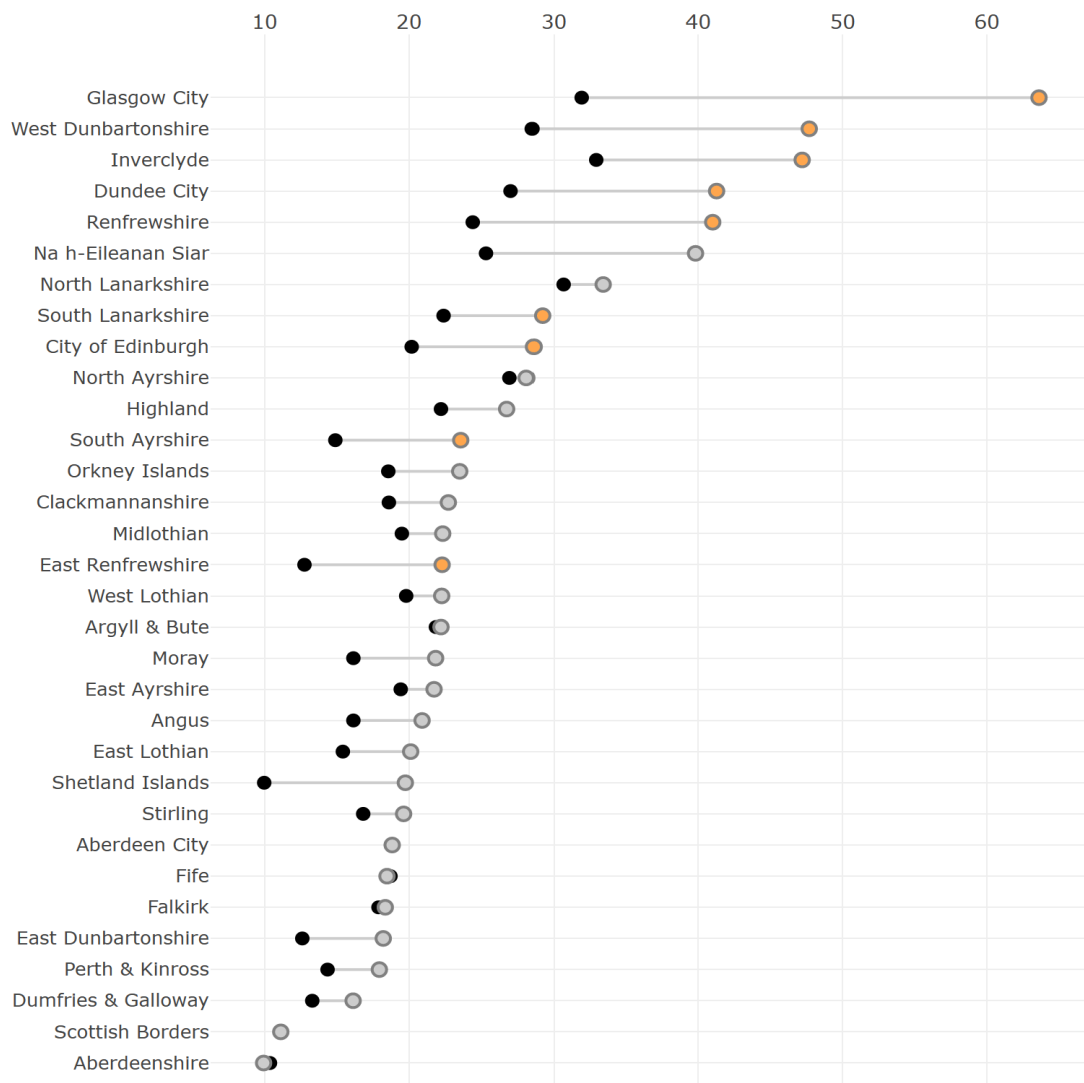


Chart legend

- Better than comparator
- Not different to comparator
- Worse than comparator
- No differences can be calculated
- Baseline year comparison

Source: [Scottish Public Health Observatory Profile Tool](#)

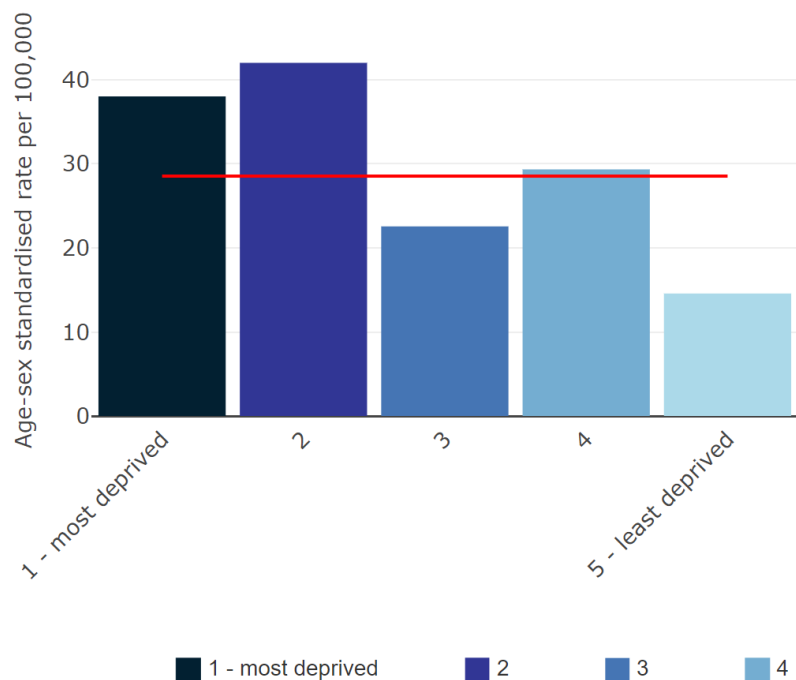
The above chart shows how areas compare with each other and also how each area has changed over time since the selected baseline year. The map shows a comparison for the selected year (2016-2020) against the baseline year (2002-2006) for each area. West Dunbartonshire has the second greatest increase in Alcohol Specific Deaths in Scotland.

Figure 26: Alcohol Specific Deaths in West Dunbartonshire by SIMD 2016-20

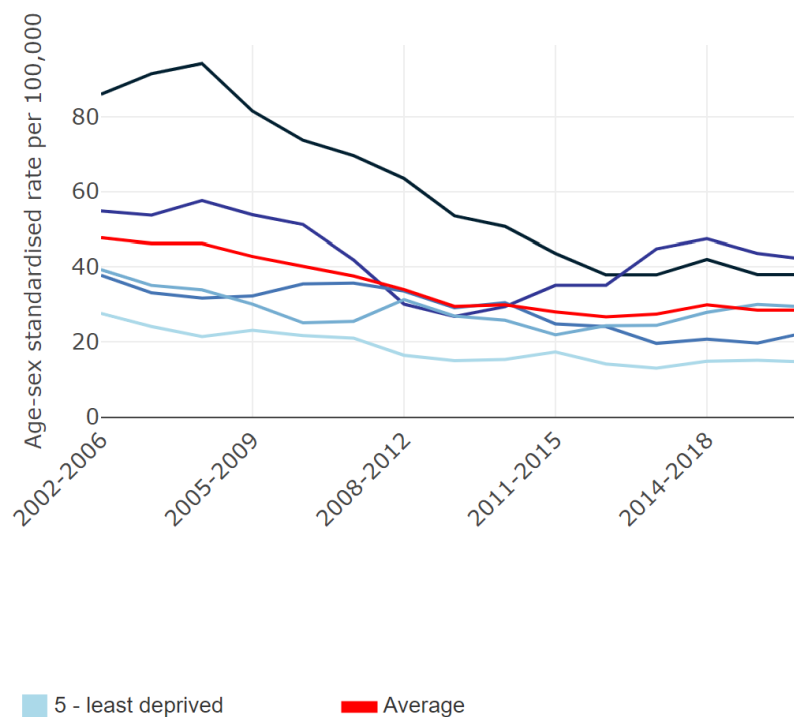
Alcohol-specific deaths: West Dunbartonshire 2016-2020

- The most deprived areas have 52% more deaths than the overall average.
- Alcohol-specific deaths would be 50% lower if the levels of the least deprived area were experienced across the whole population.

Differences in alcohol-specific deaths between deprivation groups for 2016-2020



Changes over time by deprivation group



Source: [Scottish Public Health Observatory Profile Tool](#)

Alcohol specific deaths in West Dunbartonshire could be 50% lower if the rates of the least deprived areas were experienced across the population.

Figure 27: Profile of an Alcohol Related Death

Profile of an Alcohol Related Death

An individual who will die of an alcohol related death will most likely be:

- a white Scottish male between the ages of 45 – 54 years.
- single or divorced
- living in his own home (council rented accommodation), alone, in one of the most deprived areas.
- may have adult children but it is unlikely that he will be in contact with them.
- unemployed at the time of death and in the years leading to it, but he will have previously worked within a skilled industry and may have lost his job as a result of his alcohol use.

It is likely that:

- he will have had his first drink at around 13/14 years of age
- developed a problem with drinking alcohol before he reaches the age of 25 years.
- will be a dependent drinker, drinking alcohol daily consuming on average 233 units of alcohol weekly. This equates to 9 bottles of vodka per week.

He will have experienced acute withdrawal symptoms and attended emergency services as a result. His GP will most likely be aware that he has had a long standing alcohol problem and he will carry the physical biomarkers of this, such as abnormal liver function tests, low platelet levels and elevated mean cell volume. He will most likely have been prescribed thiamine and omeprazole by his GP.

He will have Alcoholic Liver Disease and will have been referred for acute outpatient appointments with Gastroenterology. He will have had on average 8 acute inpatient episodes, a result of emergency admissions, probably within a general medical ward. He will have received treatment for his alcoholic liver disease and acute withdrawal symptoms and he may have been in contact with the acute addiction liaison service during one of these admissions.

He will have had contact, at some point in his drinking career, with an alcohol treatment service (including pre Community Addiction Team services). He will have been in contact with a psychiatric service, most likely a non addiction specific psychiatric service and will have received medication to reduce or stop alcohol withdrawal without any formal support.

He may have attended a community addiction team and he will have also attended a community/voluntary alcohol service. It is more than likely that he has defaulted from these services. He will be socially isolated with a lack of a social network and will most probably have a close relation with an alcohol problem.

He will also be experiencing some financial problems and housing issues as a result of his alcohol use and although likely to have been in contact with police, he is unlikely to have been charged or taken into custody.

He will most likely die in hospital of an alcohol related liver condition.

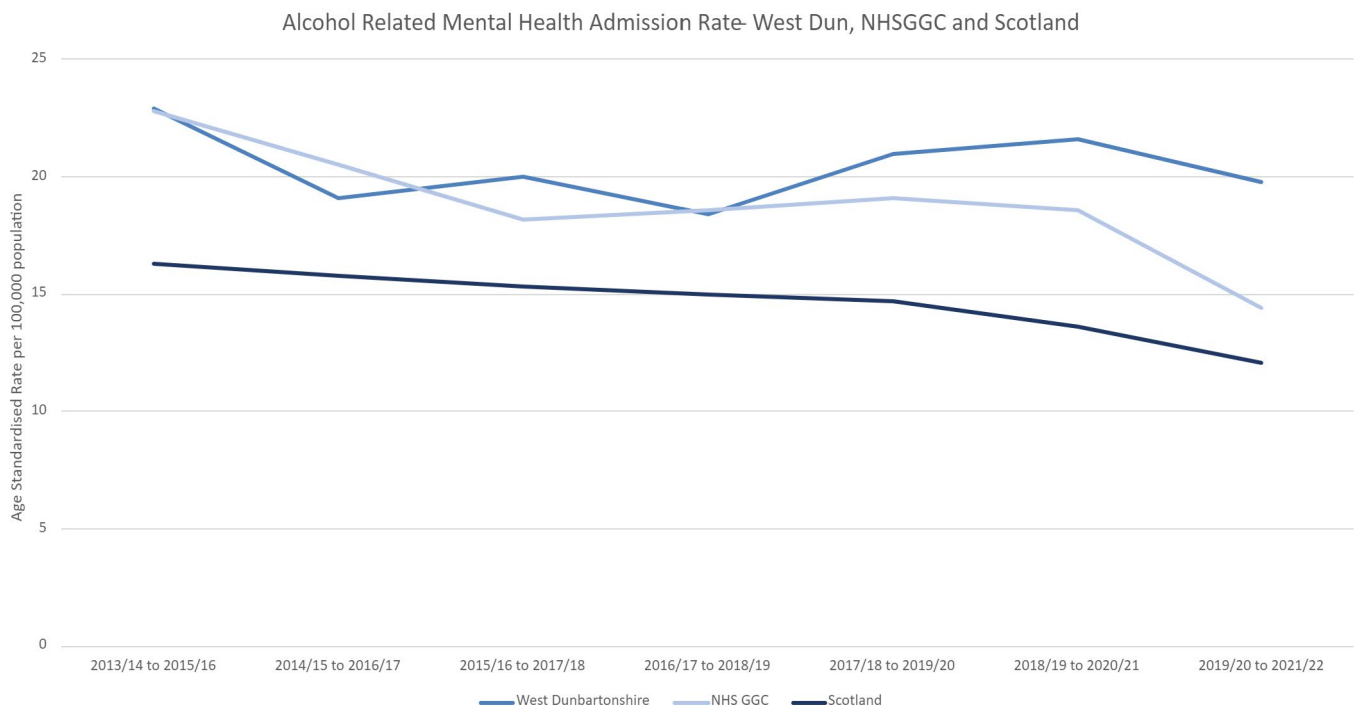
Dargan et al (2013)

7 Alcohol Related Mental Health

Key Finding:

- West Dunbartonshire rates of alcohol related mental health hospital admissions are higher than the Scottish average and have consistently been higher for the available time period.

Figure 28: West Dunbartonshire, NHSGGC & Scotland Alcohol Related Mental Health Admissions



Source: LIST Analyst Data, provided upon request

The above chart presents rates of alcohol related mental health admissions within West Dunbartonshire, NHSGGC and Scotland. Since 2013/14 West Dunbartonshire has had higher rates than Scotland. Scotland's alcohol mental health admissions have been decreasing overall while West Dunbartonshire's have been rising since 2016. The decline in admissions in West Dunbartonshire for the last data point, is likely due to covid restrictions and public messaging to avoid hospitals, if possible.

8 Scottish Ambulance Service – Alcohol Calls

Key Finding:

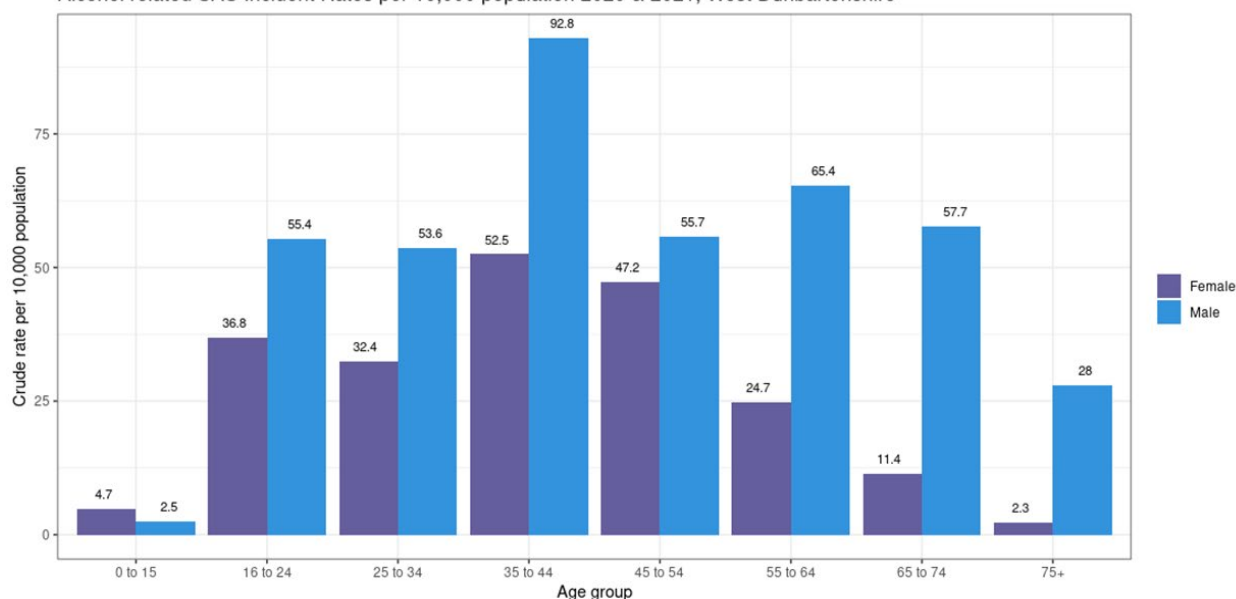
- The highest rates of alcohol ambulance calls are for males in the age groups 35-44 and 55-64.

When an ambulance is called out to an emergency the paramedic will record the reason. This method of data collect has limitations as it is reliant on the responder logging the call as alcohol related. In 2016 the way the data was recorded was changed, which led to only 25% of calls being recorded and as a result this data can be taken as an indication only and not reflective of alcohol related ambulance calls overall. Data is collected by the postcode the call came from so may not be reflective of the whole population of West Dunbartonshire i.e., calls made by a person living in West Dunbartonshire from a Glasgow postcode will not be counted.

Males have the highest rate of alcohol ambulance calls in the age groups 35-44 and 55-64.

Figure 29: Ambulance Calls by Gender and Age 2020 & 2021 to West Dunbartonshire postcodes

Alcohol related SAS Incident Rates per 10,000 population 2020 & 2021, West Dunbartonshire



Source: LIST Analyst data, provided upon request

9 Impact on Children and Families

Key Findings:

- The negative impacts on children and families of non-dependent parental drinking are evidenced by research. Locally, concerns about parental alcohol use continue to be identified at a number of case conferences for children on the child protection register.

9.1 Children & Families Affected by Parental Drinking (Non-Dependent)

Research '*Like Sugar for Adults*' (Foster et al., 2017) has highlighted a direct link between non-dependent parental drinking habits and the attitudes, behaviours and impacts reported by their children. The mixed methods study found that factors which affect children in regards to alcohol are:

- Peer influence, the media, alcohol marketing, price of alcohol all lower parental influence on a child's attitudes towards alcohol
- Majority of parents conscious their drinking sets an example to their children
- Parents discussing their own negative experiences of alcohol may normalise excessive drinking behaviours for their children
- Children do not differentiate between seeing their parents tipsy or drunk
- Impacts on children can begin from relatively low levels of alcohol consumption
- There is a clear gradient between negative impacts on children and increasing parental alcohol consumption

More recent research (Bryant et al, 2019) has shown a significant association between parental alcohol consumption and children reporting negative outcomes. The age of the child also had an association where younger children were more likely to report negative impacts. Significantly associated negative impacts reported by children are:

- Put to bed earlier than usual
- Spend less time doing homework
- Put to bed later than usual
- Given less attention than usual

9.2 Alcohol in Childhood

Children's Parliament

In 2019 the Children's Parliament published a report on an Alcohol-Free Childhood where the views of children aged 9-11 were expressed in relation to alcohol. The report highlighted that children feel alcohol 'is all around you, all the time' and that 'most children don't like being around alcohol'. The majority of the concerns were in relation to the visibility of alcohol and child safety when adults consume alcohol. Below is a summary of quotes within the report that relate to the wider availability of alcohol of which licensing has a role.

- "Where do we see alcohol? Everywhere!"
- "...there are four rows of alcohol in Asda"
- "People want to get as much as possible, so they go to the shop to get it before it closes"
- "...when you go to the till, you pass the big alcohol bit"
- "...children might feel unsafe if they see people drunk"
- "It sometimes makes people feel left out at parties when everyone is drinking. Children can feel sad, ignored and not listened to"
- "I was at a wedding and by the time it was 3pm, everyone was so drunk. Me and my brother were bored"
- "...pubs are open when I walk to school"

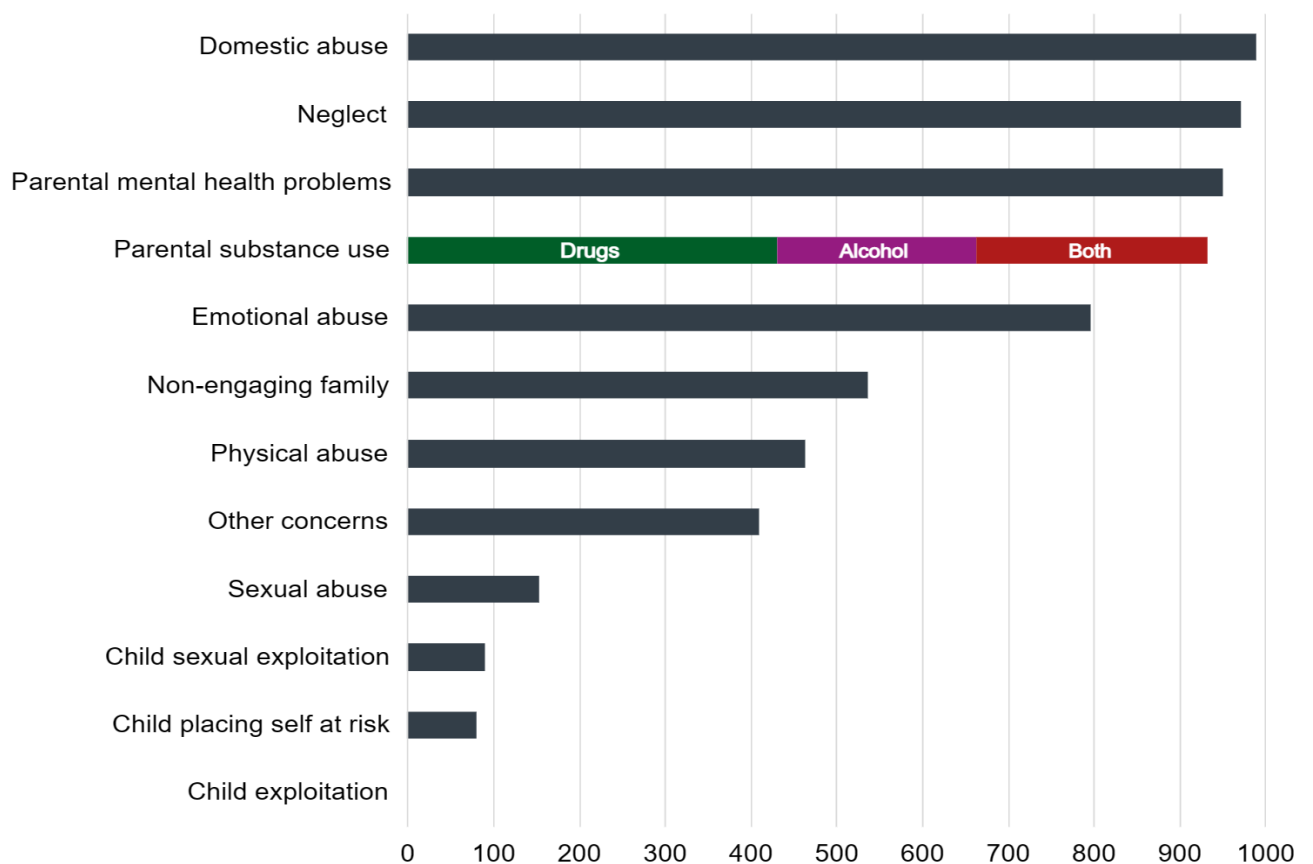
The children were asked '***What do we need to do for children to have an alcohol-free childhood?***.' Suggestions that are related to licensing include:

1. Stop people drinking in public places
2. Make alcohol less visible in shops

9.3 Child Protection

Parental substance use can involve alcohol and/or drug use which creates risks to and impacts on children. It can also result in sustained abuse, neglect, maltreatment, behavioural problems, disruption in primary care-giving, social isolation and stigma of children (Scottish Government, 2021). Categories of concerns are recorded at case conferences which can then lead to inclusion on the child protection register. Multiple concerns can be recorded at each case conference.

Figure 30: Concerns identified at the case conferences of children who were on the child protection register, 2020-21 (Scotland)



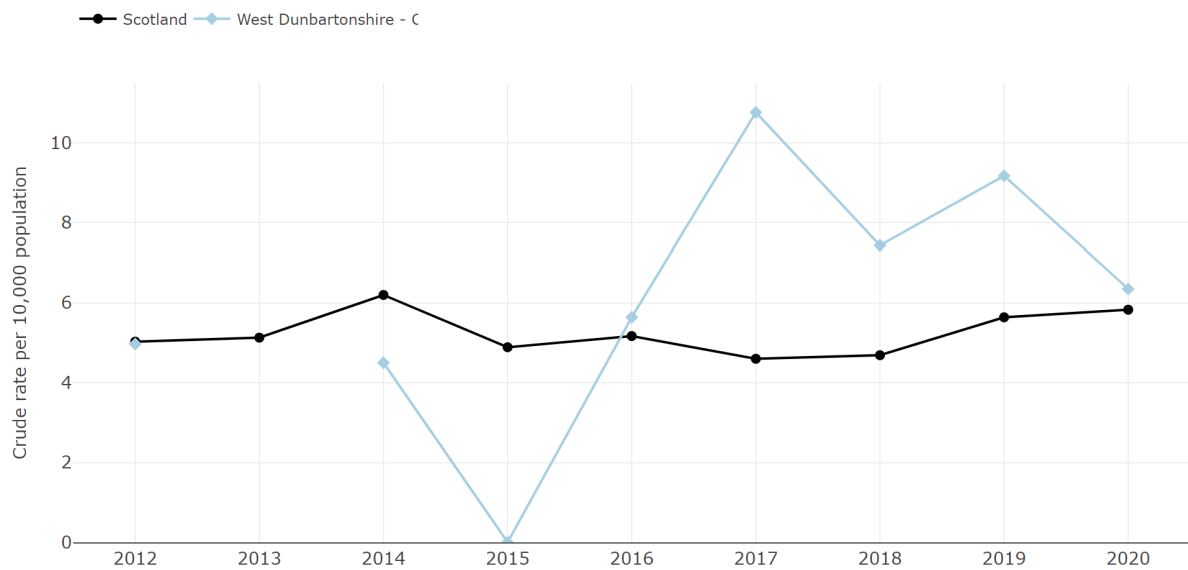
Source: [Scottish Government 2022](#)

Nationally in 2020-21, parental substance use was the fourth most frequent concern identified at case conferences of children on the child protection register.

Figure 31: Child Protection with Parental Alcohol Misuse – West Dunbartonshire v Scotland

Child protection with parental alcohol misuse

Crude rate per 10,000 population



*NB data from 2014/15 has been suppressed for confidentiality reasons.

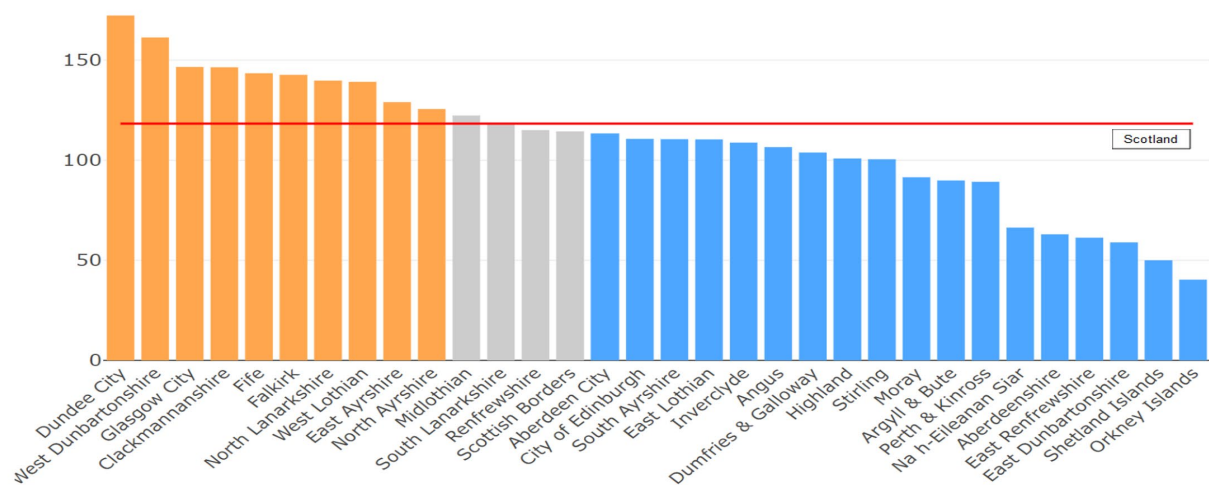
Source: [Scottish Public Health Observatory Profile Tool](#)

Since 2016 West Dunbartonshire has had a higher rate of Child Protection cases where parental alcohol use has been cited. The fall in 2020 could be attributable to the pandemic and is too early to know if this is a trend. Due to small numbers the data is presented as crude rates which makes it difficult to confidently compare between populations as it does not take into account differences such as age or gender.

Figure 32: Domestic Abuse by Council Area 2021/22

Domestic abuse

Council areas compared against Scotland - 2021/22



Source: [Scottish Public Health Observatory Profile Tool](#)

West Dunbartonshire has the second worst domestic abuse rate of all local authorities in Scotland. Domestic abuse and alcohol frequently co-exist. Locally there has been 223 domestic related common assaults since April 2022 (year to date), 53% of these (n=118) were committed when the offender and/or the victim were under the influence of alcohol (Police Scotland, 2023). These figures have been consistent over the previous five-year period.

10 Economic Impact

Key Finding:

- Up to date estimations of the economic impact of alcohol are not available at a local level or national level.
- The most recent estimate from 2011, estimates £40.65 million is the total cost of alcohol related harm in West Dunbartonshire. It is anticipated this cost is now far greater in 2023.

An updated estimate of the economic impact of alcohol nationally or in West Dunbartonshire is not currently available. As reported in the 2013 overprovision evidence submission, in 2010 the Scottish government produced The Societal Cost of Alcohol Misuse in Scotland for 2007 which estimated a central cost of £3.6 billion. This was applied to local data to provide estimates of the cost of alcohol-related harm at a local authority area level (Alcohol Focus Scotland, 2011). In West Dunbartonshire it is estimated that the total cost of alcohol related harm is £40.65 million as follows:

- Crime £15.53 million
- Productive Capacity £13.10 million
- Health £6.60 million
- Social Care £5.42 million

A more recent analysis (Bhattacharya, 2017) highlights the continued impact of alcohol on the UK economy as a result of presenteeism, absenteeism, unemployment and premature death. In addition, the report recognises that the alcohol industry plays a small but not insignificant part of the UK economy through production and retail. It goes on to note that on trade jobs are typically part-time and poorly paid whereas producers provide relatively few jobs that these are better paid. West Dunbartonshire is cited as being one of only seven local authorities in the UK where alcohol producers account for more than 1% of jobs. It should be noted that evidence has shown there is no systemic relationship between an area's prosperity and its dependence on alcohol industry employment.

11 Alcohol and Drug Partnership – Service Data

Dumbarton Area Council on Alcohol

The table below shows the number of referrals and clients engaging with the service from 2015/16. The most recent data in 2020/21 has likely been affected by the coronavirus pandemic.

Figure 33: Number of Referrals and Client Engagement 2015-2021 - DACA

	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16
NUMBER REFERRED	271	415	461	365	471	394
NUMBER ENGAGED	187	223	227	190	259	201
NUMBER DID NOT ENGAGE/COMPLETE REGISTRATION (ATTRITION RATE)	84 (31%)	192 (46%)	234 (51%)	175 (48%)	212 (45%)	193 (49%)

Source: Dumbarton Area Council on Alcohol, 2023

12 Alcohol Related Harm Data by Intermediate Zone

Key Findings:

- The 2011 Intermediate Zones have not changed in size significantly in the last 2 years. The population sizes range from an estimated 3,464 for IZ05 to 7,162 for IZ12.
- All Intermediate Zones have residents living in SIMD 1 and 2 areas.
- An analysis of the three main alcohol related health indicators has been undertaken by Intermediate Zone. All Intermediate Zones have two or more indicators worse than the Scottish average except for IZ05 (Goldenhill, Parkhall North, East Kilbowie & Hardgate Central) and IZ07 (Duntocher & Cochno).

The Alcohol Framework 2018 acknowledges that Scotland as a whole, has a problem with alcohol use and our communities, including families, pay too high a price in regards to alcohol harms and the preventable deaths it causes. For this reason, it is recommended to use the Scottish average as the threshold for each alcohol related harm indicator. The Alcohol Framework also highlights that more needs to be done to protect children and young people and to address health inequalities. With this in mind, the local alcohol harm related indicators that will be presented as evidence to inform the new licensing overprovision policy and used thereafter when reviewing licensing applications, will be:

- Alcohol Related Hospital Admissions
- Alcohol Specific Deaths
- Alcohol Related Mental Health Admissions
- Scottish Index of Multiple Deprivation (SIMD)

Previously, Alcohol Related Brain Damage (ARBD) would have been available. Whilst we know in some areas significant harms occur as a result of ARBD, due to issues with local reporting it is no longer possible to present this data.

The following analysis shows the alcohol harms data by intermediate zone. Intermediate Zones are a statistical geography that sit between datazones and Council Areas. Intermediate Zones are often used for the dissemination of statistics that are not suitable for release at the datazone level because of the sensitive nature of the statistic, or for reasons of reliability. There are 18 intermediate zones with West Dunbartonshire (listed on table 2). The population within each zone ranges from a population of 3,464 (IZ05) to 7,162 (IZ12).

Local Alcohol Related Hospital Admissions data shows that only three intermediate zones of the 18 within West Dunbartonshire are lower than the national average rate of 62.3 per 10,000 population in 2021/22. These are IZ05 (60.7), IZ10 (56.6) and IZ11 (39.4).

Similarly, local data in relation to Alcohol Specific Deaths shows that only two intermediate zones are lower than the Scottish average of 2.3 deaths per 10,000 population in 2021/22. These are IZ07 (0) and IZ15 (1.7). Additionally, IZ18 has the same rate as Scotland.

The third alcohol related harm analysed by intermediate zone is Alcohol Related Mental Health Admissions. The data for 2021/22 shows that six West Dunbartonshire intermediate zones had a lower rate than Scotland (12.1 per 10,000 population). These are IZ03 (7.3), IZ05 (2.9), IZ06 (9.8), IZ07 (4.6), IZ09 (4.2) and IZ12 (10).

In addition to the alcohol harm indicators, Scottish Index of Multiple Deprivation (SIMD) data has also been presented. Figure 34 identifies the number of individual datazones within each intermediate zone by SIMD quintile. The data shows all intermediate zones within West Dunbartonshire have residents living in the 40% most deprived SIMD quintiles (SIMD 1 and 2).

The table below (fig 35) provides a summary of the three alcohol harm indicators and SIMD for each intermediate zone. All indicators that are above the Scottish average have been highlighted in yellow for each alcohol harm. Additionally, each intermediate zone where more than half the residents are living in the 40% most deprived SIMD quintiles has also been highlighted.

The table shows that all intermediate zones have two or more indicators worse than the Scottish average except for IZ05 (previously known as (Goldenhill, Parkhall North, East Kilbowie & Hardgate Central) and IZ07 (Duntocher & Cochno).

Figure 34: 2011 Intermediate Zones - Datzones by SIMD Quintile

2011 Intermediate Zones - Datzones by SIMD Quintile

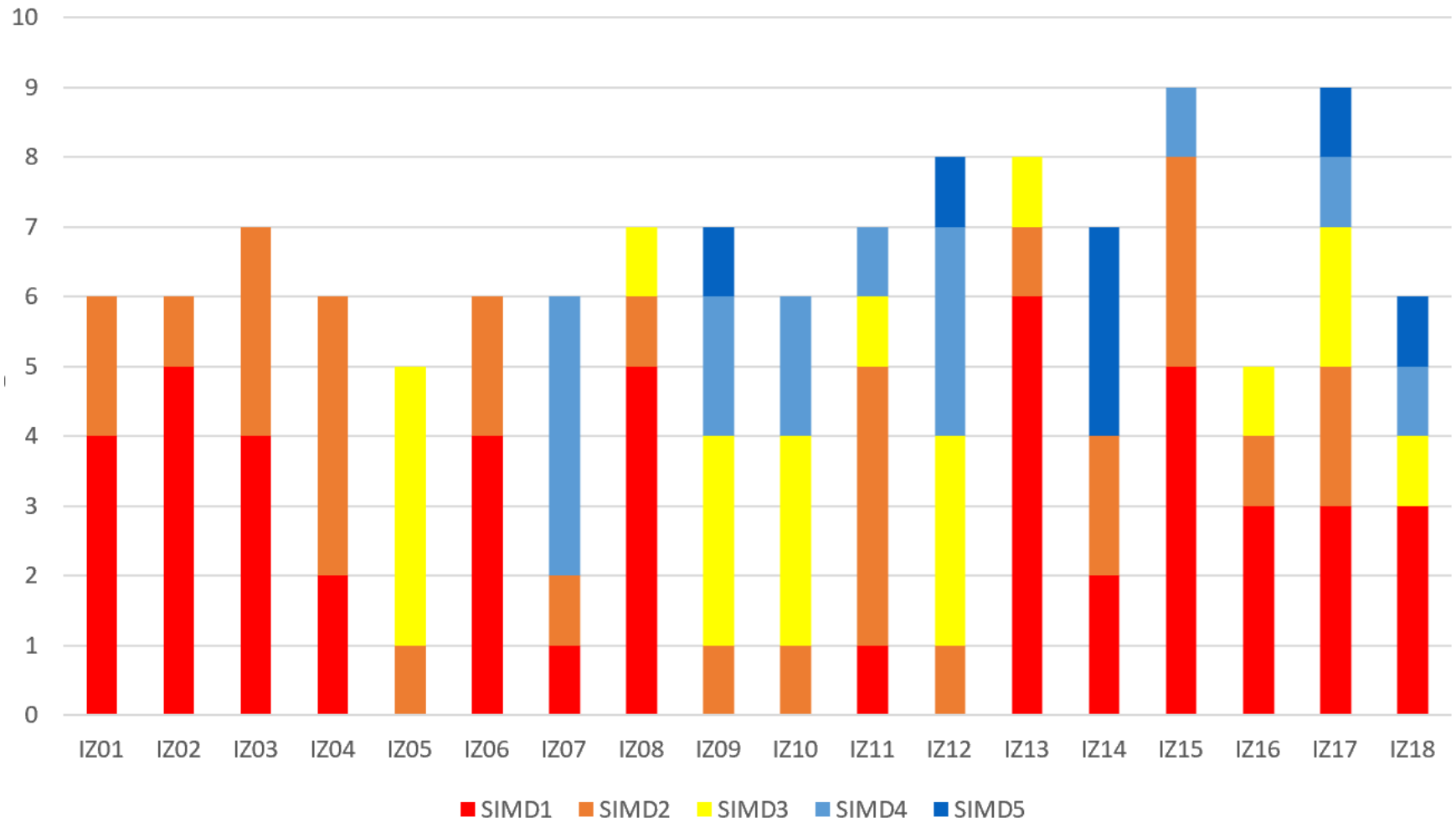


Figure 35: Alcohol Related Health Indicators by Intermediate Zone

	Population (2021 SAPE)	Alcohol-related Emergency Admissions SMR01 April 2021 to March 2022 (any diagnostic position)	Deaths (NRS) 2019-2021 (underlying cause)	Mental Health Admissions April15 to March17 (any diagnostic position)	SIMD Percentage of 40% Most Deprived Datazones
IZ01 Clydebank East inc. Whitecreek (part)	3831	116.8	15.8	36.8	100
IZ02 Clydebank Central inc. Dalmuir (part) & Whitecreek (part)	4511	158.1	15.1	43.2	100
IZ03 Drumry & Linnvale	5373	133.7	7.3	7.3	100
IZ04 South Parkhall, Radnor Park and North Kilbowie	4394	93.7	4.5	24.5	100
IZ05 Goldenhill, Parkhall North, East Kilbowie & Hardgate Central	3464	60.7	5.7	2.9	20
IZ06 Faifley & Hardgate East	5076	72.3	7.8	9.8	100
IZ07 Duntocher & Concho	4310	71	0	4.6	33
IZ08 Mountblow, Parkhall West and Dalmuir Central	5240	138.6	14.8	31.4	86
IZ09 Old Kilpatrick	4686	96.2	4.2	4.2	14
IZ10 Barnhill, High Overtoun, Milton & Bowling	4222	56.6	9.4	21.2	17
IZ11 Dumbarton North East- Bellsmyre & Silvertown East	4767	39.4	12.4	28.9	71
IZ12 Dumbarton Central, Dumbarton East & Townend	7162	68.4	11.4	10	13
IZ13 Dumbarton West	5503	115.4	7.2	34.2	88
IZ14 Renton, Old Bonhill & Loch Lomond West	4907	86.4	16.1	20.1	57
IZ15 Bonhill, Lomondgate & Renton North	6120	68.3	1.7	23.4	89
IZ16 Alexandria Central, Rosshead & Dalmonach	3969	125.2	7.5	24.9	80
IZ17 Balloch & Alexandria North	5801	115.7	3.4	17	56
IZ18 Jamestown, Balloch North East, Haldane & Gartocharn	4444	86.3	2.3	13.6	50
WEST DUNBARTONSHIRE	87,780	86.2	2.8	19.8	65
Scottish Rates		62.3	2.3	12.1	

Figure 36: Alcohol Related Hospital Admissions by Intermediate Zone

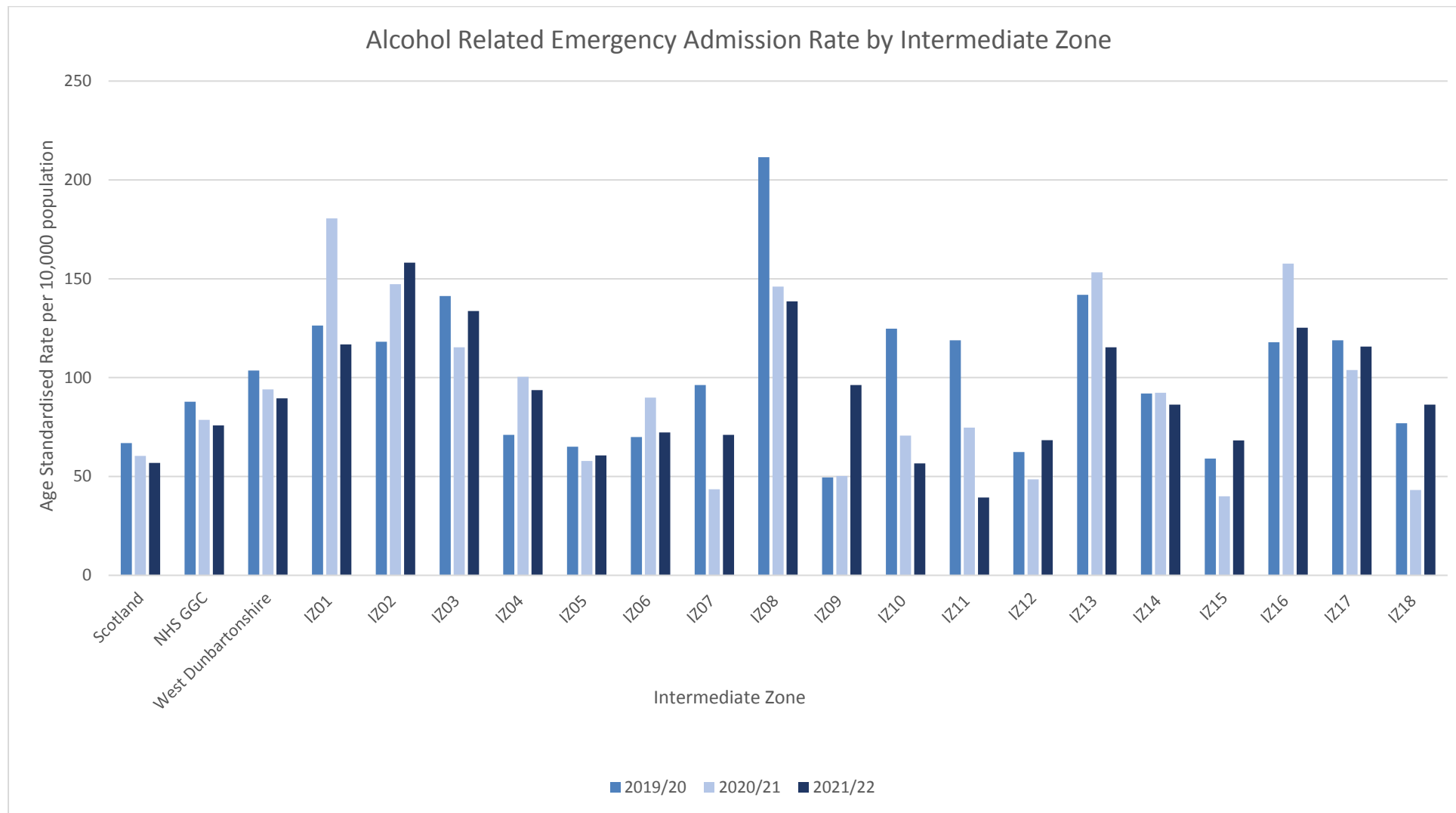


Figure 37: Alcohol Specific Deaths by Intermediate Zone

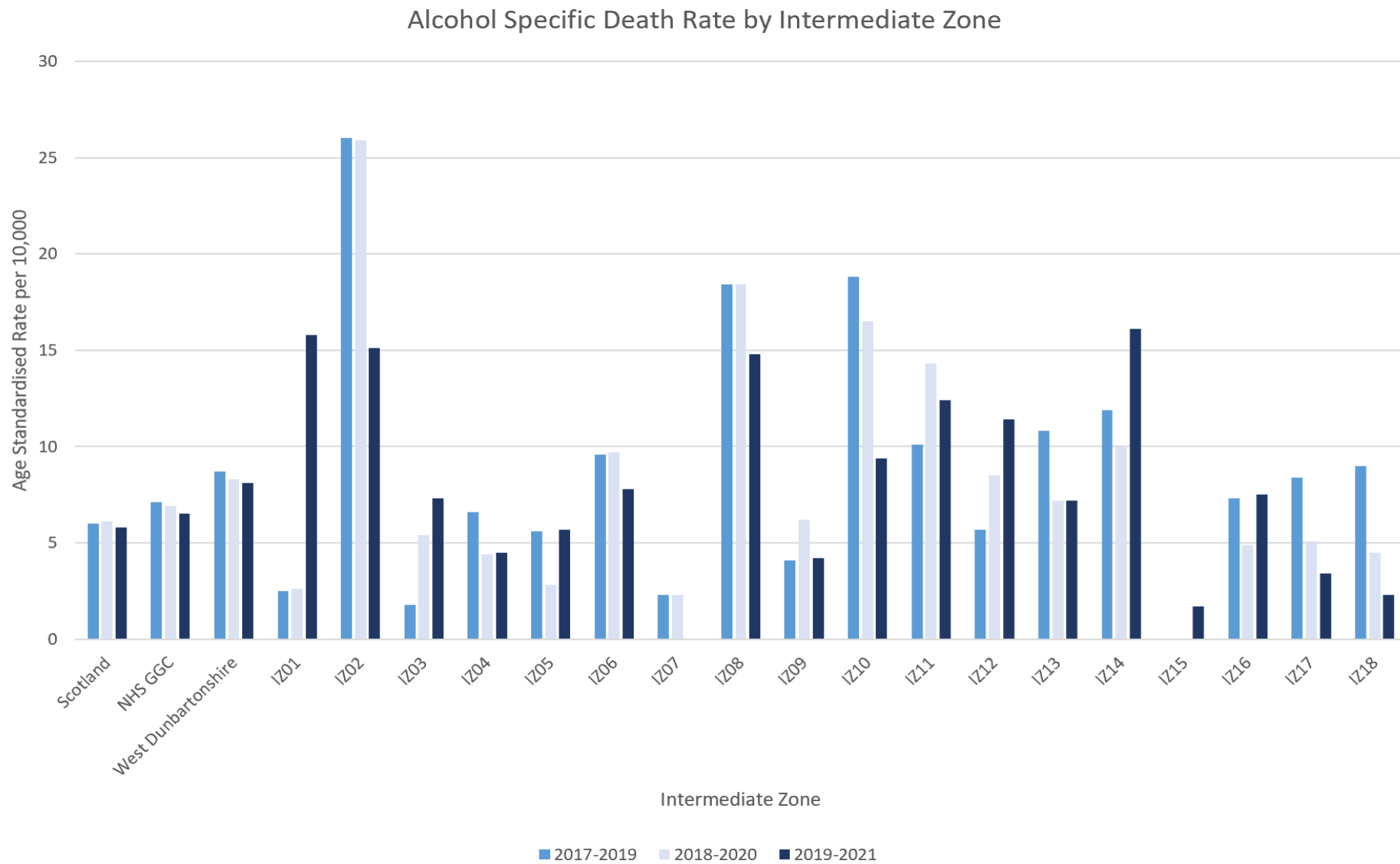
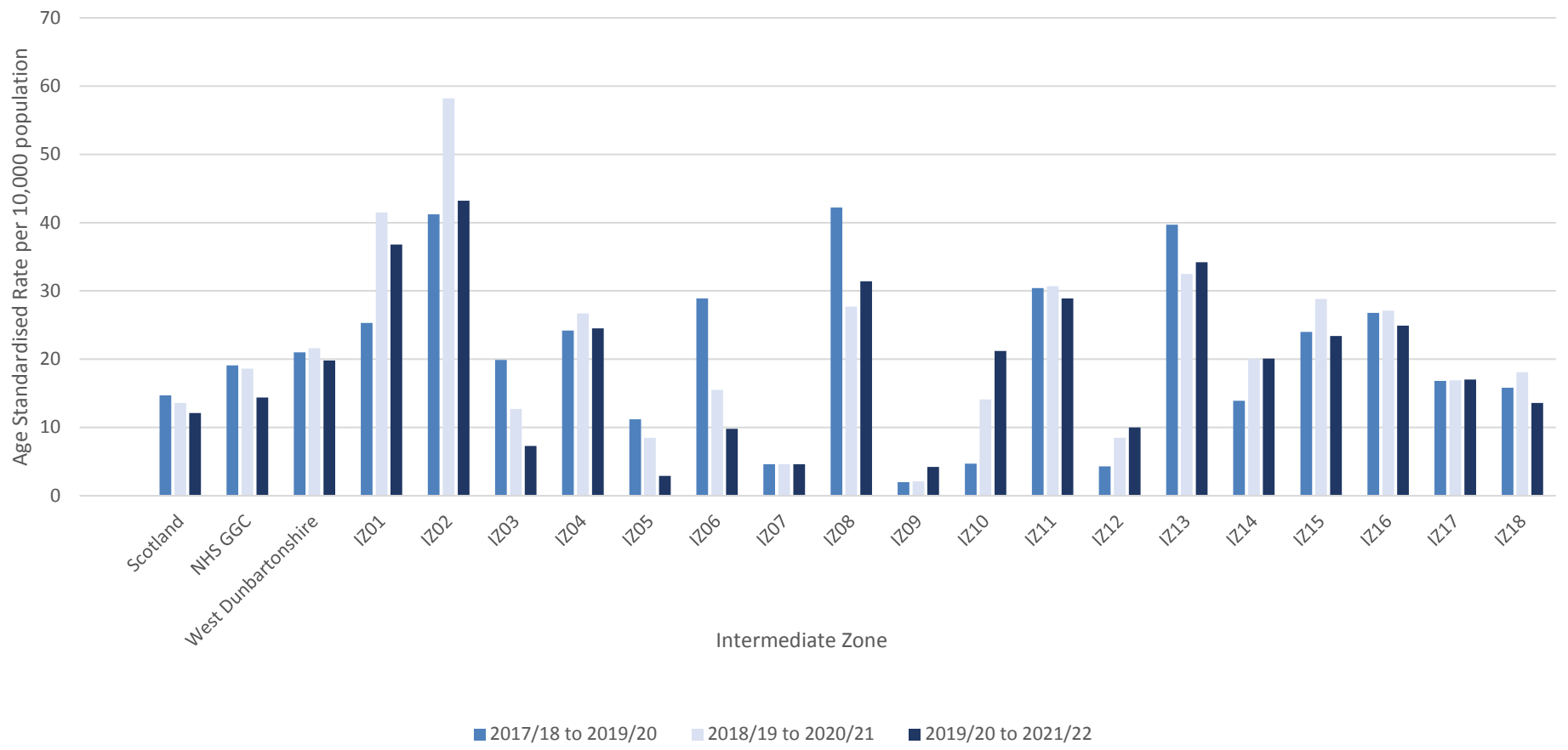


Figure 38: Alcohol Related Mental Health Admissions by Intermediate Zone

Alcohol Related Mental Health Admission Rate by Intermediate Zone



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14 Glossary and Technical Notes

14.1 Glossary

SMR01/ SMR04/ Combined	<p>These statistics are derived from data collected on alcohol-related inpatient and day case activity taking place within general acute hospitals and psychiatric hospitals in Scotland, submitted to ISD as part of the Scottish Morbidity Record 01 (SMR01) and Scottish Morbidity Record 04 (SMR04) data sets.</p> <p>SMR01 – General acute hospital discharges SMR04 – Psychiatric hospital discharge Combined – SMR01 and SMR04</p>
EASR	<p>This publication includes rates of activity presented as European Age-sex Standardised Rates (EASR). Comparisons of rates that have not been standardised can be misleading when the age structures of populations differ between geographical areas or where they have changed over time. For example alcohol-related hospital admissions are more common in males and older people. Adjustment for age and sex using the EASR prevents misleading comparisons between areas that may have populations with different age or gender structures.</p>
Stays	<p>For this report, a hospital stay (also described as a continuous inpatient stay or CIS), is defined as an unbroken period of time that a patient spends as an inpatient or day-case. During a stay a patient may have numerous episodes as they change consultant, significant facility, speciality and/or hospital. Stays are counted at the point of discharge, when all diagnostic information regarding the full stay is available. Therefore a 'stay' and a 'discharge' are equivalent in this report. However, the demographic information (age, gender, SIMD decile, NHS Board or local authority of residence) is taken from the first episode of the stay, thus most closely corresponding to the circumstances of the patient at the point of entering the hospital.</p>
Patients	<p>Where numbers of patients are reported, this refers to the number of unique individuals treated within the financial year. Patients are counted only once in the financial year in which they have an alcohol-related stay, even though the same patient may be admitted to hospital several times in a year.</p>
New patients	<p>New patients are defined as patients who have not been previously admitted to hospital with an alcohol diagnosis within the last 10 years. If a patient has several alcohol-related stays over a number of years, this patient will be counted only in the year of the first alcohol-related hospital stay within a 10 year period.</p>

Alcohol-related diagnoses and clinical codes (ICD9/ICD10)	Alcohol misuse is recorded using the International Classification of Diseases. In 1996, ISD moved from using the 9th revision to the 10th revision of the ICD. The change introduced a number of new alcohol-related ICD codes. However, mapping of codes from ICD9 to ICD10 is not exact and therefore the longer trends (back to 1981/82) are only used for reporting on 'all' alcohol codes combined, and time trends for individual alcohol-related conditions start in 1997/98. Up to six diagnoses can be recorded within each episode within a stay. Analysis is based on all diagnoses in any position from any episode within the patient's stay. Note that where alcohol misuse is suspected but unconfirmed it may not be recorded by the hospital and hence recording may vary between hospitals; therefore caution is necessary when interpreting these figures. Codes can be seen below.
Age	Age is taken at the date of admission for hospital discharge data.
Totals	Patients may reside in more than one NHS Board or local authority within the same year. Therefore the totals for smaller areas may not add up to the total for Scotland.
Disclosure	* Indicates values that have been suppressed due to the potential risk of disclosure and to help maintain patient confidentiality.
Scottish Index of Multiple Deprivation (SIMD)	<p>The Scottish Index of Multiple Deprivation (SIMD) ranking can be used to divide the Scottish population into ten groups (deciles). Each decile represents the same number of people, those living in areas in decile 1 live in the most deprived areas of Scotland and those in decile 10 live in the least deprived areas in Scotland. There have been SIMD releases in 2004, 2006, 2009, 2012 and 2016.</p> <p>The Scottish Index of Multiple Deprivation 2016 combines 38 indicators across 7 domains, namely: income, employment, health, education, skills and training, housing, geographic access and crime.</p> <p>The overall index is a weighted sum of the seven domain scores. The weighting for each domain is based on the relative importance of the domain in measuring multiple deprivation, the robustness of the data and the time lag between data collection and the production of the SIMD.</p> <p>Prior to weighting, the domains are standardised by ranking the scores. The ranks then undergo a statistical transformation to avoid high ranks in one domain 'cancelling out' low ranks in another. The domain weightings used in SIMD 2016, expressed as a % of the overall weight are: current income (28%), employment (28%), health (14%), education (14%), geographic access (9%), crime (5%) and housing (2%).</p> <p>SIMD can then be mapped to show the geographical variation and spread of deprived (and non-deprived) communities across Scotland. See www.SIMD.scot</p>
5 year moving average	A moving average is a technique to get an overall idea of the trends in a data set; it is an average of any subset of numbers. The moving average is extremely useful for forecasting long-term trends . You can calculate it for any period of time. An average represents the "middling" value of a set of numbers. The average is calculated several times for several subsets of data

Age Standardised	A technique used to allow populations to be compared when the age profiles of the populations are quite different.
Confidence interval (CI)	A confidence interval provides an estimated range of possible outcomes of the measurement, which gives us some idea of how uncertain we are about the measurement. A 95% confidence interval implies that if we were to repeat the same measurement many times, 95% of values would fall within the defined range. It follows that there is a 5% chance that the true value will fall outside the defined range.
Data zones	<p>The data zone is the key small-area statistical geography in Scotland. The data zone geography covers the whole of Scotland and nests within local authority boundaries. Data zones are groups of Census output areas and have populations of between 500 and 1,000 household residents. Where possible, they have been made to respect physical boundaries and natural communities. They have a regular shape and, as far as possible, contain households with similar social characteristics.</p> <p>Following the 2011 census, Data Zones were redrawn and are known as Data Zone 2011.</p>
Intermediate data zones	<p>The intermediate zones are aggregations of data zones within local authorities and contain between 2,500 and 6,000 people Not all statistics are suitable for release at the data zone level because of the sensitive nature of the statistics, or for reasons of reliability, and it was apparent that a statistical geography between data zone and local authority was required. For the purpose of this report intermediate data zone is used as the larger population permits a relatively precise but more stable base for monitoring trends</p> <p>The Licensing Board Statement of Licensing Policy November 2013 used Intermediate Zone 2001 boundaries to determine 18 sub-localities within West Dunbartonshire.</p> <p>Following the 2011 census, Intermediate Data Zones were redrawn and are known as Intermediate Zone 2011. There remain 18 sub-localities within West Dunbartonshire but the names and numbers are not equivalent.</p> <p>For the purpose of the 2017 overprovision evidence paper Intermediate Zone 2011 boundaries are used. Thus the Intermediate Zones are not directly comparable to the previous overprovision evidence.</p>
Nielsen/CGA	<p>Nielsen, a global information & measurement company, provides market research, insights & data about what people watch, listen to & buy</p> <p>CGA is a market measurement, data and research consultancy.</p>

14.2 Data Limitations

Source of data	Strengths	Limitations	
National Records of Scotland (NRS): Non-ministerial department of the Scottish Government and its purpose is to collect, preserve and produce information on Scotland's population.	<ul style="list-style-type: none"> • Council Area Profile (Factsheet) 	<ul style="list-style-type: none"> • Published yearly 	
	<ul style="list-style-type: none"> • Scotland's census 	<ul style="list-style-type: none"> • Large sample size • Official estimate of every person and household 	<ul style="list-style-type: none"> • Published every 10 years
	<ul style="list-style-type: none"> • Alcohol specific deaths 	<ul style="list-style-type: none"> • Published yearly • 3 and 5 year rolling averages given for trends 	<ul style="list-style-type: none"> • Yearly death rates fluctuate – need to use rolling averages for trends and comparisons
Office for National Statistics (NOMIS)	<ul style="list-style-type: none"> • Access to up to date labour market stats • Updated yearly • Datasets include: employment, unemployment, qualifications, earning, and benefit claimants 		
Scottish Health Survey	<ul style="list-style-type: none"> • References new Low Risk Drinking Guidelines 	<ul style="list-style-type: none"> • Small sample size – data only available for NHSGG&C and not West Dunbartonshire • Those living in institutions were outwith the scope of the survey. • Self administered, face to face questionnaire 	
SALSUS	<ul style="list-style-type: none"> • Large sample size • National data every 2 years 	<ul style="list-style-type: none"> • Only publish local authority data every 4 years • Covers age 13 and 15 only – not a full representation of young people 	
Planet Youth	<ul style="list-style-type: none"> • Recent post covid data • 80% response rate 	<ul style="list-style-type: none"> • Small sample size • Data gathered from only 1 school, 1 year group 	
	•	•	
Public Health Scotland <ul style="list-style-type: none"> • Alcohol Related Hospital Statistics • Drug Related Hospital Statistics • Scottish Drugs Misuse Database (SDMD) 	<ul style="list-style-type: none"> • Part of NHS Scotland – provides health information, health intelligence and statistical services • Data published yearly • Good trends 	<ul style="list-style-type: none"> • Some data only goes back as far as 2006 (SDMD) • Some data only provided at a national level 	
Recorded Crime in Scotland	<ul style="list-style-type: none"> • Published yearly • National statistics on crimes and offences recorded by Police Scotland 	<ul style="list-style-type: none"> • Some data only published at national level 	

14.3 Clinical codes for alcohol-related conditions

Condition		Sub-Condition	
ICD-10 Code	Description	ICD-10 Code	Description
F10	Mental and behavioural disorders due to the use of alcohol	F10.0	Acute Intoxication
		F10.1	Harmful use
		F10.2	Dependence syndrome
		F10.3	Withdrawal state
		F10.4	Withdrawal state with delirium
		F10.5, F10.6, F10.7	Psychotic & amnesic conditions
		F10.8, F10.9	Unspecified & other conditions
K70	Alcoholic Liver Disease	K70.0	Alcoholic fatty liver
		K70.1	Alcoholic Hepatitis
		K70.2, K70.3	Alcoholic liver disease: cirrhosis
		K70.4	Alcoholic hepatic failure
		K70.9	Alcoholic Liver Disease, unspecified
T51.0, T51.1, T51.9	Toxic effect of alcohol		
I42.6	Alcoholic Cardiomyopathy		
K29.2	Alcoholic gastritis		
K85.2, K86.0	Alcohol-induced pancreatitis		
E24.4	Alcohol-induced pseudo-Cushing syndrome		
E51.2	Wernicke encephalopathy		
G31.2	Degeneration of nervous system due to alcohol		
G62.1	Alcoholic polyneuropathy		
G72.1	Alcoholic myopathy		
O35.4	Maternal care for (suspected) damage to fetus from alcohol		
P04.3	Fetus and newborn affected by maternal use of alcohol		
Q86.0	Fetal alcohol syndrome (dysmorphic)		
R78.0	Finding of alcohol in blood		

X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol, undetermined intent
Y57.3	Alcohol deterrents
Y90	Evidence of alcohol involvement determined by blood alcohol level
Y91	Evidence of alcohol involvement determined by level of intoxication
Z50.2	Alcohol rehabilitation
Z71.4	Alcohol abuse counselling and surveillance
Z72.1	Alcohol use

Condition		Sub-Condition	
ICD-9 Code	Description	ICD-9 Code	Description
291	Alcohol psychoses	2910	Delirium tremens (DTs)
		2911	Korsakov's psychosis, alcoholic
		2912	Other alcoholic dementia
		2913	Other alcoholic hallucinosis
		2915	Alcoholic jealousy
		2918	Other (Alcohol withdrawal syndrome)
		2919	Unspecified
571	Chronic liver disease and cirrhosis	5710	Alcoholic fatty liver
		5711	Acute alcoholic hepatitis
		5712	Alcoholic cirrhosis of liver
		5713	Alcoholic liver damage, unspecified
980	Toxic effect of alcohol	9800	Ethyl alcohol
		9801	Methyl alcohol
		9809	Unspecified

E860	Accidental poisoning by alcohol, not elsewhere classified	E8600	Alcoholic beverages
		E8601	Other and unspecified ethyl alcohol and its products
		E8602	Methyl alcohol
		E8609	Unspecified
2651	Other and unspecified manifestations of thiamine deficiency		
3039	Alcohol dependence syndrome		
3050	Non-dependent abuse of drugs - Alcohol		
3575	Alcoholic polyneuropathy		
4255	Alcoholic cardiomyopathy		
5353	Alcoholic gastritis		
7598	Other and unspecified congenital anomalies - Other specified anomalies		
7607	Noxious influences transmitted via placenta or breast milk		
7903	Excessive blood level of alcohol		
E9473	Other and unspecified drugs and medicaments - Alcohol deterrents		
D3039 + A3317	Alcohol dependence syndrome + Cerebral degeneration in other diseases classified elsewhere		
D3039 + A3344	Alcohol dependence syndrome + Cerebral ataxia in diseases classified elsewhere		