NHS Greater Glasgow and Clyde’s Director of Public Health Dr Linda de Caestecker launches her first report: ‘A call to debate: A call to action’

TIME FOR ACTION

THE picture of health in Greater Glasgow and Clyde is one of extremes. Despite having some of the healthiest areas in Scotland, we also have a disproportionate amount of the unhealthiest. It’s been that way for so long that we are now recognised as having one of the worst health records in the Western World.

Yes, health is improving, but not for everyone and not as fast as elsewhere.

Our alcohol habits are desperately worrying not just for disadvantaged or for young people, but the whole population. Our diet isn’t nearly as balanced and nutritious as it should be and we eat too much.

Smoking related diseases are still too common. Our communities aren’t as safe as they should be and too many of us lack happiness, ambition, self-worth and inspiration.

As Director of Public Health, I recognise something else that is evident everywhere I look – and that is a mood for change… and evidence...
of a collective willingness to make these changes.

The smoking ban is now more than a year in place and the effect already on heart attack admissions appears dramatic. The latest life expectancy statistics have also improved significantly. There is a perceptible mood swing in attitudes to health and wellbeing emerging.

Moves to tackle the bulk-buy booze culture and two-for-one offers need public and political support.

So, is this the “tipping” point for the West of Scotland to throw off the cloak of ill-health and health deprivation?

I believe that there is some foundation to this theory and that with a determined push from individuals, communities, business leaders, politicians and large public bodies such as the NHS and local councils, we can make rapid headway with health improvement – a change that will alter lifestyles forever and in a way never yet achieved during the many years of trying.

But we all need to take serious stock of the role we can each play – and set the examples of change.”

WHY EVERYONE SHOULD READ THE REPORT ➤
Why everyone interested in better health should read this report...

Director pledges to tackle key challenges for Greater Glasgow and Clyde

The Report of the Director of Public Health for NHS Greater Glasgow and Clyde aims to ignite a public discussion and encourage public organisations and private companies to play a more proactive role in influencing positive health changes.

This special edition of Health News provides a launch platform for the Report “A call to debate: A call to action” and a summary of the key issues. The full Report is divided into seven main chapters and is available both online at www.nhsggc.org.uk/dphreport or a printed copy can be obtained from the Public Health Resource Unit on 0141 201 4915.

On the day the Report was formally launched (31st October, 2007), Dr Linda de Caestecker held a seminar with representatives from Community Health Partnership Forums, Community Planning Partnerships and other key influencers and policy makers in the fields of government, health and community safety.

The ethos of the report and the issues it addresses will become the focus of localised discussions between Public Health leads and the local authorities in the area that the Director of Public Health’s Report covers: East Dunbartonshire; East Renfrewshire; Glasgow City; Inverclyde; Renfrewshire; West Dunbartonshire; part of North Lanarkshire; and part of South Lanarkshire.

The discussion and input from these discussions and seminar events, will be posted on the website as part of the interactive Our Health Forum on the NHSGGC website.

You can input your ideas and comments or simply read up on the initiatives being discussed by visiting the NHSGGC website: www.nhsggc.org.uk/dphreport

Here we highlight extracts from the main sections of the Report and go on in the following pages to put a spotlight on some of the key issues determining levels of health and wellbeing throughout Greater Glasgow and Clyde.
Who the report is for... and why it matters

Since being appointed in November 2006, this is the Director of Public Health's first opportunity to focus on the key public health challenges within our population and the actions needed to address these challenges.

This is the first such report encompassing the new organisation of NHS Greater Glasgow and Clyde.

Health is not the product of a single circumstance or experience. It is shaped by socio-economic, political and societal circumstances as well as by environmental, biological and behavioural factors. If the health of the people is to improve, we must address all of these.

In order to address variations in health between the well-off and the most disadvantaged in our area, we need policies to reduce poverty and improve delivery of services.

In April 2006, the Glasgow Centre for Population Health (NHSGGC is a partner) published a comprehensive report of health and its determinants in Glasgow and West Central Scotland. Rather than repeat this detailed analysis, my report focuses on the key messages it generated.

1 - There are lessons to be learned from what is getting better.
2 – Health inequalities are increasing.
3 – Our least healthy communities are unlike our healthy communities in every way.
4 – The population structure is changing.
5 – The obesity epidemic must be taken seriously.
6 – Alcohol is an increasing problem.
7 – Sustainability should become a more explicit consideration.

Each chapter is structured in the same way:

- A summary of the challenge and scale of problem
- How NHSGGC and partners are responding to these challenges
- Priorities for action

The intended audience for this report is anyone in a position to influence health in the NHS Greater Glasgow and Clyde area. The call for action is primarily aimed at community planning partnerships.

Local councils have a vital role in the design of the environment, access to opportunities for physical activity, availability of healthy food and drink, and economic growth.

All public organisations have an important role as exemplar employers.

In addition, many of our significant health challenges will require action from the UK and Scottish Governments, including those relating to incomes and to the price and availability of healthy and unhealthy food and drink. We must therefore work with, influence and apply pressure on these Governments to bring about change and action.
Health News presents a chapter-by-chapter guide to the report

Lessons learned Chapter

WE often feel that there is not enough progress in improving health and narrowing inequalities, but it is important to recognise that many aspects of health are improving and that we can learn lessons from them to apply to other areas.

Progress is being made in increased life expectancy, the prevalence of smoking, immunisation rates and in reducing some causes of death such as heart disease, stroke, some cancers and infant mortality. Progress is also being made in other areas that affect health, such as employment. This section discusses what lessons we can learn from improvements in reducing smoking and coronary heart disease and in increasing employment and delivering health protection programmes.

Smoking is a significant public health challenge for NHS Greater Glasgow and Clyde, which has the highest smoking rates of any NHS area in Scotland, and where smoking remains the primary cause of preventable death and ill health. However, adult smoking rates have fallen considerably in the past 30 years and tobacco legislation has been effective in reducing exposure to second-hand smoke.

For further information please visit the NHSGGC website – www.nhsggc.org.uk/dphreport/lessonslearned

Inequalities Chapter

DIFFERENCES in income, gender, race and faith, disability, sexual orientation and social class are all contributory factors to inequalities in health. All these factors can interact to affect health. Income and social class, however, are central to inequality.

Inequalities in health outcome, socio-economic circumstances and selected health-related behaviours are described briefly here.

Life expectancy is a useful indicator for highlighting inequalities in health outcome. We know, for example, that the number of years a new-born child might expect to live varies significantly across the NHS board area by sex and geography. While there is no doubt that, overall, people in Greater Glasgow and Clyde are living longer, the polarity in life expectancy is clear:

● There is a nine-year gap in male life expectancy between East Dunbartonshire (77.7 years) and North Glasgow (68.6 years)
● Female life expectancy is higher than male life expectancy by six years across the NHS Greater Glasgow and Clyde area as a whole, but also varies by around 5.5 years across the different council areas

For further information please visit the NHSGGC website – www.nhsggc.org.uk/dphreport/inequalities

Communities Chapter

UNSURPRISINGLY, incidents of violent crime are highly concentrated in the centre of the city.

Other related measures serve to further highlight the problem of violence. West Dunbartonshire and Glasgow have the highest recorded rates of domestic abuse, both more than 50% above the Scottish average, with the lowest rate being in East Renfrewshire at 58% below the Scottish average. Hospital admission for assault are also much higher in Glasgow than the Scottish average across all ages. The most common specific diagnosis of assault in Glasgow is “assault by sharp object” - a reflection of the high rates of knife crime in the city. People from more deprived areas suffer far higher levels of assault that result in hospitalisation.

Good mental health is an important part of a person’s overall health. In Greater Glasgow and Clyde we therefore provide a wide range of services which aim to prevent mental health problems and improve people’s sense of well-being. These include mental health improvement work in community health projects, Healthy Living Initiatives and work on equality aspects of mental health such as the Mosaics of Meaning programme in black and ethnic minority communities.

For further information please visit the NHSGGC website – www.nhsggc.org.uk/dphreport/communities

Population Chapter

WHILE we need to tackle our existing health problems, we also need to plan for the future. Over the next twenty years we will see major changes in the make-up of our population and the way we live our lives. We need to understand these changes to ensure that services are designed to meet the needs of future generations. This chapter outlines some of the key changes and trends in our population and highlights the implications for key public services such as health, housing and education.

For further information please visit the NHSGGC website – www.nhsggc.org.uk/dphreport/population

SUMMARY OF THE REPORT (CONT.)
Health News presents a chapter-by-chapter guide to the report

Obesity Chapter

The obesity epidemic in the United Kingdom is out of control and none of the measures being undertaken show signs of halting the problem, let alone reversing the trend.

In simple terms, the obesity epidemic results from an imbalance between the amount of energy we collectively consume in our diet and the amount of energy we expend. Complex interactions occur at an individual level, amongst families, in communities and in society as a whole which combine to deliver this energy imbalance. This phenomenon is best explained as the presence of an ‘obesogenic environment’ where the circumstances in which we live contrive to bring about a continuous rise in the prevalence of obesity. This includes the commercial marketing of food, the urban environment, the transport system and popular culture. Taken together these interlinked systems combine to create a ‘runaway weight gain train’ upon which the population is riding.

Obesity is associated with numerous health problems such as diabetes, heart disease, arthritis, high blood pressure, some cancers and mental health problems. Vulnerability to these illnesses varies, for example, with age, gender, co-morbidity and ethnic origin. Its rising prevalence therefore represents a threat to the current trends in continuous health improvement for most conditions in Scotland. For further information please visit the NHSGGC website – www.nhsggc.org.uk/dphreport/obesity

Alcohol Chapter

GREATER Glasgow and Clyde has a major alcohol problem. Alcohol consumption and its damaging effects have increased sharply in our area since the early 1990s. Alcohol problems are worse in Glasgow than in the rest of Scotland, the UK, or Western Europe.

The main reasons for the worsening trend in alcohol problems are a mixture of increased affordability and social acceptability of drinking to excess. The alcohol problem is therefore – like obesity – partly a result of greater affluence and choice. At the same time, people in more deprived circumstances suffer the worst damage from alcohol for reasons that are not fully understood, but it is not just that they consume more alcohol.

The statistics presented in this chapter make for compelling reading and present strong arguments to place a high priority on changing the drinking culture that is so blighting our families and individuals.

A reduction in alcohol consumption by the whole population will bring about the greatest public health benefits. If we are to address the whole problem of overconsumption of alcohol we need interventions that will help change the culture of alcohol in our society as well as services to help people with serious alcohol problems.

For further information please visit the NHSGGC website – www.nhsggc.org.uk/dphreport/alcohol

Sustainability Chapter

WIDER environmental issues such as climate change and pollution all have a major impact on our health, agriculture, transport and tourism. As the largest NHS organisation in the UK, we have a duty to lead by example. How we behave as an employer, a purchaser of goods and services, a major user of energy and water, a manager of transport, a generator of waste and an owner of property, can make a big difference to the environment.

This chapter describes the key sustainability issues facing our population and outlines the action we need to take to protect our environment and safeguard vital resources for future generations.

For further information please visit the NHSGGC website – www.nhsggc.org.uk/dphreport/sustainability

Acknowledgements

This report is the product of many people’s work and the lead authors and contributors are described for each chapter. Many others also commented on the report through written comments or at seminars on the report. I am grateful to everyone who has contributed to making this report as authoritative and outward looking as possible.

Dr Linda de Caestecker

A full copy of the report can be downloaded from our website www.nhsggc.org.uk/dphreport or if you require a printed copy, please telephone 0141 201 4915
Race to close the rich-poor gap

While Greater Glasgow and Clyde’s general population is getting more affluent, the gap between the better off and those on lower incomes is continuing to widen with real consequences for health.

Differences in gender, race, faith, disability, sexual orientation and social class are all major contributors to inequalities in health. In Greater Glasgow and Clyde, however, it is income and social class which make the major contribution to some people being healthier than others.

If you compare life expectancy figures in a more affluent area of Greater Glasgow and Clyde with a deprived area, you can see how deprivation is having a major impact on how long people live.

In one affluent area, a man can expect to live to on average 77 years, whilst only a few miles down the road, a man living in a more deprived area will live on average to 68 years... a difference of nine years.

The figures are similar for women.

Although women can expect to outlive men by six years, the gap between women living in affluent areas and those in less well-off areas is around five years.

Sue Laughlin, Head of Inequalities & Health Improvement, said: “The areas with the highest early death rates are also those with the highest concentrations of deprivation. “Recent research also shows that in Scotland, particularly in Glasgow, there has been a rise in death rates amongst younger age groups, especially men, due to suicide, assault and drug and alcohol related illness.”

“It’s not just adults who are affected by poverty,” Sue said. “Children living in households on a lower income are more likely to have poorer diets, be admitted to hospital with dental problems, die in an accident, have higher rates of long-standing illness and do poorly at school.

“When they grow up, they are more likely to have poor health, be unemployed or homeless, or have a drink or drug problem.”

Although low income is a major cause of poor health, it’s not the only factor. The links between gender and

CONTINUED ON NEXT PAGE ➤
Race to close the rich-poor gap

CONTINUED FROM PAGE 7

health, particularly mental health, are also apparent.

For instance:
● Adolescent girls are more likely to suffer from depression and eating disorders, and attempt suicide more than boys
● Adolescent boys have more problems with anger, are more likely to take part in high risk behaviour and commit suicide more than girls
● Women are more likely to suffer from depression and anxiety
● Incidences of mental health problems caused by drug or alcohol abuse are higher in men

Gender-based violence and abuse are also causes of poor health in children, adolescents and adults, affecting a significant proportion of the population throughout their lives.

There’s evidence that your sexuality, ethnicity, if you are an asylum seeker or if you have a learning disability, can also have a detrimental effect on health.

Sue said: “Discrimination, ethnic background, behaviour, bullying, racism and having special needs can all contribute to mental and physical health.

“For instance, evidence suggests that gay men are more likely to attempt suicide than straight men; people of Pakistani and Indian origin have an increased chance of having a heart attack; and adults with learning disabilities are ten times more likely to have an episode of psychosis than the general population.”

There is no simple solution to tackling inequalities in the health of our population and we have reorganised how services are provided to ensure we make best use of the staff and resources we have, whilst tackling inequalities in a structured and well managed way.

Part of that reorganisation involved the development of NHS teams which specifically target areas such as inequalities and diversity, and the setting up of initiatives including the Homelessness Partnership and the Infant Feeding Strategy.

We have also set up employment initiatives such as WHIGG (Working for Health in Greater Glasgow) and we are one of the founding partners of the Glasgow Centre for Population Health, which carries out research into and focuses on reducing health inequalities and improving health and quality of life.

Dr Linda de Caestecker, NHSGGC’s Director of Public Health, said: “Continuing to take a joint partnership approach with other agencies, such as local authorities and the Police, is the only way forward when tackling health inequalities.

“We also need to ensure we continue to gather quality information on health inequalities, identifying initiatives that work and those that don’t and targeting resources appropriately.”

For more information, go to: www.nhsggc.org.uk/dphreport/inequalities

... while those in more deprived areas of East and North Glasgow face an average life expectancy as low as 66.
It’s a fact... 50,000 children in the area live in poverty

POVERTY
● It is estimated that there are 240,000 children living in Scotland who are part of households living in poverty... at least 50,000 of those will live in the Greater Glasgow and Clyde area
● In 2001, more than 100,000 children in the West of Scotland were living in households where neither parent was in employment

GENDER, RACE AND DISABILITY
● It is estimated one in four women will experience domestic abuse during their lives.

Domestic abuse is associated with poor mental health as well as physical injury
● A recent health needs assessment of young lesbian, gay and bisexual people in Glasgow recorded that 80% of them had experienced discrimination and those surveyed had up to three times more suicidal thoughts than the general population
● People of Pakistani origin living in Scotland have an increased incidence of 60-70% of having a heart attack... health staff believe this may be due to a combination of lifestyle, genetics and the social determinants of health (eg poverty, poor education, lack of employment as well as poor access to health services)
● 13.5% of women with learning disabilities who took part in a recent health check programme had an up-to-date cervical smear compared to the 74% uptake for all women living within our area

DENTAL
● Throughout NHSGGC’s area, between 40% and 70% of children aged five have decayed teeth
● Dental decay is the most frequently recorded cause of admission to acute hospitals in our area for children aged 0-15
HOSPITAL ADMISSIONS FALL 17% SINCE MARCH 2006

IT’S been more than a year since Scotland’s smoking ban was brought into force and already doctors are seeing real differences in health.

A recent study of nine Scottish hospitals found that there has been a significant reduction (17%) in the number of people being admitted to hospital suffering from a heart attack since the ban came into force in March 2006.

Before this date, the annual reduction of heart attack patients over the previous ten years was just 3%.

The same report found that the air quality of Scotland’s pubs had improved dramatically with exposure to second-hand smoke dropping by 40%.

In another study by Aberdeen University, it was found that the exposure of non-smoking bar workers to tobacco smoke has fallen by 89% since the start of the ban.

Dr Linda de Caestecker, Director of Public Health for NHSGGC, said:

“There’s no doubt that the smoking ban is having a real effect on the health of Scotland’s people. These two studies are evidence that the ban is working.

“Stopping smoking is the single, most important thing you can do to safeguard your health and I support any measures that can help smokers stop smoking.”

This includes the recent change in Scots law which raised the legal age for buying cigarettes from 16 to 18. The law was changed on October 1 and any retailer caught selling cigarettes to under-18s faces a £2500 fine.

“The aim of the change in the law was to discourage younger people from taking up smoking in the first place,” she said. “This is particularly relevant when you look at the statistics which show that the people who smoke the most are in the 25 to 44 age group...many of whom will have taken up smoking in their teens.”

There is a wide range of support services available to smokers wishing to stop. This includes accessing stop
CONTINUED FROM PAGE 10

smoking ban came into force, we’ve seen an increase in the number of people contacting us for help to stop smoking, either through our pharmacy-based stop smoking services or through smoking cessation groups.

“In fact, since the ban, we’ve had to set up more groups to help meet the demand and we’ve seen an increase in the number of phone calls we’re taking from people wanting to give up.

“There’s lots of help out there for smokers who wish to give up. All you have to do is take the first steps to improving your health for good… phone one of the numbers below and find out where your local stop smoking services are. It could just save your life.”

If you’re a smoker who wants to give up, contact either Smoking Concerns on 0141 201 9825 or log onto www.smokingconcerns.com

Alternatively, dial the Starting Fresh freephone number: 0800 389 3210.

Information on our smoking policy is available on: www.nhsggc.org.uk/smokefree

THE latest media campaign includes some powerful images.

IMPORTANT DATES IN DRIVE TO STOP SMOKING

- Sunday, March 26, 2006 – Smoking ban comes into effect in Scotland and within all NHSGGC’s buildings and vehicles
- March 2007 – NHSGGC bans smoking from its grounds, car parks and other outside spaces
- Monday, October 1, 2007 – legal age for buying cigarettes rises from 16 to 18-years-old

IT’S A FACT... HALF OF ALL SMOKERS DIE EARLY

- Around 30% of the population of Greater Glasgow and Clyde smoke… that’s about 288,000 people
- People aged 25 to 44 smoke the most
- Nearly a third (29%) of all deaths at all ages are attributable to smoking
- Smoking causes a range of illnesses including cancer, coronary heart disease and bronchitis
- Smokers can expect to reduce their lifespan by around ten to 15 years
- Half of all smokers will die prematurely
- One third of smokers who die from smoking-related disease die before retirement
- You are 20 times more likely to die from a smoking-related disease than in a road accident
Obesity... the ticking time bomb

EXPERIENCE suggests that, when it comes to health, what happens in America eventually happens over here. It is therefore predicted that obesity will be the next epidemic to sweep the country and, according to the latest research, we are catching up fast with our American counterparts.

Shocking new statistics show that obesity levels in Scotland are now amongst the highest in the developed world, second only to the USA. More than a quarter of adults and one in five P7 children in Scotland are now classed as obese.

Dr Linda de Caestecker, Director of Public Health, said: “Obesity is a ticking time bomb and if we fail to act now we are storing up huge health problems for the future.”

While some experts are convinced that the rise in obesity is inevitable, Dr de Caestecker strongly believes that action can make a difference. She explained: “We can’t turn back the clock but by taking action now we can make a difference to the health of current and future generations.”

CHANGING ATTITUDES

Health professionals from Scotland are already looking at how the US is tackling obesity and experts are also looking at how the issue is being dealt with by our European neighbours. Regardless of the different approaches, everyone agrees that tackling obesity in Scotland will require major cultural change.

Dr de Caestecker explained: “We need to change our attitude towards food and exercise. For example, we know we are all becoming increasingly inactive and children, in particular, are spending more time playing computer games and watching TV. Even when children do exercise they often cancel out the benefits by snacking afterwards on chocolate and crisps. Anyone who happens to be near a school at lunchtime will witness first hand the queues at local takeaways.”

CONTINUED ON NEXT PAGE
CONTINUED FROM PAGE 12
“We can’t, however, just place all the responsibility on individuals as we know telling people to eat well and exercise more simply doesn’t work. We need to make it easier for people to make these changes. The NHS and local councils have a key role to play by improving the quality and choice of the food we serve in our hospitals, schools and leisure centres. We also need to practise what we preach by removing vending machines which sell unhealthy drinks and snacks from our premises.”

NATIONAL ACTION
While encouraging and supporting healthier behaviour is important, Dr de Caestecker believes mandatory action is also necessary if we are serious about improving health. She explained: “The smoking ban proved that national legislation was needed to bring about the scale of change required to make a real difference to people’s health. We have seen for ourselves the results of the smoking ban and I believe similar efforts are needed to help tackle obesity.”

One of the national changes which Dr de Caestecker would like to see is an increase in the amount of daily exercise for all children, which could include sport, dance, walking or cycling. Other recommended actions outlined in the report include improving the uptake of subsidised or free healthy school meals and influencing the way junk food is advertised and promoted.

LEARNING FROM OTHERS
Dr de Caestecker also feels we can learn a lot from the approaches taken in other countries. In Paris, for example, the local council has introduced a free ‘pick up and drop off’ bike scheme to tempt people out of their cars and encourage regular exercise. Low cost or free public transport initiatives and employee lunch-time walking schemes have also proved popular in other areas. Dr de Caestecker believes that these schemes have been successful because they encourage people to be more active.

She explained: “The population as a whole needs to become more active. However, this will only happen when we remove some of the barriers to activities like walking and cycling and place limits on more sedentary forms of transport such as driving.”

She added: “The key message is the obesity epidemic needs to taken seriously. Urgent action is required and we need to be radical and innovative in our approach if we are to help prevent this major health problem from spiralling out of control.”

For further information, click here to access the NHSGGC website: www.nhsggc.org.uk/dphreport/obesity

EXERCISE is vital for children to help reduce weight.

IT’S A FACT... OBESITY IS A CAUSE OF REDUCED LIFE EXPECTANCY

- Obesity is a universal problem which affects people of all ages, genders and social backgrounds.
- Obesity is associated with many illnesses and is directly related to increased mortality and reduced life expectancy.
- Obesity causes breathlessness, sweating, snoring, difficulty sleeping, inability to cope with sudden physical activity, tiredness, back and joint pains.
- Obesity increases the risk of developing diabetes, heart disease, arthritis, high blood pressure, some cancers and mental health problems.
- Many obese children have developed type II diabetes which can lead to complications such as nerve damage, heart disease, kidney disease and blindness.
Let’s be honest about our alcohol abuse

**OUR DRINKING PROBLEM AFFECTS ALMOST EVERY CORNER OF SOCIETY**

The number of people dying of alcohol-related liver cirrhosis in Scotland has more than doubled since the early 1990s.

And one person dies in Scotland every six hours as a direct result of alcohol.

The picture is even grimmer in Greater Glasgow and Clyde. We have more than twice the number of cirrhosis deaths per head of population than the rest of Scotland, which in turn has the highest number of cirrhosis deaths in Western Europe.

Alcohol is a major preventable cause of ill health and death in our area and, despite a wide range of initiatives by the Health Service and our partners, alcohol problems in Greater Glasgow and Clyde are getting worse.

There are many factors as to why this might be and it’s not all to do with our most deprived communities drinking to excess. Our culture of binge drinking, people having more disposable income to buy alcohol and higher alcohol content in drink all have a part to play.

Catriona Renfrew, Chair of Greater Glasgow and Clyde Alcohol Action Team, said: “This is an issue for everyone, not just those traditionally seen as hardened drinkers.

“Excessive alcohol consumption is affecting all parts of our society. Not only does it cause mental and physical illness and premature death, but there is a strong link between excessive drinking and violent crime, lost working days and poverty.

“As a Health Service, we have been working with partners to try to turn back the rising tide of excessive alcohol consumption, but it’s clear that, despite our best efforts, we need to do more.

“There needs to be a major cultural shift right across Scotland and the UK as a whole if we want to stem the flood of alcohol abuse. There needs to be change at the top and that means on a national, governmental level.

“As a health provider, we should be lobbying government to raise taxes on alcohol and to put in place drastic measures that, while they may be unpopular, will help change a culture that only sees a ‘good night out’ as one fuelled by excessive drinking and

---

**CONTINUED ON NEXT PAGE**
CONTINUED FROM PAGE 14
potentially harmful behaviour.”

One of the problems with alcohol abuse is that those people who drink excessively do not suffer from serious consequences immediately...damage is only evident after a longer period of time.

She continued: “One approach is to target those at particularly high risk, such as teenagers and men whose drinking is associated with violence and other crime. This will help us to identify and treat those most at risk. We need to do this in tandem with strategies targeting the general population.

“As employers, NHSGGC and our partners have the potential to identify and treat employees with alcohol problems. If we as public organisations are to be credible leaders in the drive to reduce alcohol consumption, we need first to resolve alcohol misuse amongst our own employees.”

Dr David Morrison, Public Health Consultant with NHSGGC, said: “Reducing the availability and promotion of alcohol and bringing in tougher laws against its improper use are other ways Scotland as a nation could be tackling our alcohol problem.”

He continued: “National legislation on alcohol pricing, advertising and availability will be required. There is already good evidence that these have been effective in reducing alcohol-related harm elsewhere in Western Europe.

“We need to also take persistent and widespread measures to make excessive alcohol consumption socially unacceptable. New and existing laws on public drunkenness are one element of this. However, because most alcohol is drunk in the home, a change in attitudes is also required.

“Finally, we need to understand the complex effects of deprivation and alcohol. We know that reducing alcohol consumption amongst people of deprived areas will not reduce the large health inequalities between those who live in the more affluent areas and those in the poorer areas.”

For further information, see: www.nhsggc.org.uk/dphreport/alcohol
Rising to challenge of changing world

SERVICE PLANNING MUST TAKE INTO ACCOUNT FUTURE CLIMATE AND POPULATION CHANGES

It's clear we face huge challenges in tackling our existing health problems. However, if we want to see long-term improvements, we also need to plan for the future.

Over the next twenty years our population is set to undergo radical changes which will have huge implications for the way we plan and deliver future services. Changes in the size and shape of local communities, the way we live our lives and the wider environment will all affect demand for vital public services such as health, education and transport.

Although the overall population of Greater Glasgow and Clyde is set to fall in coming years, the total number of households will increase as more and more people live on their own rather than as part of a traditional family unit.

Glasgow City Council’s decision to welcome asylum seekers has already changed the cultural diversity of the city. This is set to change further with the increase in migrants from Eastern Europe. Changing income and employment levels also have a major impact on health and wellbeing. Nowhere have these changes been more apparent than in Glasgow. Four out of 10 adults in Glasgow now belong to the top two social classes and the city now has more well paid jobs than ever before. While these changes have improved the standard of living for many people, not everyone has benefited equally.

Dr Linda de Caestecker, Director of Public Health, explained: “While some parts of the city have prospered from more employment and higher wages, other parts have seen little improvement. Many people in what has been called the ‘other Glasgow’ are dependent on income support, and disability benefits, and those who are earning are often in low paid jobs.”

THE REAL COST OF CLIMATE CHANGE

Wider environmental issues such as climate change will also affect how we live our lives in future. Dr de Caestecker explained: “Many people believe that climate change and sustainability aren’t issues for Scotland. This is not the case. “Our temperatures are becoming steadily warmer and winters are milder, with heavier rain more common. This is likely to increase the risk of flooding and impact on...
Planning for changes in climate and population

CONTINUED FROM PAGE 16

our health, agriculture, transport and tourism. We also need to stem the growth in our use of vital resources such as oil and gas by developing more sustainable alternatives such as wind and water power."

Climate change also has a major impact on our health. While milder winters may reduce the number of cold-related deaths, bacteria thrive in warmer conditions, allowing disease to spread more widely. More heatwaves will increase the number of hot weather related deaths and warmer summers are linked to an increase in cases of food poisoning. Exposure to higher levels of UV light could also lead to an increase in skin cancers and cases of cataracts.

SOMETHING IN THE AIR

Air pollution can also affect our health as harmful particles generated by traffic, industrial processes and quarrying can penetrate deep into the lungs, causing serious medical problems. Long-term exposure to air pollution decreases life expectancy and is linked to an increase in heart attacks. Reducing traffic levels in our local area is therefore a priority as this will not only reduce air pollution, but also promote a more active lifestyle.

LEADING BY EXAMPLE

As the largest NHS organisation in the UK, our action, in collaboration with local councils and other partner agencies, can make a real difference. It is therefore vital that we lead by example.

Dr de Caestecker explained: “How we behave as an employer; a purchaser of goods and services; a major user of energy and water; a manager of transport; a generator of waste and a developer of property can make a big difference to the environment.

“For example, by sourcing food locally we can support local producers, create employment and reduce the environmental impact of transport and food miles. Policies can also help to minimise waste which saves money and reduces the amount of packaging sent to landfill sites.”

Dr de Caestecker believes that if we are serious about protecting the environment we need to set challenging local targets and introduce policies which consider environmental, health and social benefits.

She explained: “We need to ensure environmental issues are built into our day-to-day work and are taken into account when we plan new services and facilities. It’s only then that we will start to see the kind of change necessary to make a real difference.”

For further information, visit: www.nhsggc.org.uk/dphreport/population and www.nhsggc.org.uk/dphreport/sustainability

IT’S A FACT...

SINGLE ADULT HOUSEHOLDS SET TO INCREASE

● The overall population of Greater Glasgow and Clyde is set to fall in the next 20 years
● By 2016 almost half of all homes in Glasgow will be single adult households
● The number of single parent households is set to increase although the proportion will vary dramatically across Greater Glasgow and Clyde
● The pay gap between the highest and lowest paid is set to widen
● Temperatures in Scotland in the last four years were the highest since records began
● By the end of the century temperatures in Scotland are predicted to increase by up to 3.5°C in summer and 2.5°C in winter