Changing Scotland's relationship with alcohol

Recommendations for further action

Alcohol Focus SCOTLAND

BMA Scotland

Scottish Families Affected by Alcohol & Drugs

SHAAP
SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS
www.shaap.org.uk

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1. Executive Summary

Introduction

This report is intended to inform the next phase of the Scottish Government's alcohol strategy. It has been produced collaboratively by Alcohol Focus Scotland, Scottish Health Action on Alcohol Problems, Scottish Families Affected by Alcohol and Drugs and the British Medical Association Scotland. It has been informed by the findings and recommendations from the evaluation of Scotland's current alcohol strategy, MESAS[1], and we are grateful to NHS Health Scotland for providing evidence for this report.

Background

It is almost eight years since the Scottish Government published its ground-breaking alcohol strategy, *Changing Scotland's Relationship with Alcohol – A Framework for Action*. It contained over 40 measures to reduce consumption; to support families and communities; to encourage positive attitudes and positive choices; and to improve treatment and support services.

The strategy adopted a whole population approach and closely aligns with the World Health Organization's 'Global Strategy to Reduce the Harmful Use of Alcohol'[2], and the Organisation for Economic Co-operation and Development's (OECD) Policy Briefing 'Tackling Harmful Alcohol Use: Economics and Public Health Policy.'[3]

The evaluation of Scotland's alcohol strategy concluded that some elements have been successfully implemented and are likely to have contributed to declining rates of alcohol-related hospitalisations and deaths since 2009. However these rates continue to be much higher than in the 1980s, and significantly higher than in England and Wales. Inequalities in alcohol-related harm persist, with people living in our most deprived areas eight times more likely to die than those in our least deprived communities. Furthermore, the most recent data suggest that these welcome downward trends have stalled[4], with the amount of alcohol sold, and number of people dying as a result, having increased since 2012[5].

Alcohol harm is preventable. It costs individuals, families and communities dear. It is a drain on our hard-pressed public services and a brake on economic growth. It costs an estimated **£3.6 billion per year**[6]; £900 for every adult in Scotland.

There is a need for continued action to reduce alcohol-related harm in Scotland and to address the associated health inequalities.

The good news is that the measures which are most effective to prevent and reduce alcohol-related harms are also those that are most cost-effective: increasing price, reducing availability and controlling marketing.

Recommendations to the Scottish Government

We have identified a number of overarching recommendations that should underpin the Scottish Government's alcohol strategy refresh.

Overarching recommendations

- ✓ Establish a target to reduce overall population alcohol consumption in Scotland by 10% over ten years.
- ✓ Apply a 'health in all policies' approach, including a specific assessment of potential alcohol harm.
- ✓ Address alcohol's role in health inequalities.
- ✓ Recommission NHS Health Scotland to evaluate the impact of the alcohol strategy refresh.
- ✓ Support the establishment of a research and evidence network.

We have also identified a number of recommendations under each of the four priority areas within *Changing Scotland's Relationship with Alcohol.*

Recommendations: Reduced Consumption

Price

- ✓ Implement a 50p minimum unit price as soon as legally possible.
- ✓ Press the UK Government to revise alcohol taxation rates to link them to alcohol content, and to reintroduce a duty escalator.
- ✓ Encourage business models that better support health-promoting communities. Mechanisms that should be considered include: linking business rates to volume of alcohol sales; and/or a levy on businesses selling alcohol.
- ✓ Prohibit all price discounting.

Availability

Action to reduce availability

- ✓ Develop a strategic approach to reducing availability in Scotland.
- ✓ Restrict off-sales licensing hours.
- ✓ Explore the viability of further restrictions to reduce impulse purchasing.
- ✓ Review the appropriateness of rules exempting forms of transport from requiring an alcohol licence.
- ✓ Undertake research into online and telephone sales of alcohol to better understand the scale and nature of these markets and how to regulate them.

Improving existing licensing regulation to strengthen its role in controlling availability

- ✓ Introduce a national licensing policy.
- ✓ Update the guidance on the Licensing (Scotland) Act 2005 before new licensing boards are appointed in May 2017, and commit to reviewing and updating it regularly.
- ✓ Require alcohol sales data to be provided to licensing boards.
- ✓ Commence the provisions in the Air Weapons & Licensing (Scotland) Act 2015 to enable public engagement in, and proper scrutiny of, licensing policy and decision-making, before new licensing boards are appointed in May 2017.
- ✓ Introduce a statutory ouster clause limiting appeals against an adopted licensing policy statement outside its introductory period.
- ✓ Improve police enforcement where premises continue to sell alcohol to intoxicated people.

Marketing

- ✓ Implement the recommendations of the virtual expert network on alcohol marketing contained within the report *Promoting good health from childhood: reducing the impact of alcohol marketing on children in Scotland.*[7]
- ✓ Prohibit licensed premises from displaying outdoor promotional materials advertising alcohol.

Recommendations: Supporting Families and Communities

- ✓ Include the aspiration of an alcohol-free childhood – and the means to achieve it – in the forthcoming Child and Adolescent Health and Wellbeing Strategy.
- ✓ Improve the identification of children affected by parental drinking.
- ✓ Include 'harm to others' indicators in existing surveys.
- ✓ Ensure a 'whole family approach' with the child at the centre is taken to the planning and delivery of alcohol treatment and recovery services.
- ✓ Build better understanding of the impact of home drinking on policy solutions.
- ✓ Improve the data and research on the nature and extent of alcohol-related harm experienced by children and young people.
- ✓ Draw on emerging evidence that the adolescent brain may be especially vulnerable to alcohol harms and support investment in further exploratory research.
- ✓ Provide evidence-based information for parents, children and families**,** free from alcohol industry involvement.
- ✓ Support the use of community justice disposals designed to address alcohol problems, as well as diversion from the Criminal Justice System for those with alcohol problems, where appropriate.

Recommendations: Positive Attitudes, Positive Choices

- ✓ Actively promote the Chief Medical Officers' low-risk drinking guidelines.
- ✓ Include messages on the risks associated with alcohol consumption in wider health information and advice.
- ✓ Prohibit alcohol producers from direct involvement in production of health information or education materials.
- ✓ Seek the introduction of mandatory labelling on alcohol products.
- ✓ Require public sector organisations to have mandatory workplace alcohol policies.

Recommendations: Improved Treatment and Support

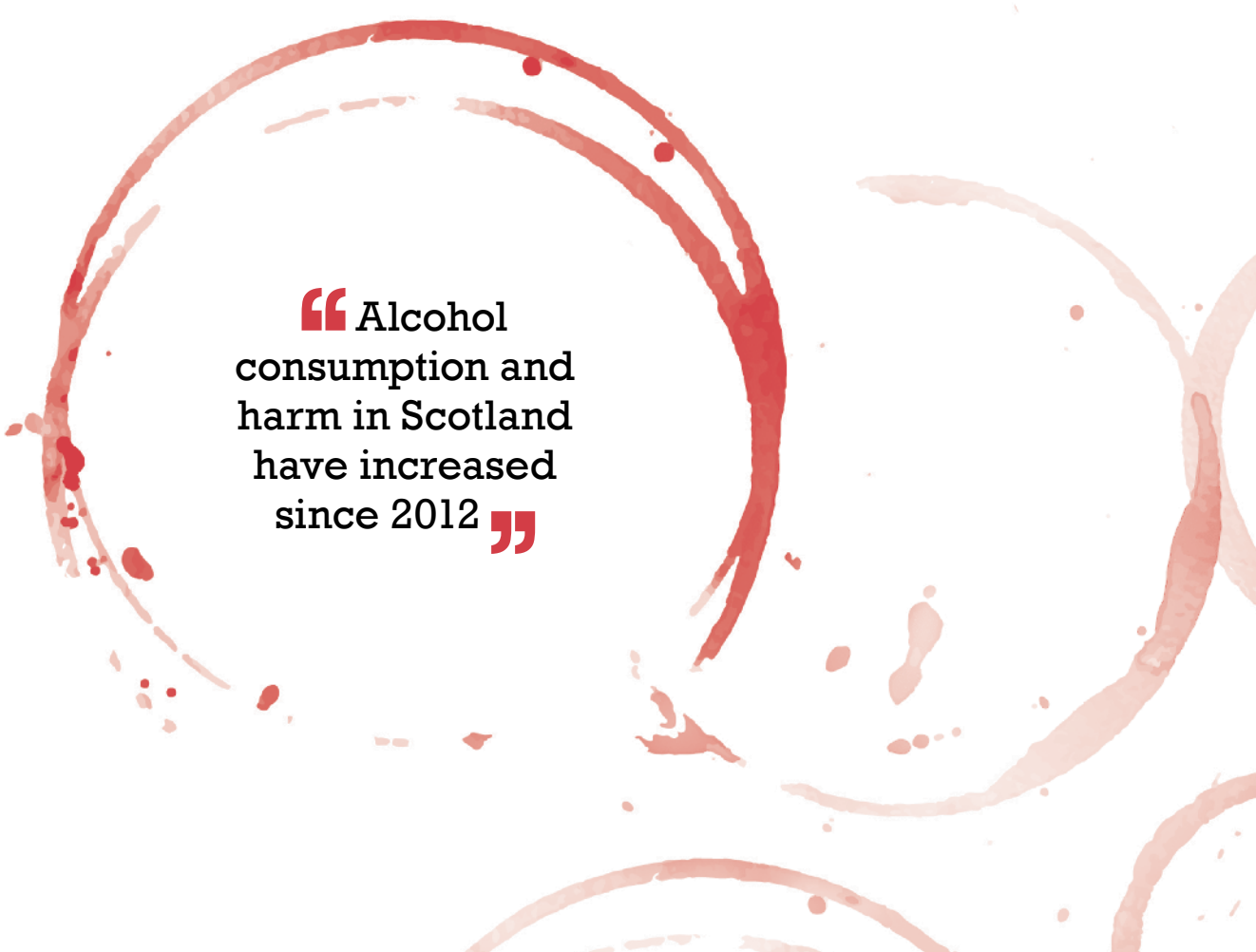
- ✓ Reinstate investment in alcohol and drug prevention, treatment and support services to 2015/16 levels.
- ✓ Commission research into the effectiveness and cost-effectiveness of alcohol treatment services.
- ✓ Implement effective alcohol identification and care pathways in justice settings such as in police custody and prison.
- ✓ Continue the national programme of Alcohol Brief Interventions (ABIs) and research impact, particularly in wider settings.
- ✓ Improve mainstream health and social care awareness and service provision.
- ✓ Establish Alcohol Care Teams in acute hospitals.
- ✓ Support the implementation of a national Alcohol-related Liver Disease Action Plan.
- ✓ Recognise and address the need to support people with Alcohol-related Brain Damage (ARBD)
- ✓ Recognise the co-morbidity of alcohol use, drug use and mental health problems.
- ✓ Ensure timely access to quality treatment that is family inclusive – recognising that families can be assets to entering treatment and supporting recovery.
- ✓ Support awareness campaigns for the public and professionals on preventing drinking during pregnancy and improve support for those at risk, or affected.

2. About this report

This report is intended to inform the next phase of the Scottish Government's alcohol strategy.

It has been produced collaboratively by an expert working group with an interest in reducing population levels of alcohol-related harm in Scotland, made up of Alcohol Focus Scotland (AFS), Scottish Health Action on Alcohol Problems (SHAAP), Scottish Families Affected by Alcohol and Drugs (SFAD) and the British Medical Association (BMA) Scotland. It has been informed throughout by the findings and recommendations from the evaluation of Scotland's existing alcohol strategy, Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS)[8] and we are grateful to NHS Health Scotland for providing evidence and statistics for this report.

The actions we recommend have been selected through a process of combining evidence from published research with other considerations of their appropriateness. Given that the strategy is being refreshed rather than redesigned at this time, where possible, the recommended actions have been considered in the context of the logic models produced for the current strategy[9], to show how they could contribute to the desired outcomes.



3. Background

It is almost eight years since the Scottish Government published its ground-breaking strategy, *Changing Scotland's Relationship with Alcohol – A Framework for Action*. It contained over 40 measures to reduce consumption; to support families and communities; to encourage positive attitudes and positive choices; and to improve treatment and support services.

The strategy adopted a whole population approach and closely aligns with the World Health Organization's 'Global Strategy to Reduce the Harmful Use of Alcohol'[10], and the Organisation for Economic Co-operation and Development's (OECD) Policy Briefing 'Tackling Harmful Alcohol Use: Economics and Public Health Policy.'[11]

The evaluation of Scotland's alcohol strategy, carried out as part of the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) work programme, concluded that some elements have been successfully implemented and are likely to have contributed to declining rates of mortality and hospitalisation caused by alcohol since 2009. However, rates of alcohol-related mortality and morbidity in Scotland continue to be much higher than in the 1980s, and significantly higher than England & Wales. Inequalities in alcohol-related harm persist, with those living in our most deprived areas being eight times more likely to die than those in our least deprived communities. Furthermore, the the most recent data suggest that these welcome downward trends have stalled[12], with the amount of alcohol sold, and number of people dying as a result, having increased since 2012[13].

> "Enough alcohol was sold in Scotland in 2015 for every adult to consume 1.5 times the current low-risk drinking guidelines on every week of the year"

> "Alcohol misuse costs Scotland £3.56bn each year"

Alcohol harm is preventable. It costs individuals, families and communities dear. It is a drain on our hard-pressed public services and a brake on economic growth. It costs an estimated £3.56bn per year[14]; £900 for every adult in Scotland. Disadvantaged communities suffer most.

There is, therefore, a need for continued action to reduce alcohol-related harm in Scotland and to address the associated health inequalities.

The refreshed strategy should reflect the best and most up-to-date evidence of what works and include measures which are proportionate to the scale of the problem in Scotland.

The good news is that the measures which are most effective to prevent and reduce alcohol-related harms are also those that are most cost-effective: increasing price, reducing availability and controlling marketing.

4. What has changed since the alcohol strategy was introduced in 2009?

4.1 Policy and service innovations

- The key changes since, and impacts of, the 2009 strategy reported by MESAS were:
  - The Alcohol etc (Scotland) Act 2010, including the multi-buy discount ban, which led to a decline in total per adult off-trade alcohol sales, mostly driven by falls in wine sales.
  - Increased investment in alcohol treatment and care services, with access now at a level considered high by international standards.[15]
  - Increased delivery of Alcohol Brief Interventions.
  - Legislation to ban irresponsible promotions in the on-trade.
  - Introduction of the lower drink drive limit to 50mg per 100ml of blood.

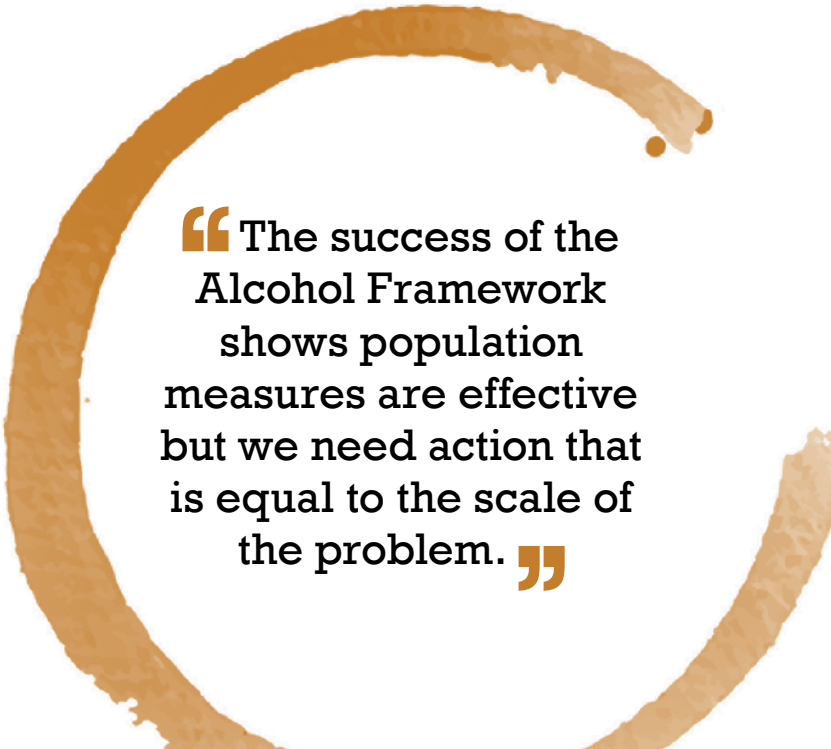
- The UK Chief Medical Officers (CMOs) issued revised low-risk drinking guidelines in January 2016 recognising there is 'no safe limit' of alcohol consumption and recommending no more than 14 units per week for both men and women to keep risks low. The guidelines make clear that there is 'no safe level of consumption during pregnancy'. The guidelines also highlight the link between alcohol and cancer.

4.2 Alcohol-related harms

- Overall, alcohol-related mortality rates have declined from their peaks in 2003 for men and in 2006 for women. However, rates are higher than in 2012, and remain 50% higher than in 1981. Men in Scotland are 1.7 times more likely to die than men in England and Wales from alcohol-related causes. Women in Scotland are 1.4 times more likely to die than women in England and Wales.[16]

- Alcohol-related hospitalisations have declined for both men and women since their peak in 2007/08. This has occurred for both immediate effects, such as those related to intoxication, and for long-term health impacts such as alcohol-related liver disease. However, hospital stays are four times higher than in 1981 and admission rates for alcoholic cirrhosis, which are internationally accepted to be a robust indicator of alcohol-related harm, have risen in the past three years.[17]

- There is evidence of the 'alcohol harm paradox' in Scotland. The alcohol harm paradox is an internationally recognised pattern whereby people in lower socio-economic groups report consuming less alcohol than those in higher groups despite experiencing greater levels of harm.[18] This pattern is seen in Scotland: people in higher socio-economic groups are more likely than those in lower socio-economic groups to consume above the recommended limit of 14 units per week. However, a different pattern emerges when considering the average weekly



consumption of those drinking at higher levels. For example, when looking only at those drinking above the recommended 14 units a week, men in the lowest socio-economic group consume considerably more than those in the highest. In other words, although a smaller proportion of men in the lowest socio-economic group drink above recommended levels, those who do drink above those levels consume considerably more alcohol than those in higher groups.[19,20] As a consequence those in our most deprived communities are eight times more likely to die or be admitted to hospital due to alcohol use than those in our most affluent communities.[21]

- Adverse consequences due to alcohol consumption remain at their lowest recorded level for 15 year olds and 13 year old boys.[22] Alcohol-related hospitalisation rates for those under 15 years have also declined.[23]

- Across Scotland, alcohol-related hospital stays and deaths are higher in areas with higher alcohol outlet availability. Scottish neighbourhoods with the most alcohol outlets have double the alcohol-related death rate compared to those with the fewest outlets.[24] In deprived areas there are 40% more places to buy alcohol than in more affluent areas.[25]

"People living in our most deprived communities are eight times more likely to die an alcohol-related death"

- One in two people in Scotland have been harmed as a result of someone else's drinking. One in three people in Scotland report having heavy drinkers in their lives. Younger people under 35 are four times more likely to report harm from others in public places, such as on the street or in the workplace. Those who know heavy drinkers are more likely to report harm from others in private settings such as at home, or with neighbours or friends. People who report harm from someone else's drinking report lower life satisfaction compared to others.[26]

- Up to 51,000 children are estimated to live with a problematic drinker.[27]

- In just over half (54%) of violent crime, the victim said the offender was under the influence of alcohol.[28]

- Six in ten young offenders were drunk at the time of their offence.[29]

- Alcohol harm costs Scotland £3.56 billion a year in health, social care, crime, productive capacity and wider costs. The cost to the NHS in Scotland is £267 million a year. The cost of alcohol-related crime in Scotland is £727 million a year.[30]

- 84% of Scots think alcohol causes either a 'great deal' or 'quite a lot' of harm in Scotland.[31]

- Those working in emergency services report that alcohol misuse is a contributory factor in around half of incidents they attend. One in three have been subjected to physical abuse while attending an incident as a result of alcohol misuse and two thirds have experienced verbal abuse.[32]

4.3 Drinking behaviours

Unless otherwise stated, the following figures are taken from Alcohol Consumption and Price in Scotland 2015.[33]

- Per adult consumption (as defined by alcohol sales) declined by 9% between 2009 and 2013. However an increase in sales has now been seen in each of the last two years. In 2015 10.8 litres of pure alcohol were sold per adult in Scotland; this is equivalent to 20.8 units per adult per week.

- More alcohol continues to be sold per adult in Scotland than in England and Wales. In 2015, 20% more alcohol was sold in Scotland. This was mainly due to higher sales of lower-priced alcohol through supermarkets and off-licences, particularly vodka.

- The proportion of alcohol sold through the off-trade increased from 68% in 2009 to 74% in 2015.

- Between 2009 and 2013, the average price of off-trade alcohol increased and off-trade consumption decreased. Since 2013, the average price has flattened and off-trade consumption has increased.

- The proportion of adults who reported being non-drinkers increased from 11% in 2003 to 16% in 2013. This coincided with lower self-reported mean weekly consumption and a lower proportion of adults exceeding the (old) drinking guidelines.[34]

> **"We now buy 74% of our alcohol from off-sales"**

- The proportion of children who reported drinking in the last week declined significantly between 2010 and 2013, and remained unchanged between 2013 and 2015, with the exception of a small decrease among 15 year old boys. Overall, 17% of 15 year olds reported drinking in the last week, of which 57% reported getting drunk.[35]

> **"Scots drink 20% more than our English and Welsh counterparts"**

5. Issues and themes identified by the working group

The working group has identified the following issues as potential facilitators or inhibitors to the success of the refresh of the Scottish Government's alcohol strategy.

The group is encouraged by the fact that there is:

- Stronger evidence on the links between price and affordability, consumption and harm, particularly in a Scottish context.
- Increased public support for policies and greater recognition of alcohol as a problem.
- Increasing recognition of the importance of tackling alcohol problems of those in criminal justice settings.[36]

However the group believes the following issues require to be addressed:

- The continuing increase in availability of alcohol across Scotland.
- The absence of effective controls to reduce the exposure of children and young people to alcohol marketing or to limit its appeal.
- The continued use of alcohol to drive footfall into shops.
- The significant reduction in direct government funding to Alcohol and Drug Partnerships (ADPs), which commission local prevention, treatment and support services.
- Industry resistance to regulatory measures (e.g. on minimum unit pricing (MUP), excise duties and marketing) and promotion of less effective self-regulation.
- The need to ensure alcohol issues are managed well within the plans for, and implementation of, Health and Social Care Integration.

6. Proposed principles to underpin actions in the refreshed strategy

The actions proposed in this paper are based on the underlying principle that health is a fundamental human right.

This principle finds legal expression in a number of key international instruments to which the UK is a signatory, including the International Covenant on Economic, Social and Cultural Rights (ICESCR). General Comment 14 of the ICESCR lends specific support to an understanding that the right to health includes an obligation to regulate unhealthy products. If products are being consumed in a manner hazardous to health, an obligation is placed on the state to intervene to protect the right to health.

In order to fulfil this principle, we have prioritised the following approaches:

- All recommendations are based, wherever possible, on existing evidence of effectiveness and on the learning and recommendations from the evaluation of the current alcohol strategy. Where evidence is limited, actions can still be justified by plausible theory using the original MESAS logic models and/or ethical principles, such as the right to health or children's rights.[37]

- There should be a continued focus on population level measures, with more focus on reducing exposure to, and availability of, alcohol.

- There should be a greater focus on reducing health inequalities related to alcohol.[38] There is also a need to take account of alcohol's links to social marginalisation, including homelessness. Consideration should be given to how alcohol consumption and related harm can be addressed within the context of the wider socio-economic determinants of health. Prevention of poor health represents a worthwhile investment across all government departments and should be given priority as a key contributor to a fairer and wealthier society (as recognised internationally by, amongst others, WHO,[39] the Westminster All-Party Parliamentary Health Group[40] and the Christie Commission[41]). The quality and equity of treatment provision should deliver optimal retention and outcomes.

- The concept of an 'alcohol-free childhood' should be promoted. Freedom from exposure to alcohol marketing is a child protection and human rights issue. So too is the issue of enabling safe and inclusive, alcohol-free environments that should be available to everyone in our communities. Children, families and communities need to be actively involved in discussing and determining how best to achieve this.

- The refreshed strategy should continue to complement and influence evidence-based UK and international approaches. It should be aspirational, recognising that change is possible but that actions must be proportionate to the scale of the alcohol problem we face in Scotland.

- Monitoring and evaluation should continue to be embedded in the refreshed strategy, in particular to assess the effectiveness of the actions and to expand the evidence base.

7. Recommendations

7.1 Overarching recommendations

In line with the above principles and approaches, we have identified a number of overarching recommendations that should underpin the alcohol strategy refresh.

The Scottish Government should:

Establish a target to reduce overall population alcohol consumption in Scotland by 10% over ten years

In keeping with the World Health Organization's (WHO) *Global Status Report on Non-Communicable Diseases 2014*,[42] the Scottish Government should adopt a national target to reduce population alcohol consumption in Scotland by at least 10% over the next ten years. Such a target would provide a clear goal for all of those with an interest in preventing and reducing alcohol consumption and harm in Scotland, at both national and local levels, helping to ensure that efforts are focused and coordinated on delivering real impact. Based on University of Sheffield modelling, a reduction of 10% in consumption could potentially deliver a 20% reduction in deaths and hospital admissions after 20 years.[43]

Apply a 'health in all policies' approach, including a specific assessment of potential alcohol harm

Requiring all government departments to consider the potential implications of their policies on public health, including a specific assessment of potential alcohol harm, would ensure the alcohol strategy is fully integrated across all government departments. Such a coordinated approach would help to ensure delivery of the strategy's outcomes. For example, the forthcoming refresh of the Food and Drink Strategy for Scotland provides an opportunity to ensure the Government's approach across economic development and public health is consistent in creating a more successful country, with opportunities for all to flourish and which protects and promotes the right to health. Other policies and strategies where there are opportunities for greater alignment include the forthcoming Child and Adolescent Health and Wellbeing Strategy, the new Mental Health Strategy, the Early Years Framework, the Justice Strategy, and the National Youth Work Strategy.

Address alcohol's role in health inequalities

Health harms associated with alcohol consumption are experienced most acutely in Scotland's more deprived communities.[44] Whole population measures, such as the WHO's 'three best buys' stand to most benefit those who experience the greatest harms.[45,46] Therefore these policy solutions have a key role to play in addressing alcohol-related health inequalities, and should form part of the Scottish Government's health inequalities strategy. There would be benefit in undertaking research on associations between alcohol's price, availability and marketing and health inequalities to build evidence which can inform policy responses.

Recommission NHS Health Scotland to evaluate the impact of the alcohol strategy refresh

Policy interventions work in a dynamic environment of changing economic circumstances and market trends. Monitoring the impact of such contextual factors on alcohol consumption and harm provides essential knowledge of and support for effective alcohol policy interventions, many of which remain contested by the alcohol industry. Analysis undertaken by the MESAS team within NHS Health Scotland, in collaboration with Information Services Division, has provided invaluable evidence of the elements of the alcohol strategy that have been

most effective, and where further work requires to be undertaken. This analysis includes the annual reports of the alcohol strategy, and regular alcohol sales and price band analyses. The Scottish Government should recommission NHS Health Scotland to evaluate the alcohol strategy refresh to measure the impact of its actions.

Support the establishment of a research and evidence network

The Scottish Government's alcohol policy should be informed by the best, most up-to-date, independent research and evidence. Alcohol consumption patterns, and their impacts, have been changing significantly over recent years. For example, we have seen a significant shift to home drinking but we have limited understanding of the impact of this on children and families. Research is needed which helps policymakers to better understand how and why consumption and harm is changing in Scotland, as well as the most effective interventions to reduce it. At the moment there are informal networks through which researchers share information but a more systematic approach is required. This would enable research and funders to consolidate existing research (from Scotland, the rest of the UK and internationally), to identify gaps, and to anticipate and address emerging issues. This would lead to better use of both intellectual and financial resources in this important area of public health research and policy.

7.2 Thematic recommendations

In line with our identified principles and approaches, we have also identified a number of recommendations under each of the four priority areas within 'Changing Scotland's Relationship with Alcohol.' These priority areas are:

- Reduced consumption
- Supporting families and communities
- Positive attitudes, positive choices
- Improved treatment and support.

> "International evidence shows the most effective and cost-effective measures are: price, availability and marketing"

7.2.1 Reduced Consumption

International evidence clearly indicates that increasing price, reducing availability and restricting marketing are amongst the most effective and cost-effective policy measures to reduce alcohol consumption and harm in a population.[47] They are identified as the 'three best buys' of alcohol policy by the World Health Organization.[48] The Scottish Government's alcohol strategy *Changing Scotland's Relationship with Alcohol: A Framework for Action,*[49] by giving the 'three best buys' central prominence, is internationally recognised as being one of the most forward-thinking and ambitious responses to alcohol-related harm. The price, availability and marketing of alcohol are intrinsically linked; for example, increased availability increases marketing opportunity and drives down price in a competitive business environment.[50] It is crucial, therefore, that the alcohol strategy refresh should continue to prioritise the 'three best buys' as the central components of its 'reduced consumption' priority.

Price

Increasing the price of alcohol relative to disposable income reduces its affordability.[51] Evidence shows that reducing the affordability of alcohol reduces consumption, particularly amongst younger people, binge drinkers and harmful drinkers.[52] The Scottish Government has already sought to introduce a minimum unit price for alcohol, which is currently subject to legal challenge, and has banned quantity discounts in on- and off-sales premises. Minimum unit pricing remains the single most effective pricing policy because it directly affects the price the consumer pays and it tackles the cheap, high strength alcohol products favoured by harmful drinkers. However, other measures have an additional and complementary role to play in one or more of the following ways:

- To offset the costs to the public sector of dealing with the consequences of consumption.
- Making it less attractive and profitable for retailers to choose to sell alcohol, and discouraging models that are based on selling high volumes of alcohol.

> "It is possible to exceed the recommended weekly limit of alcohol for the price of a takeaway coffee (£2.52)"

The Scottish Government should:

Implement a 50p Minimum Unit Price as soon as legally possible

Getting rid of the cheapest, strongest alcohol will mean improved health, safer communities and lives saved. It is also the most effective means to reduce alcohol-related health inequalities.[53] The Scottish Government should implement minimum unit pricing as soon as possible.

> "Minimum Unit Price legislation was passed by the Scottish Parliament four years ago and could save 60 lives in the first year of the policy"

Press the UK Government to revise alcohol taxation rates to link them to alcohol content, and to reintroduce a duty escalator

Alcohol taxation is identified by both WHO[54] and OECD[55] as an important means of increasing the cost of alcohol and so reducing consumption and harm. Ideally taxation should be based on alcohol content so the stronger the product the more highly it is taxed. A recent study showed that such an approach would be complementary to minimum unit price. It found that minimum unit pricing plus alcohol-content taxation would have the greatest impact on harmful drinking, with minimal effects on those 'drinking in moderation,' compared to minimum pricing or tax alone.[56]

Alcohol taxation is currently reserved to the UK Government, which states it favours an alcohol-

content based system.[57] EU legislation currently precludes a wholly alcohol-content-based system. However, the UK Government already has the power to address a serious anomaly in the current duty arrangements which result in high strength (7.5%) ciders and perrys being taxed at one third of the rate of similar strength beers. It is no coincidence that these ciders and perrys are amongst the cheapest drinks on sale in the UK[58] and that they are favoured by the most harmful drinkers[59] and by young drinkers.[60] The Scottish Government should press the UK Government to create a new band of tax for high strength ciders and perrys, significantly increasing the rate at which these drinks are taxed to reflect their alcohol content. It should also press for the reinstatement of the duty escalator,[61] which will ensure that prices increase incrementally over time. Over the medium term, in light of Brexit, the Scottish Government should press the UK Government to undertake a thorough review of alcohol taxation, to ensure all alcoholic drinks are taxed on the basis of their alcohol content.

Encourage business models that better support the creation of health-promoting communities

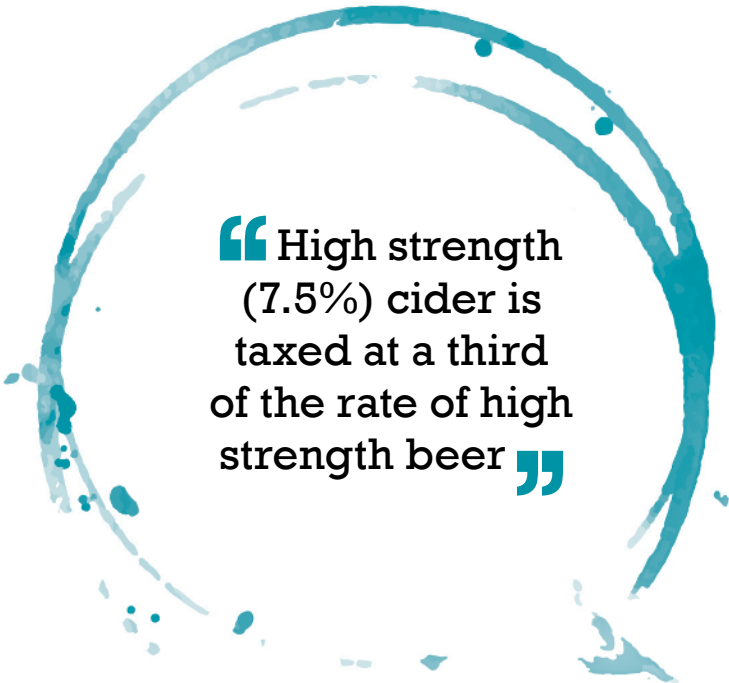
The creation of health-promoting communities requires the development of alternative business models that rely less on the sale of health-damaging products, such as alcohol. Such an approach would be strengthened by developing mechanisms that encourage businesses to have greater consideration of applying for an alcohol licence, and/or requiring those that sell alcohol, particularly off-sales, to contribute to the costs of alcohol-related harm. Mechanisms that should be considered include:

- Linking business rates for both on and off-sales[62] to the volume of alcohol sales; and/or
- A levy on businesses selling alcohol, such as a Public Health Supplement or Social Responsibility Levy.

The introduction of such measures would encourage businesses to consider the profitability of choosing to sell alcohol in the first place. For businesses that choose to sell alcohol, it would enable the development of business models that are based on value-added rather than volume sales. Alongside this, a levy for those businesses choosing to sell alcohol could in turn provide funds that should be used to help offset the significant costs to the public sector of dealing with the consequences of alcohol harm.

Prohibit all price discounting

Evidence shows that preventing discounted alcohol can discourage consumers from purchasing more alcohol than they might otherwise have done. For example, the ban on multi-buy discounts introduced by the Alcohol etc. (Scotland) Act 2010 has been associated with a 2.6% reduction in off-trade alcohol sales, driven by a 4% reduction in wine sales.[63] Despite the steps taken by Scottish Government to ban multi-buy discounts, it is still possible for retailers to sell discounted alcohol within the current rules. While minimum unit pricing will establish a floor price, it will not prevent products above that floor price from being discounted from their 'usual' price, to encourage higher volume sales. Ending all price discounting would help to reduce the likelihood of consumers buying more than they otherwise would to take advantage of time-limited offers.



> “In Scotland there are 16 times more places to buy alcohol than there are GP practices”

Availability

The widespread availability of alcohol makes it easy to obtain and gives the message that regular alcohol consumption is a normal part of everyday life. There are approximately 16,700 licences in force in Scotland;[64] there are 16 times more licences than GP practices.[65] Enough alcohol is sold to enable every adult in Scotland to drink on average 1.5 times the low risk guidelines every week.[66] Given the association between availability and consumption, it can be argued that Scotland as a whole is overprovided for.

The alcohol licensing system is the main tool in Scotland to regulate the availability of alcohol. The Scottish Government has introduced a number of measures designed to improve the operation of the licensing system, however, the legislation does not allow licensing boards actively to reduce availability. Boards can only seek to prevent increases in the numbers of alcohol licences by adopting an overprovision policy to ‘cap’ availability.[67] In practice, licensing boards approve approximately 95% of licence applications each year and the total number of licences across Scotland has increased in each of the last six years.[68]

The substantial shift in consumption habits, driven by a move towards the purchasing of alcohol from supermarkets and shops – many of them owned by large multiple retailers – rather than locally-owned pubs, requires a corresponding shift in our approach to addressing availability. Such a shift requires national consideration and strategic leadership from the Scottish Government rather than being left solely to the existing local alcohol licensing system.

The Scottish Government should:

Develop a strategic approach to reducing availability in Scotland

The alcohol strategy refresh provides an impetus to review and potentially revise the focus and aim of policy and practice on availability. There is a need for policy solutions that respond to changes in where people are obtaining their alcohol, including the shift to off-sales purchases and trends in on-line purchasing, as well as the growing role of ‘social availability’ of alcohol, in particular access to alcohol by adolescents, whose most common sources are friends, relatives and the home (with or without consent).[69]

The availability section of the alcohol strategy refresh should be used to develop a strategic approach to reducing availability in Scotland. It should:

- Provide a national framework and principles for managing future availability in Scotland in order to reduce consumption and harm, based on current evidence and future trends;
- Identify action that can be taken actively to reduce availability, by reviewing current restrictions on how, where and when alcohol can be sold;
- Improve existing licensing regulation to strengthen its role in controlling availability and provide a more robust framework within which local licensing decisions can be made.

Action to reduce availability

Restrict off-sales licensing hours

Reducing the permitted hours of sale of alcohol in off-sales would provide a reduction in temporal availability.[70] Most licensing boards currently grant the maximum permitted hours of 10am to

10pm for off-sales as standard. AFS and SHAAP have previously recommended off-sales hours should be reduced to 10am until 8pm.[71] Given the tendency for licensing boards to offer the maximum available hours, it is recommended that this be done through a legislative change, rather than relying only on discouraging licensing boards from providing the full complement of hours as standard within their policy.

Explore the viability of further restrictions to reduce impulse purchasing

The MESAS reports pointed to some positive association between restrictions on price promotions in off-sales and a reduction in consumption. To build on this progress, the Scottish Government should explore other mechanisms for reducing accessibility in off-sales. Among the options that should be considered are:

- Separate cordoned-off alcohol areas and/or check-outs, staffed by a personal licence holder;
- Banning the sale of alcohol at self-service check-outs;
- Alcohol-only outlets.

Review the appropriateness of rules exempting forms of transport from requiring an alcohol licence

Restrictions on alcohol sales/consumption within transport settings can deliver significant benefits,[72] which we believe could be better supported through the application of licensing legislation. Currently the following types of transport are exempt premises for the purposes of Scottish licensing law: airports; aircraft, hovercraft or trains when engaged on a journey; vessels on an international journey or forming part of a ferry service. At the time of the Nicholson Review[73], it was recommended that appropriate provision should be made in licensing legislation in relation to the sale and supply of alcohol on aircraft, passenger trains and on sea-going vessels. Therefore it would be prudent to review the current exemptions, whether they remain appropriate or whether suitable forms of regulation could be put in place.

Undertake research into online and telephone sales of alcohol to better understand the scale and nature of these markets and how to regulate them

Recent years have seen growth in the online shopping market,[74] and increases in so-called 'dial-a-booze' services.[75] However little is known about how much, and what types, of alcohol are sold through such channels. Police Scotland have expressed concern about 'dial-a-booze' being "an unauthorised and unregulated service delivering alcohol to members of the public out with usual hours at all times of the day and night. In some instances the operators can be linked to serious and organised crime."[76] Consideration needs to be given as to how to regulate these new and growing markets, particularly in the context of attempts to tackle overprovision.[77] There would be benefit in undertaking research into these issues, to identify whether any action is required to address or pre-empt potential problems.

Improving existing licensing regulation to strengthen its role in controlling availability

AFS and MESAS have shown that the provisions available to licensing boards in Scotland to prevent further increases in availability are not being used to full effect. During September 2016, Alcohol Focus Scotland hosted a series of regional licensing events, bringing licensing and health stakeholders together to discuss progress and challenges in using licensing to protect and improve public health. Analysis of the discussion at these events identifies the need for stronger national guidance and support with using the existing licensing system to control availability, particularly to support best practice in relation to overprovision, as well as to enable greater community engagement.[78]

The licensing system is one of the key means for local communities to help shape their local alcohol environments. In practice the community voice in the licensing system is very limited, in part because of the complexity of the system and its lack of transparency. There is a clear need for greater accountability of boards to communities for their policies and decisions.

To improve the operation of the licensing system, the Scottish Government should:

Introduce a national licensing policy

There is no recognised national policy driver for alcohol licensing at present, rather policy is developed at local level resulting in variation across the country. Existing provisions in the Licensing (Scotland) Act 2005 could be strengthened by the formulation of a national licensing policy that local licensing boards are required to have regard to when drawing up their own local policies. This would underpin the strategic approach to reducing availability, and provide a driver for the licensing system which is currently lacking. It could provide direction to licensing boards on issues such as:

- Overprovision, including guidance on how boards should determine whether an applicant has demonstrated that granting an application in an overprovision area would not undermine the licensing objectives;
- Use of occasional licences, in order to address the huge variability in numbers of occasional licences granted in different board areas, frequent use by some applicants, and to identify the types of events for which occasional licences would not be appropriate, such as events aimed at children;
- Ensuring boards' processes and procedures, including consultation procedures, support and encourage engagement from all licensing stakeholders, particularly community representatives.

The Scottish Government should report annually on the extent to which the national licensing policy is being implemented in local areas, informed by local licensing boards' annual reports.

Update the guidance on the Licensing (Scotland) Act 2005 before new licensing boards are appointed in May 2017, and commit to reviewing and updating it regularly

The current guidance on the 2005 Act is out-of-date and in need of urgent updating. Opportunities to clarify areas of confusion through the guidance have not been taken. Indeed, in some instances the drafting of the guidance has contributed to confusion, for example the reference to a requirement to have a causal link between evidence of overprovision and licensed premises. This lack of clarity is unhelpful to communities, to licensing boards and to licensees and may increase the chance of litigation.

Providing comprehensive, up-to-date guidance to licensing boards should help them undertake their functions more effectively and consistently. New guidance should be delivered before the new licensing boards are appointed in May 2017. As recommended by the MESAS evaluation, it would be helpful if boards were given more guidance on:

- The licensing objective 'to protect and improve public health';
- How to assess overprovision, including how to measure capacity;
- The role and function of local licensing forums;
- Any new, relevant legislation that is implemented.[79]

Require alcohol sales data to be provided to licensing boards

Most licensees will routinely collect data on their alcohol sales through their tills, for their own stock control purposes. Requiring them to provide this information to their licensing board as a condition of their licence would significantly enhance local licensing policy development and decision-making. It would provide licensing boards with a much clearer and more accurate picture of the availability of alcohol in a geographic area and the impact of different types of premises. Data on individual premises would be provided to the local board on a confidential basis. However, aggregated data could be published as part of the board's annual report. Provision of such data would be invaluable for monitoring and evaluating the impact of the strategic approach to reducing availability. Such sales data would also help to increase our understanding of how the alcohol 'best-buys' are inter-connected, to understand whether interventions are being effective, and to inform future policy.

Provision of sales data could also be used to apply licensing fees in relation to volume of alcohol sold. Licensing fees are charged by local authorities to recoup the cost of administering the licensing system but a lack of resources is often offered by way of explanation for a lack of progressive action at a local level. Licensing fees are capped by legislation. The level at which they are capped should be subject to review and a full cost recovery analysis undertaken. To ensure proportionality, it may be appropriate to apply such fees on a scaled basis, by premises type and capacity.

The provision of sales data would be valuable not just to inform national policy but also, by providing a fuller picture of sales in local areas, to better inform local licensing boards and Alcohol and Drug Partnerships.

Commence the provisions in the Air Weapons & Licensing (Scotland) Act 2015 to enable public engagement in, and proper scrutiny of, licensing policy and decision-making, before new licensing boards are appointed in May 2017

The new annual reporting requirement on licensing boards should improve transparency and accountability in the licensing process. It should make it easier to monitor how licensing boards are applying their licensing policy statements and overprovision policies in practice, and how the exercise of their functions is contributing to the licensing objectives. To ensure the licensing system facilitates public engagement and proper scrutiny, the Scottish Government should:

- Consult widely with the full range of stakeholders, including health and community representatives, on the form and content of the annual report, including the data reporting requirement.
- Ensure that the annual report data reporting requirement leads to an increase and improvement in the amount, type, accessibility and consistency of licensing data made available by licensing boards, not simply a replication of the limited data currently available from existing sources.[80]
- Fulfil its commitment[81] to consult on new licensing procedure regulations, including issues relating to community engagement, such as signage, notification distances and notification timescales.
- Ensure the new reporting arrangements are commenced by the time the new licensing boards are appointed in May 2017.

Introduce a statutory ouster clause limiting appeals against an adopted licensing policy statement outside its introductory period

Currently policies which have been subject to extensive public and other consultation are able to be challenged at any time, often on the basis of narrow facts. Having a licensing policy continuously under threat of legal challenge creates uncertainty and does not serve the public interest. This is particularly the case when successful challenges cast doubt on previous decisions by the licensing board. Introducing a statutory ouster clause limiting appeals against an adopted licensing policy statement, similar to Section 237 of the Town and County Planning (Scotland) Act 1997, would provide more stability in licensing policy and practice. When the Scottish Government consulted on this issue as part of its 'Further Options for Alcohol Licensing' consultation, the majority of respondents were in favour of introducing a statutory ouster clause.[82] Introduction of such an ouster clause may encourage boards to apply more robust consultation procedures, which could help to encourage stakeholder involvement.

Improve police enforcement where premises continue to sell alcohol to intoxicated people

Despite it being an offence to serve alcohol to someone who is drunk, it is common to see people who are intoxicated continuing to be served alcohol in pubs and shops, increasing the risk of harm to themselves and others.[8] Evidence suggests that enforcement is a crucial factor in determining the effectiveness of policies to encourage responsible sales. The absence of enforcement has been found to limit the impact of such policies on the behaviour of servers or intoxication levels of customers, and therefore the potential for such policies to reduce levels of alcohol-related harms.[84] A campaign to remind licensees of their duties in this regard would be helpful, while more prosecutions would send a stronger message that drunk sales will not be tolerated.

Marketing

Children and young people have the right to grow up in a healthy environment, to be protected from harm, from receiving harmful information and from any kind of exploitation. However, the alcohol industry spends hundreds of millions of pounds every year on marketing their products.[85] This means our children are growing up surrounded by positive messages about drinking. This is concerning because research shows that exposure to alcohol marketing increases the likelihood that young people will start to drink, and to drink more if they are already drinking.[86,87]

Existing advertising regulation fails to protect under 18s from alcohol advertising. Restricting alcohol marketing, particularly in relation to young people, should dissociate alcohol from perceptions of health, glamour and attractive lifestyles thereby decreasing its attractiveness. The UN Convention on the Rights of the Child (UNCRC) recognises that children are a vulnerable group of society requiring special protection, not least from commercial exploitation.[88] Article 17(e) of the UNCRC encourages the development of appropriate guidelines for the protection of the child from information and material injurious to his or her well-being. In line with Article 17, states are urged to regulate or prohibit information on and marketing of substances such as alcohol and tobacco, particularly when it targets children and adolescents.

In addition, Article 3 of the UNCRC states that in all actions concerning children the best interests of the child must be a primary consideration. We would highlight the primacy of the principle of the best interest of the child – the 'paramountcy principle' – which all states are obligated to uphold. The Children and Young People (Scotland) Act 2014 is specifically intended to recognise the rights of the child as being of paramount importance to achieving the vision of improving life chances for all children and young people. It places a duty on Scottish Ministers to keep under consideration whether there are any

steps that they could take that might give further effect in Scotland to the UNCRC requirements. The Scottish Government should fulfil its human rights obligations by using a rights-based approach to ensure children in Scotland grow up free from exposure to alcohol advertising.

The Scottish Government should:

Implement the recommendations of the virtual expert network on alcohol marketing contained within the report *Promoting good health from childhood: reducing the impact of alcohol marketing on children in Scotland*

Following the Global Alcohol Policy Conference held in Edinburgh from 5-7 October 2015, a virtual expert network was established to discuss alcohol marketing policy. The virtual expert network was asked by the then Minister for Public Health, Maureen Watt MSP, to consider top policy options for a range of areas within advertising and sponsorship, taking into account how such policies might be implemented in Scotland.

Since February 2016, AFS has been coordinating the work of this network. The network involves 20 experts from 8 different countries, including representatives from AFS and SHAAP. The group's comprehensive evidence review with more detailed recommendations are contained in a separate report *Promoting good health from childhood: reducing the impact of alcohol marketing on children in Scotland*.[89]

See Recommendations of the virtual expert network on alcohol marketing on page 22.

> "The UN Convention on the Rights of the Child urges action to regulate or prohibit information on, and marketing of, alcohol"

Prohibit licensed premises from displaying outdoor promotional materials advertising alcohol

Amending the Licensing (Scotland) Act 2005 to prevent all licensed premises from displaying outdoor promotional materials would address inconsistencies in the current restrictions. For example, shops whose alcohol display area is beside their front window are able to circumvent the current restrictions and display externally facing promotional materials. Prohibiting such promotional materials makes alcohol less visible, which contributes to changing social norms and culture.

It may also be possible for the Scottish Government to prevent licensed premises from using more general signage such as 'Great Deals' or 'Everyday Low Prices' which is not related to a specific price promotion.

Recommendations of the virtual expert network on alcohol marketing:

Recommendation 1: The Scottish Government should make clear that a key policy objective of alcohol marketing regulation should be to reduce the impact of alcohol marketing on children. This should form the basis of any discussions between the Scottish Government and UK Government on reserved matters.

Recommendation 2: The Scottish Government should prohibit outdoor alcohol advertising and advertising in public spaces. This includes advertising in streets, parks, on public transport, and in sports grounds.

Recommendation 3: The Scottish Government should set out a timetable for ending alcohol sponsorship of sports events, music and cultural events.

Recommendation 4: The Scottish Government should restrict alcohol advertising in newspapers and magazines to publications aimed at adults. This restriction should be limited to business-to-consumer (B2C) publications, not business-to-business (B2B).

Recommendation 5: The Scottish Government should press the UK Government to introduce restrictions on alcohol advertising on television between 6am and 11pm. The impact of such a change on children's exposure to alcohol marketing on television should, however, be monitored, and if it leads to unintended consequences, an outright ban should be pursued.

Recommendation: 6: The Scottish Government should call on the UK Government to restrict alcohol advertising in cinemas to 18-certificate films.

Recommendation: 7: The Scottish Government should consider its competence to legislate to restrict alcohol marketing on social media within Scotland. It should adopt measures deemed within scope. If there are steps to restrict digital alcohol marketing that are not within competence, it should lobby the UK Government to take steps to introduce such restrictions.

Recommendation 8: The Scottish Government should restrict all alcohol advertising content in Scotland, where still permitted, to promoting factual information, such as composition, origin and means of production. The Scottish Government should also call on the UK Government to take similar action at UK level for reserved matters.

Recommendation 9: The Scottish Government should immediately set up an independent taskforce to oversee development and implementation of alcohol marketing restrictions in Scotland.

Recommendation 10: The independent taskforce should explore the options for establishing an independent regulator for alcohol marketing in Scotland, which should be backed up by statutory powers of enforcement/sanction.

Recommendation 11: The independent taskforce should explore how an alcohol marketing regulator could require provision of marketing data to be provided to it.

Recommendation 12: The Scottish Government should commission a monitoring and evaluation programme to measure the effectiveness of regulatory changes in Scotland.

Recommendation 13: The Scottish Government should commission research to build the evidence base on alcohol marketing.

7.2.2 Supporting Families and Communities

Every child in Scotland should have the right to an alcohol-free childhood. This is integral to ensuring that every child has the best start in life, able to grow up:

- Free from the emotional and physical impact of other people's drinking;
- Free from commercial, environmental and social pressure to drink;
- Free from health and social harms caused by consuming alcohol themselves; and
- Supported and encouraged to make positive, healthy lifestyle choices as they enter adulthood.

The Scottish Government should:

Include the aspiration of an alcohol-free childhood – and the means to achieve it – in the forthcoming Child and Adolescent Health and Wellbeing Strategy

Alcohol plays a part in many health and social problems. These problems affect not just the drinker themselves but also those around them, including families, neighbours, workplaces and the wider community. One in two adults in Scotland has been negatively affected by someone else's drinking.[90] More needs to be done to protect our families and communities from the harm caused by alcohol, and to make it easier for the people to have a say about how alcohol impacts on their local area.

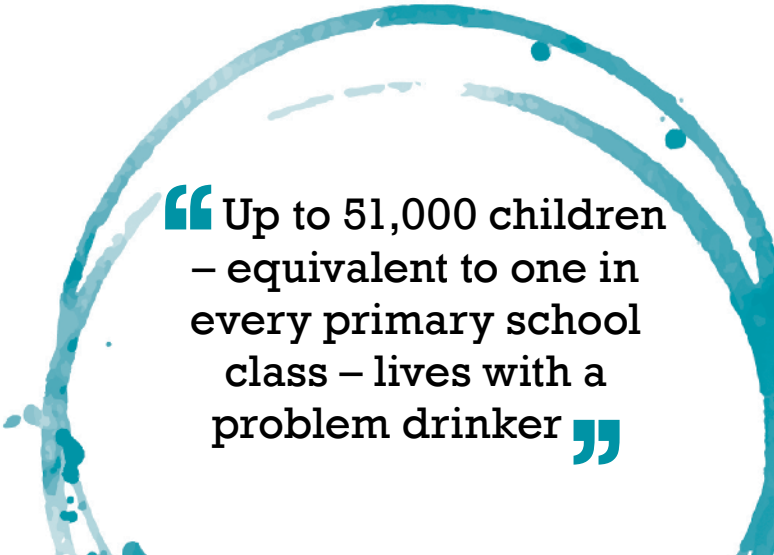
With 74% of all alcohol now sold in off-sales and drunk at home or in other private settings, more children are exposed to adults drinking. Up to 51,000 children are estimated to live with a problematic drinker.[91] Around 30% of children live with at least one binge drinking parent.[92] Every family is different, but children who live with someone who drinks too much often say they feel scared, confused, stressed or angry when their parents are drinking.[93] Early interventions help to identify vulnerable children at a younger age which can improve their life chances and choices. Improving the identification and assessment of those affected by parental substance misuse should ensure that more children in need receive timely and appropriate support. The alcohol strategy refresh should be used to improve processes for identifying and referring children to appropriate support and/or services.

Improve the identification of children affected by parental drinking

Children have a right to be kept safe from harm and this includes the damage caused by parental drinking. Health and social care services must get better at providing effective co-ordinated responses. The figure estimating the number of children affected by problematic parental drinking has not been updated since 2012. Updating this figure at national level, and providing breakdowns at local level, would help relevant partners better understand and respond to the scale of the problem and plan appropriate services. Work to update this figure should include a separation of alcohol and drugs data; currently some sources of alcohol and drugs data are only available on a combined basis. Collecting and reporting alcohol and drug data separately, where possible and appropriate is important for fully understanding the scale of the problem and identifying policy and practice responses.

Include 'harm to others' indicators in existing surveys

Regular collection of data on the scale and nature of alcohol's harm to others would build understanding of the impact of this issue, enable the tracking of trends, and allow for appropriate policy solutions to be identified. The last survey of alcohol's harm to others in Scotland, gathered using an internationally-applied methodology, was by AFS in 2012. A more sustainable model would be to integrate questions within existing regular national surveys such as the Scottish Health Survey or Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS).



Ensure a 'whole family approach' with the child at the centre is taken to the planning and delivery of alcohol treatment and recovery services

Where a person's drinking impacts on the wider family unit, particularly where a child is involved, it is essential that services are able to identify this, and either provide family-wide support, or refer to appropriate services. This should be supported by:

- Routine screening for harm to others by alcohol treatment and recovery services, in order to ensure they meet their Getting it Right for Every Child (GIRFEC)/Getting Our Priorities Right (GOPR)/Children Affected by Parental Substance Misuse (CAPSM) responsibilities;
- Improved identification and support for those affected by another person's drinking by providing harm to others training for specialist and generic practitioners;
- Continued funding for family support services.

Build better understanding of the impact of home drinking on policy solutions

People no longer predominantly drink in the pub but in the home. The percentage of alcohol being purchased for consumption off the premises has been steadily increasing over the last twenty years.[94] This change in drinking behaviour raises new challenges for public policy responses; drinking in a less controlled environment has consequences for drinkers themselves, those around them, and the services that have to deal with the impact of this. Building a better understanding of the impact of home drinking, particularly on children and young people, would help ensure the development of the most effective policy and practice solutions.

Improve the data and research on the nature and extent of alcohol-related harm experienced by children and young people

There is a need to ensure the data collected on alcohol-related harm captures the experiences of a wide range of children and young people, including those in more vulnerable groups. In particular there is a need to improve the data gathered on harms experienced by looked-after children and young people.

SALSUS reports on some of the negative consequences children experience from drinking alcohol, mostly low-level harms such as hangovers, vomiting and getting into arguments. However, there are a range of serious harms experienced by children and young people where alcohol has been identified as a causal or contributory factor that are not routinely reported: A&E admissions, deaths where alcohol use is present (including completed suicides), suicide attempts and numbers of children being treated for alcohol use disorders. Data on such harms should be collected in appropriate ways.

Draw on emerging evidence that the adolescent brain may be especially vulnerable to alcohol harms and support investment in further exploratory research

It is well known that alcohol in excess can have a damaging effect on the brain at all ages. This impact is particularly concerning in adolescence when the architecture of the brain is undergoing rapid and profound changes. Research has shown that the brain is particularly vulnerable at this time and that this period may extend into the early 20s. There is some evidence that the damage inflicted at this early age may have long-term consequences.[95]

Brain imaging studies need to be replicated and extended in order to understand more about the likelihood of adolescent alcohol use causing lasting changes in brain structure and function. Emerging lessons suggest different impacts by sex and age; more research is therefore needed that stratifies subjects by sex and early, mid or late adolescence. It may also be useful for researchers to take account of pubertal stage of development rather than simply age. We also need to know more about the relative risks associated with the amount

of alcohol consumed overall by young people and in individual sessions.[96]

Longitudinal studies that examine large cohorts beginning in alcohol-naïve children and continuing across adolescence and into young adulthood would help us to understand the relationships between alcohol exposure and patterns of alcohol use and long-term impacts on cognition and behaviour. Such studies would help clarify the degree to which it is alcohol exposure or trait characteristics which account for the differences observed between adolescent alcohol abusers and controls in existing studies.

The complexities of individual responses to alcohol also require closer analysis. There are several areas for further exploration, including genetic vulnerability, foetal alcohol exposure, social inequality, gender, and family history, alongside other influences such as personality, anxiety and depression.

As with adults, many young people who use alcohol also use other drugs. It would be useful to undertake investigations that explore the interplay between different substances.

More evidence is also required to establish the most effective and safest therapeutic interventions for young people with established alcohol-related problems, distinguishing these from interventions that are designed for adults.

Collection, analysis and publication of this information would provide a more accurate picture of the harm caused to children and young people by drinking, which can be used to inform policy interventions to reduce harm.

Provide evidence-based information for parents, children and families, free from alcohol industry involvement

There is a need to support parents to have well-informed conversations with their children about alcohol. The Scottish Government should consider how best to engage with parents to produce information that is evidence-based, factual and in a language which is helpful to them. Such information should cover both the risk-taking behaviours that are often linked to alcohol consumption, such as involvement in anti-social behaviour or unprotected sex. However, it is also important that both parents and young people are informed about the emerging evidence on the impact of alcohol on the developing brain.[97] The Scottish Government should consider the best ways in which to assist parents to have conversations about alcohol with their children that are based on best available evidence and free from alcohol industry involvement. Parents and families should be engaged and involved in the development and production of any resources, information or support as this will ensure they are relevant and meet their needs.

Support the use of community justice disposals designed to address alcohol problems, as well as diversion from the criminal justice system for those with alcohol problems, where appropriate.

There is a strong link between alcohol and crime, particularly violent crime. Two in five (41%) of prisoners report being drunk at the time of their offence.[98] Alcohol is implicated in 38% of homicide accusations[99] and 54% of victims of violent crime thought the offender was under the influence of alcohol.[100] Amongst young offenders the proportion of offences which are alcohol-related are even higher. Three fifths (60%) of young offenders interviewed in a study for the Scottish Prison Service reported being drunk at the time of their offence.[101] Alcohol-related crime is estimated to cost Scotland £727 million each year. It undermines our communities and affects the wellbeing and life chances of both victims and offenders. As such it is important that strong strategic links are made between the alcohol strategy and the justice strategy. There should also be strong partnership working between health and justice agencies in practice to optimise opportunities for intervention.

7.2.3 Positive Attitudes, Positive Choices

The right to information and the right to health are mutually reinforcing rights, and converge in specific legal and policy terms. The Scottish Government should protect the right to health by ensuring that third parties do not restrict or limit people's access to health-related information, including by ensuring that third parties do not withhold or intentionally misrepresent information about the health-rated harms of alcohol.

The right to be given the information needed to make an informed choice is one of the founding 'consumer principles' underpinning the consumer rights movement. Increasing consumers' knowledge of the consequences and risks of alcohol consumption, and about the recommended guidelines for alcohol consumption, helps to contribute to changing attitudes towards alcohol and drinking. It is therefore essential that consumers are given the right information to help them make informed choices about their alcohol consumption.

The Scottish Government should:

Actively promote the Chief Medical Officers' low-risk drinking guidelines

Evidence suggests that most people do not understand the health risks associated with alcohol consumption, particularly from cancer;[102] do not understand alcohol units;[103] and significantly under-estimate how much they are drinking.[104] In light of this, and the significant changes to the Chief Medical Officers' drinking guidelines issued in 2016, the Scottish Government should run supportive social marketing campaigns for the public and healthcare professionals, developed in collaboration with the public, to increase their understanding of these issues. This should be supplemented by a comprehensive range of targeted advice for different groups such as young people, older people, men and women.

> "Less consumer information is required on a wine bottle than on a pint of milk"

Include messages on the risks associated with alcohol consumption in wider health information and advice

In addition to alcohol-specific campaigns and advice, the Scottish Government should ensure that clear advice on alcohol consumption is more consistently included in health advice, for example on cancer prevention and on diet and obesity, from the NHS and public bodies, such as Food Standards Scotland.

Prohibit alcohol producers from direct involvement in production of health information or education materials

No one would think it was acceptable for the tobacco industry to provide health messages on smoking. Similarly it is not appropriate for the messages that people – particularly children and young people – receive about alcohol to come from the alcohol industry. There must be confidence that the messages received are independent of commercial interests.

Seek the introduction of mandatory labelling on alcohol products

Consumer information on alcohol products is inadequate and inconsistent. It tends to be limited to the strength of the drink, unit content and perhaps a 'no alcohol in pregnancy' graphic. Existing labels do not provide consumers with any information about ingredients or warn of the

health risks associated with drinking alcohol. This information would help people make informed decisions about what and whether they choose to drink. Labels should include, in a prescribed size and layout:

- A prominent, evidence-based health warning, developed by independent experts and regularly rotated;
- A message that alcohol should be avoided completely when pregnant or trying to conceive;
- The drink's ingredients, nutritional, calorie and alcohol content. Reference must be made to the low risk guidelines.

While labelling is a devolved matter, it is subject to European legislation, restricting potential action by the Scottish Government. Action on nutrition labelling is not possible under current European regulations, and the Scottish Government should therefore call for EU regulations on nutritional/food labelling to include alcohol. There may be more scope for the Scottish Government to take action on mandatory health warnings on alcohol labels.

Require public sector organisations to have mandatory workplace alcohol policies

Having a clear policy on alcohol in the workplace ensures a company complies with appropriate legislation, minimises the health and safety risks associated with being under the influence of alcohol at work, and supports employees experiencing problems with alcohol.[105] Alcohol-related interventions in the workplace can raise awareness about alcohol-related harm, reduce risky drinking and grow support for workplace policies. In addition, organisations with alcohol policies are more likely to secure health and workplace benefits from interventions than those that do not have a policy in place – in particular by reducing drinking levels amongst risky drinkers.[106] Workplace alcohol policies should be integrated into wider health and wellbeing programmes and approaches, rather than being stand alone.

All public sector organisations should be supported to:

- Develop and implement workplace alcohol policies which outline support structures and processes for effectively dealing with issues, and which clarify the rights and responsibilities of employers and employees when dealing with alcohol issues in the workplace;
- Train managers and supervisors to implement effective workplace alcohol policies;
- Provide information and training for employees on their rights and responsibilities relating to alcohol in the workplace.

The Scottish Government should lead by example by developing a policy regarding the service of alcohol at government and ministerial events, including the promotion of non-alcoholic and low-alcohol alternatives. Other organisations, particularly public sector organisations, should be encouraged to adopt similar policies.

7.2.4 Improved Treatment and Support

Preventative interventions must be supported by early intervention and access to appropriate support and treatment services for those who need it. It is concerning that, according to MESAS, only one in four people who are alcohol dependent are accessing a specialist alcohol service.[107] Failure to offer such 'secondary prevention' services may result in greater harm to the drinker and their families and greater cost to public services in the long run. It is estimated that every £1 spent on treatment saves £5.[108]

> “Only 1 in 4 people who are alcohol dependent are accessing a specialist alcohol service”

> “Direct government funding for alcohol and drugs was cut by 22% in 2016/17”

The Scottish Government should:

Reinstate investment in alcohol and drug prevention, treatment and support services, to 2015/16 levels

The costs to individuals, families and communities – as well as the knock-on effect on public services – of dealing with failure demand are many times greater than the costs of providing effective alcohol prevention, treatment and support services. The 22% cut in direct Scottish Government funding to local Alcohol and Drug Partnerships (ADPs) is a false economy and the shortfall is unlikely to be made up by all health boards. At the acute end, drug and alcohol deaths have increased since 2012 and the proposed cuts run the risk of having an adverse impact on the availability of services for those individuals and families who need them most. At the same time prevention and early intervention funding and activity is often easier to reduce but doing so will have long-term consequences. These cuts risk undermining the wider alcohol strategy.

Commission research into the effectiveness and cost-effectiveness of alcohol treatment services

In order to ensure that services are effective and cost-efficient, the Scottish Government should commission research into the outcomes services deliver, attrition rates and use of resource. This research would enable ADPs to make more informed decisions when commissioning services, whilst also ensuring services support person-centred recovery.

Implement effective alcohol identification and care pathways in justice settings such as in police custody and prison

The prison and police custody populations are predominately young, male and from deprived backgrounds. There is a high prevalence of social exclusion factors.[109] Nearly three quarters (73%) of male prisoners had an Alcohol Use Disorder with 36% possibly dependent.[110] Alcohol problems are often present with other co-morbidities including drug misuse and mental health problems (also of high prevalence). Not all alcohol problems in prisoners are linked to their offence. For those who have been imprisoned in Scotland, the risk of dying an alcohol-related death is three times higher for men and nine times higher for women.[111] Between 18-34% of those in police custody had alcohol problems (mostly at the dependency end of the spectrum).[112]

Clearly these are populations with a high prevalence of alcohol problems. Tackling alcohol problems in the criminal justice setting is an opportunity to intervene and reach those who are ‘hard to reach’, for example, because they are not registered with a GP or do not use mainstream health services.[113] There is the potential to reduce both health inequalities and re-offending.

Continue the national programme of Alcohol Brief Interventions (ABIs) and research impact, particularly in wider settings

The Scottish Government should continue its effective national programme of ABIs with hazardous and harmful drinkers and ensure that health professionals have adequate time and resources to address patients' relationships with alcohol in the most effective way. ABIs are a cost-effective, early intervention, in keeping with the 2020 Vision for healthcare in Scotland.[114] The Scottish Government should consider monitoring the success of ABI delivery in reducing the consumption of those who receive them and consider other key (health and other) outcomes. In particular, standardised national data collection should be improved where it exists and established where it doesn't. This includes information on demographics, screening tool used, intervention delivered, outcomes and process measures. There should also be standardised reporting of recipient outcomes. The Scottish Government should assess the impact of ABIs delivered in wider settings, such as housing, police custody and community justice settings, and explore the potential to expand ABI delivery across the population in new settings.

Improve mainstream health and social care awareness and service provision

The NHS programme of Alcohol Brief Interventions in primary care has much improved mainstream health and social care awareness of alcohol issues and associated service provision. However further improvements are required. Alcohol awareness programmes should be included in health improvement activity such as early years, health inequalities programmes, and criminal justice settings, ensuring that such relevant national strategies are aligned with the alcohol strategy refresh, particularly the ABI component. National support for workforce development may also be required in order to give a clear strategic lead on this issue.

Establish Alcohol Care Teams in acute hospitals

There should be a multidisciplinary 'Alcohol Care Team', a 7-day Alcohol Specialist Nurse Service and an 'Assertive Outreach Alcohol Service' in every acute hospital. Such staff can take on their own caseloads and train mainstream staff. The benefits from such teams are more focused on those drinking at higher risk and dependent levels including frequent users of health services. By identifying these individuals there is an opportunity to link them to services more quickly with positive outcomes for them and reduced costs to the NHS. A 2011 paper on Alcohol Care Teams, accredited by NHS Evidence, found that if each general hospital established a 7-day Alcohol Specialist Nurse Service to care for patients admitted for less than one day and an Assertive Outreach Alcohol Service to care for frequent hospital attendees and long-stay patients, this could result in a 5% reduction in alcohol-related hospital admissions.[115]

Support the implementation of a national Alcohol-related Liver Disease Action Plan

It is vitally important to optimise the multi-disciplinary care provided nationally to facilitate improved survival and optimum health in those affected by alcohol-related liver disease. Priorities should include:

- Specialist alcohol services should prioritise patients with evidence of alcohol-related liver damage for intervention. Services should actively, repeatedly and assertively engage with clients with alcohol-related liver damage;
- Patients admitted to hospital with alcohol-related liver failure should be managed immediately according to national guidelines, be reviewed by a physician with expertise in liver disease and be engaged with an alcohol treatment service prior to discharge;
- Health Boards and Integration Joint Boards should facilitate the organisation of services to allow the operation of the care pathway recommendations.

Recognise and address the need to support people with Alcohol-related Brain Damage (ARBD)

Alcohol can be a primary cause of cognitive impairment and a contributory factor along with traumatic brain injury, cerebrovascular disease and neurodegenerative disease such as Alzheimer's disease. There is a substantial service gap particularly for younger people (under 65) with cognitive impairment and this should be a priority for mental health and rehabilitation services.

Acute hospital services and primary care services should play an active role in identification and prevention. Alcohol and substance misuse services should be alert to the risks of cognitive impairment, include identification in their assessment procedures, provide preventive services including vitamin supplementation and work with neurorehabilitation services to maximise recovery.

Services should be based on client need, rather than the cause of cognitive impairment which is often multifactorial.

Recognise the co-morbidity of alcohol use, drug use and mental health problems

There should be greater recognition of co-morbidity between substance misuse, particularly alcohol, and mental health. This should be addressed at the strategic level by a better joining up of the alcohol strategy, the mental health strategy and the drugs strategy. It should also be addressed at the service level by ensuring individuals receive appropriate support to address these issues where they co-occur.

Alcohol is often used by people with mental health problems to self-medicate and at the same time can exacerbate mental health problems because of its range of neuropsychiatric effects. Specifically, we would like to see a greater recognition of the role of alcohol in suicidal behaviour. There is a complex relationship between alcohol use, self-harm, and suicide. Alcohol dependence both increases the lifetime risk of suicide and is implicated in the act of suicide/self-harm. More than half (58%) of people known to mental health services in Scotland who died by suicide had a history of alcohol misuse.[116] In addition, evidence from Ireland shows that alcohol is a factor in half of all suicides and in a third of cases of deliberate self-harm.[117] This is particularly prevalent in young men and binge drinking is known to be a driver of depression in this group.[118] Alcohol is not only relevant to the strategy as a preventable physical health problem but as a contributory cause and compounding factor in mental ill health.

There are also clear links between problem alcohol and problem drug use[119] which need to be acknowledged and addressed in the forthcoming drug strategy refresh. For people who already have mental health and alcohol and/or drug problems it is important that they receive appropriate support to address both. Too often there is a gap in service provision for those with co-morbidity.[120,121] The stigma experienced by those with mental health issues can also be compounded if they have substance misuse issues. There is a strong inequalities dimension to both mental health problems and to alcohol harm. Tackling both in a way that recognises their interdependencies can reduce inequalities.

There has been good work undertaken in Scotland analysing comorbidity[122,123] but this work has not led to effective change in attitudes among the general public or staff or improvement in service provision.

Ensure timely access to quality treatment that is family inclusive, recognising that families can be assets to entering treatment and supporting recovery

The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services[124] recognises that evidence-based treatment interventions, that are family inclusive, are more effective for moving people towards treatment and sustaining recovery. However existing provision is inconsistent across Scotland. Whilst

some ADPs and commissioned services have robust measures in place to support whole-systems approaches, others have none at all. There are still services that fail to offer the option for close significant others to be part of the assessment/treatment journey or offer services for family members in their own right. This has created a postcode lottery where Family Inclusive Practice (FIP) is determined by commissioning organisations, service providers or professionals rather than the individual and their family. For example:

- 59% of contacts through to Scottish Families Helpline in 2015 said their loved one was not in any form of treatment.[125]
- 3% of callers contacting Scottish Families Helpline in 2015 did so for themselves. All other calls were from family members/ concerned significant others seeking advice, treatment and support to access addiction or recovery services.[126]
- 34% of calls to Scottish Families Helpline in 2015 were for those using alcohol only, with 14% for poly-substance use (alcohol & drugs).[127]
- In 2015-16, 47% of attendees at Scottish Families' family support groups had a family member using alcohol only, while 27% had poly-substance use.[128]

Support awareness campaigns for the public and professionals on preventing drinking during pregnancy and improve support for those at risk or affected

The effect of alcohol consumption in pregnancy is well recognised as a preventable cause of lifelong developmental and learning difficulties.[129] The topic is difficult to research and improved knowledge and understanding of the extent of alcohol consumption in pregnancy, foetal alcohol spectrum disorders (FASD) and the effectiveness of interventions would help to identify and build support for appropriate policy responses.

The Scottish Intercollegiate Guidelines Network began work on a Guideline in 2016 which will review existing research. New FASD research should be a high priority in Scotland. A recent British Medical Association report stated the importance of whole population measures – such as price, availability and marketing – in tackling FASD, noting: "It is important to recognise that maternal alcohol consumption takes place in the context of alcohol being a normal part of everyday life in the UK. To reduce alcohol consumption during pregnancy therefore necessitates broader regulatory measures that alter drinking behaviour at a population level."[130]

More specific measures should include:

- Social marketing campaigns, developed in collaboration with the public, to increase awareness of the CMOs' guideline that women who are pregnant or trying to conceive should avoid drinking alcohol and their understanding of why this is important;
- Mandatory clear, consistent warning labels on alcoholic drinks regarding the health risks of alcohol consumption during pregnancy;
- Ensuring healthcare professionals, particularly GPs, family planning and ante-natal services, are aware of the CMO's advice and that they are trained to discuss alcohol consumption with women seeking advice on conception and pregnancy;
- The provision of targeted support services for women at high risk;
- Training healthcare workers, social workers, criminal justice and education professionals to recognise and provide appropriate support for children with FASD.

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