



## ***Changing Scotland's relationship with alcohol*** **Consultation response from Alcohol Focus Scotland**

### **Introduction**

Alcohol Focus Scotland (AFS) is the only national Scottish charity solely dedicated to raising awareness of, and reducing the significant health and social harm caused by alcohol. Our long term aim is to achieve culture change in Scotland where far fewer lives are affected by alcohol misuse, and moderate, responsible drinking is the norm.

We will achieve this by providing accurate information to the public and professionals, changing attitudes towards drunkenness, training people to recognise and help people overcome alcohol problems, influencing government and policy, and working in partnership with other organisations on specific projects.

Scotland's escalating problems with alcohol are truly shocking and this is completely at odds with a country that enjoys the benefits of many great resources (natural, historic, community, population, wealth).

We share the Scottish Government's vision of a Scotland where moderate, responsible drinking is the norm and the vision within the consultation echoes our own mission statement:-

### **Alcohol Focus Scotland is aiming to create a Scotland:**

- where moderate, responsible drinking is the norm, and drunkenness has become socially unacceptable
- where town and city centres are free from alcohol-fuelled disorder and violence
- where fewer families break up and have children taken into care because of parental drinking
- where people who do develop alcohol problems can access appropriate treatment and support quickly and effectively
- where all alcohol producers and retailers take their legal and social responsibilities seriously
- where significantly fewer Scots have their lives cut short by alcohol misuse

We agree with the government when it states that 'the reality is that Scotland's current relationship with alcohol is undermining our potential as individuals, families, communities and as a country. If we are to fulfil our ambitions, we must rebalance our relationship with alcohol'.

The document clearly evidences the scale of alcohol related harm as having reached an unprecedented level which demands tough action. However a balance has to be struck between protecting and improving the nation's health and welfare and individual rights. An increase in the cost of alcohol will affect everyone, and although this slight rise may be seen as a disadvantage by some, this is vastly outweighed by the need to reduce the cost of harm being paid by the nation.

Consultation Process – Our response took account of comments from our membership and partners. An initial response was circulated along with an electronic questionnaire to gather opinions on the main proposals. 143 responses were received.

In the electronic questionnaire we asked respondents to indicate which category they best fitted. Responses came from the following groupings:

- 8% from Licensed Trade/Industry;
- 9% with a general interest in alcohol issues;
- 12% from wider health/social care field;
- 12% from community safety/ criminal justice;
- 13% from Alcohol and Drug Action Teams;
- 23% from Community Alcohol Services and
- 23% from Education/Health Promotion.

## **Support for the consultation proposals**

We are heartened that the Scottish Government is demonstrably taking Scotland's harmful drinking culture seriously by clearly setting out the scale of the problem, and outlining a range of imaginative proposals many of which have proven to have had a positive impact in other countries. It's encouraging to see alcohol-related problems being discussed in a more holistic way which recognises that a whole population approach is needed to make the required culture shift. Past efforts to tackle alcohol problems have often centred on the most visible problems - particularly late night youth disorder - which still needs attention. We welcome that the discussion document also addresses ways in which alcohol problems impact on Scotland's economy, public health and future prospects.

The fact is we are all affected by our problem drinking culture, whether we drink responsibly or not. So we all have a part to play in rebalancing our relationship with alcohol to help make Scotland a healthier, safer nation. Scotland's licensed trade is in a unique position to contribute to changing our drinking culture. Pubs and clubs can provide pleasant managed drinking environments which can help to make social drinking seen as normal, with excessive drinking and drunkenness seen as unacceptable.

We also welcome the statement in the consultation document that "it is essential that the Government works in partnership across a wide range of bodies promoting a more strategic preventative approach". There is mention in the consultation document of the industry partnership, but little acknowledgement of those currently working to reduce alcohol harm in Scotland, such as Alcohol Focus Scotland, Scottish Health Action on Alcohol Group (SHAAP), Scottish Association of Alcohol and Drug Action Teams (SAADAT) and NHS Health Scotland amongst others. We welcome the youth summit in September because not only do we need to hear the voices of young people but also we need to look forward and continue to engage with them as part of the change process.

AFS believes we should learn from initiatives and policy of other countries as an evidence base for what could work in Scotland such as alcohol control, reduced consumption, tougher drink driving laws, brief interventions, etc., and could result in quicker action.

AFS also welcomes the whole population approach. The Government has, quite rightly, highlighted the myth that chronic alcohol misuse is the only alcohol problem we face in Scotland. Everyone who drinks regularly needs to take a step back and take a serious look at their drinking or drinking patterns and the consequences for the health of themselves and those around them.

Nonetheless, there will always be a need to provide support and help for high risk groups.

## Consultation Response

### SECTION 1 - REDUCED CONSUMPTION

#### **The Scottish Government invite views on:**

That regulations should be made under the Licensing (Scotland) Act 2005 to:

- Put an end to off-sales premises supplying alcohol free of charge on the purchase of one or more of the product, or of any other product, whether alcohol or not.
- Put an end to off-sales premises supplying alcohol at a reduced price on the purchase of one or more of the product, or of any other product, whether alcohol or not.
- Prevent the sale of alcohol as a loss-leader.

Scotland's Licensing Act states quite clearly that alcohol has to be sold in a way that will protect and improve public health. This licensing objective has been put in place to reduce alcohol-related harm.

There is a substantial body of international evidence which shows that raising the price of alcohol is one of the most effective policy tools for tackling alcohol misuse. Although there is no single approach that will be an instant fix to the rising problems related to alcohol consumption in Scotland, the evidence illustrates that tackling price *will* make a contribution to reducing consumption and ultimately reducing harm to the people of Scotland.

By way of comparison, it is not possible to buy more than two products containing paracetamol because of the risk of overdosing, yet there is no restriction on the amount of alcohol which can be bought in one transaction which carries a similar overdose risk. We believe that discounting encourages people to buy more alcohol than they intend and that they return more frequently than they plan to. This suggests they drink more alcohol and more quickly than they would usually do, and this is why measures should be introduced to curb this practice. The proposal to set a minimum cost per unit of alcohol is a fair way of doing this and should also eradicate the cheapness of many products which, in one bottle, can contain the maximum *weekly* recommended limit for a man.

There has already been plenty of debate around pricing in the media. Some say there's no reason why responsible drinkers should be prevented from getting a 'bargain'. But harmful alcohol use is not only an individual problem – the drinker's behaviour impacts on their children, partner, friends, work colleagues and society as a whole. Ultimately, we all pay the price for our problem drinking culture.

#### **Promotions and Loss Leading**

Alcohol Focus Scotland supports the proposal to end promotions offering free alcohol or quantity discount for bulk buying. The Competition Commission identified that alcohol is more aggressively discounted than other products, encouraging bulk purchase and increasing overall consumption. This use of alcohol as a special incentive has been a significant factor in increasing rates of harm. There is moderate, but consistent evidence, to suggest that point of purchase promotions, are likely to affect the overall consumption of under-age drinkers, binge drinkers and regular drinkers.<sup>1</sup>

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<sup>1</sup> Review of the Social Responsibility Standards for the production and sale of alcoholic drinks. Home Office, April 2008.

For the responsible sale of alcohol – a legal drug – the practice of using ‘pocket money prices’ and bulk buying to drive sales is totally unacceptable. We believe that it should be made illegal to sell alcohol as a loss-leader.

### **Minimum Retail Pricing to help reduce consumption?**

AFS supports the proposal of establishing a minimum price for a unit of alcohol, directly linking product strength to retail price and hopefully this may incentivise producers to develop lower strength products (as opposed to the current practice of producing higher strength products).

A study by Sheffield University, looking at the effects of alcohol pricing and promotion, concluded that cheap alcohol leads to increased consumption, particularly among young people and high risk drinkers. The report also states there is *“strong and consistent evidence to suggest price increases and taxation (assuming increase pass through to retail price) have a significant effect in reducing demand. It also added that minimum pricing could be effective “as a targeted public health policy”* as those most affected by increased price are the heaviest consumers of lowest priced products.

#### **The Scottish Government invite views on:**

- The proposed **principles** on which a minimum pricing scheme for alcohol products should be established.

We agree that a minimum pricing scheme should be introduced. We support the basic principles which should be:

- that the price should be determined by alcoholic strength
- that the prices should apply equally to all premises selling alcohol;
- that prices should be set independently of those involved in the production, distribution, retail or any other activity connected with the sale alcoholic products.

The groups being targeted here are the most price sensitive<sup>2</sup>, such as young people and chronic/heavy drinkers. The proposed measures will have greatest impact on this particular group and on the cheapest products.

We believe that this should be based on the alcoholic strength of drink rather than on other factors, such as type of product and that the agreed method of calculation is straightforward and simple. Below are some examples of the different rates that could be applied and illustrates the current price and what the impact would be by applying minimum price per unit:- 35p 45p 55p

This snapshot of products and potential prices does not take account of any multi-pack offers or discounting promotions. With the exception of cider, at the proposed 35p per unit there is no marked increase in the cost of most products. We would therefore propose that a minimum unit cost should be 45p or 55p. Our analysis is that all alcohol in on-sales are already priced above these levels and will not be affected.

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<sup>2</sup> Also highlighted in Sheffield University Study, 2008

Product, size and strength	Number of units in container	Average cost July 2008	at 35p per unit	at 45p per unit	at 55p per unit
<b>CIDER</b>					
2 litres at 5.3%abv	10.6 units	£2.79	£3.71	£4.77	£5.83
2 litres at 7.5%abv	15 units	£3.08	£5.25	£6.75	£8.25
<b>LAGER</b>					
500ml can at 4%abv	2	£0.88	£0.70	£0.90	£1.10
Super strength 440ml can at 9%abv	4	£1.39	£1.40	£1.80	£2.20
Special strength 500ml can at 9%abv	4.5	£1.35	£1.57	£2.02	£2.47
473ml can at 5%	2.3	£1.15	£0.80	£1.03	£1.26
<b>WINE</b>					
750ml bottle at 14%abv	10.5	£7.99	£3.67	£4.72	£5.77
Supermarket own brand 750ml bottle at 13%	9.7	£3.59	£3.39	£4.36	£5.33
<b>SPIRITS</b>					
Supermarket own brand 70cl bottle at 40%abv	28	£8.29	£9.80	£12.60	£15.40
Branded spirit 70cl bottle at 40%abv	28	£13.43	£9.80	£12.60	£15.40
<b>PRE-MIXED SPIRITS</b>					
70cl bottle at 4%abv	2.8	£1.49	£0.98	£1.26	£1.54
70cl bottle at 10%abv	7	£4.19	£2.45	£3.15	£3.85
70cl bottle at 4.5%abv	3.1	£3.19	£1.08	£1.39	£1.70

### Setting the minimum price

In terms of who should set the minimum price, we agree with the view that this is a ministerial responsibility but recommend that an independent body with the knowledge and capacity to monitor trends in alcohol related harm, such as a reinstated National Licensing Forum should advise ministers.

### Promoting choice in standard measures of alcohol

AFS fully supports introduction of legislation to require licensed premises to sell standard size measures of 125ml of wine and 25ml measures of spirits, unless the customer asks for a larger glass size.

It has been our concern that over recent years many alcohol products have increased in strength, particularly beers and wines. The strength of an average wine is now 12-14%abv and beer and lager is commonly 5%. This has led to confusion and under-estimation on the number of units consumed by the public.

Of further concern, the size of measures, particularly of wine, have hugely increased. Wine glass sizes now range from what was once a common standard of 125 ml to 175 ml or 250 ml. Again,

this means that people are often drinking much more alcohol than they are aware of, because of the increased strength of alcohol and larger glass sizes.

We think the proposal to introduce 125 ml measures for wine and 25 ml measure for spirits as standard in licensed premises is sound. Although size will only be controlled in licensed premises, this action sends a clear message on the importance of glass size and will help to de-normalise 'super size' measures.

AFS also believes that it should be mandatory for the on-trade to have unit information on wine lists/menus. This would allow people to see exactly how many units are in the size of glass that they have chosen.

## SECTION 2 - SUPPORTING FAMILIES AND COMMUNITIES

### Proposals on which Scottish Government views are sought:

- We will review current advice for parents and carers and would welcome views on what information would be helpful.
- We propose action to raise the minimum legal purchase age for off-sales purchases to 21 and seek views on this proposal.
- We propose that a fee should be applied to some alcohol retailers to help offset the costs of dealing with the adverse consequences of alcohol and invite views on our proposals.

### Review the current advice to parents

AFS welcomes the focus on parents and families. It is important that parents are aware that they are key role models for their children, for it's not just what they say but *what they do* that's important. We feel that it is crucial for more investment in initiatives to support and work with parents and communities.

Recently, the *Drug Guide for Parents* was distributed throughout the country and AFS is disappointed this mailing did not include the alcohol guide. Consideration should be given to ensure all parents have access to alcohol literature in various formats.

Careful thought should be given to the needs of *all* parents. Parents' abilities to engage with their children in the formal education setting or with support organisations outside the family vary considerably and so a range of supports and interventions need to be designed to assist them.

AFS believes that a continuum of parenting approaches from early years through to teenage years should be developed to support the engagement of parents. Approaches or initiatives for parents should be offered on an opt-in basis and should be stimulating and interactive. Innovative approaches to engage both hard to reach and the involved parents should be created. This needs to be based on action research with parents on what they would find useful. AFS is currently piloting approaches and resources in accordance with our strategy plan for Early Years, Primary Years and Teenage Years – the Continuum.

### Schools context: Substance Misuse Education in Schools

We fully support point 76 of the report that young people must have access to reliable information about alcohol and its harmful effects. Whilst we welcome the government's undertaking to work with partners at national and local level to improve the delivery of substance misuse education in schools, AFS has been concerned for many years that the provision of such education in schools has been uneven and frequently unbalanced with little attention given to alcohol issues.

We are aware that in overall strategies for affecting alcohol misuse, alcohol education is often cited as ineffective, but we believe that well structured, well delivered programmes made widely available, have a vital part to play alongside other measures. We believe the curriculum for excellence provides an opportunity to create alcohol education that engages children, and equips them to deal better with alcohol issues.

An additional alcohol-related indicator (annex D) could be based on the number of calls made to Childline about parental drinking and issues raised that would give data on the views of children on parental drinking.

## **Alternatives to alcohol**

If we are serious about changing the culture of drinking in Scotland then we must consider some of the current models of good practice taking place across the country, e.g. Fife Bluelight Scheme.

A recent survey as part of a consultation with stakeholders of Aberdeen Joint Alcohol and Drug Action Team, revealed that 97% of those who answered the e-survey “strongly agreed” or “agreed” that alternatives to alcohol should be provided for young people. Suggestions fell into four main categories:

1. the provision of alcohol-free youth cafes and youth clubs - night clubs with DJs and no alcohol, youth clubs run by the young people themselves, city centre ‘hang’ out space, internet access cafes with computer video games availability and themed cafes/eateries.
2. the expansion of existing, and the provision of new sports facilities – these should be provided at different times, in different places, should provide a wide variety of sports, should be affordable and high quality. The ideas included night time/midnight football, bmxing (bike sport), climbing, go-karting.
3. the provision of youth activities through the week, weekends and during holidays
4. the development of volunteering opportunities for young people

AFS believes that the time is right to look at how we are encouraging young people into other activities or alternatives to alcohol. As with parents, work needs to be done with young people to find out their opinion.

AFS supports the SGAIP plan to design, develop and implement a series of interventions within Fife and looks forward to the learning that will come out of this pilot.

## **Over 21 purchase age**

This proposal has attracted much media attention and debate. We would make a plea to critics of this proposal to appreciate the level of harm caused to both individuals and communities as a result of drunkenness amongst young people and would draw attention to the success of pilot projects in reducing public disorder. We agree with those who argue that solely targeting young people is wrong and deflects from addressing the other equally if not more, important issue of adults drinking and their influence as role models. However, the issue of alcohol related public disorder, of which young people are often victims, is not a minority problem and those of legal drinking age will still be able to do so within the safer environments of pubs and clubs.

The new Licensing (Scotland) Act brings tighter enforcement and higher standards so drinking in pubs should become a more secure and supervised location for the 18-21 year old age group to be drinking. The advantages of pub drinking are that young people will be drinking in mixed-age groups, trained staff are in place, enforcing social norms etc.

Unsupervised, outdoor drinking can place young people at greater risk of a range of harms including alcohol overdose, alcohol-related injury, risky sex or criminal and disorderly behaviour. The location chosen by young people can also increase the risk of harm e.g. close to water, railway lines, busy streets, infrequently visited locations.

So, this proposal could help in three ways:

- 1) encourage the 18-21 year old age group into drinking in a safer, more controlled environment
- 2) reduce the number of 18-21 year olds acting as agents, (buying alcohol for those even younger)
- 3) reduce the effects of 'pre-loading', where 18-21 year olds are already drunk by the time they are entering licensed premises

Some say that such a change would be unfair but across the world the purchase age for drinking alcohol varies. Some countries including Sweden and Denmark, have different age limits for on and off-licence purchase. Other countries such as Finland have different age limits depending on the strength of the alcohol being purchased. In parts of the US, permitted age varies according to whether a person is accompanied by a responsible adult such as a parent or spouse.

Other critics of this have pointed out what they perceive are anomalies, but there is a need to appreciate that there are age-differentials with many areas in life e.g. you can vote at 18 but can't become an MP until you are 21.

Traditionally, people think of the police who are the ones to enforce licensing law, but we want to re-iterate that sellers of alcohol are actually the first point of enforcement.

AFS gives its support to this proposal, but, there are other proposals in the Government's paper, particularly minimum pricing and improved enforcement of existing age limits which could achieve the same goals and have a stronger evidence bases and we would support these as the highest priority measures.

### **Social responsibility fees**

We all have a responsibility to drink in a way which doesn't harm ourselves or others, and those who sell alcohol products also have responsibilities. Those who profit from alcohol should also make a contribution to the clear up and clean up caused by irresponsibly selling alcohol and the consequences of alcohol related behaviour. Being permitted to sell alcohol is a privilege which is granted to people who are deemed to be able to meet their legal and social responsibilities.

Historically, taxpayers have paid for the operations of licensing boards. As part of the new Licensing Act, licensing boards will be self-financing, with fees from licence holders funding the cost of operations.

What is missing is payment towards the costs of managing the impact of how alcohol is sold, including the need to manage city centres to try to ensure that drinkers are able to make their way home safely and without incident. We think a new social responsibility fee could help cover such costs. Such monies could also help fund initiatives that would help to reduce other community problems arising from alcohol misuse.

However this has to be balanced against the useful community services that some licensed premises already provide. Aside from their licensed operations, some premises open their doors to various community groups from Mother and Toddlers, to pensioner groups. Some provide diversionary youth activities such as the Blue Light discos in Fife. Others, particularly in remote locations, provide other services such as acting as a post office. We think there is merit in encouraging such services which fulfil a useful community function and also have the potential to contribute to culture change in the way people view drinking and drinking establishments. We

would like to see serious consideration of a social responsibility scheme which could recognise the benefits of these premises to communities by, for example offsetting payments.

We would like to see consideration of establishments which provide positive benefits to the community, who could receive a 'credit'. This would have a dual benefit of exempting premises from paying an additional tax/fee and also a community could benefit from having a free hall/function room to host events e.g. alternative activities for young people, health promotion with parents etc.

AFS believes that:

1. A social responsibility fee must apply to all premises and not just problematic ones – under the new Licensing Act, problematic premises need to be penalised by the licensing board
2. irresponsible practices are found across both the on and off-trade, therefore all licensed premises need to contribute here.
3. manufacturers of alcohol should also play their part by paying a % fee levied on what they would spend on advertising and sponsorship, to be used for awareness campaigns to counter-balance the positive images portrayed by the industry.

If we have such a system which tackles today's problems of policing and dealing with injuries and assaults at A & E departments, then we are not doing all we can to prevent drunken disorder in the future. The third point above is about investing in initiatives that can promote alternatives to alcohol and counter-balancing the very positive imagery used in the advertising of alcoholic products.

## SECTION 3 - POSITIVE ATTITUDES, POSITIVE CHOICES

### Proposals on which Scottish Government views are sought:

- We propose action to further restrict the use of promotional materials within licensed premises and invite views on our proposals.
- We invite views on the desirability of introducing 'alcohol only' checkouts in off-sales premises.

### Promotional Materials in Licensed Premises

#### The Scottish Government invite views on whether regulations should be made, under the Licensing (Scotland) Act 2005, to extend the existing regulations to:

- Prevent the display on licensed premises of promotional material relating to alcohol in a way visible to persons outside the premises.
- Prevent the use on licensed premises of any special display designed to promote sales of alcohol for consumption off the premises.
- Prevent on licensed premises any other promotional activity to induce the sale of alcohol for consumption off the premises.

### Defined display areas

We are supportive of the proposal for retailers to display alcohol within clearly defined aisles or areas. This acknowledges that alcohol is no ordinary commodity and shouldn't be considered as another product to be dropped into the shopping basket along with bread and milk. If customers have to go to a specific area to purchase alcohol, this will help them to make the 'psychological shift' that they are picking up a controlled product. At present, it is too easy to fill up your trolley with alcohol, unaware that you have been impulse buying from the many points promoting alcohol around the store.

### Separate Alcohol Checkouts

Separate checkouts already exist for other controlled products like tobacco and pharmaceutical drugs. But we can see that there may be more practical problems for creating separate checkouts for alcohol sales so the size and layout of each store would have to be taken into account.

The big advantage of separate checkouts is that they would be staffed by people who are properly trained and it would be easier for staff to check a customer's ID. But could there be a risk that people would simply bulk buy alcohol because of the inconvenience of purchasing smaller quantities at separate checkouts? We feel that it is imperative that there is data collection on purchases to monitor the effect of this proposal. For example, supermarkets need to be in agreement to provide (de-personalised) loyalty card information to show whether or not consumption has altered.

We would also like to see a regulation so that only over 18's (although if the law changes to raising off-sales to 21, this would need to apply here also) are allowed to sell alcohol – the current system of waving a bottle in the air for a supervisor to approve is unacceptable, and contributes to reducing awareness of the product. The very simple point is, if you're too young to buy alcohol, then you're too young to sell it.

We also believe there is an opportunity for shops and supermarkets to use their technology to print information on units and the sensible drinking guidelines on till receipts to help customers see how much they've purchased on that visit.

To summarise, definite benefits could be brought about by:

- only over-18's who have received training, should sell alcohol
- dedicated checkouts for alcohol & grocery sales
- Unit information should be provided on products and till receipts and illustrate what these mean in context of recommended limits. Receipts should state how many units have been bought in that transaction and what it means in terms of recommended limits.

### **Awareness raising campaigns**

AFS, whilst accepting that education and persuasion have limited effectiveness and can be costly to implement, supports that evidence which suggests they can be effective when used in part of a wider policy context. As a result, we support alcohol awareness raising campaigns, events such as the national alcohol awareness week, and promotional materials. In order to turn around the Scottish drinking culture it will be necessary to adopt a range of policy-relevant strategies and interventions.

### **Workplace**

AFS is committed to working with appropriate bodies to ensure that alcohol in the workplace is addressed. AFS, in partnership with Scottish Centre for Healthy Working Lives, is developing and piloting a new training programme for employers addressing the need for alcohol and drug policies to be in place and more importantly that they are implemented within all companies.

Whilst the Scottish Government and Alcohol Industry Partnership initiative to assist the 40% of employers who have no alcohol policy is welcomed we have concerns over content, length and training methodology of the developed alcohol awareness workshop for employees.

The survey by an Alcohol and Drug Action Team (as mentioned on page 7) shows that 81.7% think that employers should take a greater responsibility for their employees whose drinking impacts on their work. Also, 86.8% agreed that employers should provide support and treatment where necessary.

### **Product labelling**

AFS is supportive of the Scottish Government's exploration of product labelling and any mandatory measures that might be required and applaud their consideration if this needs to be bolstered at a Scottish level.

Recently, we have seen an increase in the number of products carrying unit information. However, some labelling e.g. bottles of wine, simply state the number of units contained typically within a 125ml glass, which can be misleading when home poured measures and glasses are known to be larger than that. Also, the amount in the bottle needs to be highlighted so that people are clear exactly how much they are drinking.

Labelling needs to be meaningful, unambiguous and useful, and should include information on how to reduce harm from excessive drinking as well as information on units.

## Advertising

*“Of all drugs, the use of alcohol has shown the greatest recent growth and causes the most widespread problems among young people in the UK today. It is also the least regulated and the most heavily marketed”<sup>3</sup>.*

Advertising of alcoholic drinks has changed enormously in recent years – we are seeing a huge shift from TV and cinema advertising to more technologically advanced marketing through the internet and text/phone download facilities. This is a worrying development as many young people can be exposed to sophisticated advertising, simply by entering a date of birth on a website. This measure of restricting access using a date of birth entry is extremely weak.

Measures should be in place to ensure that when a company advertises a product or enters into sponsorship, there should be a reminder that alcohol is a drug, and that alcohol awareness resources must be available e.g. left on tables or seating. It is also important that these resources are independently produced and verified by a body independent of the industry.

There are currently no regulations controlling alcohol sponsorship. Yet, footballers who are role models for children and teenagers, wear the team strip which usually has the product sponsor highly visible. This creates an association between alcohol and sport which we consider to be undesirable.

Some countries have adopted a ban on televised sporting events showing any advertising of alcoholic products. This is supported by a recent report by the Home Office, evidence statement number 8: *“There is consistent evidence to suggest that exposure to **outdoor advertising**, or advertising in magazines and newspapers may increase the likelihood of young people starting to drink, the amount they drink, and the amount they drink on any one occasion.”*

In terms of self-regulation, there is an increasing body of international opinion that suggests that self-regulation is a matter that needs further examination.

As mentioned in the previous section, AFS believes that a % fee should be paid based on advertising expenditure by manufacturers towards health campaigns to illustrate the harmful effects of over-consumption.

AFS supports the Scottish Government’s suggestion to implement a ban on alcohol advertising before the 9pm watershed.

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<sup>3</sup> Pathways to Problems. Advisory Council on the Misuse of Drugs- Sept 2006

## SECTION 4 - IMPROVED SUPPORT AND TREATMENT

**Though there are no proposals in this section on which views are specifically sought, Alcohol Focus Scotland would like to offer some comment.**

The recent injection of £85 million over three years to improve the identification, support and treatment of those who are misusing alcohol that includes new money is welcomed.

### **Screening and brief interventions**

The new programme for screening and briefing interventions is good indicator of the Scottish Government's serious commitment to helping to reduce alcohol related harm.

We think it is right that GPs should be the first point of contact for anyone concerned about their drinking, who can then refer to more intensive treatment and services as required. This year's additional funding for alcohol misuse has gone to NHS Boards to develop and increase training for primary care workers to deliver brief interventions which AFS applauds.

### **Local Alcohol Services**

Most communities have local alcohol agencies that provide an extensive range of help and support to people with alcohol-related problems across Scotland. These voluntary sector agencies provide confidential and free one-to-one counselling. Referrals come through a variety of sources such as self referral, GPs, Social Work, Health Visitor, Criminal Justice etc. We are heartened that there is recognition that the current level of service provision falls short of what may be required and that over the next three years capacity will be built to ensure that services are accessible and inclusive to fully address the needs of people with alcohol problems.

**Community alcohol services will be a major referral route for many primary care workers who identify people with an alcohol problem, and require more help than the brief intervention. An anticipated 30% increase in referrals will impact on current service delivery.**

However, although it is very early in the three year funding period local alcohol services have no indication whether they will receive any additional funding to meet the anticipated increased demand for more intensive support that the brief interventions will create. This concern was raised at the Cross Party Group held in June 2008 and is supported by a wide range of service providers.

There are also concerns amongst many local alcohol services, many of which are in the voluntary sector, that they are not being treated as equal partners. It is unclear what funding will 'filter down' to agencies that will treat clients for whom a brief intervention is not enough. Alcohol agencies in the voluntary sector are currently facing difficult times with local funding cuts and uncertainty leading to redundancies being made.

**Under-resourcing of treatment services is counter-productive to reducing harm. The new funding available will help to tackle this, but there must be close monitoring to ensure this money is spent on alcohol prevention and services.**

**Alcohol and Offending**

The link between alcohol and crime is now clearly evidenced, the impact on deprived communities being highlighted. AFS is pleased to see a commitment to work with partners to encourage the development of better integrated care pathways for offenders that will result in help and support in custody and in the community.

Developing 'integrated care pathways' further with Community Justice Authorities for offenders both in custody and in the community and ensuring that they receive continuity of care (particularly where specialist support is required to overcome their problems with alcohol misuse), requires planning for the medium to long term. However, the short term nature of current funding arrangements within voluntary sector and the uncertainty around continuity of funding could impact on the effectiveness of this proposed action.

## Areas for strengthening and gaps in the consultation document

### Areas for strengthening

#### Pregnancy

The term FAS (Fetal Alcohol Syndrome) is used to describe a pattern of abnormalities evident in babies of chronic or heavy drinking women. The document correctly states that the number of babies born each year with FAS, in Scotland, is low.

However, it doesn't take account of the number of babies born with less obvious forms of damage - alcohol related birth defects and alcohol related neuro-developmental delay, collectively known as fetal alcohol spectrum disorder – FASD. Babies born with FASD are thought to be much more common - as they get older these children will display behaviour and memory problems.

Taking account of FAS & FASD, we support any action to highlight the dangers of drinking when pregnant. Labelling should be mandatory and we recommend that any labelling or campaigns need to focus on the 'avoiding' alcohol rather than adding to confusion by setting limits.

We believe this is the clearest advice because:

- it is the only way to be sure that you are giving your unborn baby the best chance as fetal alcohol spectrum disorders are entirely preventable
- it is the *safest* advice given that research to-date has been unable to identify the threshold for risky consumption
- many people don't understand units and the strength of drinks – some people consume 3-4 units in a glass of wine mistaking it for 1 unit
- women who are trying to conceive will 1) increase their chances of becoming pregnant and having a viable pregnancy and 2) reduce any worry about alcohol related damage during the time of trying to conceive and confirmation of pregnancy.

The current mixed messages on alcohol and pregnancy have led us to develop a campaign on alcohol and pregnancy that will run from 1st November. This will include web advertising, radio advertising and resources for pregnant women.

Currently, it is only babies with FAS who tend to be diagnosed and recorded by doctors in the UK. We need the means of diagnosing the whole spectrum of disorders (FASD) caused by fetal alcohol absorption.

#### Children affected by parental substance misuse

Parental alcohol misuse has a massive impact on the emotional and social wellbeing of children and young people in Scotland. AFS is concerned that the figure of 65,000 children highlighted in the consultation document is an under-estimation since this is a self-reported figure.

We believe there is more attention given to the impact of parental drugs misuse on children, than children affected by parental alcohol misuse. Although the recently published Drugs Strategy addresses both issues, in practice we feel the 'lions share' of attention remains with drugs.

*"Children of problem alcohol users are often less visible within the community than children of problem drug users".<sup>4</sup>*

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<sup>4</sup> A Matter Of Substance? Aberlour Think Tank Report on the impact of parental drug and alcohol use. November 2006.

We believe the number of children affected by alcohol misuse is under-estimated, hidden and often unreported. This problem is not only hidden but one which we choose not to recognise and see.

Alcohol is our most commonly used drug, used as a social lubricant, to relieve stress, and in social rituals. Consequently, in comparison with illegal drug use, our perception of alcohol use is personally, professionally and socially confusing, which can be one of the reasons why alcohol misuse has not been satisfactorily addressed by those who work with families.

Being able to identify and reach children who are living with a problem drinking parent can be very difficult. This is why we talk of 'Hidden Harm'.

A Think Tank in 2006<sup>5</sup> recognised that there are strong similarities between problem parental alcohol and drug use and that in their view, problem use of both substances will have a similar harmful impact on children's physical, emotional and social development and wellbeing. Whether it's parental alcohol misuse or drug use, the impact on a child is the same – physical and emotional neglect, impact on their behaviour and at worst, a general chaotic lifestyle. Therefore, it is important that the signs of alcohol misuse are recognised at an earlier stage which allows interventions to be put into place and harms minimised.

**The legality and cultural acceptance of alcohol has a direct impact on our consciousness and awareness of alcohol problems and issues and contributes to our tendency to be blind or to underestimate them. We think raising awareness of the importance of recognising parental problem drinking amongst practitioners should be a major priority for all service providers (health, education, and social services in particular) if we are to reduce alcohol related harm.**

### **Designated places**

Preventing people becoming drunk and incapable, is clearly a long term objective. Currently, the demands of providing support and care to individuals who are intoxicated and possibly a danger to others can be met by designated places such as Alcohol Support in Aberdeen and Inverness. These services provide 'sobering up' facilities and also gives clients the opportunity to discuss their alcohol problem and options available to them.

This intervention offers further support that is not offered after spending a night in a police cell and has shown to be effective in changing behaviour.

We await the outcome of the research project consisting of input from ACPOS, SAS, Emergency Departments and local authorities. Although stated in the consultation report that it is a matter that is "*ultimately for local agencies to determine what arrangements are appropriate to meet local need*", AFS feels that the lack of a national lead in this area would mean such initiatives could be 'shelved' due to high running costs. Yet, it is of course short-sighted as the money saved long term will be considerable.

### **Drink driving**

The consultation contains strong researched evidence to support the need for a reduction in the drink drive limit of 80mg per 100ml of blood to 50mg. AFS fully supports the Scottish Government raising its concerns with the UK Government on this serious cause of injury and death on Scottish roads.

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<sup>5</sup> A Matter Of Substance? Aberlour Think Tank Report on the impact of parental drug and alcohol use. November 2006.

Zero Tolerance for all new drivers who have held their license for less than a year. We also would like to see a review of reducing the limit even further for young drivers e.g. 10mg per 100ml of blood to help reduce the casualties and deaths on the roads.

Effective drink driving policies rely on drivers recognising that they are likely to be caught. Random breath testing which is widely used in our countries is essential to achieve this.

## **Gaps**

### **Vulnerable groups**

There are specific groups within society that require very specific intervention, such as older people and people with learning disabilities, hearing and sight impaired people. Are there plans to improve awareness, help and support to these and other groups in the near future?

The Gender Issues Network on Alcohol is currently working on the issue of older women and alcohol. AFS believes that this is a neglected area of work which is part of the broader hidden harm agenda. This work is being progressed with Help the Aged and The Scottish Pensioners Forum, however more needs to be done to raise awareness of the issue and the recommendations of the NHS Health Scotland research – Alcohol and Ageing : Is alcohol a major threat to healthy ageing for the baby boomers published in 2006.

### **Armed Forces**

Often overlooked, yet research carried out by King's College in London on the Armed Forces, showed that excessive alcohol consumption is more common in the UK armed forces than in the general population.

The researchers used the Alcohol Use Disorders Identification Test (AUDIT) and found that 77% of men and 49% of women in the UK Armed Forces had an AUDIT score of 8+ (defined as hazardous drinking, compared to 38% of men and 16% of women in the general population.

The research also shows that there are certain socio-demographic characteristics associated with heavy drinking within the Armed Forces, which may allow the targeting of preventive interventions.

### **Service Users**

The recently published Literature Review by AFS and NHS Health Scotland identifies that user involvement in respect of alcohol is at the beginning of a very long journey. There is a dearth of literature and evaluation of alcohol related user involvement projects. One of the biggest challenges facing user involvement in respect of alcohol service users is the ability of services to move beyond very simple consultation. AFS and Health Scotland believe that there is a gap in our knowledge and therefore a gap in respect of the important role of service users input into services that must be addressed. This requires a national lead to ensure the fairness and equity of services throughout Scotland.

The National Quality Standards were produced from a service user perspective and whilst these have been disseminated throughout Scotland, work requires to be undertaken to ensure that they are in fact fully implemented, monitored and evaluated.

### **The role of the Local Licensing Forum (Section 37 – Partnership Working)**

There is no mention in the document of the important role Local Licensing Forums could play in communities and as an effective partner in Community Safety Partnerships. The forum can give a grass roots perspective and act as a watchdog within the community by informing the Licensing Board of areas of concern around alcohol. Local Licensing Forums are an integral part of the 2005 Act and should be recognised within this consultation document.

### **Alcohol sales on transport**

The consultation makes no mention of availability of alcohol on certain forms of public transport, yet concerns have been raised previously on safety issues for other travellers and staff on numerous occasions.

Drunken behaviour at any time can be terrifying for other people but within a confined space such as a plane or train, the impact on other travellers can be huge. Visible and obvious drunkenness can simply be viewed as a nuisance, but when the drunken behaviour becomes risky behaviour, there are health and safety risks for all passengers and staff. We also believe that children are being exposed in ways that they should be protected from.

We believe that alcohol should not be freely available but restricted to confined areas and also restricted in amounts. This could easily be controlled with a simple system e.g. two drinks per passenger on production of travel tickets which are stamped, when an alcohol purchase is made.

This would also make it simpler for sellers of alcohol to know when to stop selling and serving alcohol to a person as all passengers are entitled to an equal, restricted amount.

### **Parents introducing alcohol to children**

Parents have a role to ensure that children are introduced to alcohol in a responsible manner and in a supervised environment. Unfortunately, this does not always happen. We believe this is in part due to the lack of clear guidance for parents on when and how they should introduce their children to alcohol. The law currently defines a possible drinking age range of 5 to 18 (since it is illegal to give a child under 5 alcohol and at 18 a young person can purchase their own alcohol). Of course, it is legal for a 16 year old to purchase wine, cider or beer with a meal in an area used only for eating meals in licensed premises. However there is currently no guidance at what age, and in what context, and in what amount, it is considered reasonable to introduce a young person to alcohol.

In a society where drinking alcohol is the norm, and alcohol-related harms are under-recognised, it is not surprising that many parents are in fact providing alcohol to their children.

SALSUS 2006<sup>6</sup> shows that 57% of 13 year olds say they have drunk alcohol and of these the most commonly reported location for drinking was 'at my home' reported (47%). This, often without proper understanding of strength of the alcohol being supplied, for instance ciders are sometimes viewed as being a low alcohol content drink when in fact they are commonly stronger than beer.

Nor do parents generally have an understanding of the harms associated with early drinking. It is known that children's bodies that are not fully developed are more susceptible to alcohol-related damage, such as organ damage, and damage to brain and bone development. There is also

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<sup>6</sup> Scottish Schools Adolescent Lifestyle and Substance Use Survey, 2006. ISD Scotland.

evidence that an early age of first drinking is an indicator of a higher likelihood of developing alcohol problems later in life.

Delayed onset - There is evidence to suggest that the later adolescents delay their first alcoholic drink, the less likely they are to become regular consumers. Adolescents who start later are more likely to report that they are light or occasional drinkers, and they are less likely to binge (Premier's Drug Prevention Council 2003). In the United States, the National Longitudinal Epidemiologic Survey of 27,616 young people (cited in Spoth, Lopez Reyes, Redmond, and Shin 1999) shows that the lifetime alcohol dependence rates of those people who initiate alcohol use by age 14 are four times as high as those who start at age 20 years or older. Furthermore, the odds of dependence decrease by 14 per cent with each additional year of delayed initiation (cited in Spoth et al. 1999).

Longitudinal data from New Zealand also demonstrate that the commencement of alcohol use in early adolescence increases the likelihood of the subsequent development of high risk use, independent of other influences (Fergusson, Horwood and Lynskey 1995). Young people who begin using alcohol at a younger age are more likely to progress to regular use in adolescence (Fergusson, Lynskey and Horwood 1994). Australian longitudinal studies have demonstrated that regular drinking in adolescence is an important risk factor for the development of abusive, dependent (Bonomo et al. 2001) and risky (Toumbourou Williams, White et al. 2004) patterns of use in young adulthood.<sup>7</sup>

We feel that the time is right for an informed debate on when, and how it is appropriate that children can be introduced to alcohol.

### **Homeless**

Homelessness and substance misuse are mutually reinforcing conditions that are the result of sustained, multiple, compound disadvantage through childhood and adult life. While not everyone with a substance misuse problem will become homeless, people with substance misuse problems are at higher risk of homelessness. There is evidence of sustained socioeconomic exclusion, isolation and alienation among homeless people with a history of substance misuse, and that it is lone homeless people and young homeless people, rather than all groups of homeless people, who are characterised by high rates of substance misuse.

Research indicates that no one approach works for all and a range of service models are needed for people. However, harm reduction approaches are believed to have the greatest success. Evidence suggests the need to be realistic and look for ability to sustain accommodation and a reasonably stable lifestyle rather than expect people to achieve complete abstinence and a fully independent lifestyle. The evidence also highlights that services that offer a range of supports, including housing related support, tend to be more successful at retaining service users and keeping them in accommodation.

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<sup>7</sup> Taken from Research report no.10 2004 - *Parenting influences on adolescent alcohol use* by Louise Hayes, Diana Smart, John W. Toumbourou and Ann Sanson

## **APPENDIX – Responses from electronic questionnaire of membership including summary of comments**

**Q1. The Scottish Government would like to see a Scotland where people drink moderately and responsibly. Do you agree with this vision?**

- Yes, this benefits everyone. 96%
- No, people should be able to drink in whatever way they like 3%
- Unsure 1%

**Q2. Do you agree that increasing the price of alcohol will make a contribution to reducing harm?**

- Yes 56%
- No 32%
- Unsure 12%

**Q3. Many supermarkets and shops sell alcohol at hugely discounted rates, with some even selling it at a loss to attract customers. Do you think that discounting of alcohol should stop?**

- Yes, its a legal drug which needs to be treated with more respect and ultimately a higher purchase price to help reduce consumption 81%
- No, why shouldn't people be able to enjoy a bargain with booze 13%
- Unsure 6%

**Q4. Minimum pricing is being proposed as a way to reduce the attractiveness of high alcohol/low cost drinks, particularly to young people and heavy drinkers. Do you agree that a minimum price should be set for alcohol?**

- Yes 78%
- No 12%
- Unsure 10%

**Q5. Do you agree that a minimum pricing system should be based on the unit strength of drinks?**

- Yes 64%
- No 20%
- Unsure 16%

**Q6. Do you agree that a minimum pricing system should be set by the government or another body independent of any business/commercial interest in the sale of alcohol?**

- Yes 74%
- No 14%
- Unsure 12%

**Q7. Do you think standardising glass sizes/measures so that an agreed size is offered, and only giving a larger measure if the customer asks for it, should be introduced? e.g. 125ml for wine, 25ml for spirits.**

- Yes 83%
- No 13%
- Unsure 4%

**Q8. Do you agree that what happens in the home has an influence on children's attitudes to alcohol?**

- Yes, parents are the biggest influence on their children's drinking habits 31%
- No, children will be influenced much more by their peers 6%
- In part - Parents do have an influence, but other influences such as the media will play a part 63%
- Unsure 0%

**Q9. Do you agree that parents need support in how best to talk to their children about alcohol?**

- Yes, every parent should be offered alcohol information 91%
- No, parents know their children best and don't need this interference 4%
- Unsure 5%

**Q10. At what stage in a child's development should we begin to make parents aware about the impact of their drinking behaviour on their children?**

- Pre-birth 73%
- Immediately post-birth 4%
- Pre-school 7%
- Primary School 10%
- Secondary School 5%
- Unsure 1%

**Q11. Do you think raising the purchase age to 21 for off-sales will reduce young people's problematic drinking?**

- Yes, this will mean 18-21 year olds drink in pubs - a more controlled environment 37%
- No, won't make any difference 46%
- Unsure 17%

**Q12. Critics of this proposal feel that the rights of 18-21 year olds are being diminished. Is this a sacrifice that has to be made, for the greater good?**

- Yes, the level of harm caused by young people's drinking is unacceptable and radical change is needed 44%
- No, it's unfair to target young people in this way 35%
- Unsure 21%

**Q13. Do you agree that those who benefit from the sale of alcohol should also make a contribution towards the policing and treating of problems caused by drunkenness?**

- Yes 71%
- No 19%
- Unsure 10%

**Q14. If a fee was indeed introduced, do you think this should be a % of sales or a flat fee?**

- A % of sales 65%
- A flat fee 14%
- Unsure 21%

**Q15. Should this be extended to others such as shops, supermarkets and drinks producers?**

- Yes 79%
- No 12%
- Unsure 9%

**Q16. Should some of this money go towards alcohol-related initiatives and services to try and prevent problems for the future?**

- Yes 89%
- No 2%
- Unsure 9%

**Q17. Do you agree that separate checkouts will help to reduce consumption?**

- Yes 38%
- No 48%
- Unsure 14%

**Q18. AFS is suggesting to the Government that information on units and recommended limits could be printed onto till receipts when people purchase alcohol. Do you think this would be a useful thing to do?**

- Yes, it would let people see how much e.g. their bottle of wine compares with recommended limits 53%
- No, no one will bother looking at the information 40%
- Unsure 7%

**Q19. Do you have any other comments on the Scottish Government's consultation document? Are there any gaps? Do you have concerns about specific proposals?**

**It is not possible to list the full comments from the 37 responses to this final question. Below is a flavour of the types of comments received, grouped in emerging themes:**

### **Licensing / training of bar staff comments**

Higher fines or custodial sentences for those selling to underage drinkers. More training for bar staff who continue to serve alcohol to customers who are obviously intoxicated.

### **Treatment based comments**

A feeling of there being large gaps in the document around treatment, aftercare and residential treatment. A question on whether the recovery model fits with alcohol or just drugs?

Lack of resources and services aimed at addressing the combinations of issues faced by those affected by alcohol related brain injuries.

A comment on voluntary services requiring more funding and options for community support groups.

### **Health related comments**

Comments centred around the need to revise the safe recommended drinking levels and it was stated that recommended drinking levels are "out of sync with reality".

### **Culture**

Culture needs to change – excessive drinking has become an acceptable standard, which children learn.

Why do people feel that they need alcohol and drugs so much. Alternatives to drinking must be promoted for all, including young people. We should be ashamed of the widespread damage we allow to happen.

The amount of time given to advertising of alcohol was described as "shocking" and "outrageous" and that the media and the drinks producers must take some responsibility for this. Suggestion of banning the advertising of alcohol, just like smoking. More negative effects of alcohol and drunkenness need to be raised - currently, we view it as being amusing to drink too much.

### **Young People or education based comments**

Boredom amongst young people and peer pressure leading them to drink. Need to explore best ways to educate young people e.g. facilitate learning rather than teach. Not enough concern about young people being victims – either through parental drinking or as anti-social behaviour due to problematic drinking in community. Young people are getting contradictory messages by adults, who appear to be unable to drink responsibly. Banning 18-21 year olds from off-sales is hypocritical and unfair and suggests that over 21's do not have a problem.

### **Too radical or not radical enough?**

Concern that tighter restrictions on alcohol make drug use more attractive and cheaper.  
Several comments about pubs already paying enough and someone questioned whether the social responsibility fee is the “thin end of the wedge”, and about being aware of feeding into the black market trade of alcohol / illegal manufacturing & poor quality products. Proposals hit too many who are responsible  
Minimum pricing will be an unfair tax on regions where there are lower standards of living and wages.

Problems are so huge with alcohol, than an action plan needs to be in place as quickly as possible.

Raise the drinking age to 21 overall – desperate problems need desperate measures.

Compulsory intervention for those who committ offences under the influence.

Several comments about welcoming radical action as this is what is needed in this country – currently too little being done.

Comparison with publicans and alcohol industry as drug dealers and getting rich on the profits.

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