



Response to the call for evidence for the ALCOHOL COMMISSION

Prepared for:

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by:

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Alcohol Focus believes that minimum pricing is one of the raft of measures that will have an impact on reducing consumption and changing Scotland's relationship with alcohol. We support the following statement

"There is indisputable evidence that the price of alcohol matters. If the price of alcohol goes up, alcohol-related harm goes down. Younger drinkers are affected by price, and heavy drinkers are more affected than light drinkers; in fact, if a minimum price were established per gram of alcohol, light drinkers would hardly be affected at all."

Dr Nata Menabde, Deputy Regional Director

WHO Regional Office for Europe.

ALCOHOL COMMISSION

1. *The Licensing (Scotland) Act 2005 passed by the Scottish Parliament, included measures aimed at helping to tackle the over-consumption of alcohol.*

a) Which measures do you see as having an impact?

The Act includes many new measures which will be helpful, however since it only came into force on the 1st of September it is too early to make an overall assessment of its impact. The new powers have enabled Boards to conduct review hearings for premises where there have been repeated problems, resulting in the licence being suspended for a period of time. Such action has been taken swiftly. This shows a willingness of Licensing Boards to act more quickly than previously. Under the 1976 Act there were fewer sanctions available so Boards were reluctant to act. Almost all Local Authorities now have Licensing Standards Officers (LSOs) in place, an important new role created by the new Licensing Act, which will help to support and monitor standards in licensed premises. Health Scotland is undertaking the monitoring and evaluation of the impact of the Licensing Act:

www.healthscotland.com/scotlands-health/evaluation/planning/MESAS.aspx

b) Which measures are not being sufficiently enforced?

It is too early to make an overall assessment, however anecdotal evidence suggests that many of the LSOs have chosen to take a light touch to enforcement because many Licensing Boards have not managed to issue licences in time leaving premises technically in breach of the Act in not displaying their licence. At least one Board has a backlog of licences which is not expected to be cleared until the end of March - 6 months after the 1st of September deadline. There are also reportedly at least another 6 Licensing Boards who have not yet issued all premises licences.

As yet there is no mechanism for the monitoring and regulation of the performance of Licensing Boards. Alcohol Focus Scotland has held discussions with CoSLA over the last 2 years with a view to progressing action on the establishment of a National Licensing Body, which would also provide a platform for discussion on emerging licensing issues, and make recommendations to Ministers but very little progress has been made to date.

❖ **Alcohol Focus Scotland calls for the establishment of a National Licensing Body.**

2. *Given that price and availability are considered by the World Health Organisation to be the most effective measures in tackling the over-consumption of Alcohol*

a) What specific pricing mechanisms can fairly and effectively tackle over-consumption of alcohol?

Alcohol Focus Scotland believes that minimum pricing is the most effective mechanism in tackling over-consumption. It will impact most on the cheapest drinks such as high alcohol ciders and beers and very cheap spirits, which are most attractive to young drinkers who drink to get drunk, and on those with severe alcohol problems. Such persons often have limited money to buy products with the maximum alcoholic content. Raising the price of these products is likely to result in a reduction in the amount purchased, and the volume of alcohol consumed.

Taxation solely for Scotland is not possible because the Scottish Government does not have the relevant powers. They are also relatively ineffective because they will not significantly affect the price of the cheapest alcohol, and they can be absorbed by some large scale retailers such as supermarkets¹ either through their buying power by forcing the producers to reduce their prices, or by loss leading on other products – a practice which is already widespread.

A WHO report states that setting a minimum price for alcohol could reduce alcohol-related harm, and that price increases and setting a minimum price affect the consumption and expenditure of heavier drinkers to a much greater extent than lighter drinkers.ⁱ Supermarkets historically have absorbed tax increases which in Alcohol Focus Scotland's view render this option obsolete. Given that minimum pricing is based on the strength of the product, we consider this to be a fair and effective mechanism.

A House of Commons Health Select Committee (HSC) report rejected the suggestion that minimum pricing would unfairly affect moderate drinkers.ⁱⁱ

Minimum pricing would also help to eradicate the current health inequalities faced by families in areas of deprivation. The latest figures (www.isdscotland.org/isd/6137.html) reveal that people from our most deprived areas in Scotland are almost seven times more likely to be admitted to hospital with an alcohol-related diagnosis than those living in the most affluent areas. They are also almost eight times more likely to be admitted to psychiatric hospitals compared to other affluent social groups.

Information on alcohol and deprivation report :

www.work-interactive-test.co.uk/UserFiles/File/Reports%20and%20Briefings/Briefing%20-%20Alcohol%20&%20Deprivation%20-%20web%20version.pdf

b) *In addition to the current licensing laws how should we tackle availability?*

The new Licensing Act includes a mechanism for Licensing Boards to assess overprovision. It is for Boards to state how they will define it. This requirement was delayed and most Boards are only now drafting their statements which is challenging for many Boards and Forums.

- ❖ **We need to ensure that Licensing Forums develop and inform the Licensing Boards on the issues and difficulties around availability within their communities.**

www.local-licensing-forums.org.uk/home.html

3. *Should restrictions be made to advertising and other promotion of alcohol products? If so, what forms should these take?*

Promotions - Although the new Licensing Act contains specific measures to prevent irresponsible promotions, AFS takes the view that they should apply to both on-licence and off-licence premises.

Advertising – There are clear links between marketing communications and young people’s drinking.ⁱⁱⁱ The Science Group of the European Commission’s Alcohol and Health Forum concluded that alcohol marketing increased the likelihood that non-drinking young people will start to drink, and in a more risky fashion.

The HSC stated that the current system of controls on alcohol advertising and promotion are failing to protect young people. They also indicate that the regulation of alcohol promotion should be completely independent of the alcohol industries; this would match best practice in other fields such as financial services and professional conduct. They highlighted areas where there is a pressing need to restrict alcohol advertising and promotion (p125 of HSC report), particularly in light of the new challenges presented by new media and user generated content e.g. alcohol promotion of social networking sites.

Recently, an analysis of previously unseen industry documents published on bmj.com (see footnote v) found that advertisers still manage to appeal to young people and promote drinking, even though the content of alcohol advertisements in the UK is restricted. An analysis of internal marketing documents found that market research data on 15 and 16 year olds is used to guide campaign development and deployment, with references being made to the need to recruit new drinkers and establish their brand loyalty^{iv}.

Despite banning the encouragement of drunkenness and excess, many references were found to unwise and immoderate drinking, suggesting that increasing consumption is a key promotional aim. The authors argue that the UK needs to tighten both the procedures and scope of the regulation of alcohol advertising. **In an accompanying editorial, the BMJ deputy editor calls for a clamp down on alcohol promotion and a minimum price per unit of alcohol to prevent the rise of alcohol related ill health in the UK.^v It also highlighted that the UK government is spending £17.6m on alcohol education and information in 2009-10, but this is dwarfed by the UK drinks industry’s £800m annual spend on promoting alcohol.**

4. *Can we do more to improve communication/referral among services, such as the courts, police, and primary health care teams?*

Information from our member service agencies, and SNAPY network (Scottish Network for Alcohol Practitioners for the Young) indicates that one of the key problems for services and practitioners is the need for mechanisms at local and national level to improve networking, sharing good practice and collaboration.

- ❖ **There is a need for more interagency training, including challenging attitudes and beliefs to improve understanding of how individual’s attitudes and beliefs can affect their approach and the effect of the cultural beliefs of their organisation.**

Better ways of working are identified in the Audit Scotland report *Alcohol and Drug Services in Scotland* Report - www.audit-scotland.gov.uk/docs/health/2009

5. Are there additional measures that could be taken to improve education, especially to younger people or people who may not realise they are drinking excessively, to demonstrate the risks of over-consumption?

WHO has identified that education is most effective when it is linked to other measures such as controls on price and availability (Ref i); there is less impact when educational campaigns are not included as part of a broader strategy. For examples of successful work see www.educalcoool.qc.ca/en

6. What steps should be taken to address alcohol addiction/dependency and prevention services and how should these be funded?

A variety of services are required to meet the different needs of people who require different interventions and/or treatments.

[/www.alcohol-focus-scotland.org.uk/pdfs/Enhanced%20Local%20Alcohol%20Services%20Report.pdf](http://www.alcohol-focus-scotland.org.uk/pdfs/Enhanced%20Local%20Alcohol%20Services%20Report.pdf)

With the prospect of funding restrictions continuing other tested approaches should be considered to improve funding to provide services. Examples of funding in other countries include a levy placed on the alcohol industry for alcohol produced in or imported into the country, or based on advertising or sales etc. should be considered: www.alcohol.org.nz/ or www.educalcoool.qc.ca/ These have proven to be of considerable value.

7. Is there a need to increase training for professionals who are at the front line of combating alcohol over-consumption? What form might this take?

There is a clear need for training workers who are likely to come into contact with people who have alcohol related problems in specialist and non-specialist alcohol agencies. Training is already provided by [STRADA](#), and Alcohol Focus Scotland currently provides training to licensing staff through the [ServeWise](#) course and more specialist training to social workers, nurses etc., through [Drinkwise](#).

8. Given the harmful effects of mixing alcohol with other substances, such as caffeine, do you believe that introducing legal limits for caffeine similar to those in other countries would be helpful?

We are aware that the likes of the US Food & Drink administration are currently reviewing this matter, however we consider this to be a diversion from the main problem. The most important issues we face is cheap high strength products and the practice of deep discounting which are the most significant contributors to Scotland's escalating alcohol problem.

9. Is there merit in limiting or discouraging the volume of alcohol in drinks sold as a way of tackling the harmful effects of over-consumption?

Yes reducing the volume of alcohol in drinks is one way of reducing overall consumption. Introducing a minimum price based on alcohol volume would be a significant driver to achieve this.'

- ❖ **The HSC reported that "Minimum Pricing would encourage people to buy weaker alcohol". Alcohol Focus Scotland believes that in addition to this, minimum pricing will encourage the production of lower strength drinks to be produced.**

10. Are there further measures that can be taken to curb sales, especially to under-age people in off-sales?

To quote the HSC, "...the Government (UK) has given greatest emphasis to the least effective policies (education and information) and too little emphasis to the most effective policies (pricing, availability and marketing controls); in fact, by freezing the duty on spirits from 1997 to 2007 the Government encouraged consumption."

The Licensing (Scotland) Act 2005 contains adequate measures around better enforcement and training. Test-purchasing schemes should also be fully supported. However agent purchasing is an area of concern and reinforces the need for greater enforcement and training.

Home drinking - Much of the alcohol that young people drink comes from home. Parents buy alcohol for their young teenagers thinking that it's safer to have them drinking at home, not realizing the significant risks which early drinking has on children i.e. possible brain and bone damage and the risk of setting a problematic pattern of behaviour. Both UK and Scottish Governments should provide clear information to parents on the dangers of early drinking. England's Chief Medical Officer Prof Sir Liam Donaldson made a statement that children under 15 should not drink alcohol at all.

❖ **Alcohol Focus Scotland supports this and recommends more Government action to support this message.**

11. Are there specific measures that we should take to help protect children and families from the harmful effects of alcohol abuse?

Controlling price and availability of alcohol is the most effective harm reduction measure for children and families. The greatest impact of introducing a minimum pricing policy would be on heavy drinkers who are currently causing the most damage to their own health, family relationships and society as a whole.

At least 65,000 children in Scotland are living with a parent who has an alcohol problem. These children have extremely difficult and unhappy home lives and face an increased risk of developing alcohol problems. We must ensure that at risk children are identified and safeguarded by trained professionals who are able to support them and their families in making their lives safer, healthier and happier.

❖ **Alcohol Focus Scotland support the policy recommendations in the report "Untold Damage – children's accounts of living with harmful parental drinking" (ChildLine and SHAAP)**

www.shaap.org.uk/news/131,Untold_Damage:_Children's_accounts_of_living_with_harmful_parental_drinking.html

12. What other measures could be taken to tackle over-consumption of alcohol?

Changing attitudes, beliefs and culture requires an acceptance that addressing these issues is a long-term process. This can be tackled through alcohol information messages/campaigns and measures such as early interventions such as Brief Interventions along side appropriate treatment services.

13. What other measures would best target irresponsible drinkers?

The whole understanding of irresponsible drinkers needs to be debated and communicated. Who is an irresponsible drinker? Is it the person who is out intoxicated in our towns and cities, causing problems or the person who is intoxicated in his/her home having a negative impacts on their family.

14. Given the increase in consumption of spirits as compared to wine and beer in the last 30 years, what measures would be effective in reducing the over-consumption of spirits, which have a higher ABV than wine and beer?

The issue is how much and the way we drink; Nielsen^{vi}, indicates that beer accounts for 35% of sales, spirits 30% and wines 25%. (The remaining 10% is made up of cider, RTDs, fortified wines and perry).

Also, see response to Q10.

15. Are there any measures which should be given priority for further evidence/ investigation?

Supermarkets have acknowledged that alcohol is a dangerous commodity, and that they use discounts and alcohol promotions as a way of competing with each other. The HSC have proposed that the introduction of minimum pricing would address aggressive discounting.

ⁱ *Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm.* WHO Europe, 2009.

ⁱⁱ *Alcohol Vol 1 – House of Commons Health Committee.* Jan 2010

ⁱⁱⁱ *Under The Influence.* BMA, 2009.

^{iv} *Failure of self-regulation of UK alcohol advertising.* Professor G Hastings, et al. BMJ Jan 2010

^v *Drinking at the last chance saloon.* BMJ Jan 2010

^{vi} Nielsen Industry data obtained by NHS Health Scotland Jan 2010