



## **RESPONSE TO HEALTH, SOCIAL CARE AND SPORT COMMITTEE INQUIRY INTO THE HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE IN SCOTLAND**

Alcohol Focus Scotland (AFS) is the national charity working to prevent and reduce alcohol harm. We want to see fewer people have their health damaged or lives cut short due to alcohol, fewer children and families suffering as a result of other people's drinking, and communities free from alcohol-related crime and violence. AFS welcomes the opportunity to respond to the Health, Social Care and Sport Committee's inquiry into the health and wellbeing of children and young people in Scotland.

### **Summary**

- Alcohol impacts on children and young people's health and wellbeing in different ways: drinking alcohol during adolescence can have both short-term and long-term impacts on young people's health; and children's wellbeing can be impacted by exposure to their parent or carer's alcohol use.
- Alcohol is cheap, readily available and heavily marketed in Scotland. This normalisation of alcohol use is a key challenge to improving children and young people's health and wellbeing. Children's exposure to alcohol marketing leads young people to drink at an earlier age, to drink more than they otherwise would, and increases the likelihood that they will go on to develop an alcohol problem.
- The normalisation of alcohol use in our society can also create an ambivalence or lack of confidence in intervening when children may be impacted by someone else's alcohol use to ensure they receive the support that they need.
- Taking action to restrict alcohol marketing, reduce availability, and increase the minimum unit price for alcohol are key ways to reduce the normalisation of alcohol in Scotland and prevent future harm. AFS welcomes the Scottish Government's commitment to consult on potential marketing restrictions during 2022. AFS is calling for the Minimum Unit Price for alcohol to be increased to 65p per unit.
- Supporting parents and carers who have existing alcohol problems to recover is an important way to help their children. There is a need to invest in 'whole family' services to ensure that children and young people, as well as other family members, who are affected by somebody else's drinking are able to access support in their own right.
- Alcohol is a driver of health inequalities; taking steps to tackle the price, availability and marketing of alcohol would benefit those who experience the greatest harm.

### **Q1. What are the key issues around health and wellbeing for children and young people in Scotland?**

One of the key issues around health and wellbeing faced by our children and young people is alcohol use.

The Scottish Chief Medical Officers' guidelines are clear that an alcohol-free childhood is the healthiest and safest option for children and young people, and that no alcohol should be consumed under the age of 18.<sup>1</sup> However, the Scottish School Adolescent Lifestyle and Substance Use Survey (SALSUS) continues to highlight concerning levels of alcohol use amongst under 18s. Despite the proportion of pupils who have ever had an alcoholic drink steadily decreasing since 2004, between 2015 and 2018 (the most recent survey), this has been increasing across all age groups.<sup>2</sup> The 2018 survey found 36% of 13-year-old pupils and 71% of 15-year-old pupils reported ever having had an alcoholic drink. Among these pupils, 53% of 13-year-olds and 70% of 15-year-olds stated they had been drunk at least once.

Alcohol can impact on children and young people's health and wellbeing in several ways, both short- and longer-term. Adolescents are more susceptible to the intoxicating effects of alcohol due to their physical immaturity and lower tolerance levels. In the 2018 SALSUS survey, 52% of 13-year-olds and 63% of 15-year-olds reported experiencing one or more negative effects as a result of drinking alcohol in the last year. These negative effects included consequences such vomiting, going to hospital, having to be seen by a doctor, ending up in a situation where they felt threatened/unsafe, staying off school or having done school work badly.<sup>3</sup>

The consequences of children and young people's drinking on their health and wellbeing can be much longer-term however. Alcohol is an age-restricted, toxic, substance associated with over 200 health conditions, diseases and injuries.<sup>4</sup> Drinking during adolescence affects mental health, and it is associated with higher risk of self-harm and suicide attempts.<sup>5,6</sup> Adolescent alcohol consumption also poses risks to long-term health and wellbeing, both by affecting important brain development processes,<sup>7,8,9</sup> and by establishing drinking patterns that continue into adulthood.<sup>10</sup> For example, early age of drinking onset is associated with an increased likelihood of developing alcohol abuse or dependence in adolescence and adulthood, and with dependence at a younger age.<sup>11</sup> This emphasises the importance of ensuring children are supported and encouraged to make positive, healthy lifestyle choices as they enter adulthood.

However, children and young people's health and wellbeing is not only impacted by their own alcohol use but can be severely impacted by other people's alcohol use.

The impact of parental drinking can begin even before birth. Fetal Alcohol Spectrum Disorders (FASD) is a family of conditions arising from exposure to alcohol at any stage of pregnancy. FASD affects people's physical and mental health, and capacity to learn, and is the most common, but unrecognised, neurodevelopmental condition in Scotland. It has been estimated that around 3.2% of Scotland's young people are living with FASD,<sup>12</sup> higher than the prevalence of autism at 1%.<sup>13</sup> However, a study in the West of Scotland suggests that prevalence is higher than previously thought; as many as 40% of babies showed signs of exposure to alcohol in the second trimester, and 1 in 7 showed signs of exposure to high, frequent consumption.<sup>14</sup>

FASD affects people throughout their lives: 90% experience mental health problems, 79% experience unemployment, 60% have disrupted school experiences and 35% have been imprisoned as adolescents.<sup>15,16</sup> Life expectancy of people with FASD is tragically short at just 34 years, with many deaths attributed to addiction, misadventure or suicide.<sup>17</sup> It is estimated that the annual cost of FASD in the UK is over £2 billion.<sup>18</sup>

FASD is entirely preventable. To reduce the prevalence and impact of FASD in Scotland, action must be taken to raise awareness of the risks of drinking during pregnancy and to reduce overall population consumption.

Through childhood and adolescence children can continue to be affected by the alcohol use of those around them. 17% of children in the 2017/19 Scottish Health Surveys combined were living with at least one parent who exhibited hazardous, harmful drinking behaviour or had a possible alcohol dependence (AUDIT score of 8 or more).<sup>19</sup> Household substance misuse is one of the 10 Adverse Childhood Experiences (ACEs). A large body of literature has found parental drinking, particularly at higher levels, to be significantly linked with harm to children.<sup>20</sup> For example, parental alcohol/substance misuse is strongly correlated with family conflict, and with domestic violence and abuse.<sup>21</sup> Parenting under the influence of alcohol can leave children without the love and attention they require to develop emotionally.<sup>22</sup> Experience of ACEs have been linked to negative adult health outcomes including alcohol use problems and alcohol dependence<sup>23,24</sup> and so can create a cycle of harm.

The experiences of children will, however, differ from family to family. It is not necessarily the case that higher levels of consumption equate to greater harm; different levels of consumption and particular styles of drinking, such as binge drinking, may affect children in different ways.<sup>25</sup> Work by Alcohol Focus Scotland and colleagues at the Institute for Alcohol Studies and the Alcohol and Families Alliance has demonstrated that there can be impact on children and young people's wellbeing even when parents drink within the UK Chief Medical Officers' weekly low-risk drinking guidelines of 14 units per week.<sup>26</sup> Two fifths of children surveyed in Scotland as part of work exploring the impact on non-dependent drinking on children and young people reported that their parent's drinking had caused them to: be unpredictable; pay them less attention than usual; be less comforting and sensitive than normal; miss a family meal; argue with them more than normal; put them to bed earlier or later than usual; or make them late for school.<sup>27</sup>

Alcohol Focus Scotland's work with Children's Parliament has highlighted children's own concerns about feeling unsafe when adults around them are drinking:

*"When you're drunk, you kind of don't know what you're doing, and you might accidentally hurt someone. If you have kids, you might hurt them."* – Member of Children's Parliament<sup>28</sup>

The children also discussed how relationships with adults can be compromised when adults are under the influence of alcohol. The children understood that some children can be "neglected", "ignored", "not looked after properly" by parents or carers who are under the influence of alcohol. They also highlighted that drinking too much alcohol can make adults unpredictable, unreliable and unavailable emotionally to children.

One of the most significant factors affecting the exposure of children to parental drinking is the prevalence of drinking within the home. Prior to the COVID-10 pandemic, nearly three quarters of alcohol sold in Scotland was in off-sales.<sup>29</sup> During 2020, in light of the restrictions in place for most of the year, this increased to 90% and led to a 16% increase in off-trade alcohol sales in Scotland.<sup>30</sup> This raises concerns about the extent to which children's exposure to adults' drinking in the home, including potentially harmful alcohol use, may have increased during the pandemic. In a survey run by AFS in June 2020, around two fifths of parents with children under the age of 18 years old reported drinking more often during lockdown<sup>31</sup>. Parents were almost three times more likely than non-parents to report drinking more units on a typical drinking day (26% compared to 9% of non-parents). The extent to which some of these changes may be sustained into the longer term raises concerns about the potential impact on children and young people's health and wellbeing.

## Q2. What are the current challenges with improving the health and wellbeing of children and young people over the next 5 years?

One of the main challenges to improving the health and wellbeing of children and young people in Scotland in relation to alcohol is the alcohol-saturated environment in which we live. Alcohol is heavily marketed, readily available and remains relatively cheap. This has fostered a culture in which regular drinking is viewed as a normal part of everyday life. This normalisation impacts on young people's own consumption, and societal views on, and responses to, parental drinking.

There is clear evidence that exposure to alcohol marketing in particular has a negative impact on children and young people; it reduces the age at which young people start to drink, increases the likelihood that they will drink, and increases the amount of alcohol that they consume if they already drink.<sup>32</sup> Early age of drinking onset is associated with an increased likelihood of developing alcohol abuse or dependence in adolescence and adulthood, and also with dependence at a younger age.<sup>33</sup>

The current system of self- and co-regulation of alcohol marketing is currently failing to protect children and young people in Scotland. Although there are rules prohibiting the targeting alcohol marketing to under-18s by using content that is 'particularly' appealing to children or through the selection of media or context in which the advert appears, children and young people are still regularly exposed to alcohol marketing, they find alcohol marketing messages appealing,<sup>34</sup> and alcohol marketing influences their attitudes.<sup>35,36</sup>

For example, the UK Youth Alcohol Policy Survey (YAPS), found at least half of the 11-19 year olds surveyed saw the equivalent of one alcohol advertisement every day, and a third of under 18s saw the equivalent of two a day.<sup>37</sup> Almost 1 in 5 young people owned branded merchandise, and young people could recognise alcohol brands, recalling around a third of the brands in the survey, on average. This supports previous research in Scotland, which found that 10- and 11-year-olds were more familiar with certain beer brands than leading brands of biscuits, crisps and ice cream.<sup>38</sup>

The YAPS survey supports the wealth of international evidence on the links between exposure to alcohol marketing and young people's drinking behaviours and attitudes. Amongst young people currently drinking, alcohol marketing awareness was associated with increased consumption and greater likelihood of higher-risk consumption. Of those children and young people who had not previously drunk alcohol, ownership of branded merchandise was found to be associated with a susceptibility to start drinking.<sup>39</sup>

Children themselves are telling us that alcohol is "all around us, all the time" and they want alcohol to be made less visible.<sup>28</sup> Children's Parliament Investigators' called on adults to take action, including: removing adverts for alcohol so that children can't see them; stopping alcohol sponsorship of events at which children may be present and making alcohol less visible in TV and in shops.<sup>28</sup> The Young Scot Health Panel has also made recommendations to restrict alcohol marketing, including: introducing a watershed for alcohol advertising on television; prohibiting alcohol marketing on billboards and posters near to schools, nurseries and playgrounds, and on public transport vehicles, stops and stations and stopping the use of real people or human-like figures in alcohol advertising.<sup>40</sup>

AFS's inquiry into non-dependent parental drinking in Scotland found that the normalisation of alcohol was identified as a key driver of both parental drinking and the failure to adequately identify and respond to the impact on families.<sup>41</sup> It was felt that such normalisation can create a 'cultural blindness' to the harm that alcohol can cause. Around two thirds (64%) of parents surveyed believed that because drinking alcohol is so normal it hides the problems it can cause in families. Due to the legal status of alcohol and the wide acceptability of drinking in society, inquiry participants

highlighted the many 'grey areas' when it comes to alcohol consumption, unlike other drugs for which there seems to be a 'black and white' perspective to their use. One such 'grey area' was identified as the impact of lower-level drinking on children's emotional wellbeing.

The normalisation of alcohol use in our society also contributes to the stigma that is commonly associated with having an alcohol problem. Inquiry participants felt that this stigma can be a significant barrier to effective identification of families affected, reporting a reluctance amongst some practitioners to raise potential issues around alcohol consumption with families due to its stigmatising nature and the potential reactions this might elicit. The stigma associated with alcohol problems was viewed as a particular challenge to identifying children affected by their own and by others' drinking and providing them with the right support. It was also found to stop people around them from raising concerns. Inquiry participants highlighted that although family and friends play a key role in early identification as they are often the first to notice the signs of problematic drinking, many are reluctant to intervene because they do not want to 'cause trouble' and are generally uncertain about when and how it is appropriate to have such discussions. This ambivalence or lack of confidence in intervening when children may be impacted by someone else's alcohol use, particularly at lower levels, has the potential to impact significantly on children's and young people's health and wellbeing.

### **Q3. What offers the best opportunity for improving the health and wellbeing of children and young people over the next 5 years?**

In order to address the concerns identified within questions 1 and 2, there are two key areas where action is required: addressing the normalisation of alcohol in Scotland, and ensuring sufficient provision of services to support children and families.

#### **Addressing the normalisation of alcohol**

As highlighted above, alcohol in Scotland is heavily marketed, highly accessible, and remains significantly more affordable than it was in the 1980s. These are key drivers of alcohol consumption and alcohol-related harm across the whole population in Scotland. It has been recognised that taking action to reduce such risk factors should form part of strategies to reduce childhood adversity from ACEs.<sup>42</sup>

Restricting alcohol marketing is recommended by the World Health Organisation (WHO) as one of the most effective policies to reduce alcohol-related harm, particularly for young people, children and adolescents.<sup>43</sup> The current regulatory system for alcohol marketing does not adequately protect children and young people from alcohol marketing: they still find the content appealing, they are still exposed to it, and poor enforcement means there is little deterrent from misapplying the codes. Urgent action is required to protect our children and young people by legislating for mandatory restrictions on alcohol marketing. AFS welcomes the commitment from the Scottish Government to consult on potential marketing restrictions in 2022.

The WHO recommends that comprehensive restrictions should be taken to restrict alcohol marketing. Although certain aspects of marketing, such as broadcast advertising are reserved to Westminster, the Scottish Parliament does have significant powers to take action, including on outdoor advertising, print advertising, point of sale displays and sports and events sponsorship. Scottish Women's Football is an exemplar of taking a stance against alcohol sponsorship in sport. SWF are clear that accepting alcohol sponsorship would be incompatible with their role in promoting healthy lifestyles amongst girls and women and supporting them to make positive choices. They believe positioning themselves as a 'clean' sport is both beneficial to those who participate in and follow women's football but also to the long-term growth and sustainability of their business.<sup>44</sup>

Taking action to restrict alcohol marketing would be a key means for the Scottish Government to implement its duties under the UN Convention of the Rights of the Child (UNCRC) in Scotland. The UNCRC recognises that children are a vulnerable group of society requiring special protection, not least from commercial exploitation. 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. Taking action on alcohol marketing has been specifically cited as a legitimate approach for States to take to protect children's right to health. In its General Comment on the right to health, the Committee on the Rights of the Child has noted, 'States should protect children from solvents, alcohol, tobacco and illicit substances, increase the collection of relevant evidence and take appropriate measures to reduce the use of such substances among children.' It called for the regulation of the advertising and sale of such substances and of the promotion of such items in places where children congregate, as well as in media channels and publications that are accessed by children'.<sup>45</sup>

There is public support within Scotland for restrictions on alcohol marketing. Three quarters of adults in Scotland support controls to limit the exposure of children and young people to alcohol marketing.<sup>46</sup> Children themselves are supportive of such restrictions. Children's Parliament Investigators made clear they wanted alcohol to be much less visible in their lives, and recommended removing adverts for alcohol so children couldn't see them, and stopping alcohol sponsorship of events where children may be present.<sup>47</sup> The Young Scot Health Panel has also recommended a number of restrictions on alcohol marketing, including prohibiting alcohol marketing on billboards and posters near to schools, nurseries and playgrounds, and on public transport vehicles, stops and stations.<sup>48</sup>

Another key opportunity for addressing the normalisation of alcohol is taking action to increase the price of alcohol. It is well established that regulating the price of alcohol is an effective way to reduce the harm caused by alcohol consumption.<sup>49</sup>

The Scottish Government introduced minimum unit pricing (MUP) for alcohol at 50p per unit on 1<sup>st</sup> May 2018. So far, evidence has shown that, in the first full two years after its implementation, MUP had the intended effect of reducing consumption. In the first full year after the policy's implementation, we also saw encouraging early signs that this reduction was beginning to translate into health benefits with a 10% reduction in alcohol-specific deaths.<sup>50</sup> There is limited evidence of the impact of MUP on young people specifically; one qualitative study of young people who were drinking before MUP was introduced found they reported that price did not affect their consumption.<sup>51</sup> However, the researchers made clear these findings were not generalisable. There has been some limited qualitative research into the impact of MUP on protecting children and young people from parents' and carers' harmful alcohol consumption.<sup>52</sup> Participants in that study were broadly supportive of MUP's potential to lead to positive change in alcohol consumption among parents and carers who were drinking to hazardous and harmful levels, but not living with a possible dependence. The participants felt that the increase in price may encourage people to think about and possibly reduce their consumption, resulting in a positive impact on children and young people.

The effect of the current 50p minimum price, together with its potential benefits, has likely been eroded by inflation since the policy was approved by the Scottish Parliament in 2012. Based on the retail price index, a minimum unit price of 50p in 2012 is equivalent to 61p in 2021. The proportion of alcohol products affected by MUP has, therefore, significantly reduced. The proportion of off-trade alcohol units sold below 50ppu dropped from 60% in 2012<sup>53</sup> when the Scottish Parliament passed the Alcohol (Minimum Pricing) Act, to 44% in 2018<sup>54</sup> when MUP was introduced. This drop means a decline both in the proportion of products affected by the policy and the price increase imposed on each affected product. This effect appears to have continued since implementation,

with data for England and Wales showing that just 34% of off-trade alcohol units were sold below 50ppu in 2020.<sup>55</sup>

Additionally, the original modelling by Sheffield University from 2016 found that a minimum unit price of 60p would save twice the number of lives and reduce hospital admissions by twice the level of 50p per unit, while 70p per unit would have three times the effect.<sup>56</sup>

The Scottish Government had committed to reviewing the level of MUP after two years,<sup>57</sup> but this review was delayed due to the pandemic. Given the rise in alcohol-specific deaths in 2020 and the impact that the COVID-19 pandemic may have had on the initial health gains made after the introduction of MUP, this review is now more urgent than ever.

AFS and SHAAP, alongside 28 other organisations recently wrote a letter to the Cabinet Secretary for Health and Social Care and the Minister for Public Health, Women's Health and Sport, recommending that the Scottish Government now uprate MUP to at least 65p per unit.<sup>58</sup> Uprating MUP will ensure that it delivers its full benefits and that initial gains from the policy are not lost. This would also take account of inflation over the last nine years since the Parliament approved MUP, as well as increasing the impact of the policy, saving more lives and preventing a new generation from developing an unhealthy relationship with alcohol. To prevent future erosion of the impact of MUP due to inflation, we recommend that the price should be index-linked, e.g. to the retail price index.

### **Investing in Services**

Often the best way to help a child of a parent/carer with an alcohol issue is to help their parent/carer to address the problem. However, as outlined above, dependent drinkers and their families can often experience stigma and discrimination, which can make it much harder for them to seek help and support. As well as broad societal stigma, people may also face stigma from medical practitioners and care providers. The effective implementation of multi-sectoral and human-rights-based approaches could go far to help eliminate the stigma and discrimination which still persists in Scotland today, involving the health, education, welfare, and justice sectors among others. It will be essential that dependent drinkers and their families can be confident of receiving quality care and support, when and where they need it.

It is critical that where children and young people are affected by someone else's drinking, that support services are provided to those children in their own right. This would help ensure that they are adequately supported and able to understand what is happening in their lives. AFS believes that a 'whole family' approach to treatment and support, with the child at the centre, is key to ensuring all members within a family receive the support they need. These 'whole family' services need to be flexible to reflect different family circumstances and ensure children and adults get the support that they need. The Scottish Government makes a number of commitments to implementing a whole family approach within its Rights, Respect and Recovery strategy, including ensuring family members will have access to support in their own right and, where appropriate, will be included in their loved one's treatment and support; and involving children, parents and other family members in the planning, development and delivery of services at local regional and national level.<sup>59</sup> It is essential that these commitments are taken forward.

In order to help aid the identification of children at risk, there is a need for investing in prevention and early years support services. AFS has developed a number of resources that focuses on helping children and young people to understand that if they have an adult at home who drinks in ways that cause harm, they are not alone, that it is not their fault and help is at hand.<sup>60</sup> These resources are designed for use in nurseries,<sup>61</sup> primary schools,<sup>62</sup> and in services where a problem has already been identified within the family.<sup>63</sup> The resources help teachers and practitioners identify children at risk

of being harmed or currently being harmed by someone else's alcohol use. AFS would like to see greater investment and use of such resources to ensure children and families are suitably supported.

#### Q4. How does addressing poverty lead to improved health and social care outcomes?

A recent study published in The Lancet Journal for Regional Health in Europe used longitudinal data from the UK Millennium Cohort study on 11564 children followed to 14 years old. The study found that over four in ten children are affected by persistent poverty, which is strongly associated with adverse child outcomes, particularly poor child mental health.<sup>64</sup> A recent report from Public Health Scotland highlights that deprivation puts children at increased risk of exposure to experiencing adversity, and is associated with risks such as child maltreatment, violence, drug and alcohol dependence and homelessness.<sup>65</sup> Lifting children and their families out of poverty will improve their mental health and standard of living.<sup>66</sup>

Alcohol is a key driver of health inequalities. Research published in April 2018 by the Centre for Research on Environment, Society and Health and Alcohol Focus Scotland looked at the relationship between the density of alcohol outlets and rates of alcohol-related deaths and hospitalisations, crime, and income deprivation.<sup>67</sup> The study found a significant association between the number of alcohol outlets and alcohol-related problems in neighbourhoods across Scotland. Compared to those with the fewest outlets, neighbourhoods with the most outlets have double the alcohol-related death rate, almost double the alcohol-related hospitalisation rate, and over four times the crime rate. The study also identified that there are 40% more places to buy alcohol in deprived areas than in more affluent ones.

Additionally, alcohol harms are more concentrated in Scotland's more deprived communities. In 2020 the alcohol-specific death rate in the most deprived areas was 4.3 times the rate in the least deprived areas.<sup>68</sup> In addition, in 2019/20 people living in the most deprived areas of Scotland were seven times more likely to be hospitalised for an alcohol-related condition than those living in the least deprived areas.<sup>69</sup> Addressing poverty is crucial to addressing these health inequalities and improving health and social care outcomes. There is also a need for whole population measures to address alcohol harm, including tackling the price, availability and marketing of alcohol, as a benefit of such measures is they benefit the people who experience the greatest harm the most.

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