BMA Scotland submission to Labour's Member's Bill Consultation 'Shifting the Culture'. June 2012

Introduction

The British Medical Association is a registered trade union and professional association representing doctors from all branches of medicine. The BMA has a total membership of around 140,000 doctors representing 70% of all practicing doctors in the UK. In Scotland, the BMA represents around 13,400 doctors.

BMA Scotland welcomes the opportunity to provide written evidence to Scottish Labour's 'Shifting the Culture' consultation. Alcohol is the third leading cause of disease burden in Europe and this burden weighs heavy on the NHS in Scotland. A study by the University of York[1] has found that the cost of premature deaths and healthcare related costs to Scotland are £1.46 billion and £268.8 million respectively.

The misuse of alcohol is recognised as a contributory factor in a wide range of health and social problems such as long term health conditions, accidental injury and violence, and mental illness. Problems associated with alcohol misuse do not just affect the individual drinker they have a significant impact on friends and family members, wider communities and society at large. Alcohol misuse in Scotland costs £3.5 billion every year in both direct and indirect costs[2].

A snapshot survey carried out by BMA Scotland suggested that on one day in April 2011, alcohol was a factor in more than 5,500 consultations in general practice. This equates to around 1.4 million consultations per year, costing the NHS in excess of £38 million and accounts for 6% of all GP consultations[3].

The BMA's views on tackling alcohol misuse have been widely publicised and are detailed in a range of policy documents, most recently *The human cost of alcohol – doctors speak out (2009); Under the Influence (2009); Alcohol Misuse: tackling the UK epidemic (2008).*

Q1) Do you think the further restriction on quantity discounting proposed would be beneficial? What disadvantages might there be? Do you think there is a case for going further?

It is clear from the industry's reaction to the introduction of the quantity discount ban earlier this year that supermarkets will seek to undermine licensing laws and continue to attempt to sell alcohol cheaply in order to maintain market share. Along side flaunting the loophole on discounting different-sized multipacks, in the first week the Alcohol etc. (Scotland) Act 2010 was implemented, supermarkets encouraged customers to buy alcohol online from distribution centres located outwith Scotland to ensure that they could still take advantage of quantity discounts. The supermarket industry has described itself as a responsible retailer, but their behaviour indicates otherwise.

During the passage of the Alcohol etc. (Scotland) Act 2010, the BMA called for a ban on the use of supermarket loyalty card schemes, reward points or vouchers for alcohol to avoid supermarkets being able to offer further discounts to alcohol which could take the price below the

[1] York Health Economics Consortium *The societal costs of alcohol misuse for Scotland for 2007*, University of York, 2010
[2] York Health Economics Consortium *The societal costs of alcohol misuse for Scotland for 2007*, University of York, 2010
[3] Based on a sample of 3% of all GP practices in Scotland.

established minimum price per unit. While we accept that there was little political support for such a measure, we would welcome, at the very least, a commitment that this is an issue that will be monitored closely to ensure that supermarkets adhere to the legislation.

Q2) Do you believe that Ministers should be required to issue guidance on these two licensing objectives?
BMA Scotland does not have any comments regarding this section.

Q3) Do you believe that Ministers should be required to report to the Parliament once per session, and what should such a report be required to cover?
BMA Scotland does not have any comments regarding this section.

Q4) Do you believe that the proposed restrictions on advertising are proportionate or necessary?
The BMA welcomes the proposals set out in the consultation to further restrict alcohol advertising. The BMA have previously called for a ban on the broadcasting of alcohol advertising at any time that is likely to be viewed by young people, including prohibiting alcohol advertising to 9am and in cinemas, before films with a certificate below age 18.

The BMA's report "*Under the Influence: the damaging effect of alcohol marketing on young people*" which can be accessed at, http://www.bma.org.uk/health_promotion_ethics/alcohol/tacklingalcoholmisuse.jsp , identifies effective ways of protecting young people from the influence of alcohol promotion and marketing.

Q5) Are there further measures you feel should be introduced?
The BMA recommends that there should be a ban on the alcohol industry's sponsorship of sporting, music and other entertainment events aimed at mainly young people. Sponsoring entertainment, sporting events and sports teams has become an important advertising mechanism for the alcohol industry. Sponsorship usually involves providing money to underwrite the event in return for having a logo prominently displayed or distributed on items, such as caps and T-shirts and around the event venue. Children and adults become walking billboards when they wear these items. In addition, the exposure of children to alcohol's linkage to entertainment events or sporting activities gives alcohol an innocent association.

Q6) Do you believe that there should be restrictions on caffeinated alcohol products? If so do you believe the proposed caffeine limit of 150mg/litre on pre-mixed products is appropriate?
The effect of caffeinated alcoholic drinks on health is a valid scientific question, but given the proportion of the alcohol market this type of drink makes up, it should not be the central concern.

Alcohol plays an increasing role in violent crime and the main message of the McKinley study was the steady increase in alcohol consumption by young offenders (most strikingly shown by the increase in the number of daily drinkers) at the survey points in the late 70s, the mid 90s and 2007[4]. Evidence has shown that a well know caffeinated wine is particularly favoured by young drinkers from the western end of the central belt of Scotland. It is worth noting that not a single young offender from Dundee or Lothian reported consuming this product.

[4] William McKinley for the Scottish Prison Service, *Alcohol and Violence among Young Male Offenders in Scotland (1979 – 2009),* 2009

Q7) Is there a role for further alcohol education and public information campaigns in changing alcohol culture?
The use of public information and educational programmes is a common theme for alcohol control policies in the UK and internationally. Such approaches are politically attractive but have been found to be largely ineffective at reducing heavy drinking or alcohol-related problems in a population.[5]

Mass media campaigns and public service messages aimed at countering the extensive promotion of alcoholic beverages have only been found to raise awareness and not to encourage individuals to reduce their alcohol consumption or alter their drinking behaviour. There is some evidence, however, that they may be effective in building or sustaining support for public health oriented alcohol policies.

The effect of alcohol educational programmes on raising awareness, increasing knowledge and modifying attitudes provides justification for their use; however given their ineffectiveness at changing drinking behaviour, it is essential that the disproportionate focus on and funding of, such measures is redressed. Educational strategies are not effective as key stand-alone alcohol control policy, but can be used to supplement other policies that are effective at altering drinking behaviour and to promote public support for comprehensive alcohol control measures.

Q8) Would it be beneficial for Ministers to be made directly accountable to the Parliament for their policy in this area, as proposed?
Given the evidence and our views on the impact of alcohol education and public information campaigns the BMA does not believe that legislation that will make Ministers directly accountable is required.

Q9) Do you support a ban on Licensing Boards requiring off-licenses to restrict sales on age-grounds alone, or are there circumstances where this could be justifiable?
BMA Scotland does not have any comments regarding this section.

Q10) Do you believe that community neighbours should be consulted and their views taken into account when licences are being renewed or extended or when special licences are being issued?
BMA Scotland does not have any comments regarding this section.

Q11) Do you believe that the New Zealand model is an appropriate one to emulate, if not what, changes should be made?
BMA Scotland does not have any comments regarding this section.

Q12) Do you believe that there is a role for a National Licensing Forum in addition to the existing local forums? If so:
- Should it be funded through licensing fees or central Scottish Government funding?
- What would its membership be, and who would appoint them?
- To whom would it be accountable?
- What would its functions be?
BMA Scotland does not have any comments regarding this section.

[5] Alcohol Misuse: tackling the UK epidemic. BMA Board of Science, 2008

Q13) Is there sufficient evidence to justify legislation allowing Licensing Boards to make participation in a bottle tagging scheme a licence condition, or are current voluntary arrangements adequate?
BMA Scotland does not have any comments regarding this section.

Q14) Should Fine Diversion be made available, on a statutory basis, throughout Scotland, if the further pilot is successful?
BMA Scotland does not have any comments regarding this section.

Q15) Do you believe that Arrest Referral schemes for Alcohol (as well as Drugs) should be a statutory requirement within each Community Justice Authority area?
TBA - SHAAP

Q16) Should drinking banning orders be introduced in Scotland? If so should they be piloted in one Sheriffdom?
BMA Scotland does not have any comments regarding this section.

Q17) Do you believe extending DTTOs to become ADTTOs would add value to the existing range of disposal? What differences of context between drugs and alcohol would need to be taken into account?
TBA – SHAAP

Q18) Do you believe that notifying a GP about a patient's conviction for an alcohol-related offence would be beneficial? Should it apply only in cases of conviction, or in other circumstances as well?
The BMA is not convinced that a requirement on the courts to inform GPs of patients who have been convicted of an offence, on which alcohol played a role, will have a significant impact on addressing drinking behaviours amongst offenders.

Whilst the GP may take the opportunity to speak to their patient about their drinking behaviour there is no obligation that they must. The courts have the earliest opportunity to address any problem behaviour through alcohol abuse and to impose alcohol treatment requirements on the offender or at the very least raise awareness of alcohol services available to them. We do not believe that notifying GPs of conviction information will make it more likely for the offender to receive appropriate treatment for their alcohol dependency. If a patient is not willing to address their behaviour, the chances of them addressing it because the GP raises are only slight.

The BMA also has concerns about information on legal convictions being recorded on a person's medical record. Medical records should could information relevant to clinical treatment, anything more would be inappropriate. As medical records become more accessible to various agencies, for example insurance companies and employers, having this kind of information visible, after limits on disclosure have lapsed, is unlikely to be beneficial to those individuals. GPs can require such when it is relevant and appropriate to their clinical work.

General Questions

Q1) Do you support the general aim of the proposed Bill? (as outlined above). Please indicate "yes/no/undecided" and explain the reasons for your response.
The BMA has outlined the measures of the proposed Bill it supports through the answer provided to the previous questions.

Although alcohol is widely consumed and enjoyed by many, the effects of excessive alcohol consumption on health and the related social and economic impacts are significant. Alcohol misuse transcends age and social groups. It is a population-wide problem that requires a population-wide solution. Decades of health promotion campaigns have tried to inform people of sensible drinking limits, with some limited success. However, awareness on its own does not alter behaviour and more direct action is required to make a difference to drinking patterns.
It is not one single problem that will solve all the problems of alcohol abuse in Scotland but a wider strategy that encompasses health, justice, education and pricing.

Q2) Are there further legislative (or non-legislative) changes that you would recommend, beyond those outlined in this consultation, in order to further its general aims of tackling Scotland's culture of excessive alcohol consumption?
One area the BMA would like to see legislated on is the labelling of alcoholic beverage containers. Although this is a matter reserved to the UK Parliament we would welcome a commitment from the Labour group to lobby their colleagues at Westminster for regulation on this matter.

Ten years ago, the drinks industry agreed to a voluntary code to label drinks with their alcohol content. However progress published in 2007 showed "disappointing interim results": 43% of products contained no information and only 3% had all the information required[1]. This failure by the industry to adhere to voluntary measures should no longer be accepted and there needs to be legislation brought forward for compulsory labelling to provide consistent advice.

Labelling of alcoholic beverage containers would also be a useful method for providing explanatory guidance on recommended drinking guidelines. More than eight out of 10 doctors believe that alcoholic drinks manufacturers should be compelled to clearly label their products with the number of units of alcohol in each product. This would raise awareness of the amount of alcohol in each drink. This information should also be readily available from retailers at the point of sale, and in all printed and electronic alcohol advertisements.

It is the responsibility of the drinks industry, both producers and retailers, to ensure that their customers are fully aware of the alcoholic content of the beverages they purchase and the potential harmful consequences of excess consumption. The BMA believes that there should be a legal requirement for all containers of alcohol offered for sale and advertisements to carry a prominent common standard label which clearly outlines the alcohol content in terms of units, information on the maximum recommended daily level of alcohol consumption, and a warning of the dangers of excessive drinking.

Q3) What is your assessment of the likely financial implications (if any) of the proposed Bill to you or your organisation? What (if any) other significant financial implications are likely to arise?
BMA Scotland does not have any comments regarding this section.

Q4) Is the proposed Bill likely to have any substantial positive or negative implications for equality? If it is likely to have a substantial negative implication, how might this be minimised or avoided?
BMA Scotland does not have any comments regarding this section.

[1] 'Drinks industry flouting voluntary code'.
[www.guardian.co.uk/society/2008/jul/23/drugsandalcohol.health KPMG survey] Wednesday 23 July 2008.