Comments on Shifting the Culture

Evidence on effective policies to control alcohol consumption have been summarised in the book "No Ordinary Commodity" by Tom Babor et al. He has identified that the most effective strategies are:-

Key
very effective
moderately effective
Not very effective
Not effective

Regulation of physical availability (including total ban on sales, minimum legal purchase age, rationing, government monopoly of retail sales, hours and days of sales restrictions, restrictions on density of outlets, server liability, different availability by alcohol strengths). All of these are very effective, though the cost to implement and breadth of research support is variable.

Taxation and pricing: this is very effective and has a low implementation cost. There is also much research evidence to back it up.

Altering the drinking context:
Outlet policy not to serve intoxicated persons: Not very effective and moderately costly to implement
Training bar staff and managers to prevent and better manage aggression: not very effective and moderately expensive to implement
Voluntary codes of bar practice: not effective
Enforcement of on-premises regulations and legal requirements: moderately effective but has high implementation costs
Promoting alcohol free activities and events: not effective.
Community mobilisation: moderately effective but high cost to implement.

Education and Persuasion (including alcohol education in schools, college student education, public service messages, warning labels). None of these are effective and the first two have a high implementation cost, the third has moderate costs and the labelling is the only low cost measure.

Regulating alcohol promotion:
Advertising bans are not very effective
Advertising content controls-the effectiveness of this in not known

Drink Driving Counter Measures:
Sobriety check points: moderately effective and moderately expensive to implement
Random breath testing: very effective and moderately expensive to implement
Lowered blood alcohol concentration limits; very effective and low cost to implement
Administrative licence suspension: not very effective and moderate cost to implement
Low blood alcohol for young drivers (zero tolerance): very effective and low cost to implement
Graduated licensing for novices: effective and low cost to implement
Designated driver and ride service: not effective and moderately costly to implement

Treatment and Early Intervention Measures

Brief intervention with at risk drinkers: moderately effective and moderately expensive to implement
Alcohol problem treatment: not very effective and high cost to implement
Mutual help or self-help attendance: not very effective but low cost to implement
Mandatory treatment for repeat drink drivers: not very effective and moderately expensive to implement.

Key
very effective
moderately effective
Not very effective
Not effective

Tightening Quantity Discount Ban in Alcohol etc. (Scotland) Act 2010:

The board is grateful for the opportunity to respond to this consultation. Efforts to reduce the harm caused by misuse of alcohol are welcome; however proportionate action for each situation is important in maintaining the co-operation and co-ordination of all bodies that have a part to play in reducing the harm caused by alcohol to individual and communities in Scotland. The following comments are submitted by the NHS GGC for your consideration. We trust that you find them helpful.

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?

This would be effective and would have low implementation costs. Extending this policy to include the same product in different containers e.g. bottles and cans of different sizes being sold at a different price per litre for the same drink would enhance the effectiveness of this legislation. There would be no disadvantages from adopting this policy.

Q2) Do you believe that Ministers should be required to issue guidance on these two licensing objectives?

A good overprovision policy for an area would be expected to be very effective and have a low implementation cost. Unfortunately, there has been a reluctance, in general, by licensing boards to use evidence based on areas wider than individual premises or the street in which the premises is based, for instance data zones, intermediate zones electoral wards, burghs or the whole local authority area, with the notable exception of West Dunbartonshire and now the City of Edinburgh.

There has also been an unwillingness to incorporate a wider range of evidence from other bodies or consider that overprovison may be due to noise, chronic alcohol related health problems or deaths in a given locality, fires, litter/vomit/vandalism in the street, child or domestic abuse, consistent under-capacity of existing licensed premises, the total hours during a day when alcohol can be purchased in a locality from on and off sales in a 24 hour period, the usual distance for home to licensed premises for the majority of the population, breaches of licensing legislation, or breaches of the peace, and drunk and disorderly offences in a consideration of alcohol related crimes.

Also, total outlet density and outlet density of off-sales and on-sales premises, particularly large supermarkets should be considered. Ideally, what we should be striving for is some measure of the total volume of alcohol sold in the area. This information is unlikely to be released voluntarily by licensees, and it would be beneficial to have supporting legislation to make this type of information available to licensing boards and fora.

The protection of children from harm has on the whole been addressed more comprehensively by licensing boards, however, guidance on, for instance, hours during which children can be present for meals in different types of licensed premises, the protection of children at private functions when there are frequent requests that children should remain on the premises until the end of the private function regardless of when it finishes and also safe guards required for occasional licenses, which may be ignored for the benefit of adults attending the function and does require the same scrutiny as a standard premises licence should be addressed. An example of this would be an awards ceremony for a boys club, where a large proportion of the audience would be expected to be composed of children and young adults below the legal drinking age, but where an occasional alcohol license is issued for the occasion and children were permitted to remain late into the evening.

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?

It would be helpful to have some accountability for the evidence base used and adoption and implementation of both of the measures required to meet the licensing objectives by licensing boards. The issue of overprovision and public health has until now has been poorly addressed. Sanctions for those boards which have not provided and critically appraised a comprehensive evidence base and adequately consulted communities and partners in drawing up the licensing board's policy on overprovision would be useful. Currently there seems to be a reluctance to change a licensing policy for the benefit of the public health and protection of children, as there is a fear that changes will be challenged by licensees and without what the licensing board considers substantial evidence the policy will be overturned. An example of this includes the time that children are permitted to remain on licensed premises, which varies from 8.00pm in some areas to midnight or potentially later in others whether or not a meal is being consumed. A review of progress and sanctions for areas where failure to address protection of children from harm and protect and improve public health through the use of an overprovision policy by licensing boards may hasten implementation of improvements for these objectives. A closer link should be made in the guidance for the boards and clerks between public health and overprovision. The standard Scottish Government procedures should be used to monitor progress toward these objectives.

Q4) Do you believe that the proposed restrictions on advertising are proportionate or necessary?

Advertising bans are not very effective in curbing alcohol misuse, however they are not ineffective. It is proportionate to restrict advertising where it would be seen by children, and ideally an advertising ban should be extended to include sponsorship which is widely seen by children, and widely condones alcohol use.

Q5) Are there further measures you feel should be introduced?

Advertising on radio and TV should be addressed at UK level and considering the amount of time that young people spend on the internet social media websites, advertising on social media networks such as Facebook and others which have a high level of young users should also be

banned in the UK. However, addressing alcohol advertising in this manner will not have an impact on the majority of the population, who are adults who misuse alcohol. A policy that would tackle the public health problems of adults who drink to excess should seriously consider restricting alcohol advertising to point of sale only.

Q6) Do you believe that there should be restrictions on pre-mixed caffeinated alcohol products? If so do you believe the proposed caffeine limit of 150mg/litre on pre-mixed products is appropriate?

The effectiveness of a ban or limit on caffeinated alcohol products does not have a comprehensive evidence base on which to base recommendations. However, it may be worth piloting this proposal in an area and monitoring the effect that is has on the crime level in the area. When this information is available the introduction of a limit on pre-mixed caffeinated alcohol products may be considered nationally.

Q7) Is there a role for further alcohol education and public information campaigns in changing alcohol culture?

Alcohol education and public information campaigns are not very effective in preventing excessive alcohol consumption. Additionally, alcohol education in schools and colleges are costly to run. It would be inappropriate to stop them, and while delivered they should be conducted with the best available evidence of what works best, but as a stand alone measure to reduce teenage drinking they will fail.

Q8) Would it be beneficial for Ministers to be made directly accountable to the Parliament for their policy in this area, as proposed?

It would be appropriate that the schools inspectorate monitors the training and programmes used by the education authorities as part of the Curriculum for Excellence, to ensure that the local schools are using material that is appropriate for the purpose and teaching staff have been trained to deliver it. The national alcohol survey SALSUS may continue to be used to track alcohol consumption in school age children and if necessary be adapted to monitor attitudes to alcohol consumption following implementation of a national framework. However, where other actions have taken place, e.g. curbing alcohol advertising, increasing the price of alcohol, it would be difficult to attribute this to any one factor. Therefore, it would be inappropriate for a large amount of ministerial time to be taken up with this issue, particularly where international evidence has highlighted that in terms of effectiveness in addressing alcohol misuse, educational interventions are ranked far down the list in terms of achieving the goal of reducing alcohol consumption.

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?

Limiting the legal purchase age for alcohol is one of the most effective methods of preventing alcohol misuse. It is more effective than any education or training programme and is much lower in cost term to implement. There is evidence from the United States that the later an individual starts to drink, the less likely it is that (s)he will experience long term alcohol related health and social problems.

Also, where underage and youth drinking (not necessarily under age), is rife and causing problems, such a restriction would be beneficial for the local population, and may also be worth considering as a sanction for premises who have been found to sell alcohol which ends up in the hands of under age drinkers whether through agent purchasing or not.

Q10) Do you believe that community neighbours should be consulted and their views taken into account when licenses are being renewed or extended or when special licenses are being issued?

Licensing, if properly implemented, is a very effective control measure. Informing and involving the community in licensing decision is beneficial. Under the current procedure however, only 21 days notice is required before the closing date for making comments or objections to a license. This is insufficient time for a local community council to discuss this issue as most community councils meet on a monthly basis.
The notice is small (A4 size) and may not be noticed by neighbours who are likely to be most affected, may not be able to read the notice or feel intimidated to object on their own and may prefer to raise their objection through the local community council. It is still difficult for members of the public to engage with the semi-judicial process when they do not have any legal training or experience in responding to licensing applications or speaking in public in a court like setting. However, the community and neighbours would benefit from being able to participate in both the initial application and a renewal process.

Q11) Do you believe that the New Zealand model is an appropriate one to emulate, if not what, changes should be made?

An automatic review of a premises license would be beneficial as it would allow issues not apparent when the premises licence was granted to be raised. A regular renewal period say ever 3-5 years would also help to ensure that licensees were more attentive to implementing the recommendations on current standards and training, as deficiencies highlighted during the renewal period offer the licensing board the opportunity to address these through the renewal process. If the aim is to increase public involvement in licensing a lot more needs to be done to engage and inform the public and make the process much more user friendly.

Q12) Do you believe that there is a role for a statutory 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?

A statutory National Licensing Forum would be a useful addition to support local licensing boards in achieving their objectives. While Alcohol Focus Scotland has taken on a training role for the local licensing boards, it has no statutory powers and the licensing boards and fora can choose to ignore its advice without any fear of sanction. Also while the training on licensing was

delivered at the end of 2011, this was too late for it to have an impact on the drawing up of the first round of licensing board policies and their overprovision assessments. Some local licensing fora poorly represent their local community and are largely dominated by the trade. This can result in very little attention being devoted to public health and community issues. One licensing forum locally has not met for a whole year until health representatives pursued this in the first half of 2012. The forum in question was chaired by a member of the trade.
The National Forum could be funded by local licensing boards proportionately according to the income derived from licensing fees.

Membership could be comprised of community representative on local licensing fora where significant progress has been made in addressing community and public health issues, licensing standards officers, representatives from alcohol and drugs partnership, public health, police, young people (not necessarily students), at least one licensing clerk, a representative of Health Scotland (to advise on training), social work, education and licensees. Care must be taken to ensure that the National Licensing Forum, unlike some local licensing fora, is not dominated by the trade and is responsive to the concerns of the communities in Scotland. Individuals could be nominated by appropriate local bodies to be representatives and where there are more nominations than required a Scottish Government Justice and Health Departments should review the nominations and experience to serve on the post. The National Licensing Forum should be accountable to the Ministers fro Public Health and Justice Minister, to whom it should report on a regular basis.

Its function could include some or all of the following:-

Ensure that:

- local licensing fora meet on an appropriate regular basis- not once a year
- representatives on the fora are appropriate and not dominated by trade
- A programme of work is drawn up which supports the local licensing board in drawing up its policy and addressing community, public health, police and social work concerns
- Monitors training standards for licensing standards officers, and local fora and board members
- Assists Alcohol Focus Scotland in identifying and delivering training needs
- Produces an annual report on the work of the licensing fora and boards for the justice minister
- Identifies areas of concern early e.g. failure of licensing fora to meet, training issues or lack of engagement with the local community
- Has the power to implement sanctions or take corrective action in areas where there are significant departures from expected standards
- Promotes audit and research in the effectiveness of local interventions to reduce alcohol related harm.

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?

A bottle tagging scheme on its own is unlikely to be able to shift the culture of alcohol consumption. It would only be effective when it was part of a multi-component programme of

community mobilisation, which could be effective but has high implementation costs if it is carried out thoroughly. Under these circumstances it would not be appropriate to legislate for compulsory bottle tagging, as licensees who are engaging with the local community will be far more effective in contributing to community efforts than any stand alone project. When licensees realise that they are not the sole focus of the activity and through education and engagement are able to contribute to the wider goals of the community there is likely to be a much better chance of success in achieving culture change.

Q14) Should Fine Diversion be made available, on a statutory basis, throughout Scotland, if the further pilot is successful?

Alcohol Brief Interventions (ABIs), with at risk drinkers are moderately effective and moderately expensive to implement. Mandatory treatment for repeat drink drivers is not very effective and moderately expensive to implement.
If a fine diversion was offered to binge drinkers who were not persistent offenders it would be expected to be successful. On this basis it should be available on a statutory basis throughout the country if the future trial proves successful and it should be the responsibility of the Justice Department to ensure that and an individual is not disadvantaged in accessing this option due to the individuals' postcode of residence, as this would lead to inequalities in access to treatment and justice. Where there is a history of persistent offending in an individual who had no desire to change his behaviour a fine diversion is unlikely to be successful and is not recommended.

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?

If it was a statutory requirement to provide this service and there was equitable access to it for those offenders who wished to take advantage of it, it may be of benefit for those who opt to participate. A statutory requirement should include an accessibility clause, as postcode lottery access to the service dependent on where and individual lives or whether an individual has access to private transport would be unjust. Arrangements may therefore need to be made to deliver this service locally throughout the country as and when required using locally based venues e.g. health, justice or social work accommodation. Mandatory treatment is less likely to be effective and the service would be expected to be moderately expensive to implement.

Q16) Should drinking banning orders be introduced in Scotland? If so should they be piloted in one Sheriffdom?

An outlet policy not to serve intoxicated persons is not very effective and moderately costly to implement. Enforcement of on-premises regulations and legal requirements is effective but has high implementation costs.
Specific evidence on the effectiveness of drink banning orders has not been reviewed however, based on evidence that has been appraised and the proposal as suggested, the individual would still be entitled to drink alcohol but prohibited from entering certain licensed premises in a locality. Evidence on preventing service to intoxicated individuals and enforcing on-premises regulations shows that both proposals have high implementation costs, may not be very effectives, and may be particularly difficult to implement in an urban area with a high outlet density and a large number of licensed premises to alert. If there was a real need to prevent an individual drinking it would be more effective to use an alcohol sensor device in the form of a wrist or ankle device which cannot be removed and can monitor the blood alcohol concentration through sweat. There is currently a trial of these in Scotland, and as it has only recently started

the results will not be available for some time. This would detect all alcohol consumed whether from on-licensed premises or off-licenses, so would only be suitable for individuals where there was a desire to prevent the person from consuming all alcohol, not for preventing entry to specific premises.

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?

International evidence indicates that mandatory treatment for alcohol offenders and drink drivers is not very effective and moderately expensive to implement. Supervised dispensing of disulfiram may assist an individual to stay off alcohol but will have costs attached.

Who will be responsible for monitoring whether the individual has consumed alcohol, how will this be carried out and how frequently will it be done? Since alcohol is metabolised at a rate of one unit per hour it may be difficult to detect using standard blood and urine tests. Progressing down this route would be better achieved using an alcohol sensor device combined with whatever pharmaceutical or none is appropriate in the case of the individual concerned and should only be recommended where a serious crime had been committed and it was essential that the individual remained alcohol free. Then there may be some benefit of having an ADTTO.

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?

It would be beneficial if the person was registered with the GP and was likely to result in the delivery of and alcohol brief intervention. If the person is not registered with a GP it should be possible to arrange follow up with some other agency to provide this intervention. Notifiying all GPs in the area is unlikely to be beneficial, as the premise of the intervention is that it is a voluntary and non-coercive discussion conducted using motivational interviewing, and if the individual chooses not to engage with the process no benefit will be achieved. Whatever happens, it must be seen by the individual that a discussion about alcohol will be beneficial to him/her. Brief intervention with at risk drinkers are moderately effective and moderately expensive to implement, whereas treatment for more serious alcohol problems is not very effective and has high cost to implement. Additionally, medical care provided by a GP should be provided in a confidential environment to maintain the trust built up between the patient and the GP. GPs cannot and should not be turned into policemen. Where it is believed that there is a statutory need to address the individual's alcohol consumption by community justice authorities who would also wish to monitor the patients attendance and co-operation, then this service would be more appropriately delivered by a nominated service provider, not by alerting all GPs in the area.

Thank you for the opportunity to comment on this document. Should you require further clarification on any of the points identified in this response please do not hesitate to contact the health board using the contact details provided.