

## Shifting the culture



**Joint response from:  
Highland Alcohol and Drugs Partnership  
Argyll and Bute Alcohol and Drugs Partnership**

### **Introduction:**

This response is submitted jointly on behalf of both of the Alcohol and Drugs Partnerships (ADPs) operating within NHS Highland's area.

Both ADPs are clear that minimum unit pricing of alcohol must be a key component in any strategy to change Scotland's drinking culture. The introduction of minimum unit pricing may address many of the issues covered within the consultation.

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

***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?***

There may be no need to implement additional restrictions in relation to discounting (other than those already proposed) if alcohol minimum pricing becomes law. If, however, this does not happen or is delayed indefinitely as a result of industry objections then there would be a case for introducing further measures.

In such circumstances the ADPs support measures to tighten quantity discount bans in alcohol. Modelling carried out by the University of Sheffield has predicted that a ban on discounting would reduce consumption and alcohol-related problems, but this refers to all discounting, not simply a ban on quantity discounts. There are concerns about

- supermarkets' use of alcohol as a "loss leader",
- the "supersizing" of alcohol packaging
- cheaper "own brand" pricing
- discounts in relation to the purchase of multiple items.

Concern was also raised over the effectiveness of such measures, particularly in areas close to the English border, unless such measures can be introduced as UK-wide policy. It was recognised that internet ordering and cross-border purchases, either in person or by mail order, may become more widespread if such policies relate solely to Scotland.

### **Public Health Interest and Child Protection:**

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

The ADPs had mixed views on this question. While Ministerial guidance was considered to be "a good thing" the ADPs recognise that the Scottish Government already has a statutory requirement to issue guidance on *all* of the requirements within the Licensing Act., including all 5 licensing objectives. There was, therefore, some uncertainty about whether there was any additional value to be gained in separating out public health and child protection objectives, particularly given the manner in which all 5 objectives are interlinked.

It may be that the Minister should ensure that, within existing guidance, there is an agreed clarity on the boundaries and potential objections that would fall within these areas.

***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?***

The ADPs had a range of views on the issue of Ministerial reporting and no single clear view emerged.

Although it was felt that further legal guidance could be useful, it would also have the potential to be restrictive. Identifying associations between licensing practice on one hand and levels of harm on the other is an evolving field. Further legislation focused on interpretation may result in boards focusing narrowly and quite literally on the letter of the guidance.

Changing licensing practice is also about changing attitudes. It was felt that this is best achieved through joint working locally between agencies such as public health, child protection and the licensing board.

Some felt that a national report would be too high-level to have much significance in local areas. They argued that it would be more meaningful to require local Licensing Boards to report on the means by which they promote the 5 licensing objectives on the premise that local Licensing Boards are better placed to do this than Ministers

Others, however, felt that it would focus the mind if the Minister was required to report to Parliament on such issues as:

- the number of license applications,
- the number of objections and their nature,
- the number of objections which were upheld and the grounds on which they were upheld,
- the number of license applications which were withdrawn and
- the number of licences which have been granted.
- trend and analysis on consumption
- crime and disorder
- presentation of health problems, particularly in Accident and Emergency settings.

**Restrictions on Alcohol Marketing:**

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

The ADPs recognise that advertising is very powerful and that any serious attempt to change Scotland's drinking culture must involve measures to control and limit advertising. The ADPs hold a clear and united view that, given the alcohol industry's annual marketing spend of £800million per year in the UK and the evidence that alcohol marketing increases both the likelihood that young people will start to use alcohol and the quantities consumed, there is a need to ensure tight restrictions on marketing. This is particularly the case when it has the effect of normalising alcohol consumption in children and young people.

There is growing concern that the existing pro-alcohol environment is, of itself, a child protection issue that needs to be tackled.

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

Most of those involved with our ADPs feel strongly that the proposed restrictions do not go far enough. They advocate a complete ban on alcohol sponsorship within sport and an end to alcohol companies' promotion of sporting events.

They hold the view that sports ground are a key example of where alcohol should be banned. It was felt that introducing a widespread ban in relation to sport would send a clear message around the need to change our drinking culture. One consultee suggested that the Scottish Government could make a profound contribution to addressing Scotland's relationship with alcohol by initiating a sport-related advertising ban in time for the Commonwealth Games in 2014.

One consultee argued that any such ban should also cover the sale, in shops likely to be frequented by under-18s, of clothing with alcohol-related messages or logos along with the wearing of such clothing in public places.

The consultee asserted that, if the legislation did not cover marketing of this nature, the alcohol industry would exploit this by increasing the number of sports teams, venues and events sponsored by the alcohol industry.

In this context the consultee pointed out that there is only one English Premier League club with a main shirt sponsor by an alcohol company (Everton – Chang Beer). By contrast, the Scottish Premier League had at least 3 clubs sponsored by alcohol companies last season.

Another consultee, however, felt that the parliament should be very cautious about any proposal to introduce a ban on alcohol advertising within sport. A sudden ban could create serious damage to some sports and to teams/activities within sport. The consultee also felt that such a ban would be less effective than might appear, at first sight, to be the case due to the ready access across Scotland to English, European and World sport (which would be unaffected by any ban) through Sky TV and other outlets which are outwith the Scottish Government's control.

There was a unanimous view that consideration should be given to the practicalities of banning alcohol advertising through social media and that, if it was possible to do this, it should be pursued with some urgency.

Other suggestions included

- banning TV alcohol advertising before 9pm
- the reintroduction of obscured windows in pubs
- banning alcohol advertising in cinema foyers
- better guidance on the tone of remaining advertising making responsible drinking a required message on all advertising at UK level.
- Investigation of mechanisms to control advertising through social networking, apps and websites should be investigated, particularly where these are used by children and young people.

It was felt that the regulation of alcohol advertising should be demonstrably independent of the alcohol /advertising industries.

There was a view that controlling alcohol marketing would be best tackled in a cross-border manner, with concerted UK-wide action.

#### **Caffeine Limit in Pre-mixed Alcohol Products:**

***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 ADPs are concerned about the combination of strong alcohol and high levels of caffeine. Limiting the amount of caffeine could be useful but should be combined with restrictions on the level of alcohol when products are sold as a single item. However, the ADPs recognised that this would not stop people buying each product separately and then combining them in any doses they may wish.

One consultee expressed the view that the greater issue is the packaging of such products because of the potential for glass bottles to be used as weapons. If a ban on the content can not be imposed the consultee advocated a restriction on the packaging of premixed caffeine and alcohol drinks to eliminate the use of glass.

#### **Alcohol Education:**

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

A number of consultees pointed out that there is little evidence that alcohol education *alone* has an impact on changing behavior.

The question that exercised the ADPs was how society should react to that.

One consultee held the view that, as school-based education and public campaigns have been shown to ineffective they should be discontinued and the resources currently allocated to them diverted elsewhere. However this was an isolated view.

Others argued that the alcohol companies seem to find their own marketing campaigns to be very successful in changing behaviour! The majority view was that we must continue to provide alcohol education as we think it is the correct thing to do, particularly in relation to young people. It was suggested that if the only alcohol messages to young people and the public came from the alcohol industry it would be very difficult for people to have the information they require to exercise informed choice in relation to alcohol use.

Most consultees were of the view that a much wider approach should be taken, augmenting clear, consistent and repeated alcohol education within Curriculum for Excellence with social marketing, peer education, parental programmes and whole population awareness-raising campaigns. It was argued that educational initiatives and public information campaigns would have greater impact if they ran parallel to such initiatives as alcohol brief interventions, licensing guidance and, particularly, minimum unit pricing.

One consultee felt that a legally binding requirement (not an industry agreement) for alcohol companies to clearly state the number of units of alcohol in each product, both off-sale and

on-sale, should be introduced. This would help educate people as to their current levels of consumption. This information could be tied into health messages, possibly in a similar manner to those required on tobacco product packaging.

Another consultee suggested that harder-hitting campaigns along the lines of drink-driving initiatives would be more effective.

There was a suggestion that this area would benefit from further research to identify effectiveness and best practice in providing education and information.

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

There was no clear view on whether or not Ministers should be made directly accountable to the Parliament for their policy in this area. Some felt this was a good idea and some felt that legislation, over and above that already in place, was unnecessary.

Several consultees made the point that the Minister is already accountable to the Parliament.

**Alcohol Discrimination Against Under-21 Year Olds in Off-Sales:**

***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?***

There was little support for a ban on a licensing boards' ability to impose a restriction on individual licensed premises to sell only to a restricted adult age group. Most consultees felt that licensing boards require to respond to local circumstances with evidence-based approaches that they believe will be effective.

One consultee, however, felt that ad hoc restrictions on sales to young people were inappropriate. If the legal minimum age was to remain at 18, then 18-year-olds should be able to buy alcohol. If it was felt that 18-year-olds should not be able to buy alcohol, then the legal minimum age should be raised.

**Community Involvement in Licensing Decisions:**

***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?***

There is broad support for communities to have an involvement in licensing decisions. However the existing mechanisms for community involvement in licensing decisions through Licensing Forums, public notification of license applications etc. were felt to be adequate.

It was recognised that the 'representativeness' of community members who sit on Licensing Forums can sometimes be unclear and it was proposed that it would be useful to encourage Forums to seek the views on the composition of Forums' memberships through a consultation exercises. To do this properly and avoid tokenism would require resources.

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

The ADPs had no clear view on whether or not the New Zealand model should be emulated. In particular the ADPs would welcome further examination of the evidence base in relation to the impact of the New Zealand model.

There is support for renewing licenses within a specified time period, provided that the 5 licensing objectives are clearly used as criteria for decision-making on renewal.

**National Licensing Forum:**

***Q12) Do you believe that there is a role for a National Licensing Forum in addition to the existing local forums? If so:***

The ADPs believe the establishment of a national licensing forum could be useful provided that it was not just another layer within the current somewhat cluttered landscape and was effective at sharing good practice. Prescriptive approaches to the membership of any National body from local Licensing Forums should be avoided as there would be little capacity to reflect local circumstances. It is particularly important to ensure that trade representatives could not dominate the work of local or national forums.

One consultee proposed that the same effect might be achieved through the mechanism of an annual conference rather than a National Forum.

***- Should it be funded through licensing fees or central Scottish Government funding?***

A National Forum could be funded by an additional levy on licences.

If constituted as a conference it would be funded by the Scottish Government who could then re-charge against licensing fees if required.

***What would its membership be, and who would appoint them?***

The membership could be made up of representatives of all Local Licensing Forums (ensuring key areas such as Policing, Health and Social Work were represented) and/or cross party membership by MSPs.

If a conference, it was proposed that invitees should be one or two representatives from each local forum, Public Health interests (if not already adequately represented through local forum delegates) and the relevant Minister.

***- To whom would it be accountable?***

The National Forum would be accountable to the Scottish Parliament.

If a conference a report should be available to all who attend and also to the Scottish Government.

***- What would its functions be?***

A National Licensing Forum would promote and disseminate good practice and could oversee the work of Local Licensing Boards to ensure that there was a level of equity in the development and implementation of Licensing Strategy. If the view promulgated within the consultation document around community involvement in licensing decisions is to be acted upon, the National Forum could also have a key role in the implementation of any national objections strategy as outlined in Q10 & 11.

If a conference, the function would involve promoting discussion of common issues, presenting information from the evidence base and reviewing policy in order to issue recommendations to local forums for action.

**Alcohol Bottle Tagging:**

***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?***

The ADPs support the current voluntary arrangement, at least until more compelling evidence of effectiveness of bottle-tagging schemes becomes available. More work is required to establish the impact of bottle tagging schemes. Anecdotal discussions with local police in Highland suggest the schemes are only marginally effective. The SALSUS report also highlights the fact that a significant proportion of young people access alcohol via friends and family. Bottle tagging schemes would have little impact on this trend.

**Alcohol Fine Diversion:**

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

There is some support for fine diversion being made available but the ADPs recognise that what may appear to be a good idea is not currently supported by the available evidence. The ADPs are of the view that Fine Diversion may be appropriate if a further gathering of evidence demonstrates effectiveness and cost effectiveness of this mechanism in reducing binge-drinking and associated anti-social behaviour.

**Alcohol Arrest Referral:**

***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?***

There are differing views within the ADPs as to whether or not Arrest Referral Schemes should be a statutory requirement. Criminal Justice services in the Highland Council area use Arrest Referrals and are confident that they are effective and appropriate. However some consultees expressed concerns over the lack of robust academic evidence around this issue and would wish to retain the right to commission services based on local identification of need.

We are, therefore cautious about the proposal to make Arrest Referral statutory at present and would support the gathering of further evidence on the effectiveness and cost effectiveness of alcohol Arrest Referral schemes in providing a route to earlier treatment. In particular, evidence from existing pilot projects should be considered in terms of improved outcomes for attendees in relation to their recovery and reduced future involvement with criminal justice services.

**Drinking Banning Orders:**

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

The consultation document does not provide evidence of the effectiveness of drinking banning orders in England and Wales. Further evidence-gathering and consultation on their effectiveness in reducing alcohol-related crime and disorderly behaviour is required before considering the introduction of the measure in Scotland. If solid evidence of their efficacy were to emerge, then the ADPs would support the introduction of drinking banning orders.

### **Alcohol and Drug Treatment and Testing Orders (ADDTO)**

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

The ADPs were sceptical about the usefulness and practicality of ADDTOs in an extensive and sparsely-populated area like Highland and Argyll and Bute. DTTOs have been difficult to implement in remote rural areas and the same problems would be likely to occur in relation to alcohol treatment and testing orders.

Before considering implementation there should be more research to identify the effectiveness of alcohol treatment orders accompanied by greater clarity as to the likely target group(s) for such a measure. A high proportion of alcohol-related crime is perpetuated by hazardous and harmful drinkers who are most likely to benefit from an alcohol brief intervention as opposed to a longer term treatment order.

ADDTOs would not be suitable for working with individuals who have committed crime as a result of binge drinking behaviour as the testing process would not be sufficiently rigorous to highlight episodes of binge drinking in non-dependant individuals.

For DTTOs to become ADDTOs there would have to be a very large investment in the service, as there is real potential for overloading existing systems.

### **Alcohol Offences Information Sharing**

***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?***

There was no clear enthusiasm within the ADPs for a measure of this type. There is a need to be clear about whether or not GPs would be supportive of this measure and what they would be required to do once informed about a patient's conviction for an alcohol-related offence. The view of bodies like the RCGP, SHAAP and the BMA should be sought on the appropriateness and potential efficacy of this measure before proceeding.

In addition, concerns were raised about the potential for this type of information-sharing to compromise GPs' relationships with patients and place GPs in awkward situations when providing insurance-related information.

### **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.***

We support the general aim of the proposed bill, but as addition to rather than an alternative to the benefits we believe Minimum Unit Pricing of alcohol will bring.

**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?**

Measures to tackle pricing and availability are, in our view, core to changing Scotland's relationship with alcohol. Further measures which should be considered include:

- Increasing pricing
- A ban on the sale of alcohol along with food items
- Requiring all workplaces to have a comprehensive alcohol policy which extends to areas such as office parties etc.
- The placement of alcohol warning signs (similar to those current displayed on cigarette packets) in licensed premises

One consultee was of the view that the minimum age at which alcohol can be purchased and consumed should be raised from 18, though there was an acceptance that this would be politically unpopular

**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?**

The provisions within the Bill are likely to cost Alcohol and Drugs Partnerships more to implement. However, they are also likely to result in significant savings, particularly to the NHS and to organisations involved in Criminal Justice. The problem is that additional resources to fund (for example) programmes to increase public awareness will require to be provided up front, while the majority of savings generated will be longer term.

In the current fiscal climate and in the face of increased pressures on service provision it would be difficult to move resources around the wider system to augment the valuable upstream work carried out by ADPs and there would, therefore be a requirement for the gap to be filled using external and additional funding over a reasonable period to facilitate this change. The existing length of change funds in other social care areas would be too short to realise the budget efficiencies associated with a positive impact in alcohol and drug related services.

The summary of financial impact for our organisation would, therefore be an immediate increase in costs accompanied by a longer-term decline but the profile of costs and benefits, particularly the benefit of an eventual reduction in financial impact, would be dependent on short-term increased costs being met from additional, not existing, resources.

**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?**

There would be implications for equality. Whether these are regarded as positive or negative depends on one's perspective. Do measures to restrict alcohol sales constitute a negative discriminatory threat to the right to get drunk, or a positive discriminatory measure to pro-actively protect health? The ADPs take the latter point of view.

We believe that there could well be a social gradient in many of the measures proposed and that this social gradient would pro-actively protect the health and wellbeing of those who are currently most disadvantaged within Scottish society.

## Further comments

Page 7. Comparisons between France and Finland suggest that there is no universal solution to reducing alcohol consumption. However, while the French study shows that they managed to reduce consumption without increasing the price of alcohol this does not give clarity on whether there has been a “real terms” reduction in alcohol price over the period in question. In “*The affordability of alcoholic beverages in the EU*” (European Commission 2009) Rabovnich *et al*, indicate that the affordability of alcohol in the UK has seen the sharpest rise amongst member states other than those from the former Eastern Bloc. The increase in affordability in Finland is also among the highest while in France the increase has been far more limited. The comparative increases in affordability amongst younger people in the UK and France is even greater. This suggests that the price may be less important than the affordability.

P.8 final paragraph, Note that affordability is considered at this point. Is there a difference in the change in affordability of alcohol within the UK regions? According to Jin *et al* (*Poverty and Inequality in the UK: 2011* for the Institute of Fiscal Studies) the changes in relative poverty between 1996 and 2010 across the UK have seen a greater decrease in Scotland than any other UK region with a reduction of -3.5% as apposed to -1.6% across the UK. This may indicate that there was a greater increase in disposable income within Scotland by comparison to other parts of the UK.

P.9 The WHO cautions should not be a reason against implementing strategies related to pricing but may be an indicator of additional focus areas required in order for any such policy to be effective. Within Scotland the fact that the consumption of alcohol is a population-wide problem would indicate that the highest percentage of citizens would continue to access their alcohol via legitimate means (reports suggest that around 10% of tobacco sold in Scotland comes from illegal sources).

P.9 The implementation of strategies aimed at developing “Leadership, Awareness, and Commitment,” “Health Services Response,” and “Community Action” along with investment aimed at increasing capacity to deliver a variety of services to alcohol users, are key to the effective reduction in consumption. However, these need to be delivered in conjunction with strategies which include pricing and availability.

P.10 In the UK alcohol should not be marketed to those under the age of 18 according to the Portman Groups Code of Conduct (4<sup>th</sup> Ed) and advertising of alcohol should not include anyone under the age of 25 using the product. There are also requirement that products should not be advertised at events (etc) where the audience comprises of more than 25% under 18s. Therefore, there is little or no need to change the currently agreed rules other than to make these a legal requirement and to enforce it rigorously.

P.10 Plastic containers – is this for all alcohol or just on-sale – at the moment there is a far higher proportion of alcohol sold off sale and it is this market that needs to change to plastic as many on-sale venues do this already, particularly at events.

Legal liability of venues for harm resulting from intoxication – this may reduce over selling to people who are intoxicated, however the current alcohol pricing climate encourages pre-loading culture where on-sale venues have no control over prior consumption.  
Track and trace systems – these may be of benefit with off-sale as well as illicit alcohol sales.

Page 29. GP's are **not** "charged with responsibility for screening using such tools as CAGE". GP's can choose to participate in Local Enhanced Services for Alcohol Brief Interventions (ABI) but this is by no means compulsory or universal. The NHS Boards have the responsibility for meeting the HEAT 4 standard. This can be done in a number of settings including, but not exclusively, Primary Care and GP Practices. In order for alcohol screening and brief intervention to become a more ubiquitous service it would have to be included in the Quality and Outcomes Framework (QOF).

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de Bruijn A., van den Wildenberg E., van den Broeck en A. (2012) *Commercial promotion of drinking in Europe - Key findings of independent monitoring of alcohol marketing in five European countries* Utrecht: Ammie