Shifting the Culture. A proposal for a bill to bring forward measures to help change culture in relation to alcohol in Scotland (Dr Richard Simpson MSP & Graeme Pearson MSP).

Response from the Substance Use & Misuse Team, Institutes for Applied Health and Society and Social Justice Research, Glasgow Caledonian University

About the Substance Use & Misuse team, Glasgow Caledonian University

In line with the social mission of Glasgow Caledonian University to serve the common good – 'the good of all and of each individual' – the Substance Use & Misuse team is dedicated to informing public policy in Scotland, the UK and internationally. In doing so, we aim to address issues of social justice and inequality related to substance use and misuse. We engage with other academics, health professionals, third sector partners and the public to inform our work and to educate others. We are committed to interdisciplinary research and have expertise in a range of disciplines including sociology, public health, health ethics, psychology, parenting & family support, nursing, violence reduction and cultural criminology, geography and social work. Our work currently focuses on a number of central themes including gender and alcohol, drugs & alcohol-related violence, substance dependence, stigma & responsibilities, drinking across the lifecourse and smoking cessation.

Website:
http://www.gcu.ac.uk/iahr/researchgroups/healthprotectionandimprovement/substanceuseandmisuse/

NB: We have commented solely on the areas in which we have expertise.

PART ONE: HEALTH

PUBLIC HEALTH INTEREST AND CHILD PROTECTION

Whilst many of the proposed actions in the Bill are welcome, we believe it could be improved by a much stronger acknowledgement of, and emphasis on, the impact of problematic drinking on children. This section is brief and concentrates exclusively on the work of Licensing Boards. We would like to see this widened.

The Scottish Government's own estimates indicate that as many as 65,000 children in Scotland may be living with a parent with problematic alcohol use issues. However, there

are clear challenges in collecting data because of issues of stigma and parents not seeking help. There is evidence that these children are often less quickly identified by children's services than those in families with problem drug use (Forrester & Harwin 2008). This can result in an increased chance of harm to these children and also of them being left at risk. The evidence gathered for the rewrite of *Getting Our Priorities Right: Updated Good Practice Guidance for use by all practitioners working with children, individuals and families affected by substance use,* which is currently being prepared for consultation, is clear. The impact on children is significant and occurs across the age range, from Foetal Alcohol Spectrum Disorder in babies to young people taking on caring responsibilities. Child neglect where problematic parental substance use is a factor is also a significant area of concern. A study of Kinship Care in Scotland (Aldgate & McIntosh 2006) found that two thirds of children were no longer living with parents due to problematic substance use and for reasons of neglect.

It is important that these issues are acknowledged. 'Shifting the culture' requires a stronger focus on young people, both in terms of addressing issues around prevention and also ensuring that connections are made with the broader children's agenda.

RESTRICTIONS ON ALCOHOL MARKETING

Q4) The proposed restrictions on alcohol are necessary

The UK alcohol industry spends around £800m every year encouraging consumption (Hastings and Angus 2009). Marketing takes many forms, from traditional advertisements on television and at the cinema to the use of new media including brand website, social networking sites and viral campaigns to the sponsorship of Scottish music festivals and Scottish football. There is now good evidence which shows that alcohol consumption in films is associated with youth binge drinking in Scotland and other European countries (Hanewinkel, Sargent et al. 2012). In addition, social networking sites promote alcohol to young people and contravene alcohol advertising codes by suggesting that alcohol can enhance sporting achievements and sexual success (Brooks 2010).

We believe that, at this time, legislation to restrict or ban alcohol advertising is likely to be proportionate for a number of related reasons. Legislation relating to alcohol advertising would impose fewer restrictions on the liberties of individual citizens than many other alcohol control measures, including licensing hours and MUP. Similarly, given the huge financial rewards the alcohol industry gains from sales of its products, placing restrictions on its freedoms in order to control harm, can be argued to outweigh placing some limitations on industry profits. We also believe that this restriction SHOULD be extended to football grounds, other sports venues and cinema lobbies. We also support calls by the British Medical Association and Scottish Health Action on Alcohol Problems (SHAAP) for a ban on alcohol marketing communications to young people including a complete ban on alcohol promotion on social networking sites (Hastings and Angus 2009; Brooks 2010). Regulation should be independent of the alcohol industry.

Measures to restrict or ban alcohol advertising could play a significant role in de-normalising or de-glamorising consumption. This could help to create social environments in which citizens are better placed to make choices about their alcohol consumption. That is, we believe placing restrictions on advertising could help to manage environmental prompts or cues to consume alcohol. This applies to efforts to prevent or limit the drinking of children, young people and adults with an alcohol misuse problem of some degree. As a result, this public health measure could support, rather than restrict the autonomous choices of citizens regarding their alcohol consumption.

Q5) Further measures should be introduced.

The aim of the Bill is to achieve the 'cultural change' around alcohol-use in Scotland that has been at the heart of government policy since 2003. This approach seeks to prevent alcohol misuse and address all levels of 'alcohol problems' within the population. We assume the decision to focus the marketing proposals in the Bill on the drinking of children and young people has been led partly by the extant evidence base. However, it is current form we believe the Bill misses the opportunity extend its focus to the impact of advertising on alcohol misuse throughout the population. As Meier has argued:

> Many researchers and politicians have concentrated on potential harm to young people. There is an implicit assumption that alcohol marketing only, or at least predominantly, carries a risk for children… This focus needs to be rethought.

Meier continues to say that marking targeted at pre-existing drinkers in the adult market is far more common than that targeted at young people. Thus, given the degree of alcohol related harms that blight society it is important for policy makers to consider what measures in this area may be proportionate.

Although alcohol adverting poses a problem for children and young people, it is important to note that members of the community with some degree of dependence on alcohol may, like children, be particularly vulnerable to alcohol marketing due to impaired control. Alcohol policy has often missed the opportunity to address alcohol dependence as a social issue and, therefore, the chance to address the stigma that surrounds it in the public forum (Williamson, 2009, 2011). Thus, the Bill should strive to be more inclusive when attempting to implement measures to tackle difficulties associated with alcohol adverting.

CAFFEINE LIMIT IN PRE-MIXED ALCOHOL PRODUCTS

Q6) Do you believe that there should be restrictions on caffeinated alcohol products?

Alcohol policy should be evidence-based. We do not think that there is sufficient evidence to support regulations to restrict pre-mixed caffeinated alcohol products.

Most alcohol products are not caffeinated and most alcohol-related harm cannot be related to caffeinated beverages. A recent review by Verster et al (2012) highlights flaws in current alcohol caffeine research and debunks many of myths around the supposed effects of this mix. Although some consumers may purchase tonic wine because of its high caffeine content, research into 'street drinking' youth by Galloway and colleagues (2007) found many other reasons why this was the preferred beverage among its more anti-social consumers. These included the product's ABV level (15%) and screw cap design (both of which made it ideal for 'street' consumption), its glass bottle which could be used as a weapon and in particular the strong hyper-masculine brand image (see Wells et al, 2011, for explanation of this term and relationship to alcohol, risk-taking and aggression).

The proposal cites the findings of the McKinlay Report into alcohol use by Scottish Young Offenders. This report was conducted for the Scottish Prison service by researchers at Glasgow Caledonian University. It is true that 80.3% of prisoners in that report had been

drinking prior to their current offence, and that 43.4% of these reported that they had consumed a particular brand of tonic wine on that occasion. However, this brand of tonic wine happens to be the current beverage of choice of troublesome young men across much of Scotland. Its use was largely absent among prisoners from Edinburgh and Tayside, yet similar violent offences were being committed by Young Offenders from these parts of the country. Violent disorder is greatly aggravated by the brand concerned being sold in glass bottles. If the association between this brand and serious violence is to be reduced, then the glass proportion of this product should be addressed, rather than the caffeine one. Putting this product in plastic bottles would also reduce accidental injury and litter blight (Forsyth et al, 2007).

GENERAL QUESTIONS

1) We support the aim of changing the culture in relation to alcohol in Scotland through restricting alcohol marketing.

2) We support calls by the British Medical Association and Scottish Health Action on Alcohol Problems (SHAAP) for a ban on alcohol marketing communications to young people including a complete ban on alcohol promotion on social networking sites (Hastings and Angus 2009; Brooks 2010). Regulation should be independent of the alcohol industry.

3) N/A

4) There are a number of inequalities that need to be considered in relation to alcohol consumption in Scotland. We need robust monitoring and research to ensure that whole population approaches are effective for disadvantaged groups and do not lead to increased health inequalities in Scotland.

- AGE. We agree that an exclusive focus on young people's drinking is unhelpful, given that substantial numbers of older men and women engage in heavy drinking. Our work demonstrates that heavy drinking is 'normalised' in mid-life and that both men and women in their thirties and forties find it hard to resist the 'friendly pressure' from peers to have another drink; health promoters and policy makers need to consider this age group more closely (Emslie, Hunt et al. 2012).

- GENDER. Although men are more likely to drink excessively and experience and cause problems related to alcohol, the recent increase in heavy drinking by British women is also a cause for concern. Our recent work suggests that young women (Seaman 2012) and men in mid-life in the west of Scotland (Emslie, Hunt et al. in

press) regard drinking together as an 'act of friendship'; this suggests the possibility of developing and testing group interventions to reduce heavy drinking. More research needs to focus on gender and alcohol in order to identify harm reduction strategies which work with both men and women.

- SOCIO-ECONOMIC STATUS. Alcohol has a more harmful effect on people living in deprived areas. While the Scottish Health Survey shows increasing consumption with income, it is important to remember that 'harmful' drinkers (>50 units for men, >35 units for women in a week) in the most deprived areas drink more than 'harmful' drinkers in the least deprived areas. Thus, men and women in the lowest income category who are 'harmful' drinkers drink an average of 92.8 and 68.7 units respectively, compared to male and female 'harmful' drinkers in the highest income category who drink an average of 68.6 units and 52.0 units respectively (ISD Scotland 2011). Over the last five years, the difference in alcohol-related discharges from general acute hospitals has increased between those in the most deprived areas compared to those in the most affluent areas; it is now 7.6 times greater for patients living in the most deprived compared to the least deprived areas (ISD Scotland 2012). In addition, high rates of alcohol-related deaths tend to occur in poorer communities; the areas in Scotland where men had the worst rates of alcohol-related mortality were: Glasgow Ibrox, Glasgow Calton, Glasgow Cowlairs, Linwood, Glasgow University, Glasgow Easterhouse, Greenock North, Glasgow Milton, Edinburgh Holyrood and Glasgow Parkhead (Emslie and Mitchell 2009). UK austerity measures have placed increase pressure on alcohol services and also impact disproportionately on poorer people. A recent report (Blane and Watt 2012) from GPs working in the most deprived areas of Scotland highlighted the situation of those with chronic mental health issues and long term physical problems self medicating with alcohol after being told their benefits will be cut as they are 'fit for work'.

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