



A Member's Bill Consultation by Dr Richard Simpson MSP and Graeme Pearson MSP.

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RESPONSE TO: A proposal for a bill to bring forward measures to help change culture in relation to alcohol in Scotland.

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ALCOHOL AND DRUG STUDIES

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Introduction

The study of alcohol use and related health and social consequences was initiated at UWS (then Paisley College) in 1979 by the establishment of the Alcohol Studies Centre. This study grouping was initially funded in its entirety by the Scottish Home and Health Department and emerged in the wake of the liquor licensing changes (Licensing (Scotland) Act 1976). At that time there was recognition of a lack of research on alcohol issues and even less relevant education for those working with alcohol related problems. A post graduate study programme was established in 1979 and is the fore runner of the current MSc/Post Graduate Programme in Alcohol and Drug Studies, perhaps the largest programme of its kind in the UK, offering full time, part time and online study options. Central to this programme is the view that alcohol, as a legal drug, makes a very significant contribution to the well documented health and social problems in Scotland (Scottish Government, 2008; Barrie, 2012). The high level of problems attributed to alcohol use in comparison to illicit drug use have been reported by McPhee et al., (2009), as have harmful levels of alcohol consumption among methadone maintained individuals (O'Rawe, 2009). A study of binge drinking and the design and evaluation of an intervention has been carried out by Marks (2011).

It is commonly suggested that the problem with alcohol in Scotland is 'the drinking culture'. There are many ways to influence a drinking culture, and learned beliefs about what alcohol is and what it can be used for and its role in social interaction. Several key researchers since the 1960's have contributed to the literature and concluded that drinking culture is not static and has evolved. There is ample empirical evidence that during the last half century commercial interests have influenced government policy resulting in cheaper alcohol and easy access, which is heavily promoted and broadly supported by public and political opinion. Alcohol purchase and consumption have shifted from licensed premises to off-sales purchase, including supermarkets. Consumption patterns have also proved to be malleable and consumption at home after a supermarket or off licence purchase has become more widespread more recently in light of changes to the prices and accessibility of alcohol. The health and social problems associated with alcohol require a range of policy responses nationally and locally, reflecting the influence of age, gender, social background and ethnicity, including services for individuals most at risk of developing harmful patterns of consumption. There is widespread agreement among policy experts that alcohol needs to be more expensive and less available in order to reduce consumption and health and social consequences. The potential impact of minimum unit pricing of alcohol, confirmed Scottish Government policy, whilst crucial in reducing alcohol related

consequences, will result in a modest reduction in consumption when compared to the substantial increase in consumption over the last two or three decades. In parallel, alcohol may become more expensive in relative terms owing to current economic circumstances, which may explain the downturn in consumption in the last few years. It is clear that those living in deprived circumstances suffer more than those who are more affluent, even when they may consume less alcohol. Deprivation appears to underpin many alcohol-related consequences and in turn heavy drinking appears to exacerbate poverty and health inequality. Changing the diversity of alcohol cultures in Scotland is an important challenge.

Questions set by the Consultation document

Tightening quantity discount ban in Alcohol etc. (Scotland) Act 2010

Q. 1. Do you think further restriction on quantity discounting proposed would be beneficial?

No. Current discounting restrictions appear adequate. The introduction of “minimum unit pricing” will further restrict the availability of cheap alcohol in Scotland. It appears that England and Wales may also adopt MUP though a unit price of 45p looks likely as opposed to 50p per unit in Scotland.

Public health interest and Child Protection

Q.2 Do you believe that Ministers should be required to issue guidance on the two objectives

It is noted that in relation to public health interest the Licensing (Scotland) Act 2005 is unique. However the overall tone of the Nicholson Review of licensing in Scotland was that of “business as usual” i.e. liberal opening hours for licensed premises, with both “public health interest” and “protecting children from harm” objectives left undefined and lacking guidance. Guidance should be provided to guide licensing boards and local community interests. The recommendations of SHAAP/AFS report on “Rethinking alcohol licensing”, 2011 are noted.

Q.3 Do you believe that Ministers should be required to report to Parliament?

Certainly evidence of progress on these important aspects of liquor licensing should be reported and debated.

Restrictions on advertising

Q.4 Do you believe that proposed restrictions on advertising are proportionate or necessary?

The research on this topic concludes that advertising has a small but contributory effect on the drinking and alcohol related harm of individuals exposed to advertising (Babor et al 2003).

Advertising is clearly targeted at certain groups based on gender, age and social class. A group particularly targeted are young people interested in sport, particularly football in order to increase brand loyalty, brand knowledge, and retain market share. The use of alcohol advertising in sport also recruits future drinkers beneficial to the profits of the industry. Such a cultural milieu where alcohol is associated with sport, fun and celebration in turn shapes the environment in which policy is made. The impact of advertising dilutes any public health messages designed to reduce harm. Restrictions on advertising and sponsorship may serve to reduce consumption and consequences and alter the perception of drinking within Scottish culture. However despite the proposed restrictive policies on advertising/sponsorship, the use of the Internet, and in gaming to advertise and supporting drinking behaviour is currently out-with control or influence.

Q.5 Are there further measures?

Many sports are underpinned and reliant on alcohol sponsorship, which has a similar impact to advertising. Whilst France has restricted advertising, Norway has opted to promote sport as an “alcohol free zone”.

Caffeine Limit in premixed alcoholic drinks.

Q.6 Do you believe that there should be restrictions on premixed caffeinated alcohol products? If so do you support a 150mg/litre limit?

Intoxicated behaviour ‘drunken comportment’ following the consumption of alcohol is a result of many social, cultural and psychological influences. There is a widespread belief that different types of alcohol produce different behaviours. There is no evidence that the ethanol molecule on its own produces behaviour more than any other interaction between drug, set and setting or individual, drug and environment. All of these factors interact and require consideration in order to understand behaviour whilst intoxicated. Similarly aggression or violence are not an inevitable consequence of consuming alcohol, but must be part of behavioural repertoires of certain individuals. How a drinker decides to behave while intoxicated is based largely on cultural influences rather than pharmacological or merely biological factors. Spirits mixed with energy drinks (e.g. vodka and Red Bull) provide a similar pharmacological concoction to tonic wines both in terms of alcohol and caffeine content. The cultural practice of mixing strong coffee with alcohol in Portugal or Italy does not produce the behaviour attributed to some individuals after

consuming alcohol with high caffeine content. There is little evidence other than anecdote and repetition in certain newspapers that caffeinated drinks “cause” violence any more than alcoholic beverages. The role of caffeine’s impact on offending among young socially deprived males is negligible compared to levels drinking and attitudes towards drinking and offending in that particular sub-population. One must conclude that reducing or eradicating caffeine in these beverages will have little or no impact on offending behaviour. If caffeine has a contributory effect then a limit of 150mg/litre may be irrelevant. Proposal opposed.

Alcohol Education

Q.7 Is there a role for alcohol education and public information campaigns?

Alcohol education when targeted at young people is ineffective in preventing drinking or slowing down uptake of drinking (Babor et al 2003), though it does have an impact on attitudes for limited periods. Several recent studies suggest that the role of the family in educating about drinking may offer potential developments in more effective alcohol education (Eadie et al., 2010; Foxcroft 2012). If education is considered to be an inoculation against future risk, where risk reduction is linked to abstinence then it is ineffective. If a culture and an industry supports drinking to excess and this is linked to ‘fun’ and recreation, then education will be ineffective as an inoculation against risk.

In an “education oriented” society alcohol education is a part of citizenship and it is incumbent upon society to offer information, in addition to that imparted by family and other informal networks. There is potential for mass media marketing as a form of public education offering balance in an alcohol advert dominated environment: mass media alcohol interventions would increase in effectiveness as advertising and sponsorship were controlled.

Q.8 Would it be beneficial for Ministers to be made directly accountable to Parliament?

Certainly evidence of progress on these important matters should be reported and debated.

Alcohol Discrimination against Under-21 Year Olds in Off-Sales

Q.9 Do you support a ban on Licensing Boards requiring off-licenses to restrict sales on grounds of age alone?

Supported. Any other stance is entirely discriminatory.

Community Involvement in Licensing Decisions

Q. 10 and Q.11 Do you believe that community neighbours should be consulted and their views taken into account..? Do you believe that the New Zealand model should be emulated?

Community involvement and representation were themes which the Nicholson Report (2003) recommended in its review of liquor licensing. As with “public health” and “child protection” mentioned above, this theme would benefit from further elaboration and guidance from Ministers. The New Zealand model offers some insight.

National Licensing Forum

Q.12 Do you believe that there is a role for a National Licensing Forum?

A national licensing body would have an important role in overseeing liquor licensing matters across Scotland and providing local licensing boards with an opportunity to collaborate and learn from each other. Such a body may have a role with regard to “public health interest” “child protection”, “community involvement and representation”, “outlet density” training and best practice. The licensed trade should be represented (including super markets). Funding should come at least in part from licensing fees. This warrants further discussion.

Alcohol Bottle Tagging

Q.13 Is there sufficient evidence to justify legislation allowing Licensing Boards to make participation in bottle tagging a condition of license?

Preference for more substantial evidence on this topic. However if the evidence was supportive then it would logically follow that participation in a tagging scheme should be a condition of licence (supermarkets included). A voluntary arrangement would allow those retailers intent on selling alcohol to those underage to continue without hindrance.

Alcohol Fine Diversion

Q.14 Should Fine Diversion be made available?

Fixed Penalty Notices were introduced in order to deal with anti-social behaviour more effectively and maintain police presence in public, particularly in the night-time economy. Over 90% of these notices (62,000 between 2007-9) were for alcohol related incidents. In a survey, Police officers considered that the majority of those given FPNs were under the influence of alcohol. Further, police were divided on whether FPNs would result in a reduction in offending (Barrie 2012). Whilst anti-social behaviour will not disappear with minimum unit pricing the potential administrative and service burden surrounding large numbers of individuals, opting to participate in educational sessions in order to avoid fine payment, is massive. A major injection of resources to the non-statutory sector would be required. Further evidence is required in order to form a view.

Arrest Referral

Q.15 Do you believe that arrest referral schemes for alcohol (as well as drugs) should be a statutory requirement within each Community Justice Authority?

A recent Home Office evaluation of two Alcohol Arrest Referral (AAR) schemes should be considered. The key findings (Blakeborough and Richardson 2012) were as follows:

- Evaluations did not suggest that AAR schemes reduced re-arrest.
- Over half of those arrested for alcohol related offending had not been arrested in the previous six months i.e. they were not habitual or prolific offenders.
- There was some evidence of reduced alcohol consumption though it is suggested that this finding should be treated with caution.
- Over one third of those arrested were classified as dependent drinkers.
- Average costs per intervention ranged from £62 to £826.

It is not clear what proportion of those who are considered “alcohol dependent” would accept a referral to a helping/treatment agency, assuming that services had the capacity to respond effectively. On the evidence available it is not clear that AAR should be rolled out on a statutory basis.

Drink Banning Orders

Q.16 Should Drink Banning Orders be introduced? If so should they be piloted in one Sherifdom?

The Consultation document cites only Home Office guidance for England and Wales. In the absence of any evaluative information this proposal should not be introduced.

Alcohol and Drug Treatment and Testing Orders (ADTTO)

Q.17 Do you believe extending DTTOs to become ADTTOs would add value? What differences of context between drugs and alcohol would need to be taken into account?

DTTO is an alternative to custody for high tariff drug using offenders, commonly engaged in persistent property crime in support of their dependence on illicit drugs: there is clearly a role for treatment on the basis of apparent dependence, regular methadone prescribing and in turn the avoidance of custody. Those imprisoned for offences while drunk are quite different. They are not necessarily dependent on alcohol even though they may have been intoxicated at the time of the offence. Those who are dependent on alcohol, with the exception of those committing serious/violent crime, are commonly repeat petty offenders who persistently fail to pay fines.

It is unclear on what rationale ADTTO would work for alcohol as opposed to illicit drugs. If the alcohol test is based on an alcometer reading what does a positive reading mean? Failure and a breach of ADTTO or acknowledgement of the effects of social drinking the previous evening?

The evidence on the effectiveness of DTTOs is weak. It is also unclear why an intervention “created” for high tariff crime and illicit drug use is being proposed for recidivist petty offenders, who use a licit drug (alcohol). This is particularly relevant where a “treatment order” is already a disposal open to the Court in respect of those with serious alcohol problems/dependence.

A recent review of alcohol screening and brief intervention in probation services evaluated three interventions (SIPS/CJS 2012). All three interventions of varying intensity resulted in significant reductions in excessive drinking. Feedback on drinking followed by an information leaflet was found to be the most cost effective intervention within the probation setting. Heavier drinkers benefitted more from extended brief intervention. Alcohol interventions within the probation service were considered a challenge and the role of management support was considered

crucial. If this example of effective intervention were implemented major changes in criminal justice policy and practice would be required, without legislation.

Alcohol Offences Information Sharing

Q.18 Do you believe that notifying a GP about a patient's alcohol related conviction would be beneficial? Should it apply in cases of conviction only?

In instances where individuals are found to be “drunk and incapable” it is likely that there are records held by both police and NHS, Accident and Emergency services in particular (Griesbach et al 2009). However the transfer of alcohol related offending details to the convicted individual's GP appears to be a breach of the individual's privacy and is highly discriminatory. Many other offences may imply a health component, but these offences are not routinely reported to a GP or any other health practitioner. Further an individual knowing that their GP is in possession of this kind of information may be reluctant to attend health services. Whilst the development of brief interventions for alcohol appears quite successful in Scotland, problem drinkers are not well thought of by health professionals. Further there is no evidence presented indicating that GPs would welcome such information or that they would act on it. The response to the consultation questions indicate the extent of support or otherwise for the wide range of elements in the proposed Bill. Similarly alternative perspectives and evidence have been provided in response to each question.

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