

The Report of the Alcohol Commission

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It should be made clear to readers that this is a report from the Commission, not from the Scottish Parliamentary Labour Group.

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Foreword

There is serious over-consumption of alcohol in Scotland that is evident across the whole country and all social groups. The Alcohol Commission is grateful for the opinions gleaned from the many written submissions and oral evidence it has received, and has based its report on what has been said to us. These opinions illustrate that Scotland is also very serious about resolving its alarming problem. There is, therefore, an opportunity for society, which has often demonstrated its powerful immune system against proposals for change that deal with alcohol abuse, to think to the future and contemplate radical strategies.

One of the difficulties encountered is the paucity of convincing evidence to support specific mechanisms that can fairly and effectively tackle the problem of alcohol misuse. Whatever is attempted by way of reform for the future, much more attention must be paid to systematic monitoring and evaluation of measures taken and to support from fundamental research. However, there will be no “silver bullet” that provides a “quick fix”. The Commission is clear that a broad-based, comprehensive, coherent and long-term strategy is what is necessary. Our role has been to elaborate and exemplify what this means and to address wider aspects of the field than the current Parliamentary debates on the new Alcohol Bill are able to do.

This report identifies a demanding but clear priority for *changing the culture of Scottish drinking*. This primary aim will require a base of legislation and renewed backing from criminal justice, health and social support services. It will look for action from central and local government, the voluntary sector, the alcohol industry and the public. Furthermore, it will challenge, and may be an unwelcome disruption for, drinkers including those who may regard themselves as “just social drinkers” as well as those who currently over-consume.

The Commission’s recommendations place major emphasis on efforts to change the culture of drink through the development of local alcohol strategies across the country, new approaches to education directed towards a wider audience and important responsibilities being accepted by public and private bodies. In support of such cultural change, the report calls for greater enforcement of existing legislation and new legislation on taxation, the sale and promotion of alcohol, and advertising. At the same time, there is a need for the generation of a more extended and collaborative network among the services that focus on support for all those suffering from the effects of alcohol abuse.

It is essential that official leadership be shown not just in recognising the alcohol problem, but also in taking a comprehensive set of steps to change the culture. The costing of its recommendations has not been undertaken by the Commission, but it hazards a guess that in the longer term the cost of doing nothing would be greater.

Executive Summary of Recommendations

The Commission recommends the introduction of a broad National Strategy for Action on Alcohol that focuses primarily on changing the Scottish culture in relation to alcohol and its misuse. In support of this cultural change, there must be a series of developments in legislation and support services.

1. Changing the Culture

- i. The National Strategy should draw on the experience of community action-on-alcohol groups such as those exemplified in this report. Agreement should be reached, as part of the Government's relationship with local authorities across the country, on the importance of establishing local alcohol strategies and bringing about cultural change in relation to alcohol misuse and its effects. This would involve community planning partnerships collaborating with other agencies and community groups, including young people, to devise and monitor the impact of such strategies.
- ii. Because traditional school-based education has been ineffective in combating alcohol misuse, improved educational techniques must be developed with the clear aim of tackling actual and potential alcohol abuse, especially among young people. These new initiatives should start in primary school and include elements such as peer based learning, drama and alternative activities.
- iii. Public bodies (including central and local government) and the voluntary sector should be called upon to adopt policies which transparently demonstrate a leading role. For example, they should adopt the practice of providing only non-alcoholic drink at official functions at their own or other premises and any omission of such a policy would require to be explained to the public. Private sector companies should be persuaded to take similar action.

2. Legislation in Support of Changing the Culture

- i. The Commission recommends the re-establishment of a *National Licensing Forum* with powers to:
 - ensure greater consistency of interpretation of licensing legislation
 - facilitate the monitoring of licensing practice across the country
 - support Licensing Forums
 - monitor training for Board and Forum members.

- ii. **Within existing legislation, the Commission calls upon local Licensing Boards and associated public services to be required to implement improvements in order to:**
 - **enforce much more stringently the minimum purchase age for alcohol (e.g. by making the Challenge 25 approach mandatory and increasing the use of test purchasing schemes) and identification of proxy purchases**
 - **place limits on the number of licenses in any given area and on the hours of sale**
 - **give significantly increased attention to matters of public health as well as those of public order**
 - **provide clarification on the role of the local Licensing Forums and engagement of communities, particularly young people, in local licensing decisions including those regarding the density of licenced premises and opening hours.**
- iii. **The Government should give immediate and detailed consideration to plans for contributions to the costs of emergency and other services from the creation of a social responsibility levy to be paid by alcohol retailers (on-sale and off-sale) and/or local sales taxes on alcohol to be paid by purchasers.**
- iv. **The Commission recommends that local licensing authorities be accountable for making full use of existing powers, or through enactment of the proposed legislation, to prohibit irresponsible promotions including off-sales discounting that supplies alcohol free or at a reduced price on the purchase of other drinks. The Government should give detailed direction on what is to count as “irresponsible”.**
- v. **The Government should instigate a programme of legislation on how alcohol sales within supermarkets and stores should be *fully* separated from other purchases.**
- vi. **The Government should instigate a programme of legislation to curtail alcohol advertising. This would involve:**
 - **prohibition of alcohol advertisements in stores apart from at the point of sale or display.**
 - **a ban on alcohol sponsorship of sporting events and other activities.**
 - **an end to advertising of alcohol price promotion in the media, with consideration given to a move towards a total end to alcohol advertising.**

- vii. **The Commission recommends that the Scottish Government press for a UK-wide approach to the pricing of alcohol that introduces a ban on selling a product (shelf price) below a set “floor price” for alcohol, which should be the sum of: a *basic cost of production + duty + VAT*. This floor price mechanism, through periodic increases in duty, should be used to raise the price of alcohol to levels that reduce misuse.**
- viii. **Taxation should be harmonised to ensure that prices of different forms of alcohol of the same strength are the same (e.g. all 5% strength products to have the same floor price).**
- ix. **The Commission recommends that legislative action be taken to limit the availability of alcoholic drinks with added caffeine or other such stimulants. A limit of 150mg per litre for caffeine in alcoholic drinks is suggested.**

3. Support Services for Cultural Change

- i. **The Commission recommends that part of the *National Strategy* should focus on support for those suffering the effects of alcohol abuse, and on the facilitation of communication, joint planning and best use of resources among the criminal justice, health and social support services. This approach should also ensure that appropriate monitoring is undertaken.**
- ii. **The Commission recommends that, based on the experience already gained in some areas, immediate action is taken to introduce monitored Alcohol Arrest Referral schemes and Alcohol Treatment and Testing Orders across the country. These build on the value of treatment being available at the earliest opportunity and as a possible replacement for custodial sentences.**
- iii. **The Government should immediately bring forward new ideas for policies and actions in prisons, with the aim of reducing alcohol misuse and subsequent offending among prisoners, including appropriate training for prison staff, collaboration with voluntary agencies and monitoring**
- iv. **The Commission recommends that greater emphasis is placed on the training of specialist staff, managers, doctors, district nurse teams and health psychologists, in the provision of support for those withdrawing from alcohol abuse and for liaison with communities. Currently, few of the behaviour change techniques known to be effective are used to address alcohol abuse, and monitoring must be increased. One urgent focus for improvement concerns the equipping of midwives and others to deal with, and educate pregnant women about, foetal alcohol syndrome.**

- v. **The NHS should act quickly, on the basis of its forthcoming evaluation, to introduce and monitor a wide-ranging scheme of Brief Interventions on the assumption that minimal intervention at the early stages of an alcohol problem is likely to be effective.**
- vi. **The Government should establish and make available core data on the numbers of children who come into care or are referred to the Children's Hearings as a result of alcohol abuse (as distinct from drug misuse) within the family.**
- vii. **Priority should be given by the Government to supporting and monitoring collaborations among social work, education and the drinks industry to develop innovative approaches that promote effective engagement with families. The aim would be to provide parents with consistent information that enables them to understand the unacceptability of being drunk in charge of children or drinking during pregnancy, the risks of losing custody of their children or having babies with foetal alcohol syndrome, the need to model sensible access and use of alcohol within the home and the importance of relationships and communication within the family. Innovations of this kind, however, require techniques that differ from traditional education and social care and it will be important to learn from the existing initiatives identified in the report.**

THE REPORT OF THE ALCOHOL COMMISSION

The Commission

The Alcohol Commission was established by the Scottish Parliamentary Labour Group to examine ways to tackle Scotland's problem with over-consumption of alcohol. It is chaired by Sally Brown, Emeritus Professor of Education at the University of Stirling. The other five members of the Commission provide wide and relevant experience to the Commission's work (see *Appendix 1* for a biographical list of the membership).

The remit given to the Alcohol Commission was:

To consider a range of measures that will help to tackle the over-consumption of alcohol, including examining the application and enforcement of existing legislation; new approaches to tackling alcohol abuse and associated anti-social behaviour; and advising on alternative pricing mechanisms.

Written evidence from 78 respondents and oral evidence from representatives of 10 organisations has been considered by the Commission. *Appendix 2* provides a list of (i) written evidence sources including local councils, health boards, industry organisations, alcohol and drug partnerships and members of the public, and (ii) those who gave oral evidence. In addition, a visit to Community Action Blackburn provided first-hand knowledge of an *Alcohol Focus Scotland* community outreach programme designed to engage the entire community and reduce problems arising from over-consumption of alcohol. The Commission met with primary and secondary school children, young mothers, recovering alcoholics and community leaders.

Although this Report may be seen as a contribution to the legislative discussion of the Alcohol Etc. (Scotland) Bill as it goes through Parliament, the Commission's remit is not to focus on the Bill's details, but rather to look at the broader field and collect information that can be used by others in formulating future policy. While it is concerned with the impact and enforcement of existing and future licensing legislation, matters of cultural change and of support for those who suffer from the effects of over-consumption of alcohol are central to the report.

The Commission is not engaged in research into alcohol consumption, nor does it have a responsibility to document the undoubted harm that society experiences from alcohol abuse; there is already plenty of such documentation available. Its primary concern has been to look at the evidence for the effectiveness of measures taken to address the over-consumption of alcohol and the well-known undesirable consequences that often follow its abuse such as public violence, health deterioration or damage to families including the un-born (see *Appendix 3* for some examples). The Commission has also been aware of the importance of practical problems associated with implementing different measures and unplanned outcomes with undesirable impact on responsible moderate drinkers (particularly the less affluent) and families.

The Background to the Commission's Work

Scotland's relationship with alcohol is longstanding, complex and culturally rooted. While the impact of alcohol misuse is widely appreciated, too many see this as a problem for other people rather than for themselves and this stands in the way of Scotland facing its "demons". A long-term benefit to society that leads to improved health, fewer deaths, reduced crime and a better quality of life within families cannot be achieved by one magic bullet. Success of this kind requires concerted and committed efforts and a range of different measures to address the problems.

The submissions to the Commission accepted that the primary objectives of any programme for improvement must address matters of public health, family life and public order and the implications of these for the public purse. They indicated a need for three strands to any effective strategy:

1. Of greatest importance is a long-term approach to *change the Scottish culture in relation to alcohol*; this implies that communities across the age span will have to be engaged in education, persuasion and diversionary measures that have the potential to change the culture for the future.
2. In support of cultural change, there will have to be *legislation and regulation* to address the problems currently faced as a result of over-consumption.
3. Any proposals for change have to ensure that *support services* are available for those who are suffering the effects of alcohol abuse.

Although certain legislative matters, especially those relating to availability and price, are of particular and immediate importance, it is also clear in the evidence submitted to the Commission that there is agreement that, in common with some other northern European countries, Scotland's alcohol problems are fundamentally culture-based. By "culture" the Commission is referring to inherited ideas, beliefs, values and knowledge which constitute the shared basis of social action and are transmitted and reinforced by members of the society. To tackle culture as it is understood here, therefore, requires visible leadership and positive role models across a range of groups, as well as a shift in the aims and practices of advertisers and proper concern in the media about the ways whereby our consumption of alcohol is reflected back at us. The Commission recognises that changing culture is a difficult long term project. However, it is the surest and, indeed, the only way to deal effectively with the underlying features of Scotland's over-consumption. The Commission is encouraged that there is, for the first time in fifty years, a broad consensus that alcohol misuse and over-consumption is a major issue for Scotland to tackle.

Priority has to be given, therefore, to consideration of the principles, costs and gains involved in the very difficult challenge of culture change. Not only does this imply strategies that engage with all age groups within communities, but such strategies also must continue for indefinite periods of time, perhaps for ever. One of the challenges to be faced is that change must be achieved in a society which still clings to a strong assumption that "a few drinks are good for your health". In collecting evidence, the Commission encountered some trenchant views among those who regard themselves as moderate drinkers indicating that any measures taken must in no way affect *their* alcohol practices.

Because of the dominant view that alcohol when used sensibly can add to quality of life, to achieve public support any measures taken to limit consumption should have a strong evidence base. The Commission's invitations for written and oral submissions explicitly requested, therefore, that responses should indicate evidence to support any opinions expressed on the effectiveness of measures to deal with over-consumption. Unfortunately, the evidence base submitted has been weak and often absent and that has influenced the ways in which the Commission has been able to fulfil its remit.

The Commission has concluded that a *broad and coherent national strategy* is essential for action to be taken to address alcohol misuse in Scotland. The next section of this report discusses and proposes recommendations for three strategic strands that emerged from the submissions received.

The Commission recommends the introduction of a broad National Strategy for Action on Alcohol that focuses primarily on changing the Scottish culture in relation to alcohol and its misuse. In support of this cultural change, there must be a series of developments in legislation and support services.

A Three-Fold Strategy

1. A long-term approach to *change the Scottish culture in relation to alcohol.*

The Commission believes that this is the most important and immediate priority for the Scottish Government and general public to attend to, and collaborate on, in dealing with the over-consumption of alcohol. Other approaches through legislation and the improvement of support services can make important contributions, but it must be emphasised that cultural change is what is needed to deal with the basic problem. This implies that communities across the age span will have to be engaged in education, persuasion and diversionary measures that have the potential to change the culture for the future.

The question, therefore, is how can the Scottish culture of alcohol be changed? There will be no easy or quick solution and, although the Commission has been made aware of some possible strategies, evidence for the effectiveness of measures is still inadequate. Furthermore, measures that challenge what many people have regarded as their own comfortable alcohol practices may be seen as drastic, and success will be dependent on everyone feeling that they have a future and a stake in Scotland's society.

In seeking to combat the different aspects of Scotland's deeply rooted alcohol abuse, including the "culture of drink", many giving evidence to the Commission stressed the importance of schemes of joint working among agencies, professionals, communities and groups, especially those made up of young people. There are, however, challenges to this kind of collaborative activity in relation to questions of:

How can the alcohol industry and the private retail sector be brought "on board" to support cultural change?

How can leadership for alcohol reform be established among the competing "joint" vehicles of the public sector (e.g. community planning, safety and city or health partnerships)?

How can it be ensured that the role played by alcohol and drug partnerships does not focus so heavily on drugs that it is at the expense of alcohol, and that their relationships with community planning partnerships are closer?

Of particular interest to the Commission are those *schemes that include local authority-wide developments, and achieve some success in embedding the outcomes into local practice.* It cannot be assumed that either the problems or the solutions associated with alcohol abuse are uniform across the urban, rural and island communities of Scotland or over different age groups, and that is why the *local* nature of initiatives has to be emphasised.

The Commission suggests community planning partnerships should take the lead in developing local alcohol strategies by drawing together partners to build and monitor the impact of such schemes. The management of alcohol misuse should then be included in the agreements that the Government has with community planning partners, especially local authorities.

A number of initiatives around Scotland are actively engaging with the alcohol problem, especially among young people. They are often imaginative and with indicators of some success. However, coverage is fragmented across the country, frequently finance is limited, the schemes are rarely situated within mainstream services and so face withdrawal of funding in times of economic stringency, and the activity sometimes depends on the efforts of a very small number of individuals.

The Commission is aware that WHO has concluded that school-based education has been ineffective in combating alcohol misuse, but most respondents believe that improved educational techniques should have a role in tackling abuse, especially among young people. It is recognised that generalised or random educational efforts may well be ineffectual, so it is essential that new initiatives are targeted alongside other measures, preferably starting in primary school and including such elements as peer based learning, drama and alternative activities.

A visit to Community Action Blackburn provided the Commission with first hand knowledge of an *Alcohol Focus Scotland* community outreach programme designed to engage the entire community and reduce problems arising from over-consumption of alcohol. The Commission met with primary and secondary school children, young mothers, recovering alcoholics and community leaders. The Commission was impressed by the provision of information and training, the engagement of members of the local community, the ways that awareness of alcohol-related problems were raised and the efforts to influence national policy.

Focus on Alcohol Angus (FOAA) provides an example of a local scheme that encourages cultural change around the use of alcohol in Angus. It prioritises young people, provides support and guidance to foster prevention, and seeks to involve local communities. The role of the community, the commitment to cultural change, the involvement of the alcohol and drugs partnership within the Angus community planning partnership, together with active key role taken by the Director of Social Work, drew the interest of the Commission. The strengths of FOAA lie in its wide range of projects, initiatives and exercises within Angus and its success in bringing a significant range of partners to address cultural issues at the heart of alcohol misuse. Some details of its projects are included in *Appendix 4* to indicate the extent of activity that is required to make a serious attempt to influence local alcohol cultures.

Other approaches focus on providing alternative activities for young people. For example, South Lanarkshire Council works with other agencies to provide sporting alternatives that include football, dance, basketball and biking for both boys and girls. Girls and those not interested in sport may be the most difficult to influence, but the Commission sees promise in other ideas for provision of youth cafes and alcohol free night clubs that engage young people in evening activities like midnight league football and substance free discos.

A further concern for communities relates to *the place of alcohol in public life* and the need to give consideration to significant controls on alcohol in public buildings and at public receptions or other events. While such controls are likely to be controversial, it can be argued that drastic measures are needed if we are to change the culture of drink. The Commission believes that public bodies (including central and local government) and the voluntary sector, should be strongly advised to adopt policies of providing only non-alcoholic drink at official functions at their own or other premises. Such policies would signal leadership, official recognition and commitment to ensuring responsible attitudes towards excessive alcohol consumption, recognising the importance of changing Scotland's drinking culture, improving the nation's health and reducing costs to the public purse. No longer would "having a good time" imply a need for the presence and imbibing of alcohol. Any omission of such a policy to provide only non-alcoholic drinks would require to be explained to the public. The Commission has been struck by how many people, rightly or wrongly, regard themselves as moderate drinkers and indicate that they would not be prepared to alter their own behaviour towards alcohol in any way, and it believes that private sector events should be persuaded to follow a similar path to those in the public sector.

The National Strategy should draw on the experience of community action-on-alcohol groups such as those exemplified in this report. Agreement should be reached, as part of the Government's relationship with local authorities across the country, on the importance of establishing local alcohol strategies and bringing about cultural change in relation to alcohol misuse and its effects. This would involve community planning partnerships collaborating with other agencies and community groups, including young people, to devise and monitor the impact of such strategies.

Because traditional school-based education has been ineffective in combating alcohol misuse, improved educational techniques must be developed with the clear aim of tackling actual and potential abuse, especially among young people. These new initiatives should start in primary school and include elements such as peer based learning, drama and alternative activities.

Public bodies (including central and local government) and the voluntary sector should be called upon to implement policies which transparently demonstrate a leading role. For example, they should adopt the practice of providing only non-alcoholic drink at official functions at their own or other premises, and any omission of such a policy would require to be explained to the public. Private sector companies should be persuaded to take similar action.

2. Legislation and regulation to address the problems currently faced as a result of over-consumption.

The Commission is conscious that crucial changes in culture will be significantly influenced, though not fully determined, by legislation and that such legislation must form an essential part of a national strategy. This section of the report considers legislation and the Licensing Boards, advertising and promotions, pricing and mixing caffeine with alcohol. The Commission is also aware that “drinking and driving” is of central importance. It understands, however, that this is currently being considered elsewhere and welcomes that review in the light of experience and current knowledge.

i. Licensing Act, Licensing Boards and Availability of Alcohol

The impact and enforcement of the Licensing (Scotland) Act 2005, and the ways of working of the Licensing Boards and Forums, have been a particular focus of attention. Although the Commission has found the Act to be helpful, its powers require strengthening in ways that favour the Licensing Boards’ powers rather than the industry. These should enable the public, through the communities’ Licensing Forums, to influence the criteria that determine the granting (or refusal) of licenses in particular cases, and encourage the Boards to take account of a wider range of issues such as health matters. Respondents informed the Commission that the number of liquor licenses has increased by over 20% in the last 30 years. This was viewed by many as a major factor in the increase of problems that arise from over-consumption and comment was made that the Act provided no consistent definition of “over-provision”. Furthermore, the most recently reported reductions in the number of licenses may reflect consolidation of the multiple licenses previously required for some premises rather than a reduction in available outlets.

The implementation of the 2005 Licensing Act received some significant positive comment from respondents, primarily with regard to its impact on controlling on-sales. In particular:

- Most Licensing Forums now include representation of young people (on 30 out of 39 Boards) and have sufficient powers to tackle over-provision, although there is limited evidence of these powers being used to address perceived problem areas.
- Test purchasing schemes, although not routinely carried out in all areas of Scotland, have increased detection of underage purchase and there is evidence of declining on-sales to under-18s.
- The control of alcohol on-sales promotions, licensing hours and mandatory server training has been enhanced by the Act.
- Where training of staff in both on and off-sales had been undertaken, there have been improvements in the regime

While it is recognised that the Act still needs time to bed in (it was not fully implemented until 2009), there remain some problematic issues around variations in interpretation and enforcement of the legislation around the country. For example, the impact of legislative controls on the serious matter of “proxy purchasing” (where over-age purchasers buy on behalf of under-age drinkers) has been limited with few convictions achieved in this regard. The Commission understands that in 2008-09 there were 561 license holders found selling to under age persons, 202 of those were prosecuted and of these 116 resulted in convictions with an average fine of £244. More generally, in 2007, only 29 license holders across Scotland lost their license for a variety of reasons - a rather modest record given the nation’s anxiety about alcohol and its consumption.

Community groups offered evidence of their continuing concerns about perceived over-provision by, and inadequate controls of, off-sales servicing local areas. Concern was also expressed, particularly by medical and other health respondents, that in considering license applications and granting licenses Licensing Boards should do more to demonstrate the importance of public health, as well as their usual emphasis on matters of public disorder. It may be that Boards find the interpretation of “public health interest” somewhat challenging.

A small number of respondents referred to the possible empowerment of local Licensing Boards to address matters of availability by raising the legal alcohol purchasing age to 21 in response to local problems. It was also suggested to the Commission that WHO has reported “convincing evidence” that increasing a minimum purchase age reduces alcohol-related harm. This approach, however, was opposed by groups of younger respondents who argued that alcohol misuse is a cultural, rather than a specific age related problem, and that enforcement of current laws, especially those relating to proxy buying, is the way to tackle under-age drinking. The Commission was not persuaded that it would be necessary to recommend a change in purchasing age at this time.

Although there was one suggestion to establish state run outlets to separate completely alcohol sales from groceries (to stop cheap alcohol being used to attract other business, raise revenue for governments or communities, control sales and monitor consumption), others contributors generally preferred a stricter selling regime for off-sales rather than a state monopoly. WHO was cited as finding convincing evidence that government control of retail sale, and restrictions on outlet density or days and hours of sale, reduce alcohol related harm. WHO also emphasised governments’ powers to curtail availability through restricting the number of licences, requiring certain standards and revoking licenses for infringement of these laws. (The other side of this, however, is the possible reduction in income from license fees and the potential for the increase of markets in illicit alcohol). Nevertheless, the Commission’s view is that for both on- and off-sales, availability, price and good management of retail provision remain the consistent set of issues that form the basis for granting and maintaining licenses. At this time it is not recommending a move to a state monopoly of off-sales.

The need for all Licensing Forums to include representation from, and active involvement of, young people was emphasised. Currently practice was seen as diverse across different Boards and provision of central guidance was recommended. In addition, comment was made on the need for strong links between Licensing Forums and Licensing Boards so that local communities would have a greater influence on decisions. The introduction of a National Licensing Authority to maintain standards of procedures, policies and other business details was supported.

The evidence presented did not indicate that the Act was “broken”, but suggested that its application can be improved and that benefits could accrue if a review of the effectiveness of the legislation were to be undertaken over the next few years. The Commission received no evidence to suggest that any area of Scotland had fully resolved the problem of alcohol abuse and the associated antisocial behaviours. Given these circumstances, every area needs encouragement to ensure that best practice is applied to best effect.

There was support from the emergency services for a *social responsibility levy* on premises such as late closing pubs, clubs and fast food shops where crowds are created that require a response from these services. There were also arguments for a *local sales tax* enabling local authorities to levy their own local taxation to increase the price of alcohol products and create scope for “hypothecation” whereby revenue can be ring-fenced to address the extra public costs resulting from alcohol misuse. Although there is further work to be done to establish whether either of these approaches would be practical to administer, the Commission believes serious consideration should be given to plans for their development as possible revenue streams.

The Commission recommends the re-establishment of a National Licensing Forum with powers to:

- ***ensure greater consistency of interpretation of licensing legislation***
- ***facilitate the monitoring of licensing practice across the country***
- ***support Licensing Forums***
- ***monitor training for Board and Forum members.***

Within existing legislation, the Commission calls upon local Licensing Boards and associated public services to be required to implement improvements in order to:

- ***enforce much more stringently the minimum purchase age for alcohol (e.g. by making the Challenge 25 approach mandatory and increasing the use of test purchasing schemes) and identification of proxy purchases***
- ***place limits on the number of licenses in any given area and on the hours of sale***
- ***give significantly increased attention to matters of public health as well as those of public order***
- ***provide clarification on the role of the local Licensing Forums and engagement of communities, particularly young people, in local licensing decisions including those regarding the density of licenced premises and opening hours.***

The Government should give immediate and detailed consideration to plans for possible contributions to the costs of emergency and other services from the creation of a social responsibility levy to be paid by alcohol retailers (on-sale and off-sale) and/or local sales taxes on alcohol.

ii. Promotions and Advertising

The comments that were most critical of the 2005 Act centred on *off-sales* that continue to use discounts on alcohol for the promotion and encouragement of the purchase of other goods, particularly the larger supermarket outlets. In addition, local community sited off-sales premises were perceived by some as a locus for anti-social behaviour and, alongside the supermarkets, for the development of the dependent drinking that accounts for 70 per cent of alcohol sales. Support was expressed by significant numbers of respondents for attention to be given to banning irresponsible promotions of discounted alcohol, the location and density of outlets, the extent of opening hours and the need to separate groceries from alcohol. While local licensing authorities should be urged to make full use of their existing powers to ban promotions they regard as irresponsible, the Government would also be expected to provide some guidance on what is to count as 'irresponsible'.

The Commission regards a strengthening of the legislation that enables and encourages licensing authorities to deal with these concerns to be a matter of urgency. It believes that, like public bodies, directors of company boards and senior managers of retailers have to accept their responsibilities and act appropriately in response to the concerns about alcohol abuse in Scotland. Currently this does not sit well with instances of decisions on reductions in the price of alcohol as a strategy to attract new business or the active promotion of volume sales to create greater profits.

Reservations from a part of the tourist industry claiming to sell only small amounts of alcohol to visitors that the legislation is time-consuming and prohibitively expensive were noted. The complaints related to requirements for detailed plans, architects' fees, the separation of alcohol displays from other merchandise, overpayment resulting from some Licensing Boards charging the full license fee based on rateable value and the denial of sale of alcohol or free wine incentive packages by B&Bs. Given the need for action to curb over-consumption of alcohol, the Commission is not recommending action on this.

With regard to advertising, the Commission is aware of arguments from the alcohol industry that advertising is about choice of product and not encouragement to drink more. It is also aware of the positive effects that curbs on tobacco advertising have had on levels of smoking and public health. While accepting that there are differences between harmful drinking and smoking, it considers that patterns of alcohol advertising within retailers' premises, in public (boards and cinemas), and through sponsorship emblazoning alcohol adverts across shirts of football and other teams, all reinforce the ubiquity of alcohol and the way it is embedded in Scottish culture. Evidence to the House of Commons Select Committee suggested collusion of the industry and advertising agencies to test the limits of the voluntary code, especially in attracting young drinkers.

The Commission recommends that local licensing authorities be accountable for making full use of existing powers, or through enactment of the proposed legislation, to prohibit irresponsible promotions including off-sales discounting that supplies alcohol free or at a reduced price on the purchase of other drinks. The Government should give detailed direction on what is to count as “irresponsible”.

The Government should instigate a programme of legislation on how alcohol sales within supermarkets and stores should be fully separated from other purchases.

The Government should instigate a programme of legislation to curtail alcohol advertising. This would involve:

- ***Prohibition of alcohol advertisements in stores apart from at the point of sale or display.***
- ***A ban on alcohol sponsorship of sporting events and other activities.***
- ***An end to advertising of alcohol price promotion in the media, with consideration given to a move towards a total end to alcohol advertising.***

iii. Alcohol pricing

The remit for the Commission is wider than, and does not duplicate, the work of the Parliament and its Health & Sport Committee in their consideration of measures in the current Alcohol (Scotland) Bill. However, both groups have had to take account of possible impacts of pricing on alcohol consumption and harm. The Commission accepts there is a link, as identified by the World Health Organisation, between price and consumption of alcohol, but the relationship is complex, often overridden by other factors and evidence for the effectiveness of particular approaches is, at best, weak and indirect. The following general points have been noted:

- Sales data and a recent NHS report suggest excessive alcohol consumption is worse in Scotland than elsewhere in the UK, yet prices are broadly similar.
- The greater proportions of hazardous drinkers in Scotland fall into higher income brackets where the effects of increased price are more limited. The impact of increased prices would fall disproportionately on lower income groups rather than excessive drinkers¹.
- WHO has concluded that “Demand for alcohol has been found in many high-income countries to be relatively inelastic to price”².

The Commission concludes that although price is one important determinant of alcohol consumption and so of harm, cultural issues and availability also play major parts in determining levels of alcohol consumption.

¹ <http://www.scottish.parliament.uk/s3/committees/hs/reports-10/her10-05vol1.htm>

² http://www.who.int/substance_abuse/expert_committee_alcohol_trs944.pdf

Many respondents supported statutory minimum unit pricing (MUP) as the appropriate measure to be implemented, but the evidence presented for its effectiveness has not convinced the Commission. A wider range of mechanisms with potential impact on price was, therefore, also considered. This included:

- Alcohol duty and other national taxation.
- A ban on below cost selling.
- Quantity discount and promotions restrictions.

Details of the consideration of these aspects of pricing are given in *Appendix 5*.

As MUP is not in place anywhere in world, the evidence presented for its effectiveness has referred to *estimates* of impact which have emerged from well regarded modelling research. The fact that MUP has not yet been tried elsewhere is not a sufficient reason for rejection, but neither can the projected benefits of such a policy be accepted without caution. Arguments in favour of MUP for Scotland often arise from the evidence that excessive drinking is worse north of the border, but questions must be raised about whether divergence on pricing policy within the UK would be desirable. The different patterns of drinking in Scotland are clearly influenced by cultural factors other than price, but the introduction of different price control policies in Scotland compared with the rest of the UK could readily be exploited by the black market or by-passed through internet sales.

The perspective from which the Commission has made its recommendation includes:

- Recognition that the prospect of changes to the UK fiscal regime will influence the context of the debate, and that *divergence on pricing within the UK could result in significant difficulties*.
- The belief that any generation of revenue through action on pricing should be to the *benefit of public services that address the wider causes and effects of alcohol misuse* rather than that of retailers and producers of alcohol.
- Acceptance of the importance of the *removal of the distinctions in pricing between different forms of alcohol of the same strength* (e.g. cider and beer)
- An understanding that while ideally any impact of price *should not disadvantage disproportionately the least affluent or moderate drinkers*, inevitably there will be some such effect.

The recommendation below aims to build pricing policy on a ban of below floor price selling which ensures that any duty or other tax rises, together with the basic cost of the alcohol product, are passed on to the purchaser by producers and retailers. (The Commission is unconvinced by those who argue that it is not possible to arrive at a notional basic cost of production.)

The Commission recommends that the Scottish Government press for a UK-wide approach to the pricing of alcohol that introduces a ban on selling a product (shelf price) below a set “floor price” for alcohol, which should be the sum of: a basic cost of production + duty + VAT.

This floor price mechanism, through periodic increases in duty, should be used to raise the price of alcohol to levels that reduce misuse.

Taxation should be harmonised to ensure that prices of different forms of alcohol of the same strength are the same (e.g. all 5% strength products to have the same floor price).

iv. Caffeinated Alcohol

Recent publicity (see *Appendix 6*) has focussed on what are seen as problems associated with an increased consumption of caffeinated alcohol. Police and prison service reports have indicated strong links to crime, and both academics and medical experts have raised concerns about the link between caffeinated alcohol and anti-social behaviour.

Respondents pointed out the paucity of evidence available to them about this problem in a Scottish context, although there is some experience of combinations of caffeine, diazepam and cannabis with alcohol among convicted criminals from disadvantaged backgrounds. Comment was also made on (i) what were seen as potential difficulties for both legislation and enforcement, not least because caffeine is readily available and offers a variety of ways of easy mixing with alcohol, and (ii) the importance of avoiding a focus on mixtures with stimulants to an extent that it detracts from the point that it is the *alcohol* that does the harm.

There is, however, growing evidence elsewhere for health and safety risks from combinations of alcohol and stimulants such as caffeine or taurine. Research in the US has associated caffeinated alcoholic drinks with increased heavy episodic drinking, episodes of weekly drunkenness, injuries, sexual assault and possible underestimates of how drunk drinkers really are (a false sense of sobriety).

It is also noted that in many drinks and consumer goods markets, there is a growing trend for manufacturers to add active ingredients to products (particularly in stimulation and energy drinks). Considering both the experience in Scotland and a growing body of evidence from the USA, strong action to limit the availability of alcoholic drinks with added active ingredients should be actively considered. For example, a number of Nordic countries have already imposed a 150mg per litre limit on caffeine in alcoholic drinks.

The Commission recommends that action be taken to limit the availability of alcoholic drinks with added caffeine or other such stimulants. A limit of 150mg per litre on caffeine in alcoholic drinks is suggested.

3. Support services for those who are suffering the effects of alcohol abuse.

If the alcohol culture of Scotland is to be changed, it will require that appropriate support be available for both those who over-consume and those families or others who are affected by this. A general principle has been articulated that proposes proportionate action be taken at each step in an offender's behaviour. So, for example, since nearly half of those who have committed murder did so while drunk or on drugs, by intervening at an early stage help can be offered to offenders so they can address their behaviour before they commit more serious crimes. Responses to the Commission offered views on the support that is available for many aspects of alcohol abuse and also on the communication and referral among the various services.

These responses indicated a significant shortage of support services or alternatives for those who over-consume alcohol, but especially for younger people and others who suffer from the effects of that abuse. The Scottish alcohol needs assessment for 2009 estimated a significant gap between the prevalence of alcohol dependence and the capacity for care or treatment as a ratio of 12:1. At a time of financial stringency it is necessary, of course, to consider the costs of providing support and specialist treatment care, but the costs to communities and the country of *not* providing such services are very high and are also crucial to the debate. There is wide agreement on the need for improved communication and referral between agencies and for services to be available as soon as possible after the individual's problem with alcohol is identified.

The Commission believes that there should be a *national support approach* that emphasises the importance of planning, communication and collaboration among support services. This should ensure the best use of resources and appropriate targeting, but at the same time identify local issues and allow local people to influence service planning. Inevitably alcohol abuse will interact with a range of other acute problems including homelessness, poverty and mental illness and the capacity to respond will depend on the quality of professional analysis and skills. The Commission is conscious that that there are areas of concern, such as domestic violence or the need for support in the workplace where over-consumption of alcohol has obvious relevance, that did not appear as central issues in the collection of evidence. Clearly these matters would have a place in a national strategy.

The Commission recommends that part of the National Strategy for Action on Alcohol should focus on support for those affected by alcohol misuse and on the facilitation of communication, joint planning and best use of resources among the criminal justice, health and social support services. It should ensure that appropriate monitoring is undertaken.

i. Criminal Justice System Support

Clearly over-consumption of alcohol has a significant impact on the criminal justice system and other services. The Commission suggests that consideration of the need for a *national and coherent approach*, which emphasises effective

communication and contributions of support from a number of different sources within the system, could have the potential to reduce the harm associated with over-consumption of alcohol by irresponsible drinkers.

One possibility is the extension of *Arrest Referral (AR) schemes* which are designed to give individuals access to treatment and care services at the time of arrest. This enables them rapidly to engage with treatment, while trying to reduce alcohol misuse and associated criminal behaviour. Research has indicated that successful engagement with treatment services leads to reduced levels of substance misuse and of offending. The Commission noted that an AR scheme in England, initiated by cider makers Bulmer and offering offenders individual drinking assessments with trained counsellors, found that those attending for six months had a re-offence rate of 16% while the figures for those not in the scheme was 49%.

Extensive piloting of AR has been undertaken in England and Wales, but developments in Scotland have been patchy with much of the focus on drug rather than alcohol misuse and funding often insecure. Where progress has been made, there are carefully constructed protocols for multi-disciplinary working involving criminal justice, social work, the courts, police, local drug services and a range of voluntary organisations including Action for Children (NCH), Apex, SACRO, and Turning Point. Six AR schemes in Scotland were funded between 2004 and 2006, but only those in Glasgow, Tayside and Dumfries and Galloway have dealt with alcohol as well as drug related issues. The intention was that the schemes be endorsed by the local Alcohol and Drug Action Teams and evaluated by Stirling University. That evaluation suggested the schemes achieved a lower level of initial contact with those arrested than had been anticipated.

Difficulties have been encountered in dealing with (a) decisions about where to base schemes most effectively (e.g. in police offices or the courts), (b) significant refusals to take advantage of AR and denial of alcohol addiction (especially among younger males) and (c) too heavy a reliance on workers with expertise in drug rather than alcohol problems. Nevertheless, the Commission is of the view that consideration should be given to mainstreaming such schemes across the country as part of a range of pathways into treatment and support.

Another possibility would be the introduction of *Alcohol Treatment and Testing Orders (ATTOs)*. Drug Treatment and Testing Orders (DTTOs) have been shown to be useful in reducing both criminal behaviour associated with drug use and spending on drug sentences. Expanding such Orders to tackle alcohol might show similar positive effects to those seen in DTTOs. This would give repeat offenders with serious alcohol problems the opportunity to forego a custodial sentence in favour of a treatment programme. By using such programmes to address serious alcohol problems, it may be possible to make a positive impact on offenders' lives and their related offending behaviour. A pilot scheme in Fife has offered alcohol counselling as an alternative to a fine for an alcohol related offence. The scheme anticipated a take-up by 15% of offenders, but in fact 30% took advantage of the opportunity.

Finally in this section, the Commission draws attention to the need for *improved prison policies on the reduction of alcohol abuse with the aim of reducing offending*. The current mantra that offers an explanation of failure by prison

authorities in this regard by insisting that “prison doesn’t work!” should be challenged. The Government should be encouraged to bring forward new ideas for policies and actions that include appropriate training for prison staff.

The Commission recommends that, based on the experience already gained in some areas, immediate action is taken to introduce monitored Alcohol Arrest Referral schemes and Alcohol Treatment and Testing Orders across the country. These build on the value of treatment being available at the earliest opportunity and as a possible replacement for custodial sentences.

The Government should immediately bring forward new ideas for policies and actions in prisons, with the aim of reducing alcohol misuse and subsequent offending among prisoners, including appropriate training for prison staff, collaboration with voluntary agencies and monitoring.

ii. Health Care and Support

The Commission has already made clear its view that the long-term solution to alcohol misuse is social rather than medical, and it is also aware that estimates of the impact of price changes for alcohol argue that they could result in financial savings of many millions in health care. However, in current circumstances there is considerable concern about the need for more training of specialist staff, managers and other practitioners including doctors, district nurse teams and health psychologists, in the provision of support for those withdrawing from alcohol abuse and for liaison with communities.

A particular area of great concern relates to drinking during pregnancy and the *alarming rise in foetal alcohol spectrum disorder* which can lead not only to disabilities that are evident at birth, but also to learning and other difficulties that become apparent only at a later date. Unfortunately, the information about not drinking during pregnancy has lacked the resonance of the message of not smoking, despite the dangers of alcohol being even greater. The need to ensure better education and support for pregnant women, and to equip midwives and others with the skills to engage with this issue, is urgent.

There are also possibilities for exploring whether the government’s system of *brief interventions* on alcohol could be used as a mechanism for communication and referral activity as part of a direct effort to improve public health. It rests on an assumption that minimal intervention at the early stages of an alcohol problem can be effective³ and focuses on behavioural counselling based around the five “As.”

- Assess alcohol consumption.
- Advise patients to reduce alcohol consumption.
- Agree on individual goals for reducing alcohol use.
- Assist patients in acquiring motivation
- Arrange follow up support.

³ <http://www.healthscotland.com/documents/2555.aspx>

Concern about the significant increases in Scotland over recent years in alcohol related deaths, hospital admissions for alcoholic liver disease and cases of acute intoxication has identified the need for more health practitioners and managers to develop capabilities that promote alcohol care pathways. Such capabilities include screening and assessment to identify hazardous or harmful drinking, alcohol dependency and those in need of urgent treatment. In some cases this will lead to brief interventions focusing on information and/or counselling aimed at changing behaviour to reduce consumption; in others there will be referrals to specialist services. The settings involved can include primary care, A&E, antenatal and acute care.

Systematic recording to provide registers of patients with problems can aid communication among services, and information about available resources supports the schemes that aim to improve public health. However, local agreements on payment structures across health care settings have to be agreed and progress has to be regularly reviewed. NHS Health Scotland is currently evaluating the impact of Brief Interventions, but the final report will not be published until June 2011.

Respondents also reminded the Commission that health psychology research and theory could contribute significantly to the aim of improving the population's health and well being and reducing health inequalities. It was pointed that only a small number of the specific behaviour change techniques, known to be effective in influencing motivation and environmental change, are currently being used to address the field of alcohol abuse.

The Commission recommends that greater emphasis is placed on the training of specialist staff, managers, doctors, district nurse teams and health psychologists, in the provision of support for those withdrawing from alcohol abuse and for liaison with communities. Currently, few of the behaviour change techniques known to be effective are used to address alcohol abuse. One urgent focus for improvement concerns the equipping of midwives and others to deal with, and educate pregnant women about, foetal alcohol spectrum disorder.

The NHS should act quickly, on the basis of its forthcoming evaluation, to introduce a wide-ranging scheme of Brief Interventions on the assumption that minimal intervention at the early stages of an alcohol problem can be effective.

iii. Social Support for Young People and Families

As well as the many unborn children facing potential harm from pregnant women's drinking, even at a level that would not normally be seen as excessive, there are tens of thousands of children in Scotland who live in families where one or more adults have an alcohol problem.

Those in the social work and teaching professions have long recognised the impact of alcohol on the break up of families and the resulting numbers of children and young people who become "looked after and accommodated". There are huge costs invested in funding assessment, caring and learning

support as well as the later impact on court, criminal justice and mental health services. It is of concern that government does not possess the core data on the numbers of children who are referred to the Children's Hearing system and/or come into care as a result of alcohol abuse. Such data as exists unhelpfully makes no distinction between alcohol and drug misuse.

To protect young people and families, there is a clear need for parents to understand the unacceptability of being drunk in charge of children or drinking during pregnancy, and the consequent risks of losing custody of their children or having babies born with foetal alcohol syndrome that can disable their bodies, behaviours and learning throughout their lives. There is plenty of experience of the former risk, and extensive medical evidence for the latter. Unfortunately, submissions from several sources, including some recovering alcoholics, have also suggested that price increases can result in harmful drinkers maintaining their alcohol intake at the expense of support and nutrition for their families.

Planning appropriate measures to be taken is, however, difficult. It has been suggested that family-based interventions are likely to have greater impact than school-based approaches. Parents, however, may well fear losing custody of their children if they approach addiction services – problems within families can still be hidden since alcohol is a legal and very widely used drug. Parents need clear and consistent information if they are to understand the serious effect of alcohol on young people, but it seems unlikely that a lecturing approach, whether oral or written, will be effective. Cultural change requires effective messages to parents and older children about modelling sensible use of alcohol or access to alcohol within the home.

Various reports have been cited to suggest that schools, support services and primary care should identify links between childhood problems and parental alcohol misuse and that there is some evidence that identifying and addressing the link is likely to improve parental uptake of alcohol treatment services. However, comment was also made on the need for alternative activities to engage young people and distract them from the development of drinking habits. Support was expressed for encouraging those over 18 to drink in licensed premises where the environment is safer and more controlled, and responsible drinking rather than “pre-loading and agent purchase” is promoted. Such premises could be encouraged to promote soft drinks and free water for designated drivers.

There is some evidence that although fewer children are drinking than in the past, those that do drink are drinking more. Furthermore, up to a quarter of children's social work cases have alcohol cited as a factor in referral. The influence of parents drinking habits on their children is widely acknowledged as is the associated cost to society of social care for such families. Any interventions in families have to focus on improving the strength of relationships and communications within the home. The Commission is aware of a number of initiatives of this kind:

- *Strengthening Families* promotes strong and healthy relationships and information on drug and alcohol abuse in several Scottish local authorities.

- In Glasgow's *Home Based Carer Service* a dedicated core team provide specialist support to vulnerable families.
- In *Getting it Right for Every Child*, Ayrshire aims to identify children and families where alcohol is a problem and put in measures to reduce and eliminate the harmful effects.
- The alcohol industry has supported imaginative drama-based education for school children: Diageo's *Booze Busters*.
- Advice for parents also comes from the industry through *Drinkaware*.

Concerns were expressed to the Commission that initiatives continue to need support from Government and the drinks industry, and that care for families can be influenced by messages from schools including those concerning children who attend under the influence of drink.

The Government should establish and make available core data on the numbers of children who come into care or are referred to the Children's Hearings as a result of alcohol abuse (as distinct from drug misuse) within the family.

Priority should be given by the Government to supporting and monitoring collaborations among social work, education and the drinks industry to develop innovative approaches that promote effective engagement with families. The aim would be to provide parents with consistent information that enables them to understand the unacceptability of being drunk in charge of children or drinking during pregnancy, the risks of losing custody of their children or having babies with foetal alcohol syndrome, the need to model sensible access and use of alcohol within the home and the importance of relationships and communication within the family. Innovations of this kind, however, require techniques that differ from traditional education and social care and it will be important to learn from the initiatives identified in the report.

Appendix 1: Commission Membership

Sally Brown (Chair)

Sally Brown is Professor Emeritus of Education at the University of Stirling. Before retirement she was Deputy Principal of that University with particular responsibility for student issues. She was formerly President of the British Educational Research Association and Director of the Scottish Council for Research in Education. Her studies, teaching and research have been undertaken not only in Scotland but also in the USA, England and West Africa, and she chaired the education panel for the 2001 UK Research Assessment Exercise. She is currently Vice-Convener of the Royal Society of Edinburgh's Education Committee and has chaired Scottish Arts Council committees on education policy and national theatre. Until recently she was a member of the Court of Queen Margaret University and the Academic Council of the UHI Millennium Institute. In the past, she has chaired various Economic and Social Research Council Groups and Central Region's Child Protection Committee. She has degrees in physics and in education, has taught physics to school as well as university students and has four honorary degrees.

Brian Fearon

Brian was born in Belfast and educated at Queens University, The University of Sheffield and Middlesex University. His original degree was in Psychology and he has a Masters in Criminology. Brian has been involved in Social Work since 1971, was Director of Social Services with East Dunbartonshire Council from 1995 to 2000, a member of the Expert Panel on Sex Offenders from 1999 to 2001 and from 2003 to 2007, as an Elected Member, was Convener of Education and then Scrutiny with Clackmannanshire Council. Currently he is working in the University and the Voluntary sector as a consultant in Criminal Justice.

Sam Galbraith

Sam Galbraith was born in 1945 and brought up in Greenock. He was educated at Greenock High School and the University of Glasgow, where he graduated in 1968. He subsequently worked and studied in the United States, Canada and Zimbabwe, and, until entering Parliament in 1987, was a consultant neurosurgeon at the Institute of Neurological Sciences in Glasgow. From 1988-92 Sam was Labour's Scottish Health Spokesman and was also a member of the frontbench health team for England and Wales. After the 1997 general election he was Parliamentary Under-Secretary of State at the Scottish Office, where he was Minister for Health, Sport and the Arts. He was Senior Research Fellow in the Department of Public Health at the University of Glasgow from 1996 to 2006 and has published papers on the effect of alcohol on head injuries.

Jeremy Blood

Jeremy spent 21 years working for Scottish & Newcastle in a variety of roles. He joined initially as Brand Manager for Beer Marketing. Since then he has held various roles such as Sales & Marketing Director, Director of Corporate Affairs and Managing Director for S&N Pub Enterprises. In 2007 he was appointed Managing Director at Scottish & Newcastle (S&N). Currently he is non-Executive Director of Mitchell's & Butler's, the UK's leading managed pub company. He was a member of the CBI Scotland council from 2002 to 2008, and has been a council member of The Portman Group and the British Beer and Pub Association. He lives in Edinburgh.

Graeme Pearson

Graeme Pearson was a police officer for 38 years as a uniform and CID officer. During his service he dealt with both the frontline experience of alcohol abuse as well as reporting to Licensing Boards as a Divisional Commander in Lanarkshire. He is the former Director General of the Scottish Crime and Drug Enforcement Agency and previously held the office of Assistant Chief Constable at Strathclyde Police leading on the portfolios overseeing initially Community Safety and thereafter Crime. Mr Pearson played a seminal role in the creation of 'Choices for Life' the national substance abuse educational package. He has strong links with University of Glasgow where he is a visiting lecturer with the Law Faculty. He is now head of the Unit for the Study of Serious Organised Crime at the University of Glasgow as an Honorary Professor and a Trustee sitting on the Board of the Airdrie Savings Bank.

Councillor Stephen Dornan

Stephen Dornan is 52 years of age married to Fay and has 3 children. He has been a Glasgow Councillor for 15 years and has held several senior positions as: Convener Licensing Board (Present), Executive Member for Health, Chief Whip, Convenor Area Committee, Convener Mid Clyde Valley Committee, Convener of Social Inclusion Partnership, Vice-Convener Licensing Committee, Vice-Convener Planning, Baillie for the City of Glasgow, committee membership for Housing, Personnel, Education, Development and Regeneration, Property, SPT, Social Strategy, Board membership for Fire, Regeneration Board, Community Planning, Community Enterprise in Scotland and several directorships. He comes from a trade union and community background, has taught and practiced karate for 25 years and been a badminton coach. He has a reputation for working very much in partnership and finishing what he starts (dog with a bone).

Appendix 2: Written and oral contributions of evidence to the Commission

Written Evidence Submissions:

Aberdeenshire Alcohol and Drug Partnership
ACPOS Scotland
Advertising Standards Authority
Alcohol Concern
Alcohol Focus Scotland
Association of Directors of Social Work
British Medical Association
Children 1st
ChildLine Scotland
City of Edinburgh Council/Licensing Board
College of Occupational Therapists
Consumer Focus Scotland
COSLA
Diageo Scotland
Dundee City Council/Licensing Board
East Dunbartonshire Council/Licensing Board
East Renfrewshire Council/Licensing Board
Fife Council/Licensing Board
Forrester Cockburn (forwarded by Pauline McNeil, MSP)
General Medical Council
Gin and Vodka Association
Glasgow Centre for the Study of Violence
Glasgow City Council/Licensing Board
Health Economics Research Unit
Heineken UK
Lanarkshire Alcohol and Drug Partnership
Max Cruickshank (forwarded by Jackie Baillie, MSP)
Medical Research Council
Midlothian Council/Licensing Board (Response from Midlothian & East Lothian
Drugs and Alcohol Partnership)
Moray Council/Licensing Board
National Union of Students Scotland
NHS Ayrshire and Arran
NHS Dumfries and Galloway
NHS Forth Valley
NHS Grampian
NHS Greater Glasgow and Clyde
NHS Health Scotland
NHS Highland
NHS Lanarkshire
NHS National Services Scotland
NHS Orkney
NHS Scotland
NHS Tayside

NHS Western Isles
North Lanarkshire Council/Licensing Board
Orkney Islands Council/Licensing Board
Pernor Ricard UK Limited
Queen Margaret University
Royal College of General Practitioners Scotland
Royal College of Midwives
Royal College of Physicians of Edinburgh
Royal College of Psychiatrists
SABMiller plc
Scottish Ambulance Service
Scottish Association of Mental Health
Scottish Beer and Pub Association
Scottish Grocer's Federation
Scottish Health Action on Alcohol Problems
Scottish Police Federation
Scottish Women's Convention
Scottish Youth Parliament
South Ayrshire Council/Licensing Board
South Lanarkshire Council/Licensing Board
Stirling Council/Licensing Board (Response from the Stirling Drug & Alcohol Partnership)
The British Psychological Society
The Edrington Group
The Portman Group
The Royal Society of Edinburgh
The Scotch Whiskey Association
The Scottish Licensed Trade Association
The Scottish Retail Consortium
UNISON Scotland
University of the West of Scotland
VisitScotland
West Lothian Council/Licensing Board
Wine and Spirit Trade Association
World Health Organization

Oral Evidence Attendees:

Association of Directors of Social Work
Young Scot
British Medical Association
Alcohol Focus Scotland
Scottish Health Action on Alcohol Problems
Scotch Whisky Association
Wine and Spirit Trade Association
Scottish Licensed Trade Association
Association of Police Superintendents
SOLAR Licensing Forum

Appendix 3: Examples of the impact of alcohol abuse in Scotland

The problem of over-consumption is widespread, has a profound impact on health and safety, crime and violence, workplace performance and home life, and occurs in every council area in the country, although it affects some more than others. For example, the Association of Police Superintendents reports that nearly 50% of those in custody in Strathclyde were drunk at the time of arrest. Public drunkenness leads ordinary citizens to feel unsafe in certain areas, especially at weekends. Children living in families with alcohol problems are at risk of abuse and mistreatment. Reduction of over-consumption of alcohol and of alcohol dependency would create a better standard of life and immensely improved health for Scotland which has:

- the eighth highest alcohol average consumption level in the world, 24% above the rest of the UK⁴
- up to 50% of men and 30% of women across Scotland who exceed recommended weekly guidelines, 164,344 days of absence from work and 3,536 unemployed individuals through alcohol problems
- one of the fastest growing rates of liver disease in the world, alcohol related mortality that has doubled in the last 15 years and annually 187,951 A&E attendances, 64,382 Ambulance journeys and 275,775 hospitalisation days
- estimates that alcohol misuse costs the public purse in Scotland between £2.25 and £3.5 billion every year⁵
- almost one fifth of all violent incidents taking place in or around pubs and clubs (UK cost: £7.3 billion)
- almost half of Scotland's 7,000 prisoners saying they were drunk at the time they committed their offence, 42,530 alcohol-related offences proceeded against, 565,172 days spent in prison and 27% of total expenditure on criminal social work on an annual basis
- estimates suggesting 80,000 to 100,000 children across Scotland are affected by parental alcohol misuse and accounting for 24% of total expenditure on children and families' social work

Offenders need to understand the damage that they cause to themselves and their communities. As Mike Craik of the Association of Chief Police Officers (ACPO) in England has said:

“There is no doubt that irresponsible drinking leads to alcohol-fuelled violence and suggestions that enforcement alone can provide an answer ignore the obvious. . . . ACPO has consistently called for end-to-end solutions bringing together the police, local authorities, industry, parents and all those in each neighborhood who share an interest in tackling alcohol related crime and disorder.”

The same can clearly be said for Scotland.

⁴ <http://www.healthscotland.com/uploads/documents/reportOnAlcoholSales2005-2009-20100720.pdf>

⁵ <http://www.scotland.gov.uk/Publications/2009/12/29122804/0>

Appendix 4: Focus on Alcohol Angus

This scheme includes the following range of activities in an attempt to influence local alcohol cultures:

- An educational programme (Carnoustie High School) for alcohol awareness, delivered one period a week for 4 months, has dealt with aspects of alcohol awareness including road safety, role of Licensing Boards, laws on drugs and alcohol, offensive weapons, drink driving, alcohol “fuel for fire” activity and risk taking behaviour in relation to personal safety.
- A survey among school pupils in Kirriemuir and Brechin suggested 85% of their parents or carers knew they drank alcohol and this led to an alcohol awareness initiative producing “social marketing messages” that aim to develop social health and well being. The intention is to encourage communities and professionals to bring about a culture change in behaviour, especially that of young people, towards alcohol.
- The aim of the “Friday Nite Project”, based at Webster’s Sports Centre Kirriemuir, is to deter young people from drinking alcohol on a Friday night as a consequence of having nothing else to do. This project has an attendance of 50 to 60 young people and draws support from local businesses.
- A successful induction training programme for health and social work staff began in 2007 and a recently developed programme for home care staff with a specific focus on the needs of older people is now underway.
- “Best Bar None” is a best practice exercise to raise standards in the trade. There are 38 accredited premises where training of bar staff in drugs policies, security and disorder issues, building and fire safety and noise nuisance are addressed.
- Tayside police have introduced training for police officers and Reliance security staff. This ensures that participants recognise the merits of the Alcohol Information and Services guide on local services, help lines and websites. The aim is to ensure custodies with suspected alcohol problems have access to this guide.

The evaluation of FOAA commissioned by the Scottish Government and Health Scotland found

- Good leadership from the Angus Community Planning Partnership.
- Resource demands were limited but staff and volunteer time was maximised.
- Local projects reported back favourably on the overarching FOAA delivery.
- Working relationships between individual partners improved and impacted on other areas outwith the FOAA. New working networks between partner organisations developed.

- Alcohol awareness has been mainstreamed into the day to day work done by the FOAA partners.

FOAA has developed the capacity of local communities to begin to tackle alcohol misuse and is aiming that the work be part of the Authority's Single Outcome Agreement (SOA) with Scottish government.

Appendix 5: Alcohol Duty, Taxation, Pricing and Discounting

Specific points noted in relation to *alcohol duty and other national taxation* included:

- Duty and VAT are both taxes reserved to the UK Government and are not options currently open to the Scottish Government.
- A significant advantage of duty over statutory MUP is that the revenue generated is returned to the public purse (the UK Treasury), not the retailer. Increased duty affects prices for drinkers at all levels of affluence, but the disproportionality of the impact on the less affluent is reduced in comparison with MUP.
- However, under the Alcoholic Liquor Duties Act 1979⁶, duty is paid by the producer and not the retailer and a tax rise on its own may not, without legislative underpinning, have a commensurate effect on the shelf price (although retailers may be unlikely to absorb increased duty indefinitely).
- The pricing of cider below that of beer probably reflects the considerably smaller duty levied. In March 2010, Labour's last budget sought to end this distinction, but the June Emergency Budget of the Coalition Administration proposed instead a wider "review of alcohol taxation and pricing" in the run up to the October Budget Statement.⁷ This, coupled with proposed rises in VAT from January, may well change the context of the alcohol pricing debate.
- Concerns were expressed that differential pricing regimes within the UK could create undesirable cross border and informal market activity and new enforcement issues.

Significant numbers of respondents expressed support for *a ban on below cost selling of alcohol*, and the UK Government's coalition agreement document has indicated that this remains the favoured option and stated an intention to consult further. The Commission noted the following:

- A Home Office consultation in 2009⁸ on banning below cost selling generally had a favourable response from on-trade and enforcement agencies.
- The public, however, were generally in favour only if a ban did not prevent them from getting the best deal.
- The precise extent of below cost alcohol sales is unclear although a 2007 Competition Commission Report found that alcohol was one of the top five products sold below costs by the big supermarkets.⁹
- In itself, the price rise from a ban would not be large and, like MUP, would affect a relatively narrow range of products, but combined with an

⁶ http://www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1979/cukpga_19790004_en_1

⁷ <http://programmeforgovernment.hmg.gov.uk/crime-and-policing/>

⁸ http://www.staffs Moorlands.gov.uk/downloads/Item6_App1.pdf

⁹ http://www.competition-commission.org.uk/inquiries/ref2006/grocery/prov_findings/prov_find_report.pdf

increase in taxation it could have an impact on retail prices and generate revenue to the public purse rather than retailers.

- To reach the level required to have an impact on consumption, however, taxation would have to be increased.

A further concern for respondents related to *quantity discount and the need for price promotion restrictions*. The Commission is aware that Sections 3-4 of the Alcohol (Scotland) Bill seek to amend the 2005 Licensing (Scotland) Act so that the prohibition on supplying alcohol free or at a reduced price on the purchase of other drinks applies to off-sales (so-called “irresponsible promotions”) as well as further control promotional activities in off-sales premises by restricting the location of promotional materials to the alcohol display areas. This measure appears to have majority support in the Scottish Parliament. The Commission also noted that:

- Respondents argued that much “cheap” alcohol on the market is actually the consequence of quantity discounting and promotions such as 3 for 2 offers which encourage people to consume more alcohol than they otherwise would.
- The Sheffield University modelling predicts a total discount ban would produce a greater reduction in overall consumption than an MUP of 40p (3.1% compared to 2.3%).¹⁰
- The model also predicts that this would generate extra revenue to retailers, but would affect a wider range of products and consumers and is therefore arguably less regressive.
- The ability of retailers to engage in “deep discounting” may be partly addressed by forthcoming UK Government measures.

Significant numbers of respondents recommended *minimum unit pricing (MUP)* as the appropriate strategy for alcohol pricing. MUP is not in place anywhere in world and the evidence presented for its effectiveness relies on *estimates* of impact. These estimates rely on modelling research, including a systematic literature review, carried out by the School of Health and Related Research (SchARR) at Sheffield University, originally commissioned by the Department for Health and subsequently by the Scottish Government. A type of statutory minimum pricing (“Social Reference Pricing”) in Canada is not necessarily related to alcohol strength and relates to a very different context in which the provinces have a public monopoly on the importation and retail of alcohol products and therefore retain the extra revenue.

The Commission consider the Sheffield research to be an informed and valuable contribution to the debate, but note that the main author in evidence to the Health & Sport Committee likened the modelling exercise to weather forecasting.¹¹ Matters of impact on different income groups and possible market

¹⁰ <http://www.scotland.gov.uk/Publications/2010/04/20091852/7>

¹¹ <http://www.scottish.parliament.uk/s3/committees/hs/or-10/he10-0502.htm#Col2708>

response were beyond what was commissioned in the research, and the projected benefits of MUP are based on econometric modelling under assumptions that are not accepted by all economists. In particular, the assumption that the heaviest drinkers are the most price-sensitive is contentious.

The Commission members have noted that:

- In contrast with taxation options, price increases through MUP benefit retailers rather than the public purse (Sheffield estimated this at £113m per year for a 40p minimum price combined with a discount ban).
- The Scottish Government has not identified its proposed minimum price.
- MUP would have a greater impact on the price of cheaper alcohol while leaving more expensive products unaffected.
- Scottish Health Survey data suggest that drinking in excess of recommended levels actually increases with income¹², so it is unclear to what extent MUP would target problem drinking and what impact a price increase would have on the consumer habits of different income groups.
- The survey data also suggest that excessive drinking in adults is most acute in the highest income quintiles and the 16-24 year old age group for which the Sheffield modelling projects MUP to have the least effect.

¹² <http://www.scottish.parliament.uk/Apps2/Business/PQA/default.aspx?pq=S3W-31830>

Appendix 6: Caffeinated Alcohol

One brand of tonic wine sold in Scotland contains 375 mg of caffeine per litre, equivalent to eight cans of coke. This product's off-sales have in recent years increased by 40%, its bottles accounted for nearly 60% of the broken glass found in one town and were cited as being used as a weapon in 114 crime reports. The impact of this drink, however, is disproportionately focused on particular age groups (especially young males) and specific areas of Scotland. Overall it accounts for only 1% of alcohol purchased across the country.

It is also worth noting that this tonic wine is relatively expensive costing about £7 for 75cl. With 11 units of alcohol in a bottle, it would not be affected by minimum unit pricing unless the price was set at above 70p per unit. Furthermore, there is no evidence that increasing the price further would affect brand loyalty among young males in Scotland. Of the young offenders who gave evidence to an enquiry, only 4.3% noted a cheap price as a contributor to how they determined their favourite drink.

In addition to action taken by several Nordic countries, a letter from American scientists to the US *Food and Drink Administration* raised serious concerns about the safety of caffeinated alcohol suggesting it has more severe consequences than the misuse of alcohol alone. In November 2009, the FDA threatened to prohibit caffeinated alcoholic beverages from the American market unless producers could prove that the drinks were safe.

