Alcohol (Licensing, Public Health and Criminal Justice) (Scotland) Bill

A collective response to the Health and Sport Committee’s call for views from Aberdeen City Alcohol & Drug Partnership, Aberdeenshire Alcohol & Drug Partnership, Moray Alcohol & Drug Partnership, and NHS Grampian

Scotland’s disproportionate human, social and economic costs arising from alcohol consumption, compared to other UK and European countries, are well known. Such significant harm requires coherent government policies to protect the health and wellbeing of children, families, businesses, communities and individuals. A large body of evidence is available to inform evidence-based policy making.\(^1\),\(^2\) Grampian is affected by alcohol-related harms,\(^3\) and we would welcome any legislation that would further control and reduce the availability of alcohol, shift cultural attitudes to be less accepting of heavy alcohol consumption, and encourage moderation in those who choose to consume alcohol. There was some concern voiced that a succession of bills could give an unintended impression of disjointed policy making. Nonetheless we are pleased to address the ten proposed measures in turn below.

1. Minimum price of packages containing more than one alcoholic product. This will address a loophole in the current legislation on multi-pack discounting of alcohol products. We collectively support this proposed measure.

2. Alcoholic drinks containing caffeine. The Policy Memorandum refers to “a well-known brand of tonic wine”, presumably Buckfast. This is not a brand associated with concern in Grampian. This measure would also not prevent the consumption of constructed drinks such as “Jägerbombs” or “vodka Red Bull”. We are collectively neither for nor against this proposed measure.

3. Age discrimination: off-sales. Recent findings from Scottish Health Surveys are acknowledged as not giving cause to single out this particular age group, although an argument might be made regarding potential vulnerabilities from alcohol on still-developing adolescent brains. There is no sense of existing provisions being applied disproportionately. We remain equivocal regarding this proposed measure.

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\(^3\) www.nhsgrampian.org/dph/
4. Container marking: off-sales. The effectiveness of this proposed measure is unclear as, given the importance of family and friends in the supply of alcohol, an unknown proportion of any recovered alcohol may well have been purchased from marked outlets legitimately. We are collectively neither for nor against this proposed measure.

5. Consultation and publicity for license applications. We collectively support this proposed measure.

6. Ban on alcohol advertising near schools etc. This is consistent with the published evidence-base. We collectively support this proposed measure.

7. Alcohol education policy statements. Public education campaigns are ‘probably ineffective’. We are collectively neither for nor against this proposed measure.

8. Drinking Banning Orders. The effectiveness of this proposed measure is unclear. By focusing solely on individuals’ culpability, while ignoring the collective social responsibility that arises from culturally accepting and celebrating high alcohol consumption, while simultaneously politically permitting such consumption through widespread availability, this measure will doubtless further stigmatise and criminalise some vulnerable individuals, in effect compounding their difficulties. We collectively do not support this proposed measure.

9. Fixed penalty offences involving alcohol - alcohol awareness training as alternative to fixed penalty. The effectiveness of this proposed measure is unclear. We have some similar concerns as raised under Drinking Banning Orders, but also acknowledge that such approaches may be helpful in some circumstances. We are equivocal regarding this proposed measure, though would welcome efforts to improve the evidence base.

10. Offences involving alcohol: notification of offender’s GP. The effectiveness of this proposed measure is unclear. Whilst notification may flag the need for an assessment, intervention, or referral, it may be more effective for this to occur in the criminal justice setting. Clinical opinion that was canvassed was not wholly negative, but only if the measure did not place any onus for action on either GPs or patients. Overall we do not support this proposed measure.

Aberdeen City Alcohol & Drug Partnership, Aberdeenshire Alcohol & Drug Partnership, Moray Alcohol & Drug Partnership, and NHS Grampian