NHS Ayrshire and Arran

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

1. Do you support the Bill as a whole?
NHS Ayrshire and Arran supports the intention of the bill to reduce alcohol-related harm in the population.

2. Do you support particular provisions in the Bill?
We are pleased to support the following sections.

Sections 1 – we understand closing this loophole will place further restrictions on multi-buy price discounting in all shops.

Section 4 – Bottle marking (tagging) is something that is currently utilised by some retailers in Ayrshire and Arran to good effect.

Section 5 – We support the proposed requirement to extend the application notification period to encourage community involvement. However we note this is only in areas that do not have an active Community Council. By introducing a 21 day and 42 day period, depending on circumstances, there is the potential to cause confusion generally. We would suggest having a longer consultation period as standard, as this will assist Community Councils who meet on a less frequent basis to respond to licence applications.

Sections 6-13 – We support this section to limit alcohol advertising near places used by children and events aimed at children. We would further support this being extended to cover young people.

We are content to support the following sections but ask the Committee to note the cautions detailed.

Section 2 – Alcohol and caffeine are both substances which can be harmful to health; we are therefore concerned that consuming alcohol and caffeine simultaneously may be synergistically harmful to health.

However, we would like to highlight to the Committee potential unintended consequences from banning the sale of caffeinated alcoholic drinks. Individuals and manufactures are inventive, as such the impact of manufacturers changing the composition of current drinks, or individuals mixing their own drinks to get their ‘wired awake drunk’ needs to be considered.

Also we consider further analysis of the association between alcoholic caffeinated drinks and criminal behaviour needs to be undertaken.

Section 14 – we support the proposal in principle to set out an Alcohol Education Policy Statement. The caveat being, whilst not disputing the continued need to ensure the population is informed about alcohol-related harm and safe drinking limits there should not be an undue emphasis on this in isolation. There is little evidence of the effectiveness of whole population
(including whole school) information campaigns in changing behaviour. There is however evidence that information campaigns widen inequalities by reaching those well placed by virtue of their social situation to receive and act on the information and this would need to be taken into consideration when developing any information resources/campaigns. We note in the financial memorandum that it is anticipated that the activity involved in this proposal “will replace work already being done by the Scottish Government’s public health division”. The opportunity cost of this proposal, therefore needs to be carefully considered.

3. **Do you have concerns about particular provisions in the Bill?**

We have concerns about the proposal (section 3) to limit Licensing Boards ability to impose banning the sale of alcohol to under 21’s as a condition of licence.

Whilst we can see the Committee’s view of addressing age-discrimination as the current legal age for purchase is 18, we would propose levelling the playing field by considering raising the legal purchase age to 21. The justification would be the toxic effects of alcohol on the still developing brain. There is evidence from Canada and USA (which we have previously submitted) which highlights the vulnerability of children’s brains up until early 20’s to harm associated with alcohol consumption.

From an ethical point of view, if the age for legal purchase cannot be raised, we would contend that a measure to prevent damage to the health of young people overrides the requirement to address an age discrimination anomaly.

We also have concerns about section 31, notification of offender’s GP. The intended outcome is not explicit other than the hope the GP may go on and deliver an alcohol brief intervention. Whilst there are potential benefits from a GP being aware that one of their patients is experiencing alcohol-associated social harm the ethical and resource implications of this proposal require further consideration, particularly where the purpose of the information sharing is not explicit.

4. **How will the particular provisions in the Bill fit with your work, or the work of your organisation?**

NHS Ayrshire and Arran works with partners to achieve the healthiest life possible for everyone in our population. There are a number of evidence informed proposals which are likely to contribute to reduced alcohol consumption and therefore reduced harm in the population.

Specifically NHS Ayrshire and Arran is a statutory consultee with regards to new premises licence applications or variations to existing on and off-sales licence applications. The changes being proposed will not have any impact on this, other than the possibility covered in section 5 that the current 21 day consultation period may alter.
5. **Will the Bill have financial or resource implications for you or your organisation?**
   The resource implications of GP notification of offences involving alcohol need to be explored and considered further.

6. **Do you have any other comments or suggestions relevant to the Bill?**
   Sections 15 – 30 With regards to drinking banning orders this could only be applied to on-sales premises.

   Again mindful of unintended consequences, we would be cautious about this measure inadvertently increasing off-sales consumption. It is estimated that 70% of alcohol consumed in Scotland is purchased off-sales. On-sales consumption has a number of relatively protective factors such as: higher unit price, standard measures and assessment of intoxication prior to serving, which, from a public health perspective mean it is preferable to off-sales.

   We welcome the proposal for people to have access to alcohol awareness training, as an alternative to a fixed penalty notice. There is a steep social gradient in alcohol misuse. Financial penalties for those who may already be experiencing hardship are punitive rather than rehabilitative. Evidence informed alcohol awareness programmes are plausibly more rehabilitative. We further support plans to evaluate the effectiveness and cost-implications prior to full implementation. It is of course important to explicitly acknowledge the investment required to develop and deliver ‘approved’ courses.

*NHS Ayrshire and Arran*