Despite recent reductions, alcohol consumption and harm remain at historically high levels in Scotland, with alcohol sales and alcohol-related mortality higher than in England and Wales\(^1\). The negative impacts of risky and harmful drinking are apparent across communities, public services and the economy with significant financial impacts for the NHS in Scotland:

- 300% increase in alcoholic liver disease mortality over the past 30 years in Scotland.
- In 2014, there were over 36,000 alcohol-related stays in Scottish hospitals; the vast majority were emergency admissions.
- Scottish deaths from chronic liver disease are among the highest in Europe; the rates are almost 70% higher than the average across the UK and 60% higher than 30 years ago.
- Alcohol costs £3.6 billion a year in health, social care, crime, productive capacity and wider societal costs, more than the entire education budget.

The BMA believes that there are still steps to be taken to implement the Scottish Government’s alcohol strategy, in particular the implementation of minimum unit pricing. However it is also our view that action to address the marketing and promotion of alcohol, particularly to children is an area for further development.

1. **Do you support the Bill as a whole?**

No. There are parts of the Bill that we do not support and also there are sections of the Bill where it would be inappropriate for us to comment. We have provided more detailed information in our answer to question 2.

2. **Do you support particular provisions of the Bill?**

The BMA supports the following sections of the Bill for the reasons set out below:

**Part 1, Chapter 1**

**Section 1 Minimum price of packages containing more than one alcohol product**

The drinks industry has sought to use quantity discount bans in the past to sell alcohol cheaply to maintain market share. The BMA is supportive of the measures set out in this Bill as a natural progression to close one of

the loopholes to existing legislation that allows supermarkets to continue to offer quantity discounts.

However the BMA maintains that issues around the promotion and sale of alcohol at cheap prices would be better regulated following the introduction of minimum unit pricing.

**Part 1, Chapter 2**

**Section 6 Ban on alcohol advertising near schools etc.**

Alcohol advertising is one of a range of factors that increases the likelihood of starting to drink and it is widely accepted that alcohol advertising is linked to consumption. It is clearly effective, or the industry would not spend as much as £800 million in the UK each year promoting its products. The BMA therefore welcomes the proposals set out in the Bill to further restrict alcohol advertising targeted at young people.

Although not within the remit of the Scottish Parliament, the BMA also supports a ban on the broadcasting of alcohol advertising at any time that is likely to be viewed by a young person, including prohibiting alcohol advertising to 9pm and in cinemas before films with a certificate below 18 years.

**Section 9 Advertising at sporting and cultural events**

Sponsoring entertainment and sporting events and sports teams has become an important advertising mechanism for the alcohol industry. Sponsorship usually involves providing money to underwrite the event in return for the prominent display of a logo or distributed on items such as caps, t-shirts and around the event venue. and adults become walking billboards when they wear these items. In addition, the exposure of children to alcohol’s linkage to entertainment events or sporting activities gives alcohol an innocence by association. In the UK, voluntary industry codes mean there is no alcohol advertising on sports shirts in children’s sizes but some teams are sponsored by drinks companies. The BMA therefore welcomes the proposals in this bill to restrict advertising at public sporting or cultural events primarily involving under-18s to protect children from exposure to alcohol advertising.

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

Yes, the BMA does not support the following sections of the Bill:

**Part 1, Section 2 Alcohol drinks containing caffeine**

Although the BMA does not oppose this section of the Bill, it is important to reflect that given the proportion of the alcohol market that caffeinated alcohol products make up, it should not be the focus of concern. The BMA would welcome further research into the evidence base around this issue.

**Part 1, Chapter 3**

**Section 14 Alcohol education policy statements**

Public information and educational programmes are politically attractive, but have been found to be largely ineffective at reducing heavy drinking or alcohol-related problems. There is some evidence that mass media
campaigns and public service messages may however be effective in building or sustaining support for public health oriented alcohol policies.

The effect of alcohol educational programmes on raising awareness, increasing knowledge and modifying attitudes provides justification for their use; however given their effectiveness at changing behaviour, it is important that there is not a disproportionate focus on or funding of, such measures. Educational strategies are not effective as key stand-alone alcohol control policy but can be used to supplement other policies that are effective at altering drinking behaviour and to promote public support for comprehensive alcohol control measures.

The BMA does not therefore believe that legislation in this area is necessary or required.

Part 2, Chapter 2
Section 31 Offences involving alcohol: notification of offender’s GP

The BMA has significant concerns about the proposals set out under this section of the Bill and would urge the committee to consider removing this section in its entirety.

The BMA is not convinced that the provisions suggested would have any significant impact of addressing drinking behaviours amongst offenders and it is likely that in most occasions, the GP will already be aware when a patient has an established drinking problem, or that there are other, more effective ways for interventions and advice to be given to individuals.

“There are virtually no alleged crimes where alcohol is not involved in those coming into the police custodial chain. Our clinical forensic nurses (CFNs), who now do most of the custody health work do consider ABIs … When I do a forensic assessment I may well suggest the detainee engage with appropriate agencies or their GP and how best that might be done but that's a rather different approach to what's being proposed.”

GP and Forensic Medical Examiner

There has been significant success in the introductions of ABIs (Alcohol Brief Interventions) where GPs and other healthcare professionals may take the opportunity to speak to patients about their drinking behaviour or where an alcohol councillor can effectively intervene. But at present there is no obligation to do so. The court has the opportunity to address any problem behaviour due to alcohol abuse, provide advice on where to seek support or to impose alcohol treatment requirements on the offender.

The BMA does not believe that placing an obligation on the Crown Office to notify GPs of conviction information will make it more likely for the offender to receive appropriate treatment for their alcohol dependency. If a patient is not willing to address their behaviour, the chances of them addressing it because the GP raises it are only slight. Essentially, the BMA does not believe that this measure would improve on the already successful ABIs and would not improve patient care.
The BMA also has concerns that it is proposed that criminal conviction information be recorded on a person’s medical record. Medical records are the responsibility of the GPs and as data controller they have responsibility for ensuring that access to personal and confidential information is only given with the patient’s consent. It is our view that medical records should only contain information relevant to the clinical care and treatment of a patient, anything more would be inappropriate. As medical records become more accessible to various agencies, for example insurance companies and employers, having information on legal convictions visible, after limits of disclosure have lapsed, is unlikely to benefit those individual patients.

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

The BMA is currently engaged in a discussion with the profession and government ministers on the future of Scottish general practice. This is taking place against a backdrop of significant recruitment and retention problems, rising workload and more complex care needs of the aging population. One of the key elements of our discussions are how to refocus general practice on to the core aspects of the job and to remove unnecessary bureaucracy. By including the requirement to notify GPs of criminal convictions which the GP may or may not act upon is an example of the rising bureaucracy in general practice that has no evidence base nor does it have any medical reason for being on the patient’s personal record.

However, whilst we have significant reservations about the GP notification element of the Bill, the proposals around advertising and multi-buy purchases would be a positive addition to Scotland’s already comprehensive alcohol policy which in turn we hope will change Scotland’s heavy drinking culture. This has significant potential to reduce the impact of alcohol misuse on the NHS and thereby save the NHS significant amounts of money and free up staff to focus on providing essential healthcare services to patients.

5. Will the Bill have financial or resource implications to you or your organisation?

The proposal to notify GPs of criminal convictions for inclusion in medical records will have an administrative cost to GP practices and would need to be negotiated with the Scottish GP committee of the BMA in Scotland.

6. Do you have any other comments or suggestions relevant to the Bill?

N/A

BMA Scotland