Outer Hebrides Alcohol and Drug Partnership (OHADP)

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

1. Do you support the Bill as a whole?

Yes, overall OHADP is supportive of the Bill’s proposals and of the aim to reduce alcohol related harm in Scotland.

2. Do you support particular provisions in the Bill?

We are supportive of those sections that seek to close the loopholes identified in the current legislation, such as Section 1, preventing licensed premises from selling larger multi-packs of alcohol at a discount relative to smaller multi-packs even where a single can, bottle or other container of the same alcohol product is not sold in the same retail outlet. In relation to caffeinated alcoholic drinks, OHADP has noted some concerns amongst the wider public on the use of such products although we do not have direct evidence of local harm and are undecided as to its value.

We do not currently operate any bottle marking schemes in the Western Isles so section 4 although we can see that these may be advantageous in some areas and on some occasions.

Extending the time for consultation as set out in section 5 would be welcomed to allow wider public involvement in assessing the potential impacts of licensed premises. We would wish to avoid confusion and not limit this to those areas without effective community councils.

We welcome section 9 and the proposal for the reduction in advertising at events aimed mainly at or whose participants are mostly under 18 years of age but can foresee difficulties in enforcement of this if clear definitions are not in place.

We are supportive of the suggested drinking banning orders and alcohol awareness courses, as part of a range of options to address alcohol misuse, with effective monitoring to be in place.

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

Whilst we welcome the proposal to restrict advertising of alcohol products near schools and nurseries, we note that the effectiveness of advertising in reducing consumption is limited and should be more targeted at point of sale rather than the wider environment. We would also encourage a move to restriction of advertising at events where children are present, regardless of the proportion of children at the event (particularly those promoted as family events).

We are sure that the intention behind section 14 is positive and it would keep Ministers focused on the challenge of addressing alcohol misuse and alcohol related harms, but the evidence is clear that education on alcohol issues has low effectiveness and other measures such as restricting availability and
increasing price have much larger impacts on and the adverse effects of alcohol consumption.

Likewise, we are sure that the intention behind section 31 on notifying the individual offender’s GP is to encourage treatment of the person’s alcohol misuse or dependence. However, it is unclear what the expectations are of the GP who has been notified. Many will already be aware of the alcohol misuse but the patient has refused support. The Bill needs to recognise that there is a range of factors that contribute to an individual accepting support and treatment for alcohol misuse or dependence and compulsion has only a very limited effect.

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

OHADP consists of a range of partners working together and we would support the implementation of legislative changes through partnership working. We welcome proposals that work to reduce alcohol consumption and therefore reduce harm in the population of the Western Isles.

Partners around the ADP table are statutory consultees on licensing applications and the consultation period changes may offer additional time for them to provide a fuller response to such applications.

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

We recognise that individual partner agencies e.g. Police Scotland and criminal justice services may have additional costs associated with implementation should the Bill become an Act. Should GP notification be progressed, we are unclear as to the financial implications but would anticipate this increasing the workload of primary care.

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