1. Do you support the Bill as a whole?

We support the bill as an attempt to place appropriate and proportionate restrictions on the retailing and advertising of alcoholic drinks; to reduce the visibility of alcohol in public spaces and events; and to strengthen the power of local licensing boards to make the best informed decisions for the health, wellbeing and safety of their local communities.

We support several of the components of this Bill, which are informed and supported by evidence. There are several components of the Bill where we judge that there is not sufficient evidence to support their inclusion in primary legislation currently. These should be subject to evaluation before being laid in legislation.

For some of the criminal justice related components it is unclear whether the intended primary outcome is to improve health or reduced offending. Although we appreciate that these should, in theory, strengthen each other it is important to identify the intended outcome for each component to inform evaluation and monitoring.

2. Do you support particular provisions in the Bill?

SUPPORTED: *(sections 1, 5, 6-13)*

We support the following components of the Bill as part of a comprehensive range of measures to reduce the consumption of alcohol in Scotland.

**Minimum price of packages containing more than one alcoholic product (section 1).** Controls are needed on practices that encourage customers to buy or consume more alcohol – as part of a comprehensive range of measures to reduce alcohol consumption and harm in the population. The implementation of a ban on quantity-based price discounts of the same alcohol product in 2011 was shown to reduce off-trade sales in the population\(^8\)-the additional provision to include products with more than one alcohol product is welcome.

We are concerned that the exclusion for packages containing non-alcohol products (para 6C (4b)) may provide an opportunity to circumvent this provision of the Bill; we would recommend this section be scrutinised with circumvention in mind.

**Vary premises licenses (section 5).** We support the provisions in the Bill to support greater community input into the licencing regime. Community stakeholders are arguably best placed to balance all the, often competing, interests in reaching a licensing decision. Although there are several mechanisms for individuals and community members to input into the licensing regime a recent report identified the difficulties faced by communities in utilising these routes. The report supports extending both the area that the licensing board notifies of new/amended applications identified and the time the community has to respond to a new/amended application. The wider geographical area the licensing boards must consult also
reflects the strong evidence for the impact of high density of alcohol outlets on public health as well as on crime and disorder.

The Stage 1 report of the current Air Weapons and Licensing Bill currently going through parliament identified a lack of accountability for how licensing boards operate. Therefore, we would recommend that there is some provision for monitoring the community input and reporting into the licensing regime, both for licence applications and policy consultations.

Restrictions on advertising (sections 6-13). Given the significant evidence base and broader support for reducing the impact of marketing and promotion of alcoholic products, particularly on young people and adolescents, we support this component of the Bill.

Research: A significant body of academic research suggests alcohol advertising and promotional activity affects subsequent alcohol consumption in young people\(^5\). Work by Alcohol Focus Scotland identified high recognition of alcohol brands by children and young people (Children's recognition of alcohol marketing).

Policy: Reducing the impact of marketing and promotion of alcoholic products, particularly on young people and adolescents is supported widely by the World Health Organisation and the Alcohol Health Alliance UK, which is a group of 72 organisations and bodies including Royal Colleges, academic institutions and third sector organisations\(^7\).

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

Sections 2, 3, 4, 14, 15-29, 30, 31:

We have concerns relating to the following components of the Bill. We accept that the proposed measures may be practical responses to alcohol related issues and harm, and that the theories behind the measures are sound. However, the measures lack, to varying degrees, a firm evidence base that justifies their inclusion in primary legislation at this time. The measures relating to criminal justice focus late in the offender pathway and may offer uncertain value in delivering the overall objectives of the legislation, and associated costs to services and society.

Alcoholic drinks containing caffeine (section 2). There are, as yet, only a limited number of appropriate studies exploring the link between alcohol and caffeine making it difficult to justify legislative action at this time. The existing studies do not provide strong evidence that combining caffeine with alcohol drinks results in increases in consumption or harm. There is, however, emerging evidence that combining caffeine with alcohol may increase alertness, offset fatigue from drinking, and facilitate drinking\(^4\). Therefore, this area should be closely monitored, with possible legislative action required in the future.

Age discrimination: off-sales (section 3). Whilst acknowledging that excessive consumption of alcohol is not limited to young people and that unhelpful stereotypes of young people should be challenged, we feel that this provision many have unintended consequences on the ability of the local licensing boards to respond to local issues. There are mechanisms for the licensing boards' policies and decisions
to be scrutinised, which should allow relevant stakeholders to hold the licensing board to account for positions they may take over any age-related restrictions. However, as discussed in the Stage 1 report of the current Air Weapons and Licensing Bill, in practice there is little effective oversight of the licensing regime at a local level. A strengthening of the mechanisms for scrutiny – such as proposed in the current amendment to the Air Weapons and Licensing Bill requiring licensing boards to produce a report annual on the exercise of functions (see Para 87) – would allow local stakeholders to monitor the use of age-related restrictions.

**Container marking: off-sales (section 4).** Although there have been bottle marking schemes in operation in Scotland it is not clear how cost effective they are in reducing access to alcohol by young people. Further exploration of this is required.

**Alcohol education policy statements (section14).** There is a role for information and education programmes – the public should have access to reliable and accurate information about alcohol and its effects on health. Public information programmes also support increasing attention to, and acceptance of, alcohol on political and public agendas.

However, there is now sufficient and convincing evidence that education and information campaigns do little to effect behaviour change⁹. Reliance on public education to achieve behaviour change in alcohol consumption detracts from more effective measures to reduce alcohol harm and consumption in the population. Additional requirements on Ministers with respect to alcohol education should be in a context that avoids efforts to detract policy development from the more effective measures.

Current alcohol education at the local level is carried out largely through the Alcohol and Drug Partnerships – one of the key structures delivering local interventions to reduce alcohol consumption and harm. Their activities are reviewed annually and supported by a Scottish Government national delivery support team.

**Drinking banning orders (section 15-29).** There is insufficient monitoring and evaluation of drink banning orders (DBO) in England and Wales to determine if DBO are effective in reducing the harm caused by alcohol to either the drinker or other persons, or to reducing re-offending. Earlier and effective interventions in diversion and arrest referral are likely to be both cost effective and have greater impact, including integrated community provision (including Community Payback Orders - CPO), mental health treatment requirement and drug and alcohol treatment requirements (including Drug Treatment and Testing Orders – DTTO). Rather than introducing a, as yet unevaluated, new system it would be worth exploring if existing interventions could be developed and strengthened, supported by rigorous evaluation.

**Alcohol awareness training as alternative to fixed penalty (section 30).** There is limited evidence of the effectiveness of this training amongst problem drinkers in either changing drinking behaviours or acting as a deterrent for serious or violence crime. There are several local evidenced schemes in operation related to drink driving offences; many were captured in a national scoping by NHS Health Scotland in 2011. There are also several arrest-referral and diversion schemes which operate
via the NHS and voluntary sector, which already operate and show promise. These facilitate access to alcohol treatment and support.

**Notification of offender’s GP (section31).** We have several questions around efficacy, effectiveness and the impact on confidentiality of this practice:

**Effectiveness:** is there evidence that this practice supports the drinker to reduce their drinking? There will be financial and resource implications for both the police and primary care in implementing this, but without information on effectiveness it would not be possible to determine if the extra resource requirement is justified. Is there an advantage of this proposal over existing practices in primary care (e.g. delivering alcohol brief interventions) or criminal justice (e.g. treatment order)?

**Practicality:** How would the sentencer assess the suitability of such a notification?

**Support:** given the opposition to this aspect of the bill by the BMA (see BMA consultation response) further consultation on this with the medical profession would be necessary. Is extra support required by GPs to action the new information?

**Confidentiality:** what is the impact on patient confidentiality - for example for women who offend by introducing an element of compulsion to engage with statutory services?

Implementing a practice of uncertain effectiveness would detract from existing and known effective diversion and arrest referral schemes which intervene on health issues in advance of costly criminalisation.

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

The proposed measures that are supported by evidence will strengthen our national approach to reducing availability and affordability of alcoholic drinks and strengthen the link to the public health interest.

The elements of the Bill which focus on the social and physical environment of drinking (e.g. alcohol price, licensing and marketing) will be more effective in reducing the large inequalities in alcohol harm seen across communities in Scotland, compared with more individual level approaches, supporting Health Scotland’s mission to reduce inequalities and improve health.

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

In the increasing linkage of health and justice policy, NHS Health Scotland are already identifying Community Justice as critical to reducing inequality, but we have no specific resource allocated to address this; this development would require re-prioritisation.

The measures which are untested would require evaluation support and resources which at present are not included in the portfolio of research and may detract from the more impactful measures to reduce affordability and availability in the current legislation such as minimum unit price.
6. Do you have any other comments or suggestions relevant to the Bill?

No further comments.

NHS Health Scotland

References

c) Health First: an evidence-based alcohol strategy for the UK, University of Stirling, 2013
d) McKetin et al. 2015. A comprehensive review of the effects of mixing caffeinated energy drinks with alcohol. Drugs and Alcohol Dependence. DOI: http://dx.doi.org/10.1016/j.drugalcdep.2015.01.047