Alcohol Public Health Specialists Group

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

Response from the Alcohol Public Health Specialists Group (the alcohol subgroup of the Scottish Directors of Public Health) to the Committee’s questions.

1. Do you support the Bill as a whole?

The Alcohol Specialists Group is supportive of the majority of the Bill’s proposals. We are most supportive of those which seek to close the loopholes identified in previous legislation.

2. Do you support particular provisions in the Bill?

Section 1 - We welcome the proposal to restrict the sale of bulk products even when the product is not sold singly. We would recommend that this proposal is extended to ensure that larger volumes of alcohol cannot be purchased at a cheaper rate than smaller bottles and cans, regardless of whether these are also sold in multipacks.

Section 2 – We recognise the current trend of people to use caffeinated alcohol drinks to maximise their participation in activities e.g. night clubs, for prolonged periods. However, whilst a possible synergistic effect of alcohol and caffeine has not be ruled out, the evidence for the adverse impact of the combined stimulatory and sedative effects of caffeine and alcohol respectively is limited and may be by association in environment. Studies have not been consistent in their findings but there should be recognition of the underestimation of alcohol intoxication and therefore related consequences of harm.

We note that banning the sale of caffeinated alcoholic drinks may not stop people from drinking coffee alongside alcohol, but this is likely to reduce the volume of alcohol consumed, which is the desired end result.

Section 4 – Container marking has been well used in some Board areas with positive results, where there is thought to be a problem with underage drinking. We suggest consideration is given to random compliance audits during the course of the year.

Section 5 – We support the proposed requirement to extend the application notification period to encourage community involvement. However we feel that this should be extended to all communities, not merely those with no active community council. This would allow a consistent longer time period to be used, increasing opportunities for communities to engage and respond and reducing the potential confusion caused by having two regimes.

Sections 6 – 13 Restricting advertising will decrease exposure to, and normalisation of, alcohol to children and young people and is welcomed. However, we feel that these proposals are insufficient to reduce such exposure and would encourage moving to restricting advertising to point of
sale, and that wider advertising, including sponsorship advertising of events be curtailed.

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

Section 2 - We would ask for further research and evidence gathering in relation to caffeinated alcoholic drinks, especially in relation to antisocial behaviour, before banning these.

Section 3 – The proposal to limit the Licensing Boards’ ability to impose banning the sale of alcohol to under 21s as a condition of licence is not fully supported in the light of evidence of the impact of alcohol on the developing child and young adult brain. We wondered if further consideration should be given to using the legislation to amend licensing hours e.g. avoiding school closing.

Section 14 – Evidence indicates that alcohol education, whilst acting to inform and raise awareness in some, is relatively ineffective in changing behaviours and reducing alcohol use. So an Alcohol Education Policy Statement will be of limited value in its content but perhaps more useful in maintaining awareness of the damaging effects of alcohol and the potential for wider actions to be taken to reduce alcohol related harms. To do so, it needs to be published more than once every five years. We note the evidence of the potential for information campaigns to widen inequalities with those in areas of deprivation or vulnerable groups less likely to be able to respond positively to such messages.

Section 30 – We are supportive in general of the proposals for drinking banning orders with effective monitoring through the use of appropriate electronic devices as part of a court order. However we note that these proposals apply to on-sales premises whereas the greatest volumes of alcohol sold are through off sales premises and individuals subject to banning orders may turn to drinking at home with its associations with violence and domestic abuse and family disruption.

Section 31 – There is no stated purpose in relation to this section. In many instances, the patient’s GP may be fully aware of the alcohol problem but the patient has not been ready or willing to accept any help or interventions. Notifying that the patient has now appeared before the court and been convicted of a crime where alcohol played a significant part is of limited value to that patient’s relationship with the GP or to their recovery.

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

All NHS Boards work in partnership with a range of individuals and organisations to reduce alcohol related harm in their communities, help communities feel safer and improving the health of the population. Many of the provisions of the Bill will assist us in that work.
5. Will the Bill have financial or resource implications for you or your organisation?

We anticipate section 31 would have an impact on NHS Boards, although without the clarity of purpose behind such notifications it is difficult to quantify this.

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

None specific.

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