NHS Greater Glasgow and Clyde

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

General

NHS Greater Glasgow and Clyde welcomes all efforts to reduce the impact of excessive alcohol consumption. The impact that alcohol misuse has on our population is consistently greater than the Scottish average in terms of morbidity and mortality, and has been so for many years. We are particularly keen to support the introduction of evidence-based, public health interventions, as these will have the greatest impact on improving our population’s health.

The most effective interventions in public health terms are those that influence the price, accessibility and availability of alcohol. There is an increasing body of evidence in both local and international literature which supports the effectiveness of public health interventions in improving population health. Proposals introduced should complement and strengthen the interventions and legislation in the context of Scotland’s alcohol strategy, Changing Scotland’s Relationship with Alcohol.

Comments on Specific Sections of the Bill

Minimum price of packages containing more than one alcoholic product

We welcome the introduction of legislation which strengthens the multi buy discount ban introduced in 2011. Evaluation of this measure by Health Scotland has shown that it has reduced the purchase of cheap off-sales alcohol. Removing the incentive to purchase more alcohol than is actually required resulted in a 2.6% decrease in off-sales purchases and coincided with a further decline in alcohol related morbidity and mortality. NHS Greater Glasgow and Clyde believes that discounted alcohol should not be used by retailers to attract customers into shops. Unfortunately this has been the case for some of the larger supermarket chains who have chosen to discount alcohol rather than basic food stuffs to attract customers.

Alcoholic Drinks Containing Caffeine

Caffeinated ready to drink alcohol is a small sector of the market, however, in some areas it has been shown to be disproportionately associated with alcohol related crime. The combination of caffeine with alcohol has been used by some to enable them to prolong participation in drinking events and resulted in dangerous levels of alcohol consumption which is harmful to both the individuals concerned and the general population in terms of crime and disorder. It is thus more dangerous than consuming alcohol on its own. The measure will not prevent individuals who are determined from purchasing caffeinated soft drinks separately and mixing them with alcohol, but the removal of the pre-packaged ready to drink product from the market will contribute to reducing the hazard at individual and population levels.
Age Discrimination: off-sales

The evidence for the introduction of measures to prevent licensing boards from using their discretion in regulating the sale of alcohol to young people has not been produced. NHS Greater Glasgow and Clyde believes that local licensing boards should use their discretion in dealing with issues associated with alcohol purchase in their locality. The freedom of individuals to purchase alcohol on reaching the age of 18 years is a hotly contested issue. However, NHS GGC is not aware of any of our local licensing boards attempting to ban 18 year olds from purchasing alcohol. It is anticipated that the measure would only be used where there was sufficient evidence from specific stores to justify this measure. It should also be remembered that the adolescent brain continues to develop up to the age of 24 years and binge drinking is particularly damaging and can result in permanent damage to the development of normal neural structure and function in adolescents. This damage is not reversible. Cheap off-sales alcohol may be more likely to be used in binging episodes due to its low cost.

Furthermore, population surveys of young people have indicated that most of them are provided with alcohol by relatives and do not purchase it themselves. Evidence from normalising of alcohol consumption in young people has shown that those who are provided with access to alcohol in adolescence, usually by parents and relatives, are more likely to commence alcohol consumption at a younger age, more likely to binge drink and more likely to develop alcohol related problems in later adulthood.

Over consumption of alcohol is generalised throughout the population and young people are only one of a number of vulnerable groups. Focusing on young people rather than the general population is less effective and stigmatising of young people in general. Interventions that reduce alcohol consumption in the general population rather than focusing on subgroups are more effective.

Container Marking: Off-Sales

Container marking has been used periodically when it has been suspected on evidence gathered by police that young people were purchasing alcohol from off-sales themselves. However, recent local and national evidence indicates that most young people receive alcohol from friends and relatives, and that the alcohol has been legally purchased. Therefore it does not follow that a young person found in possession of alcohol purchased it, or that it was a deliberate agent purchase. It should be borne in mind, that it will only target a small proportion of the alcohol consumed by young people.

Applications for, or to vary premises licenses: consultation and publicity

NHS GGC is supportive of measures to encourage wider community participation in the licensing process. It has been noted for a number of years that the 21 day period was insufficient for local community councils to consider and respond to license applications and variations in their area. There is also evidence in certain localities that wealthy license holders
purchase the premises immediately surrounding their own premises so that when a new application or variation is notified only premises belonging to the license holder is contacted. Those in the vicinity who would be impacted by the variation are not informed of the proposal and not given the opportunity to participate in the licensing process. NHS GGC is in favour of wider community participation and would like to see the extension of notification to the wider neighbourhood become routine and not only where the community council is inactive.

The above measure would contribute wider community participation. In addition, it should be borne in mind that the licensing process in some areas is very formal, there is little assistance available to members of the public about how to lodge an objection and they are intimidated by the fact that in appearing before the licensing board they will face the licensee together with their lawyer. NHS GGC believes that more needs to be done to enable the licensing process to become more accessible for members of the community on a national basis and particular efforts should be made to deal with the court like structure for dealing with local community issues.

**Chapter 2 Restrictions on Advertising of Alcohol**

**Ban on Alcohol Advertising near Schools e.t.c.**

Alcohol advertising is effective in encouraging people to drink and to drink more. Otherwise there would be not benefit to the alcohol companies in investing the millions of pounds that is currently spent on promoting alcohol.

Evidence from France has shown that restrictions on alcohol advertising have contributed to a decrease in alcohol consumption. However, the measures adopted in France were more wide ranging than the measures proposed in this legislation and targeted the whole population and not just children. Advice from the World Health Organisation indicates that to be effective, a ban on alcohol advertising should be much more universal in order to be effective, and as children are exposed to alcohol advertising through a wide range of media, particularly internet social media, television where alcohol is displayed and used in films or scenes are shot in pubs, films, newspapers, magazines and outdoor display and in the form of both advertising and sponsorship, an effective strategy would need to be much more wide ranging. The ban on advertising around schools and nurseries could be seen as a first step, but on its own would have limited impact.

**Advertising within Licensed Premises**

NHS GGC is supportive of this proposal.

**Advertising as Sporting and Cultural Events**

NHS GGC is supportive of the proposal to ban alcohol advertising at sporting and cultural events for under 18s. The frequent association of alcohol with sport conflicts with the health benefits that participation in sport should sport deliver and legitimises alcohol use. It is not just the sporting activities that
young people are predominately involved with that are the issue here, as major national and international events are frequently sponsored by the alcohol industry. For instance the recent Commonwealth games in Glasgow had two alcohol sponsors. Such sponsorship of sporting events by the alcohol industry leads children to believe that alcohol and sport are inseparable and it is not possible to participate in one without indulging in the other. So while we are supportive of the banning of alcohol advertising in sporting and cultural events for under 18s, we would like to see this more widely adopted for all sporting and cultural events as children and young people are exposed to them also and the population of Scotland in would benefit from reducing their alcohol consumption.

**Alcohol Education**

In public health terms alcohol education is one of the less effective interventions. It places the onus on the individual to take action rather than changing the environment such that it is easy for people to adopt a more positive lifestyle. In terms of value for money it is more costly to implement and the improved knowledge does not necessarily result in a change in attitudes to alcohol consumption and thus have any impact on consumption. Health improvement interventions are only effective where the individual is ready to make changes to their lifestyle. This often occurs where an event has personally impacted on the individual such that a trigger encourages the individual to take action, for instance ill health or pregnancy.

Also, health improvement interventions need to be carefully targeted and segmented to address the specific concerns and issues of different population groups; otherwise they will have very limited impact. It is not clear from the proposals set out what the aim of the legislation is and which groups or populations are the focus. Is the aim only to improve knowledge or is it also to result in a change in behaviour?

**Offences Involving Alcohol**

**Drinking Banning Orders**

NHS GGC is not aware of evidence to support the effectiveness of this intervention. Given the number of licensed premises in urban areas it is difficult to establish how a drink banning order could actually be enforced. There is currently legislation available to prevent an individual entering a specific premise for a specified period of time, and this has been used effectively for this purpose. However, given the number of premises in urban a blanket ban on all premises in a specific area, or all premises of a specific type would make monitoring and enforcement difficult. A sobriety bracelet can be used to monitor whether an individual has consumed alcohol, but the aim of this legislation does not seem to be to prevent alcohol consumption, but rather to prevent entry into a licensed premise. NHS GGC is not clear what the benefit of introducing this legislation would be over and above the current legal provisions.
There also does not seem to be evidence in relation to the benefit of courses to support the repeal of a drink banning order. There is insufficient evidence on what such a course should address the effectiveness of attending such a course on the reduction of re-offending, and quality assurance for any course delivered. If, as the assessment suggests, there are potentially 30 individuals who would be suitable for a drink banning order a year, not all of the thirty would be prepared to attend a course as suggested. In terms of equality of access to a course, it is unlikely that such a course would be provided locally for the vast majority of Scotland’s population, in which case it would not be appropriate to make this facility available to some if it was not available to all. Additionally, developing and delivering a course for such small numbers of individuals would be costly, and covering this cost by offenders without taking into account the ability to pay would be unfair. It also does not take into account travelling and potentially accommodation costs for those who may have to travel to the course from further afield.

**Fixed Penalty Offences Involving Alcohol: Alcohol Awareness Training as an Alternative to Fixed Penalty**

NHS GGC is also not aware of evidence to support the introduction of alcohol awareness training for offenders as an alternative to fixed penalty notices. It would seem inappropriate to legislate to introduce this without having sufficient evidence to show that such an intervention would work. The fixed penalty also does not take account of the individual's ability to pay, and it is feasible that those individuals who had most potential to benefit would well take the fixed penalty purely on a convenience basis as there is less effort involved for them to pay a fixed penalty than actually to seek to address their alcohol misuse.

**Offences Involving Alcohol: Notification of Offender’s GP**

NHS GGC has significant concerns regarding the benefits of this proposal. The role of the medical profession is to treat and prevent illness and maintain good health, not to inquire into patients’ criminal behaviour. Provision is already made for patients who do not wish their general practitioner to be informed of, for instance sexually transmitted infections, to attend a clinic where their record is not shared with their general practitioner. Voluntary agencies provide open access services for patients with addiction issues. It is envisaged that a significant number of patients would have concerns about general practitioners being informed of their convictions, and such knowledge unless disclosed in confidence by the patient, would not normally be available to general practitioners. It is also questionable that knowledge of the specific offence would improve the treatment delivered to the patient. The patient should be treated on the basis of their medical condition, not on the basis of their criminal conviction.

*NHS Greater Glasgow and Clyde*
References.


7. Jackson KM, Barnett NP, Colby SM, Rogers ML. The Prospective Association between Sipping Alcohol by Sixth Grade and Later Substance Use. Journal of Studies on Alcohol and Drugs. 2015; (76): 212-221

