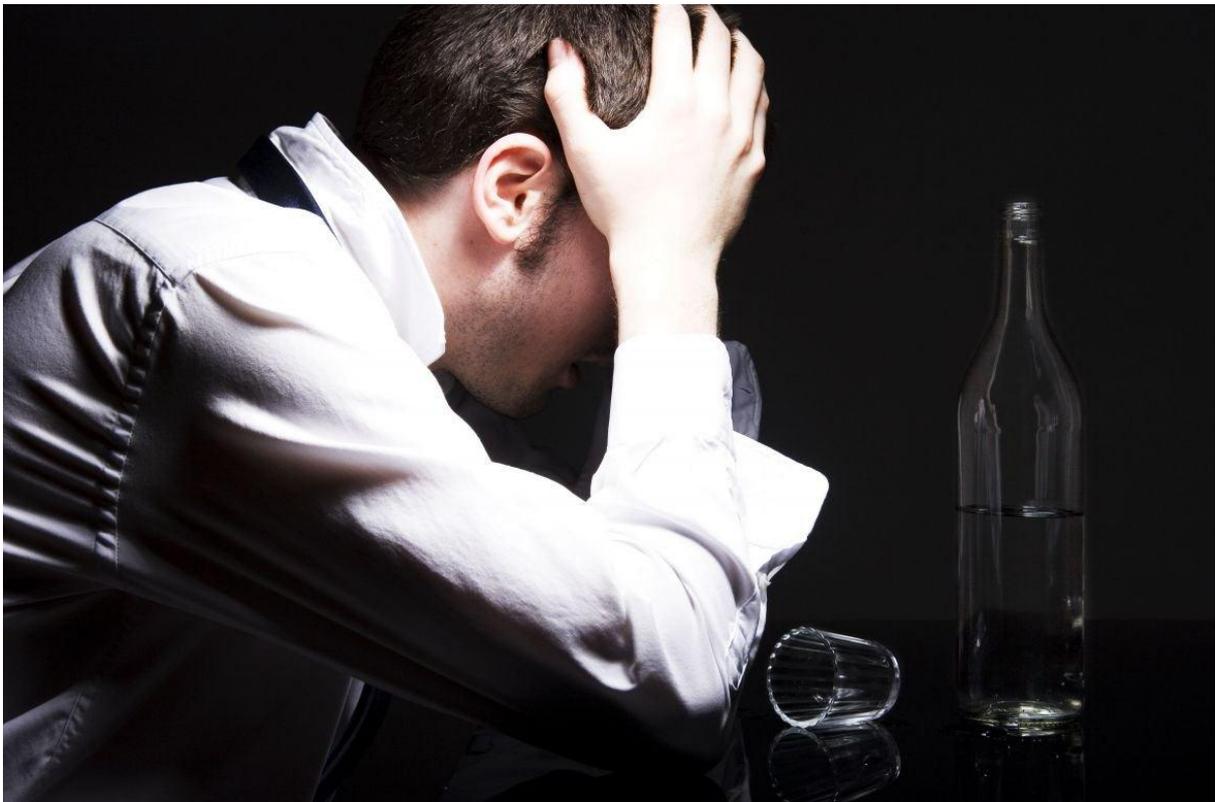


Shifting the Culture

A proposal for a bill to bring forward measures to help change culture in relation to alcohol in Scotland



A Member's Bill Consultation by Dr Richard Simpson MSP & Graeme Pearson MSP

March 2012

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Foreword

In our previous careers as a GP and consultant psychiatrist in addictions and as a Police Deputy Chief Constable and Director General of Scotland's Crime and Drug Enforcement Agency, we have witnessed from different perspectives the good and bad that alcohol can bring. In moderation, alcohol is benign, even beneficial, socially and economically, but excess, even occasional excess, can be very damaging.

It is an uncomfortable fact that Scotland has a particularly difficult relationship with alcohol. Steps taken in the past ten years appear to have arrested the sharp increase in consumption since the 1970s. However, in comparative terms, latest figures suggest that alcohol consumption per head in Scotland is amongst the highest in the world – 23% higher than in England and Wales, despite similar pricing and availability. The effects are manifest every day in our NHS, on our streets and throughout our criminal justice system.

It is not just the level of consumption but the patterns of consumption which are harmful. Binge drinking is for many an accepted norm, not just on nights out which can all too often end up in disorder, injury or arrest, but also by people after work or at home as part of their everyday lives. Too many are unaware that they are drinking in excess of recommended limits. Contrary to common perception, over-consumption and binge drinking is by no means confined or even predominant in lower socio-economic groups or amongst younger people. In fact, the opposite is true. However, it is also true that these trends have ebbed and flowed since the early nineteenth century. Patterns of drinking and alcohol culture more generally can and do change, but we should not be under any illusions that there is a 'magic bullet'. To be successful we need not just to treat the symptoms but tackle the underlying causes.

The purpose of this consultation is not to rehearse the arguments for and against the Scottish Government's proposals for an alcohol minimum unit price or indeed various alternative pricing mechanisms over and above the current alcohol duty escalator and VAT increases at a UK level. The current Scottish Government's majority means that its particular version of minimum unit pricing (MPU) set out in the Alcohol (Minimum Pricing) (Scotland) Bill will almost certainly be enacted if found to be legally competent. However enthusiasts and sceptics of this approach alike have made clear throughout the Bill's passage that a much more comprehensive set of measures are required to meaningfully bring about the cultural shift we all want to see.

The Government's Bill is drafted in such a way that it precludes amendment to introduce any other measure. This paper therefore consults on a new Bill, one part from a mainly health perspective, and another from a criminal justice perspective, both containing a range of policy options. We recognise that a holistic and joined up long term approach to changing alcohol culture is essential, encompassing education, the health service, criminal justice and social work services as well as increased awareness to complement, but not replace, individual responsibility and good parenting. The equal emphasis on "justice" measures is an attempt to focus more on those who are failing to drink responsibly to ensure that they address their problem. Many of these measures were originally recommended by Labour's Alcohol Commission in 2010 whilst others are new.

Your views and comments are very much welcome so that, together, we can put in place a range of fair, workable and effective measures. Our aim is that Scotland's relationship with alcohol is not just changed for the better but changed for good.

Dr Richard Simpson MSP
Lead Member

and

Graeme Pearson MSP
Designated Member

How the Consultation Process Works

This consultation is being launched in connection with a draft proposal which Dr Simpson has lodged as the first stage in the process of introducing a Member's Bill, *The Alcohol (Public Health & Criminal Justice) (Scotland) Bill*. The full terms are a draft proposal for a bill to promote public health and reduce alcohol-related offending through:

- (a) restrictions on the retailing and advertising of alcoholic drinks*
- (b) changes to licensing laws*
- (c) obligations on Scottish Ministers to issue guidance and report*
- (d) directing offenders towards treatment or restricting their access to alcohol*

The process is governed by Chapter 9, Rule 9.14, of the Parliament's Standing Orders and can be found on the Parliament's website at:

<http://www.scottish.parliament.uk/parliamentarybusiness/17797.aspx>

A minimum 12 week consultation period is required, following which responses will be analysed. Thereafter, a final proposal is lodged in the Parliament along with a summary of the consultation responses. Subject to securing the required level of support for the proposal from other MSPs and political parties, and the Scottish Government not indicating that it intends to legislate in the area in question, I will then have the right to introduce a Bill which will follow the legislative process: generally, scrutiny at Stages 1 and 2 by a Parliamentary Committee and at Stage 3 by the whole Parliament.

At this stage, therefore, there is as yet not a Bill, only a draft proposal for the legislation.

The role of this consultation in the development of my Bill is to provide a range of views on the subject matter of the Bill, highlighting potential problems with the proposals, identifying equalities issues, suggesting improvements, raising any financial implications which may not previously been obvious and, in general, to assist in ensuring that the resulting legislation is fit for purpose.

The consultation process for my Bill is being supported by the Scottish Parliament's Non-Executive Bills Unit (NEBU) and will therefore comply with the Unit's good practice criteria. The Non-Executive Bill's Unit will also analyse and provide an impartial summary of the response received.

Details on how to respond to this consultation are provided at the end of the document.

Additional copies of the paper can be requested by contacting me at (MSP's Parliamentary address, telephone number and email address). Alternative formats may also be requested by contacting me and I will try to ensure that the format requested is provided. An on-line copy is available on the Scottish Parliament's website under Parliamentary Business/Bills/Proposals for Members' Bills/Session 4 Proposals:

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/12419.aspx>

The Historical Perspective and International Context

This is the third period in our history when unhealthy, hazardous use of alcohol has been recorded (fig 1). The first period in the early nineteenth century, characterised by excessive gin consumption, was graphically portrayed in Hogarth's cartoons. The next wave was at the end of that century and the beginning of the twentieth century. This second wave was interesting in that, unlike today, the excessive drinking was mirrored by a strong temperance movement. The latter famously led to the defeat of no less a politician than Winston Churchill in an election for the Dundee constituency by a temperance candidate. At the same time prohibition was introduced in America, the supposed magic bullet of its day. In fact at the time of these two events, the alcohol “epidemic” was already in decline.

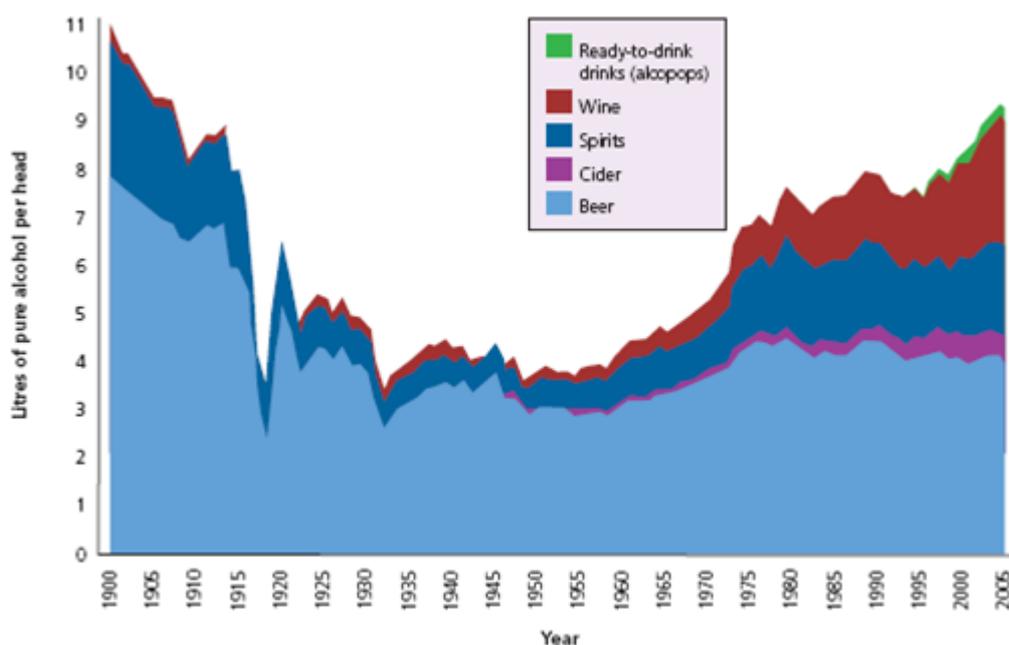


Fig 1: UK Alcohol Consumption 1900-2005 (Source: Tighe A. (ed) *Statistical Handbook 2007*, Brewing Publications Ltd)

The current wave began in the 1960s and gathered pace in the 1970s and 1990s. In Scotland especially, the numbers of hazardous and harmful drinkers and deaths from chronic liver disease and cirrhosis rose steeply during the 1990s. However, in 1980s France such deaths were at levels not reached in Scotland until this century but now France is doing considerably better in this regard than Scotland (see fig 2).

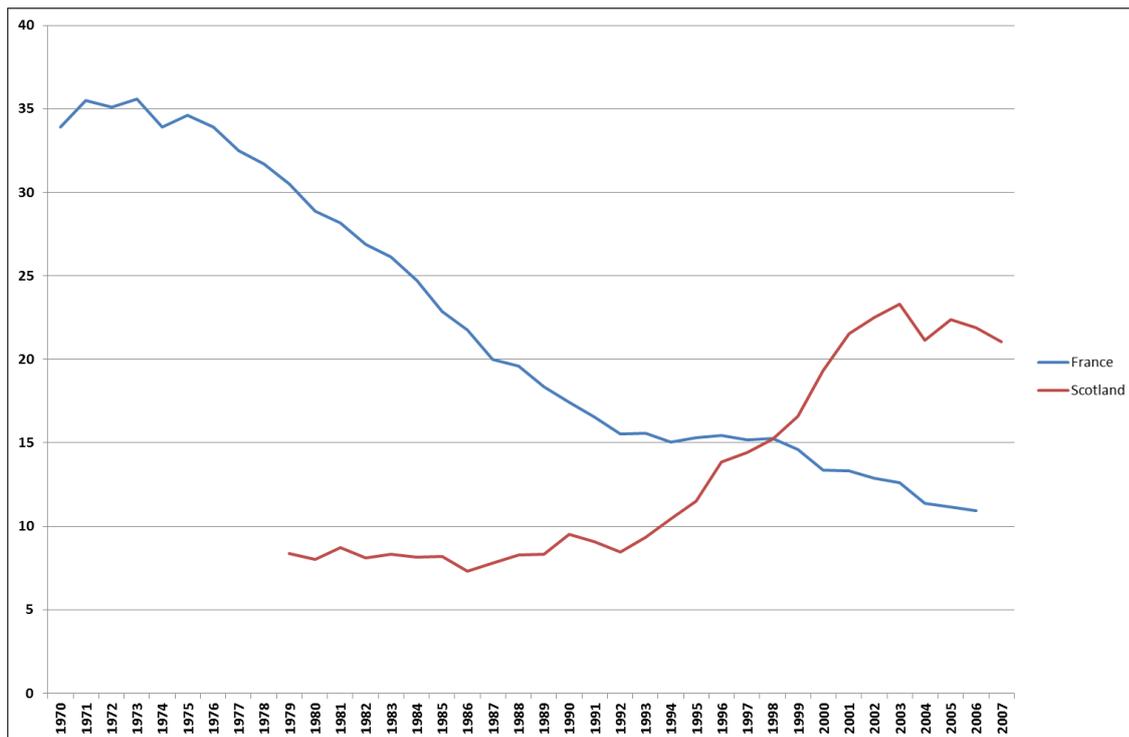


Fig 2: Deaths per thousand from Liver Disease & Cirrhosis in Scotland & France 1970-2007 (Source: Scotland and European Health for All Database 2009)

While the substantial curtailment of availability through draconian restrictions in licensing hours appeared to contribute to the large decrease in consumption across the West by the First World War, in more recent times most jurisdictions have chosen to manage their market by a mixture of licensing restrictions and taxation. This can mean levying duty according to different classes of drink (e.g. beers, wines and spirits) and/or leveraging alcohol duty so that lower strength products are more lightly taxed than high strength ones. However, as we will see, there has often been a tension between limiting alcohol consumption and protecting indigenous alcohol producers and markets.

The approach of overhauling alcohol taxation to proactively meet health objectives was adopted in Australia¹ despite one of the earliest experiments in Minimum Unit Pricing (MPU) occurring there with a view to targeting problem drinking within rural communities with high Aboriginal populations.² A type of minimum pricing has been followed in Canada through its Social Reference Pricing system but this operates in a context where provincial government authorities control all alcohol wholesale distribution as well as some off-licences. Furthermore “minimum prices” are not necessarily related to alcohol strength and only legally apply at a retail level to publicly

¹ National Expert Advisory Committee on Alcohol (2001) *Alcohol in Australia: Issues and Strategies A background paper to the National Alcohol Strategy: A Plan for Action 2001 to 2003/04*. Commonwealth of Australia. Available at: [http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/alc-strategy/\\$FILE/alcohol_strategy_back.pdf](http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/alc-strategy/$FILE/alcohol_strategy_back.pdf)

² Booth A et al (2008) *Independent Review of the effects of Alcohol Pricing and Promotion, Part A: Systematic Reviews*. SchARR, University of Sheffield. Available at: http://www.sheffield.ac.uk/polopoly_fs/1.95617!/file/PartA.pdf

owned outlets with some end-of-line below-SRP selling permitted. Because of the government monopoly on alcohol distribution, the windfall arising returns to the public purse rather than to private retailers³, in the case of Quebec, helping to fund alcohol education initiatives⁴. In this respect Social Reference Pricing operates more similarly to a tax-based price floor.

As part of its consideration of the 2010 Alcohol Bill,⁵ the Health and Sport Committee in the previous parliamentary session visited Finland and France. Despite having a similarly strict licensing regime to Canada and historically high levels of alcohol duty, Finland markedly reduced taxes by an average of 33% to tackle massive influxes of cheap alcohol from Estonia, following its accession to the European Union.⁶ The result of this action was a surge in alcohol consumption and problems especially in middle-aged and in poorer communities. However, Members of the Committee heard that a reversal of the policy has not produced an equal and opposite effect.

On the other hand France introduced strict laws on drink driving mirroring those of the UK but also what is known as the “Loi Évin” after the French Health Minister who proposed it. This law has severely curtailed alcohol and tobacco advertising and sponsorship since it was passed in 1991. The financial disaster predicted by some did not materialise despite the sponsorship ban being brought in before the FIFA World Cup.⁷ Although there had been a steady decline in deaths from chronic liver disease and cirrhosis in France since the 1970s, together with a heavy promotional and educational programme, the levels of alcohol related deaths continued to decline to European average levels so that the levels were the same as in Scotland by the turn of the century (fig 2). However, while alcohol consumption in France has dropped significantly over the years, overwhelmingly due to falling wine sales, it should be noted that the price of wine in France has remained low in order to protect the indigenous industry. Nonetheless, France is now rated in the “least risky” category for drinking by the World Health Organisation.⁸ Whereas the evidence from Finland suggests a link between price *reduction* and higher consumptions and harms, the evidence from France strongly suggests that price is not a silver bullet. Effecting a change in culture is important through a range of measures, ensuring that unacceptable alcohol misuse is effectively targeted.

Although Scotland’s alcohol consumption is much higher than other developed countries, its situation is similarly complex. For instance, the Scottish Health Survey reports that in 2010, 22% of Scotland’s adults were drinking in excess of the recommended weekly limits, a 6% decrease from 2003. In addition, Scotland’s mean

³ Robson K (2012) *SB 12/01 Alcohol (Minimum Pricing)(Scotland) Bill*. Edinburgh, the Scottish Parliament.

Available at: http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_12-01.pdf

⁴ Scottish Parliament Health and Sport Committee (2010) *Official Report, 23 March 2010*. Available at:

<http://archive.scottish.parliament.uk/s3/committees/hs/or-10/he10-1002.htm>

⁵ *Alcohol etc. (Scotland) Act 2010*. Available at: <http://www.legislation.gov.uk/asp/2010/18/enacted>

⁶ Christoffer Tigerstedt, DPolSci, Senior Research Fellow, Alcohol and Drug Research Group, National Research and Development Centre for Welfare and Health (STAKES). "Major reductions in taxes on alcohol beverages". *Health Policy Monitor*, March 2005. Available at: <http://www.hpm.org/survey/fi/a5/5>

⁷ Regaud A & Craplet M (2004) *The ‘Loi Evin;’ A French Exception*. The Globe, Issues No 1 & 2. Available at: http://www.ias.org.uk/resources/publications/theglobe/globe200401-02/globe200401-02_p33.html

⁸ WHO *Global Status Report for France 2011*. Available at:

http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/fra.pdf

annual pure alcohol consumption for adults (defined as those aged 16 years and older) decreased from 14.1L to 11.6L between 2003 and 2010.⁹ NHS Scotland reports that the volume of beer sold per adult has steadily decreased from 4.6L to 4.0L of pure alcohol between 1994 and 2010 – a 12% decrease.¹⁰ Similarly, the volume of spirits sold in Scotland has also decreased, albeit more modestly, so that NHS Health Scotland reported that: “The upward trend in total adult sales of pure alcohol in Scotland between 1994 and 2010 is wholly driven by the sharp rise in the sale of wine and is in fact blunted by the reduction in beer sales and slight reduction in spirit sales”.¹¹

One theory which may explain this is a shift to more “middle class” drinking patterns. Indeed, in contrast to many stereotypes, Scottish Health Survey data suggest that both overall alcohol consumption and drinking in excess of recommended weekly limits actually increases with income. For example, 60% of men in the highest income households drank outwith the guidelines compared with 43-44% in the three lowest income groups, while 46%-49% of women in the two highest income groups drank outwith the guidelines compared with 29% in the lowest income group. Similar patterns were evident with area deprivation.¹²

Scotland’s consumption of alcohol also significantly differs from that of England and Wales despite alcohol being sold at similar prices. NHS Scotland reports that in 2010 the equivalent of 11.8L of pure alcohol was purchased per adult in Scotland compared to 9.6L per adult in England and Wales.¹³ Put another way, the amount of alcohol sold per adult in Scotland that year was 23% higher than in England and Wales, the biggest differential so far recorded.¹⁴ In 2010, all alcoholic drink types (beer, wine, spirits, and cider) were sold in greater volumes per person in Scotland than England and Wales¹⁵ but statistics also show that in both on-trade and off-trade sales, alcohol beverages are sold for the same or similar price in Scotland, England, and Wales.¹⁶

What is clear is that whilst price and, perhaps more accurately, affordability are important, they are not the only variables which must be taken into account. Not only is affordability a relative concept which changes over time according to disposable income, availability and culture are also of great importance.

⁹ Bromley C & Given L (2011) *The Scottish Health Survey 2010, Vol. 1*. Edinburgh, the Scottish Government. Available at: <http://www.scotland.gov.uk/Resource/Doc/358842/0121284.pdf>

¹⁰ NHS Health Scotland (2011) *Monitoring and Evaluating Scotland’s Alcohol Strategy (MESAS): An Update of Alcohol Sales and Price Brand Analyses*. Edinburgh, NHS Health Scotland.

¹¹ NHS Health Scotland (July 2010) *Alcohol sales 2005-2009* Available at: <http://www.healthscotland.com/documents/4558.aspx>

¹² Bromley C & Given L (2011) *The Scottish Health Survey 2010, Vol. 1*. Edinburgh, the Scottish Government. Available at: <http://www.scotland.gov.uk/Resource/Doc/358842/0121284.pdf>

¹³ Ibid

¹⁴ NHS Health Scotland (2011) *Monitoring and Evaluating Scotland’s Alcohol Strategy (MESAS): An Update of Alcohol Sales and Price Brand Analyses* Edinburgh, NHS Health Scotland.

¹⁵ Ibid

¹⁶ Ibid

World Health Organisation Recommendations

In 2010, The World Health Organization (WHO) held a conference in Geneva, where the attendees drafted a global policy to reduce the harmful effects of alcohol.¹⁷ Recognising that alcohol is “one of the main risk factors for poor health globally,” and is “a major avoidable risk factor for neuropsychiatric disorders and other non-communicable diseases”¹⁸, the policy identified a list of ten specific alcohol policies and interventions for national governments to evaluate and pursue.¹⁹

“The policy options and interventions available for national action can be grouped into 10 recommended target areas, which should be seen as supportive and complementary to each other. These 10 areas are:

- (1) leadership, awareness and commitment
- (2) health services’ response
- (3) community action
- (4) drink-driving policies and countermeasures
- (5) availability of alcohol
- (6) marketing of alcoholic beverages
- (7) pricing policies
- (8) reducing the negative consequences of drinking and alcohol intoxication
- (9) reducing the public health impact of illicit alcohol and informally produced alcohol
- (10) monitoring and surveillance.”²⁰

The most popularly cited is “Pricing Policies”, which may or may not include minimum (unit) pricing. However WHO also cautions governments to consider how “consumer preferences and choice, changes in income, alternative sources for alcohol in the country or in neighbouring countries ... demand for different beverages ... [and] the existence of a substantial illicit market” would influence the effectiveness of price controls.²¹ “Leadership, Awareness, and Commitment,” “Health Services Response,” and “Community Action” are three specifically inter-related strategies that WHO recommends nations examine.²² According to its report, coordination and communication across all levels of government and public institutions would foster a

¹⁷ World Health Organisation (21 May 2010) *Call for action to reduce the harmful use of alcohol*. Available at: http://www.who.int/mediacentre/news/releases/2010/alcohol_20100521/en/index.html.

¹⁸ World Health Organisation (2010) *Global Strategy to Reduce the Harmful Use of Alcohol*. Geneva, World Health Organization. Available at: http://whqlibdoc.who.int/publications/2010/9789241599931_eng.pdf.

¹⁹ Ibid

²⁰ Ibid

²¹ Ibid

²² Ibid

sustainable and more effective system.²³ Similarly, increasing the capacity to deliver prevention, treatment, education, and support to alcohol-users and communities is invaluable and requires mobilization at all levels.²⁴ Lastly, networking and partnerships create faster and more effective responses.²⁵

WHO also identifies “Availability of Alcohol” and “Marketing of Alcoholic Beverages” as important areas for countries to consider when creating a national alcohol solution. Policy options include banning promotions that target youth audiences and regulating sponsorship activities, new forms of social media, and marketing content.²⁶

It is also suggested by WHO that nations implement three specific preventative policies that aim to reduce alcohol’s (legal and illegal) negative effects and consequences. In relation to “Reducing the Negative Consequences of Drinking and Alcohol Intoxication” and “Reducing the Public Health Impact of Illicit Alcohol and Informally Produced Alcohol”,²⁷ WHO’s policy options include: mandatory plastic or shatter-proof containers, legal liability of venue for harm resulting from intoxication, track and trace systems for illicit alcohol, and public warnings about contaminants in illicit alcohol.²⁸ In relation to “Drink-Driving Policies and Countermeasures”, the WHO recommends media campaigns in order to increase awareness and enforcement of drink driving limits and a policy of zero-tolerance for new drivers.²⁹

The last policy area WHO highly recommends countries evaluate is “Monitoring and Surveillance”.³⁰ No government policy is effective if the monitoring and surveillance framework is ineffective and inefficient. WHO’s policy options include: the establishment of a designated body to collect and analyse the data, a defined common set of indicators, and the development of evaluation mechanisms.³¹

Licensing (Scotland) Act 2005

In 2001, as Deputy Minister for Justice in the then Scottish Executive, Dr Simpson along with Jim Wallace (Minister for Justice) set up the Nicholson Review to modernise the licensing laws. This review was driven by the awareness of increasing problems especially within the on-trade night economy. Encouragement to drink was rife, with binge drinking especially evident amongst the younger age group. Underage drinking was spreading. The number of licences had expanded from below 14,000 in 1980 to more than 17,000 by 2001.³² Frequenting very large pubs and clubbing had become a

²³ World Health Organisation (2010) *Global Strategy to Reduce the Harmful Use of Alcohol*. Geneva, World Health Organisation. Available at: http://whqlibdoc.who.int/publications/2010/9789241599931_eng.pdf

²⁴ Ibid

²⁵ Ibid

²⁶ Ibid

²⁷ Ibid

²⁸ Ibid

²⁹ Ibid

³⁰ Ibid

³¹ Ibid

³² The Scottish Executive, *The Nicholson Review Report: Review of Liquor Licensing Law in Scotland*. Available at: <http://www.scotland.gov.uk/Resource/Doc/47133/0027021.pdf>

way of life. Increasingly the police and health services were stretched especially, but not exclusively, on Friday and Saturday nights.

The Nicholson Review Report³³ led to a new Licensing Act in 2005³⁴, constituting the biggest change to licensing laws in Scotland for some 30 years. Many of its provisions only came into force in September 2009. It contained a number of important innovations. For example, for the first time Licensing Boards were required to take into account a public health interest and the protection of children in their approval of licenses.

“Happy hours” and “drink as much as you want for a fixed price” and other such irresponsible sale practices were prohibited. However, whilst the number of licenses has reduced since its implementation, this may reflect the generational switch from on to off sales reflected in the Scottish Health Survey finding that 54% adults now drink most frequently at home.³⁵ In this regard, the 2005 Act limited shop alcohol displays to one licensed area but the UK remains unusual in allowing all types of alcoholic drink to be sold in supermarkets alongside other commodities, rather than in separate premises.

In parallel with the Licensing (Scotland) Act 2005, test purchasing was introduced to enforce no selling to under-18 year olds. However, data on licensing and any disciplinary measures do not appear to be collected routinely and uniformly and proxy purchasing continues to be a problem.³⁶

Alcohol etc. (Scotland) Act 2010

While the 2010 Alcohol Bill’s defeated provisions for a 45p minimum unit price dominated most coverage, its provisions to end quantity discounting such as ‘3 for 2’ offers in supermarkets were passed with cross-party support.³⁷ However it is only a partial ban since multipacks can be sold with volume discounts provided single containers are not sold alongside.³⁸ In addition, some supermarkets are using internet sales to circumvent the provisions.³⁹

The 2010 Act also tightened up restrictions on alcohol displays and promotions in and around shops and put in place a mandatory “Challenge 25” scheme to prevent under-age sales.

³³ The Scottish Executive, The Nicholson Review Report: Review of Liquor Licensing Law in Scotland.

Available at: <http://www.scotland.gov.uk/Resource/Doc/47133/0027021.pdf>

³⁴ Licensing (Scotland) Act 2005 Available at:

http://www.legislation.gov.uk/asp/2005/16/pdfs/asp_20050016_en.pdf

³⁵ NHS Scotland, *Alcohol Statistics Scotland 2011*, Figure 3.9 Available at:

http://www.alcoholinformation.isdscotland.org/alcohol_misuse/files/alcohol_stats_bulletin_2011.pdf

³⁶ Scottish Parliament (2011) *Written Answer S4W-04497*. Available at:

<http://www.scottish.parliament.uk/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S4W-04497&ResultsPerPage=10>

³⁷ *Alcohol etc. (Scotland) Act 2010*. Available at: <http://www.legislation.gov.uk/asp/2010/18/enacted>

³⁸ Law Society of Scotland Online (29 Sep 2011) *Warning over new drink promotions law*. Available at:

<http://www.journalonline.co.uk/News/1010279.aspx>

³⁹ BBC News (30 Sep 2011) *Online loopholes in Scottish Alcohol Bill*. Online. Available at:

<http://www.bbc.co.uk/news/uk-scotland-15123533>

Powers for alcohol licences to be varied to impose conditions in a particular area were also proposed (section 10), mainly with a view to imposing bans on off-licence purchases by under-21s, though Labour was successful in amending the Bill with a presumption against this (section 9).

The Act also introduced a power for Scottish Ministers to impose a Social Responsibility Levy hypothecated to meet or contribute to the costs incurred by local authorities in tackling alcohol problems. The Scottish Government has since indicated that it does not intend to use this power for the foreseeable future.⁴⁰

An amendment by Labour to introduce a limit on permitted level of caffeinated alcoholic products was defeated while another to introduce Alcohol Treatment and Testing Orders was ruled out as beyond the Bill's scope.

Alcohol consumption & deaths in Scotland – recent trends

It should be noted that, for reasons which are unclear, there has been an overall reduction in alcohol related deaths since 2003 prior to any of these legal changes (see figs 2&3).⁴¹ There has also been a reduction in self-reported consumption, especially in hazardous drinkers, although there has also been an increase in levels of consumption in harmful drinkers, as well as the number of abstainers.⁴² This divergent pattern, with more abstainers but heavier consumption, is also seen in alcohol consumption patterns reported in the biennial survey of young people's alcohol use (Scottish Adolescent Lifestyle and Substance Use Survey, 2010).⁴³ Concerns continue to be expressed about binge drinking in young adults and around drinking in pregnancy.

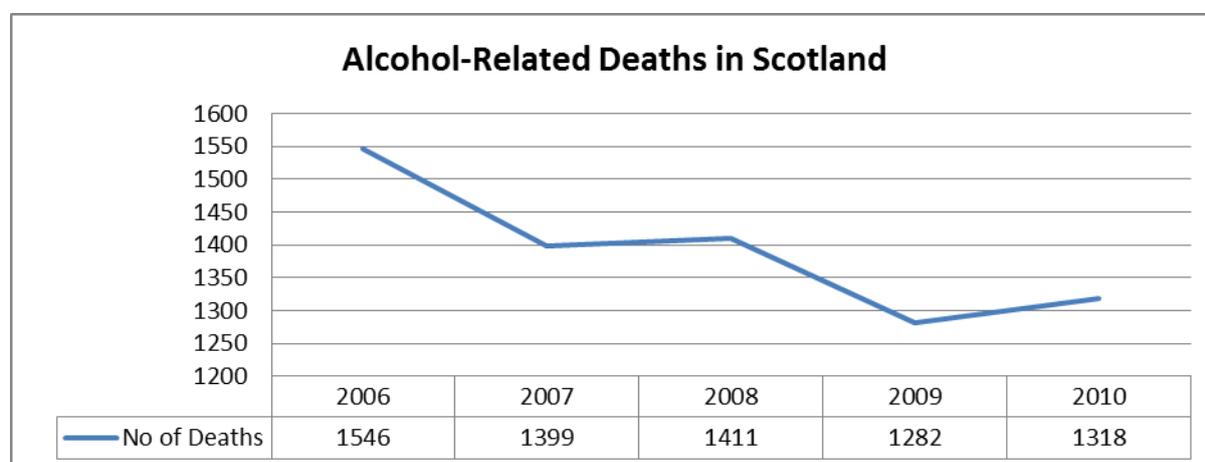


Fig 3: Alcohol-Related Deaths in Scotland 2006-2010 (Source: General Registers of Scotland 2011)

⁴⁰ Scottish Parliament (2011) *Written Answer S4W-02871*. Available at: <http://www.scottish.parliament.uk/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S4W-02871&ResultsPerPage=10>

⁴¹ General Register Office for Scotland (2011) *Alcohol related deaths*. Available at: <http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/alcohol-related/index.html>

⁴² *Scottish Health Survey 2010*. Available at: <http://www.scotland.gov.uk/Publications/2011/09/22144303/1>

⁴³ Black C et al (2011) *Scottish Schools and Adolescent Lifestyle and Substance Use Survey*. Edinburgh, National Services Scotland. Available at: http://www.drugmisuse.isdscotland.org/publications/local/SALSUS_2010.pdf

Context for Current Proposals

In putting forward these proposals it should be recognised that legislation is only one part of the strategy that is required. The proposals outlined here are intended to complement measures such as brief interventions in primary care which, together with the strengthening of specialist treatment capacity, are also vital components of a comprehensive approach. Whilst welcoming improvement in this area over the past decade, it is a matter of concern that the Scottish Government's alcohol misuse budget is being cut in real terms over the spending review period (2011-12 to 2014-15).⁴⁴ However this consultation focuses on further legislative measures we feel are necessary and even urgent.

As part of a comprehensive approach, the proposed Bill is about tackling both health issues and revising the criminal justice system to properly focus on those whose drinking is causing problems for themselves and others.

⁴⁴ *Scottish Spending Review 2011 and Draft Budget 2012-13*, Scottish Parliament Information Centre Financial Scrutiny Unit tables. Available at: <http://www.scottish.parliament.uk/FinancialScrutiny/SB11-71b.xls>

Part One: Health

1. Tightening Quantity Discount Ban in Alcohol etc. (Scotland) Act 2010

One of the central measures of the 2010 Act which received cross-party support was the ban on quantity discounts. The principle was that no-one should be encouraged by quantity discounting to buy more alcohol than they otherwise intended. This was considered the logical extension of provisions in the 2005 Licensing Act which applied to the on-trade. However, as mentioned above, it is still possible to sell multipacks of any “alcoholic product” at discounted prices, provided that single units of that product are not also being sold. For example, if a store sells individual cans of beer at £1, it cannot sell 4-packs for less than £4 or 12-packs for less than £12. But if it doesn’t sell the individual cans, there is nothing to prevent it selling a 12-pack for less than three times the price of a 4-pack. In the 2010 Act, “alcoholic product” is defined to include the container in which it is sold – so a 250ml bottle of a supermarket’s own-brand lager is treated as a separate product from a 500ml bottle (or can) of the same lager.

The use by supermarkets of English distribution centres to continue providing quantity discounts via online sales highlights the limitations of a Scotland-only approach.

We continue to support the principle of ending quantity discounting, and our proposal is to go an important step further than the 2010 Act. Under the proposed Bill, it would no longer be possible to sell different-sized multipacks of a particular alcoholic product at differential prices-per-item. In other words, even if a store only sells 4-packs and 12-packs of a particular beer (in 500ml cans), and does not also sell the cans individually, the 12-pack would have to be sold for at least three times the price of the 4-pack.

We believe this will close a significant loophole in the current law. However, it is not our intention to rule out every form of quantity discounting. For example, the proposed Bill would still allow price differentials between the same drink in different containers. So a store could still sell a 4-pack of 250ml bottles of its own-brand lager for less than twice the price of a single 500ml can, as the can and the bottle would continue to be treated as separate alcoholic products. Nor do we propose any change in relation to the ability of stores to sell the same alcoholic drink in a range of container sizes at a differential price-per-litre – so a store could still sell 375ml half-bottles of wine at more than half the price of a standard 750ml bottle of the same wine, or 1.5l boxes at less than twice that price. And, of course, there would still be no restriction on price differentials between different alcoholic drinks – so a store could still, for example, sell 4-packs of its own-brand lager (in 500ml cans) for less than four times the price at which it sells individual 500ml cans of any rival lager of equivalent strength.

Q1) *Do you think the further restriction on quantity discounting proposed would be beneficial? What disadvantages might there be? Do you think there is a case for going further?*

2. Public Health Interest and Child Protection

Adding “the promotion of public health” and “the protection of children from harm” to licensing objectives was one of the principal recommendations of the Nicholson Report and was brought into effect in the Licensing (Scotland) Act 2005⁴⁵. These objectives are, as far as we know, unique to Scotland.

The 2005 Act requires the Licensing Boards to take these new objectives into account when determining an application for a premises licence. However there appears to be a lack of clarity as to how Licensing Boards should take these objectives into account when deciding on the appropriate availability of licences.

This proposal would require the Scottish Government to issue detailed guidance on the application of these two licensing objectives and to report to the Parliament, at least once in each session of the Parliament, on the implementation of that guidance. This report would require demonstrating how these objectives were being applied in each Board and any difficulties or barriers to tackling over-provision of alcohol.

There are broader questions on the effectiveness of the Licensing (Scotland) Act 2005, which will not be addressed in the Bill. The current licensing system from the 2005 Act, implemented fully only in September 2009, has been shown to have some deficits which need to be debated and addressed. The report, “Rethinking alcohol licensing” by Scottish Health Action on Alcohol Problems (SHAAP)⁴⁶ is a helpful starting point and we would look to the Scottish Government to issue a formal response to its recommendations.

- Q2) *Do you believe that Ministers should be required to issue guidance on these two licensing objectives?***
- Q3) *Do you believe that Ministers should be required to report to the Parliament once per session, and what should such a report be required to cover?***

3. Restrictions on Alcohol Marketing

The central hypothesis for this section is that the introduction of similar restrictions in France appears to have made a significant contribution to the reduction in problem drinking. The so-called ‘Loi Évin’ has provided a basis for some of the measures proposed here to complement advertising standards and the Portman Code of Practice which is currently subject to review. We believe that we should begin by moving forward on de-normalising alcohol for children.

The objective here is to restrict the advertising of alcoholic drinks, particularly in contexts where they are likely to be seen by children. The Bill cannot restrict advertising on radio or television (as broadcasting is a reserved matter). However, we

⁴⁵ Section 4(1), paragraphs (d) (“protecting and improving public health”) and (e) (“protecting children from harm”).

⁴⁶ SHAAP (2011) *Rethinking Alcohol Licenses*. Online. Available at: <http://www.shaap.org.uk/UserFiles/File/Reports%20and%20Briefings/Rethinking%20alcohol%20licensing.%20September%202011.pdf>

believe that there should be a complete ban on all advertising of alcoholic drinks in public places (e.g. on billboards, hoardings, bus-shelters, buses and other vehicles), as all such forms of advertising will routinely be viewed by children as well as adults. The ban would not extend to places where the public is only permitted on payment (such as a football ground or other sports venue).

Such a ban would be aimed mainly at drinks manufacturers promoting their products, and would not affect the ability of retailers to advertise the fact that they sell alcoholic drinks. We will consider carefully other aspects of how such a ban should be defined, and would welcome consultees' view, for example, on how far (if at all) it should allow advertising of products and services that are connected with an alcoholic product (e.g. through sponsorship).

In addition, we propose to ban the advertising of alcoholic drinks through the medium of filmed advertisements shown during cinema presentations to which children are admitted. In practice, this would mean that drinks advertisements could be shown on-screen only in connection with 18-certificate films. This would not affect the display of drinks advertisements of other sorts within the cinema premises (e.g. in the cinema bar or in the lobby).

Q4) Do you believe that the proposed restrictions on advertising are proportionate or necessary?

Q5) Are there further measures you feel should be introduced?

4. Caffeine Limit in Pre-mixed Alcohol Products

During the passage of the 2010 Alcohol Bill, Labour moved amendments to introduce a limit on the quantity of caffeine which could be included in alcohol ready to drink (premixed) products. This move was based on the findings of a body of research from Europe and America which showed that the combination of caffeine (a stimulant) with alcohol (a depressant), had the effect of disguising the disinhibiting effects of alcohol. This state, sometimes referred to as "wired awake drunkenness", is also associated with increased aggression beyond any alcohol effect and allows drinking to continue for longer than would otherwise be the case.⁴⁷

In Scotland, the McKinlay Report⁴⁸ referred to a study of young offenders at HMP Polmont which found that, of those who admitted to drinking before their current offence and who could remember what they had been drinking, 43.4% had consumed

⁴⁷ Thombs DL et al (2009) *Event-level analyses of energy drink consumption and alcohol intoxication in bar patrons*.

Weldy DL (2010) *Risks of Alcoholic Energy Drinks for Youth*. The Journal of the American Board of Family Medicine, 23 (4): 555-558.

O'Brien MC et al (2008) *Energy Drink Consumption, High-risk Drinking, and Alcohol-related Consequences among College Students*. Society for Academic Emergency Medicine, 15(5):453-60.

Orteri et al (2007) *Intake of Energy Drinks in Association With Alcoholic Beverages in a Cohort of Students of the School of Medicine of the University of Messina, The Department of Clinical and Experimental Medicine*. Alcoholism: Clinical and Experimental Research Vol. 31, No 10.

⁴⁸ McKinlay et al.(2009) *Alcohol and Violence among Young Male Offenders In Scotland 1979-2009*. McKinlay Report for the Scottish Prison Service.

one particular brand of caffeinated alcohol despite it making up less than one per cent of total alcohol sales. A separate BBC Scotland investigation found that the same product was mentioned in 5,638 crime reports in Strathclyde from 2006-2009, equating to three a day on average, despite its low market share. 114 of those offences involved the use of the product's glass bottle as a weapon.⁴⁹ It should be pointed out that the product in question is not the only caffeinated alcohol product on the market and retails at a price which almost certainly will not be affected by the Scottish Government's proposals for a minimum unit price.

In submission to the Alcohol Commission (March 5, 2010), Laurence Gruer, Director for Public Health Science for NHS Health Scotland said: "we think there is sufficient information to support regulation to restrict the amount of caffeine in combination products."

In 2011 Alcohol Concern launched a briefing called "mixed messages⁵⁰" which highlighted the possible dangers of mixing highly caffeinated drinks with alcohol. In particular, the caffeine in energy drinks can mask the effects of alcohol meaning that drinkers may be less aware of how intoxicated they are and therefore could place themselves in more danger.

Andrew Misell from Alcohol Concern said at the launch: "What's more dangerous, perhaps, is that the stimulant effect of so much caffeine can mask the depressant effect of the alcohol. People drinking energy drinks with alcohol may feel very alert and not realise how drunk they are. One possible result of this is that drinkers will take more risks."

In evidence to the Health & Sport Committee, Professor Timothy Stockwell of the University of Victoria, British Columbia, whose research in the Canadian province has been cited by the Scottish Government in support of its minimum pricing proposals, also expressed concern about caffeinated alcohol.⁵¹

Within two weeks of Labour's amendment being defeated, the Food and Drug Administration in the US had instituted a ban on any caffeinated ready to drink (RTD) alcohol products. The major producers had already withdrawn or reformulated a number of products.⁵²

The Scottish Government initially argued that, since the volume of sales of such products was relatively low, the issue was not significant enough to merit action. However by Stage 3 of the Bill, the Scottish Government argued that the evidence was not strong enough to be legal under EU Law.⁵³ We acknowledge it is likely that such a

⁴⁹ BBC News (2010) *Buckfast 'in 5,000 crime reports'*. Available at:

<http://news.bbc.co.uk/1/hi/scotland/8464359.stm>

⁵⁰ Alcohol Concern (21 September 2011) *Drinkers Urged to Wide Up about Alcohol and Energy Drinks*.

Available at: <http://www.alcoholconcern.org.uk/news-centre/press-releases/drinkers-urged-to-wise-up-about-alcohol-and-energy-drinks>

⁵¹ Scottish Parliament Health and Sport Committee (2012) *Official Report 10 Jan 2012* Available at:

<http://www.scottish.parliament.uk/parliamentarybusiness/28862.aspx?r=6657&mode=pdf>

⁵² US Food & Drug Administration *Caffeinated alcoholic beverages*. Available

at: <http://www.fda.gov/Food/FoodIngredientsPackaging/ucm190366.htm>

⁵³ Scottish Parliament, *Stages of Alcohol etc (Scotland) Bill*. Available at:

<http://www.scottish.parliament.uk/help/17714.aspx>

provision would be regarded as imposing a technical standard and would have to be notified to the European Commission under the terms of the Technical Standards Directive⁵⁴. However the fact that Denmark has for some time restricted the level of caffeine to 150mg per litre is significant in that it indicates that compliance with EU law is possible.⁵⁵ Our proposal is therefore to restrict the strength of caffeine in pre-mixed alcoholic products to 150mg per litre, based on the Danish limit, with the aim of encouraging reformulation of such products and prevent the proliferation of new ones. This would only apply restrictions to the retail of such products and would not be a total ban. For example, we do not believe it would be practical or proportionate to attempt to ban the sale of caffeinated drinks and alcoholic drinks together in licensed premises (for mixing by the customer).

Q6) Do you believe that there should be restrictions on pre-mixed caffeinated alcohol products? If so do you believe the proposed caffeine limit of 150mg/litre on pre-mixed products is appropriate?

5. Alcohol Education

As Deputy Justice Minister, and as part of a renewal of drug policy, Dr Simpson ended the “just say no” approach in favour of one where pupils were to be properly informed of risks such as through the “Know the Score” campaign.⁵⁶ Every school was to have a drugs and alcohol education programme. It is unclear whether this approach has been part of the reason for the reduction in the numbers of 13- to 15-year olds who are drinking that has been recorded by the Scottish Adolescent Lifestyle Study (SALSUS).⁵⁷ However there has also been an increase in heavy drinking amongst those children who do drink.

Public educational programmes are not highly rated for effect by the World Health Organisation (WHO). However, there is some international evidence that targeted interventions can be successful when combined with other measures, particularly if they have clearly defined outcomes and are aimed at changing attitudes as well as providing factual information.⁵⁸ Successful programmes, particularly those aimed at parents, were reported to the Health and Sport Committee during its visit to Finland and France as part of its scrutiny of the Alcohol etc. (Scotland) Bill 2010.

Under our proposals, the Scottish Government would be required to publish, near the beginning of each session of the Parliament, a statement of its policy on alcohol education and public information. There could also be a requirement about what the

⁵⁴ Because it would prescribe characteristics required of an alcohol product before it could be marketed in Scotland

⁵⁵ European Centre for Monitoring Alcohol Marketing, The Raise of Alcoholic Energy Drinks in Europe Available at: <http://www.eucam.info/content/bestanden/the-raise-of-alcoholic-energy-drinks-in-europe.pdf>

⁵⁶ Know the Score website: <http://knowthescore.info/>

⁵⁷ *Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) National Report: Smoking, Drinking And Drug Use Among 13 And 15 Year Olds In Scotland In 2010*. Available at: http://www.drugmisuse.isdscotland.org/publications/local/SALSUS_2010.pdf

⁵⁸ International Center for Alcohol Policies. Available at: <http://www.icap.org/PolicyTools/ICAPBlueBook/BlueBookModules/1AlcoholEducation/tabid/162/Default.asp>

statement would have to include – for example, an outline of the measures proposed for educating children and young people about the risks associated with excessive alcohol consumption. Ministers would also be required to evaluate the effectiveness of that policy and report the results to the Parliament in the latter part of each Parliamentary session.

Q7) *Is there a role for further alcohol education and public information campaigns in changing alcohol culture?*

Q8) *Would it be beneficial for Ministers to be made directly accountable to the Parliament for their policy in this area, as proposed?*

6. Alcohol Discrimination Against Under-21 Year Olds in Off-Sales

Labour successfully amended the 2010 Act to prevent Licensing Boards, as a matter of general policy, discriminating against those aged between 18 and 21 when imposing or varying licence conditions.

Proponents of age restrictions cited pilot projects in Armadale and Stenhousemuir, banning off-sales to under-21s on Friday and Saturday nights. However, the Armadale trial resulted in only one fewer call to police than during the previous week, resulting in an independent appraisal describing the results as “insignificant” and “disappointing”.⁵⁹ Furthermore it cannot be shown that any of the impacts were directly attributable to the age restrictions as opposed to the increased focus on disorder by the authorities during the trials’ duration. By contrast, a programme of “alcohol partnerships” put in place in St Neots in Cambridgeshire was assessed by Police and Trading Standards as being a considerable success.⁶⁰ This was achieved without the need for discriminatory legislation which would be unfair to those under 21 who drink responsibly. There are also examples of successful local good practice in Scotland such the community-led Community Action on Alcohol project in Blackburn, West Lothian.⁶¹

Since Labour’s amendment was passed, the Scottish Government has provided Licensing Boards with guidance outlining that such conditions can still be applied on a case-by-case basis (i.e. to individual premises licences). We therefore propose to extend the current restriction (which applies only at the general level of a Licensing Board’s policy statement) so that it would also prevent a Licensing Board from requiring any off-licence, as a condition of its premises licence, to sell only to a restricted adult age-group. This would not, of course, prevent off-licences themselves adopting a policy of selling only to over-21s and being licensed accordingly. We believe that test purchasing, challenge 25 and powers for Local Authorities to ban drinking in public places and to disperse those who continue to do so is a sufficient set of powers to tackle underage

⁵⁹The Scotsman (11 September 2008) ‘Success’ of under-21 alcohol ban is mere SNP spin, says Professor’.Online. Available at:

http://www.scotsman.com/news/success_of_under_21_alcohol_ban_is_mere_snp_spin_says_professor_1_1090361

⁶⁰ Community Alcohol Partnership (Online) *A new way of tackling public underage drinking*. Available at: http://www.cambridgeshire.gov.uk/NR/rdonlyres/3EEB9A78-DAE0-4393-AF34-9CCC7D9983B7/0/Community_Alcohol_Partnership.pdf

⁶¹ Blackburn-West Lothian Community website:

http://www.blackburnwestlothian.co.uk/groups_view.php?id=3&p=93

drinking, apart from tackling proxy purchasing, which our proposal on bottle tagging (point number 9) will provide another mechanism to deal with underage drinking.

Q9) Do you support a ban on Licensing Boards requiring off-licences to restrict sales on age-grounds alone, or are there circumstances where this could be justifiable?

7. Community Involvement in Licensing Decisions

Another area which would be addressed in the proposed Bill is community involvement. In New Zealand, all stores are required to notify the public when they are applying to renew their alcohol licences (which they must do no more than a year after their licence is first granted, and every three years thereafter).⁶² Notification takes the form of two newspaper notices and a visible sign on or near the premises and offers residents who might be affected more than the public generally the opportunity to object.⁶³ If the community raises objections, the application is transferred to the national liquor licensing authority instead of the district licensing agency.⁶⁴ The national authority holds public hearings where the public is given the opportunity to testify.⁶⁵ Objections do not necessarily mean that the application will be rejected, but it does mean that community members' views are considered.⁶⁶

This goes beyond the position in Scotland, where each Licensing Board is advised on general matters (but not on individual cases) by a local licensing forum. The New Zealand system is designed to ensure that establishments have a clear incentive to act responsibly and discourage any disorder, for example noise which is unacceptable to neighbours.⁶⁷

Under our proposal, a similar requirement would be introduced in Scotland. This would require every premises licence to be subject to an initial time-limit after which it would require to be renewed. (At present, there is no such time-limit, and a premises licence continues in effect indefinitely unless one of a number of trigger events occurs, such as the death of the licence-holder or the revocation of the licence.) Renewal applications (unlike initial applications) would then be made subject to a requirement to advertise the application locally (for example, in a local newspaper and/or by notice attached to the premises), so that local people would be aware of it and of their right to object within a specified period. Any objections would require to be considered and taken into account by the Licensing Board. Renewal could be semi-automatic if there were no objections.

Similar requirements (to advertise locally and consider objections) could also be applied in the case of other applications (for example, to vary licences). We would also

⁶² Wellington City Council (2010) *Guide to Liquor Licensing, : A Guide to the Sale and Supply of Alcohol*, Wellington City Council. Available at: <http://www.wellington.govt.nz/services/liquor/pdfs/licences/liquor-licensing-guide.pdf>

⁶³ Ibid

⁶⁴ Ibid

⁶⁵ Ibid

⁶⁶ Ibid

⁶⁷ Alcohol and Public Health Research Unit, University of Auckland. "Responsive Regulation" *Theory and the Sale of Liquor Act*. (Page 7-9)

welcome suggestions about how we could give local people a meaningful opportunity to be consulted and have their views considered without necessarily requiring all premises licences to be renewed every few years.

Q10) Do you believe that community neighbours should be consulted and their views taken into account when licences are being renewed or extended or when special licences are being issued?

Q11) Do you believe that the New Zealand model is an appropriate one to emulate, if not what, changes should be made?

8. National Licensing Forum

As part of the lead up to the Licensing (Scotland) Act 2005, the then Scottish Executive established a National Licensing Forum to coordinate licensing boards and draw up the training framework to meet the requirements of the Act. However, the 2005 Act established local licensing forums with the function of drawing together stakeholders locally to provide advice to the Boards. The national body was disbanded in 2009, having been thought to have served its purpose, with its monitoring functions and responsibility for licensing qualifications passed to the Scottish Qualifications Authority.

Alcohol Focus Scotland also receives funding from the Scottish Government to carry out some of the former body's functions including to provide support to local licensing forums. However we believe that there is merit in re-establishing a national licensing body to commission co-ordinated training, advice and monitoring based on best practice, and the provision of information and data to the Government's advisory body on alcohol, the Parliament and local authorities.

We believe a national forum should be set within a legislative framework. It should report annually to the Scottish Parliament. We welcome views on how the costs of the new body should be met (for example, through a share of licence fee revenue).

Q12) Do you believe that there is a role for a statutory National Licensing Forum in addition to the existing local forums? If so:

- **Should it be funded through licensing fees or central Scottish Government funding?**
- **What would its membership be, and who would appoint them?**
- **To whom would it be accountable?**
- **What would its functions be?**

Part Two: Justice

Introduction

The aim of this part of the proposed Bill is to ensure a comprehensive and integrated approach to tackling alcohol misuse within Scotland.

It is our contention that it is important, if the reduction in deaths, consumption and self reported hazardous drinking are to be continued and the increase in harmful drinkers reported by some alcohol specialists is to be reversed, that those who are starting down the pathway that could lead to alcohol dependency are educated, counselled and if necessary, treated before such a dependency occurs.

For too many people our justice system is a revolving door. We need to break the vicious circle of excessive drinking, offending and punishment by addressing underlying causes of the offending to the benefit of all concerned.

The measures that we are proposing build on existing law⁶⁸, effective pilots, experience in Scotland⁶⁹ and other parts of the UK⁷⁰ and beyond⁷¹. They are designed to tackle those presenting with alcohol misuse or excess at every stage from early incidents to chronic excess.

The previous Labour-led Scottish Executive introduced powers for local authorities to ban public drinking⁷² and for police to disperse groups, both of which can be used to reduce teenage drinking⁷³. The minority SNP administration in the last Parliament introduced Community Payback Orders (CPOs) where there can be a “treatment” order.

This part of the consultation explores the possibility of the introduction or expansion of initiatives such as bottle tagging which will provide police intelligence on proxy or underage sales, arrest referral and fine diversion⁷⁴. It also proposes requirements on the courts to inform GPs where an individual is convicted of an offence where alcohol is involved. Further powers would be given to the courts to tackle recidivism, to apply specific drinking ban orders and to extend the current powers of the courts to impose testing and treatment orders to cover both drugs and alcohol.

At present the courts cannot order any measures to tackle alcohol misuse whilst an individual is in custody. Even though all prisons in Scotland have an “alcoholics anonymous” programme, few inmates even commence alcohol-related education in

⁶⁸ Alcohol etc. (Scotland) Act 2010. Available at: <http://www.legislation.gov.uk/asp/2010/18/enacted>

⁶⁹ Arrest Referral Pathway: A Guide to Principles and Practice, Effective Interventions Unit, Scottish Executive

⁷⁰ “Drinking Banning Orders”. Available at: <http://www.homeoffice.gov.uk/drugs/alcohol/drinking-banning-orders/>

⁷¹ Dr. Alan Regaud and Dr. Michel Craplet, “The ‘Loi Evin’ A French Exception. *The Globe: 2004*. Available at: http://www.ias.org.uk/resources/publications/theglobe/globe200401-02/gk200401-02_p33.html

⁷² Byelaws prohibiting the consumption of alcohol in designated public places. Scottish Government, March 14th 2007. Available at: <http://www.scotland.gov.uk/Publications/2007/03/alcoholbyelaws>

⁷³ Section 27, *Violent Crime Reduction Act 2006*. Available at: <http://www.legislation.gov.uk/ukpga/2006/38/contents>

⁷⁴ *Evaluation of the Arrest Referral Pilot Schemes*, Scottish Executive Social Research, 2006, 7-8 Available at: <http://www.scotland.gov.uk/resource/doc/136077/0033723.pdf7>

prison. In 2009, 50% of all prison inmates said that they were drunk at the time of their offence; among young offenders (16-21), the proportion was 77% ⁷⁵.

We do not believe that legislation is required to bring about a substantial change in approach to tackling individuals with an alcohol problem in prisons. However, it will require a significant change to the input and output targets for the Scottish Prison Service and Community Justice Authorities.

Specific questions will be asked in relation to each proposed measure.

9. Alcohol Bottle Tagging

Test purchasing with minors has been successful in tackling direct purchasing by minors, though attention should be given to amending procedures to allow test purchasing actors to lie about their age, as is permitted in England and Wales. Under the Alcohol etc. (Scotland) Act 2010 test purchasing will now be part of a clearly defined programme in each locality. However, gaining intelligence about proxy purchasing has proved much more difficult. There have been pilot schemes for bottle tagging in Dundee and Fife which have already proved successful⁷⁶.

As a joint initiative between Dundee City Council and Tayside Police, the Dundee scheme involved licensees using an ultraviolet pen to mark the bottles they sold with a code specific to their premises. Tayside police officers, community wardens and licensing standards officers were issued with UV key fobs to enable them to read the codes on any bottles confiscated from youths. That then allowed the bottles to be traced back to the store where the alcohol had originally been purchased.

At the beginning of 2011, there was a 3 month pilot which ran in the Menzieshill and Stobswell areas of the city. This was a voluntary scheme which included the co-operation of the majority of the area's off-sales premises. A review of the pilot concluded that it had been successful and it was recommended that it should be rolled out to the rest of Dundee. A consultation was subsequently launched and at the most recent Licensing Board meeting it was agreed to extend the scheme to the rest of Dundee⁷⁷.

Subsequent to this, the Board adopted a 'supplementary licensing statement' and issued an invitation to licensees to take part in the scheme. Therefore, the Dundee wide scheme was only voluntary and it only included off-sales licenses. In addition, only certain drinks were marked. These are the drinks considered to be most popular with underage drinkers, i.e. tonic wines, cider, alcopops and fizzy wine.

The Licensing Board's papers indicate that at the time of consideration, the Board did not have the powers to change licence conditions to make the scheme compulsory. A new provision in the 2005 Act (added by section 10 of the Alcohol etc. (Scotland) Act 2010) could potentially allow this to happen, as it gives Licensing Boards the power to vary licence conditions for all the premises in its area, for individual premises, or for

⁷⁵ Alcohol Statistics Scotland 2011, Table 5.15

⁷⁶ "Cupar launches Bottletwatch". Available at: <http://www.fife.police.uk/Default.aspx?page=6272>

⁷⁷ "Scottish Alcohol Tagging Scheme Goes Live", BBC News <http://www.bbc.co.uk/newsbeat/12242360>

premises of particular sorts or in particular locations. However, Boards may only exercise this power in relation to matters prescribed by Ministers in regulations. So far, no regulations have been made prescribing participation in bottle tagging schemes as a potential licence condition.

We believe there may be a case for further amending the 2005 Act so that requiring participation in bottle tagging schemes is automatically a basis on which Licensing Boards may vary licence conditions. It should be possible for the Board, having consulted the police, to require participation in this way either by varying licence conditions for individual premises, all premises of a particular type or in a particular area.

Having a statutory basis for varying licence conditions in this way (whether introduced under the proposed Bill, or through regulations made by Ministers under their existing powers) would help to ensure that, where a Licensing Board wished to establish a bottle tagging scheme, it could compel full participation by all the relevant licensed premises. The Dundee pilot required considerable police time, and having a clear statutory basis for bottle tagging would allow the police to concentrate on intelligence gathering and prosecution, rather than spending time persuading licensees to undertake the necessary tagging voluntarily.

Q13) *Is there sufficient evidence to justify legislation allowing Licensing Boards to make participation in a bottle tagging scheme a licence condition, or are current voluntary arrangements adequate?*

10. Alcohol Fine Diversion.

Alcohol fine diversion is an early intervention aimed at addressing binge drinking and associated anti-social behaviour. Offenders who would otherwise be liable for a fixed penalty fine and whose offending behaviour appears to be related to alcohol consumption are offered the alternative of participating in a programme about the dangers and consequences of alcohol misuse. The target audience is not the hardened criminal or the chronic alcohol misuser; it is the binge drinker. Current UK Government estimates suggest that there are 5.8 million such drinkers in the UK⁷⁸.

An alcohol fine diversion scheme was piloted in West Hertfordshire for a six-month period commencing in August 2007⁷⁹. The course was assessed for effectiveness at the end of the pilot, and due to its success, was rolled out across the whole of Hertfordshire in April 2008⁸⁰.

Fife Alcohol Support Services (FASS) ran a similar scheme in 7 areas during 2010-11, with apparently positive results⁸¹.

⁷⁸ "Evaluation of the Hertfordshire Alcohol Diversion Scheme," (Druglink: January 2009), 3

⁷⁹ "Evaluation of the Hertfordshire Alcohol Diversion Scheme," (Druglink: January 2009), 4

⁸⁰ Ibid

⁸¹ "Alcohol Diversions" Fife Alcohol Support Services. Available at: <http://www.fife-alcohol-support.org.uk/article/default.asp?id=167>

The aims of a fine diversion scheme are:

- a. To reduce the likelihood of participants becoming victims of crime or offenders.
- b. To improve the health of participants
- c. To reduce binge drinking through increased awareness

Fine diversion schemes work as follows: where an offender has committed an offence and has been issued with an Anti-Social Behaviour Fixed Penalty Notice (ASB FPN) and it appears to the officer that alcohol has been a factor in the offending behaviour, and then the offender will be invited to take part in the scheme. The officer will give the offender a leaflet outlining the scheme and explaining that if he/she attends the educational session, the fine will be cancelled.

The officer will record the offence as per existing procedures. The alcohol service will then send a letter (and, if necessary, a follow-up letter) to the offender inviting him/her to attend a session. If the offender contacts the service, then a session date will be made. The alcohol service will inform the police if an offender attends and completes a session within 28 days of the penalty notice being issued, thus allowing the fine to be cancelled.

The proposal is that this scheme should be further piloted, to ascertain if it is equally cost effective in an urban area, underpinned by legislation and then rolled out to every area.⁸²

Q14) Should Fine Diversion be made available, on a statutory basis, throughout Scotland, if the further pilot is successful?

11. Alcohol Arrest Referral

As part of a strategy to improve the management of substance misuse, Dr Richard Simpson, when Deputy Minister for Justice in 2001/2, introduced an Arrest Referral pilot. This was primarily to provide a pathway from early criminal justice contacts for misusers of drugs but was applied also to alcohol.⁸³ Any person taken into custody who is perceived to have a drug or alcohol problem is offered counselling as a fast track to treatment.

It was always felt by proponents of the scheme that, for those who experienced problems with both alcohol and drugs, Arrest Referral might provide a route to earlier treatment. However, there are now three Arrest Referral teams, two of which combine alcohol and drugs. There is a concern by those third sector organisations running Arrest Referral that none of these teams are mainstream core funded.⁸⁴

⁸² "FIFE Alcohol Support Service: Annual Report 2010-2011." Available at:

<https://www.fassaction.org.uk/phocadownload/FASS%20Annual%20Report%202011.pdf>

⁸³ Arrest Referral Pathway: A Guide to Principles and Practice, Effective Interventions Unit, Scottish Executive

⁸⁴ SACRO website: http://www.sacro.org.uk/html/arrest_referral_service.htm

Once again we have seen successful pilots where the lessons have not been translated into Scotland-wide services.

This section of the Bill will require an Arrest Referral scheme to be operated by each Community Justice Authority within its area. As arrest referral schemes generally rely on the participation of a range of partner organisations (some in the voluntary sector), the Bill will not be prescriptive about the scope or nature of any scheme. However, the Bill will require the CJA, or any successor organisation, to make adequate provision for such schemes. It would be left to each individual arrested whether to participate in the scheme, recognising in particular that some will be much more easily able to do so than others (depending, for example, on where they live in relation to where programmes are delivered).

Q15) Do you believe that Arrest Referral schemes for Alcohol (as well as Drugs) should be a statutory requirement within each Community Justice Authority area?

12. Drinking Banning Orders

Using these Orders, a court would be able to impose a personal ban on drinking in specified places as a form of disposal in cases where a person is convicted of an alcohol related offence.

Drinking banning orders (DBOs) are already available in England and Wales under Chapter 1 of the *Violent Crime Reduction Act 2006*. They are intended to tackle alcohol-related criminal or disorderly behaviour and to protect others from such behaviour. They have been available on application by police and local authorities since 31 August 2009 and are currently available on conviction in 50 local justice areas. DBOs are not suitable for criminal or disorderly behaviour that is not alcohol-related.⁸⁵

DBOs can be put in place, for no more than two years, to prevent an individual from entering premises licensed to sell alcohol (pubs, off-licences and private clubs). The court has discretion as to how the ban is applied in each case – for example, by specifying particular premises, or by identifying premises by category or by geographical area.⁸⁶ Home Office guidance suggests that DBOs may not be suitable for people who are vulnerable and suffering from drug or alcohol dependency, or mental health problems.

⁸⁵ *Violent Crime Reduction Act 2006*. Available at: <http://www.legislation.gov.uk/ukpga/2006/38/contents>

⁸⁶ Source: Home Office guidance available at <http://www.homeoffice.gov.uk/drugs/alcohol/drinking-banning-orders/>.

DBOs on application

A “relevant authority” (the police or local authority) may apply to the court for a DBO against any person aged 16 or over who has engaged in criminal or disorderly conduct while under the influence of alcohol, if the relevant authority consider that a DBO is necessary to protect other persons from further conduct of that kind while the individual is under the influence of alcohol (section 3 of the VCR Act).

DBOs on conviction in criminal proceedings

A court which convicts a person aged 16 or over of an offence committed under the influence of alcohol may make a DBO against that person if it is satisfied that a DBO is necessary to protect other persons from further conduct of that kind while the individual is under the influence of alcohol (section 6 of the VCR Act 2006).

Enforcement

In England and Wales, the Police National Computer is updated whenever a DBO is made, to help ensure that the police have access to information about who is subject to a DBO at any particular time, and what the terms of the order are. Home Office guidance⁸⁷ suggests that neighbourhood policing teams are also informed to help with enforcement. In Scotland, community officers of local forces could fill the role undertaken by neighbourhood policing teams in England and Wales.

Home Office guidance advises relevant authorities to ensure that the licensed premises that an individual who is subject to a DBO is prohibited from entering are made aware of those individuals and the specific nature and duration of the prohibitions that apply to their DBOs. This can be done through local Pubwatch⁸⁸ schemes or other appropriate networks, by letter or through visits from licensing officers.

According to Home Office guidance, DBOs are normally publicised in order to deter those subject to them from breaching their terms, to enable the public to report breaches, and to demonstrate to the public that action is being taken against those responsible for alcohol-related disorder. However, a case-by-case approach is advocated, and it is emphasised that publicity should not be used to punish, shame or embarrass individuals⁸⁹.

⁸⁷ Home Office, *Guidance on Drinking Banning Orders on Application for Local Authorities, Police Forces, Magistrates and Course Providers within England and Wales*. Available at:

<http://library.npia.police.uk/docs/homeoffice/drinkingbanningorders-guidance.pdf>

⁸⁸ “What is Pubwatch and how does it work?”, National Pubwatch Organization. Available at:

<http://www.nationalpubwatch.org.uk/faqs1.php#what>

⁸⁹ “Guidance on Drinking Banning Orders on Application for Local Authorities, Police Forces, Magistrates, and Course Providers Within England and Wales,” Home Office. Page 25. Available at:

<http://library.npia.police.uk/docs/homeoffice/drinkingbanningorders-guidance.pdf>

Our proposal is to make provision for Drinking Banning Orders in Scotland on a very similar basis to the existing legislation in England and Wales. In developing the detail of this proposal, we will of course take account of relevant differences of context between the two jurisdictions, and we will also take account of evidence relating to how effective the VCR Act provisions have proved to be, and where problems have been encountered. Depending on the views of consultees, we would consider including provision enabling the new laws to be piloted in one particular locality (for example, within a single sheriffdom) before being brought into force on a Scotland-wide basis.

Q16) Should drinking banning orders be introduced in Scotland? If so should they be piloted in one Sheriffdom?

13. Alcohol and Drug Treatment and Testing Orders (ADTTO)

Labour introduced Drug Treatment and Testing Orders (DTTOs) initially as a pilot in Scotland⁹⁰, modified following a poor result from similar measures piloted in England. A DTTO is a form of community sentence (that is, an alternative to a custodial sentence), targeted mainly at high-tariff offenders aged 16 or over with a serious drug-misuse problem (especially those whose offences have been committed to pay for their addiction). It requires the consent of the offender, and is used to assist offenders who wish to break out of the cycle of drug use and crime. The major effect of this measure has been to ensure that sentencers remain involved in the follow up of offenders who have been diverted onto DTTOs. Alongside the more expensive and intensive drug courts also introduced by the Labour Government, these measures have been valuable in reducing rates of reoffending and diverting some offenders from a custodial sentence⁹¹.

In 2010 The Alcohol Commission proposed that this form of disposal should be extended to alcohol related recidivists.

The Scottish Prison Service Prisoner Survey 2009 showed that 50% of those in receipt of a custodial sentence or on remand in a Scottish Prison reported being drunk at the time of their offence while statistics also show that 46% of prisoners may have harmful alcohol use or potential dependency compared to 14% of the adult male general population. Yet only a fraction of those took part in alcohol courses and interventions with even fewer completing them.⁹² Prisons are not best placed to tackle recidivist offenders whose problem is alcohol.

Labour attempted to amend the Alcohol etc. (Scotland) Bill 2010 to create Alcohol Treatment and Testing Orders equivalent to the existing DTTOs. However, this amendment was ruled inadmissible as falling outside the scope of the Bill.

⁹⁰ Arrest Referral Pathway: A Guide to Principles and Practice, Effective Interventions Unit, Scottish Executive

⁹¹ Crime and Criminal Justice Research Programme *Drug Treatment and Testing Orders Evaluation of the Scottish Pilots* Available at: <http://www.culturalcommission.co.uk/Resource/Doc/46997/0029706.pdf>

⁹² NHS Health Scotland (2010) *Prison health needs assessment for alcohol problems* Available at: October 2010. Available at: <http://www.healthscotland.com/uploads/documents/15105-Prison%20Health%20Needs%20Assessment%20for%20Alcohol%20Problems.pdf>

We now wish to introduce a measure to amend the current legislation on DTTOs to turn them into ADTTOs – Alcohol and Drug Treatment and Testing Orders.

The Community Payback Orders introduced by the Criminal Justice and Licensing (Scotland) Act 2010 allow courts to impose drug treatment requirements and/or alcohol treatment requirements on offenders, requiring them to undertake appropriate treatment for their drug or alcohol dependency.⁹³ However the treatment is not specified and the sheriff does not easily remain involved in management of the ‘case’. Our proposal would build on the successful DTTOs to ensure that an equivalent regime would also apply to alcohol.

The proposal partly arises from the work in Glasgow where supervised dispensing of Disulfiram by pharmacists has proved beneficial⁹⁴. Disulfiram supports the client in abstinence since taking alcohol on top of the drug results in very unpleasant side effects. But adding alcohol to the DTTO also acknowledges that the continuing involvement of a sheriff in the on-going case management can be of critical importance in ensuring success levels greater than the one-off involvement which generally occurs with a community payback order.

It is acknowledged that some sheriffs are using imaginative ways to ensure that they remain involved – for example, using delays in sentencing or suspended sentences to bring offenders back to show whether they have begun to address their problem. While this effort is welcomed, it is cumbersome. The system would be much more effective if detailed regulations mirror those for DTTOs.

Q17) *Do you believe extending DTTOs to become ADTTOs would add value to the existing range of disposal? What differences of context between drugs and alcohol would need to be taken into account?*

14. Alcohol Offences Information Sharing

One of the most significant failures of current legislation and practice is in the communication between different agencies.⁹⁵ This is seen at a number of different levels of problem drinking.

At the earliest level of problem drinking, General Practitioners are now charged with responsibility for screening using such tools as CAGE – a simple set of questions that can be quickly used to establish whether a patient has an alcohol problem. GPs are funded to undertake brief interventions. These are short, evidence-based, structured conversations about alcohol consumption with a patient or service user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviours in order to reduce their consumption and/or

⁹³ Section 14. Community Payback Orders- 227U/227V. Available at: <http://www.legislation.gov.uk/asp/2010/13/section/14/enacted>,

⁹⁴ Glasgow Addiction Services

⁹⁵ “Global Strategy to Reduce the Harmful Use of Alcohol,” (Italy, World Health Organization: 2010). Available at: http://whqlibdoc.who.int/publications/2010/9789241599931_eng.pdf

their risk of harm.⁹⁶ This welcome development, funded by the Scottish Government, is however relatively unfocused.

There is currently no requirement on any part of the criminal justice system to inform GPs when a patient is convicted of an offence involving alcohol.

When the police are dealing with public drunkenness (for example, in city centres on Friday evenings) their priority is to ensure the safety of the intoxicated individual. Arrests for drunkenness involve considerable administrative efforts and other actions. As a result, arrest is sometimes avoided since it could mean taking the person detained either to hospital (since they may have an illness such as diabetes or epilepsy or a head injury, features of which can mimic drunkenness, but if missed can have serious outcomes) or into custody. The police priority is individual and community safety. They may choose to involve street pastors or other voluntary agencies to manage the incapacitated person.

This section of the Bill will seek to acknowledge these priorities and maintain them.

We propose a new requirement on any court which convicts a person for an offence in which (in the court's opinion) alcohol was a significant contributory factor, to notify the person's GP accordingly. We would consider extending this to other circumstances involving alcohol-related offending behaviour, but which do not involve a conviction – for example, the issuing of a fixed penalty notice or fiscal fine, a warning letter from the procurator fiscal, or just arrest and detention by the police (where the person is subsequently released without charge). In these situations, the police or other authority could also be obliged to report the circumstances to the person's GP.

The requirement to report to a particular GP would only arise if the offender was prepared to provide his or her GP's details voluntarily; if this was not provided, the obligation would be to inform all GPs' surgeries in the area in which the offender is resident. There would be no obligation on the GP to take any particular action in response to this notification, but we believe it would at least ensure that the GP was alerted to a potential health problem that he or she might otherwise not be aware of, and that this would make it more likely that the offender would receive appropriate advice or treatment for their alcohol dependency.

Q18) *Do you believe that notifying a GP about a patient's conviction for an alcohol-related offence would be beneficial? Should it apply only in cases of conviction or in other circumstances as well?*

⁹⁶ *Alcohol Information Scotland: Alcohol Brief Interventions*. Available at: http://www.alcoholinformation.isdscotland.org/alcohol_misuse/5866.html

How To Respond to this consultation

You are invited to respond to this consultation by answering the questions in the consultation and by adding any other comments that you consider appropriate.

Responses, should be submitted by **29th June 2012** and sent to:

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Please indicate whether you are a private individual or an organisation.

Respondents are also encouraged to begin their submission with short paragraph outlining briefly who they are, and who they represent (which may include, for example, an explanation of how the view expressed was consulted on with their members).

To help inform debate on the matters covered by this consultation and in the interests of openness, please be aware that the normal practice is to make responses public – by posting them on the website www.richardsimpson.info and in hard copy in the Scottish Parliament's Information Centre (SPICe).

Therefore, if you wish your response or any part of it, to be treated as **anonymous**, please state this clearly along with the reasons for this. If I accept the reasons, I will publish it as “anonymous response”. If I do not accept the reasons, I will let you know and give you the option of withdrawing it or submitting it on the normal attributable basis. If your response is accepted as anonymous, it is your responsibility to ensure that the content of does not allow you to be identified.

If you wish your response, or any part of it, to be treated as **confidential**, please state this clearly and give reasons. If I accept the reasons, I will not publish it (or publish only the non-confidential parts). However, I am obliged to provide a (full) copy of the response to the Parliament's Non-Executive Bills Unit when lodging my final proposal. As the Parliament is subject to the Freedom of Information (Scotland) Act (FOISA), it is possible that requests may be made to see your response (or the confidential parts of it) and the Parliament may be legally obliged to release that information. Further details of the FOISA are provided below.

NEBU may be responsible for summarising and analysing the results of this consultation and will normally aim to reflect the general content of any confidential response in that summary, but in such a way as to preserve the confidentiality involved. You should also note that members of the committee which considers the proposal and subsequent Bill may have access to the full text of your response even if it has not been published in full.

There are a few situations where not all responses will be published. This may be for practical reasons: for example, where the number of submissions we receive does not make this possible or where a large number of submissions are in very similar terms. In the latter case, only a list of the names of people and one response who have submitted such responses would normally be published.

In addition, there may be a few situations where I may not choose to publish your evidence or have to edit it before publication for legal reasons. This will include any submission which contains defamatory statements or material. If I think your response potentially contains such material, usually, this will be returned to you with an invitation to substantiate the comments or remove them. In these circumstances, if the response is returned to me and it still contains material which I consider may be defamatory, it may not be considered and it may have to be destroyed.

Data Protection Act 1998

As an MSP, I must comply with the requirements of the Data Protection Act 1998 which places certain obligations on me when I process personal data. Normally I will publish all the information you provide (including your name) in line with Parliamentary practice unless you indicate otherwise. However, I will not publish your signature or personal contact information (including, for example, your home telephone number and home address details, or any other information which could identify you and be defined as personal data).

I may also edit any information which I think could identify any third parties unless that person has provided consent for me to publish it. If you specifically wish me to publish information involving third parties you must obtain their consent first and this should be included in writing with your submission.

If you consider that your response may raise any other issues concerning the Data Protection Act and wish to discuss this further, please contact me before you submit your response.

Further information about the Data Protection Act can be found at:

www.ico.gov.uk

Freedom of Information (Scotland) Act 2002

As indicated above, once your response is received by NEBU or is placed in the Scottish Parliament Information Centre (SPICe) or is made available to committees, it is considered to be held by the Parliament and is subject to the requirements of the Freedom of Information (Scotland) Act 2002 (FOI(S)A). So if the information you send me is requested by third parties the Parliament is obliged to consider the request and provide the information unless the information falls within one of the exemptions set out in the Act, even if I have agreed to treat all or part of the information in confidence and to publish it anonymously. I cannot therefore guarantee that any other information you send me will not be made public should it be requested under FOI.

Further information about Freedom of Information can be found at:

www.itspublicknowledge.info

Questions

Questions by Section

Tightening Quantity Discount Ban in Alcohol etc. (Scotland) Act 2010:

- Q1)** *Do you think the further restriction on quantity discounting proposed would be beneficial? What disadvantages might there be? Do you think there is a case for going further?*

Public Health Interest and Child Protection:

- Q2)** *Do you believe that Ministers should be required to issue guidance on these two licensing objectives?*
- Q3)** *Do you believe that Ministers should be required to report to the Parliament once per session, and what should such a report be required to cover?*

Restrictions on Alcohol Marketing:

- Q4)** *Do you believe that the proposed restrictions on advertising are proportionate or necessary?*
- Q5)** *Are there further measures you feel should be introduced?*

Caffeine Limit in Pre-mixed Alcohol Products:

- Q6)** *Do you believe that there should be restrictions on caffeinated alcohol products? If so do you believe the proposed caffeine limit of 150mg/litre on pre-mixed products is appropriate?*

Alcohol Education:

- Q7)** *Is there a role for further alcohol education and public information campaigns in changing alcohol culture?*
- Q8)** *Would it be beneficial for Ministers to be made directly accountable to the Parliament for their policy in this area, as proposed?*

Alcohol Discrimination Against Under-21 Year Olds in Off-Sales:

- Q9)** *Do you support a ban on Licensing Boards requiring off-licenses to restrict sales on age-grounds alone, or are there circumstances where this could be justifiable?*

Community Involvement in Licensing Decisions:

- Q10)** *Do you believe that community neighbours should be consulted and their views taken into account when licences are being renewed or extended or when special licences are being issued?*
- Q11)** *Do you believe that the New Zealand model is an appropriate one to emulate, if not what, changes should be made?*

National Licensing Forum:

- Q12)** *Do you believe that there is a role for a National Licensing Forum in addition to the existing local forums? If so:*
- *Should it be funded through licensing fees or central Scottish Government funding?*
 - *What would its membership be, and who would appoint them?*
 - *To whom would it be accountable?*
 - *What would its functions be?*

Alcohol Bottle Tagging:

- Q13)** *Is there sufficient evidence to justify legislation allowing Licensing Boards to make participation in a bottle tagging scheme a licence condition, or are current voluntary arrangements adequate?*

Alcohol Fine Diversion:

- Q14)** *Should Fine Diversion be made available, on a statutory basis, throughout Scotland, if the further pilot is successful?*

Alcohol Arrest Referral:

- Q15)** *Do you believe that Arrest Referral schemes for Alcohol (as well as Drugs) should be a statutory requirement within each Community Justice Authority area?*

Drinking Banning Orders:

- Q16)** *Should drinking banning orders be introduced in Scotland? If so should they be piloted in one Sheriffdom?*

Alcohol and Drug Treatment and Testing Orders (ADDDTO)

- Q17)** *Do you believe extending DTTOs to become ADTTOs would add value to the existing range of disposal? What differences of context between drugs and alcohol would need to be taken into account?*

Alcohol Offences Information Sharing

- Q18) *Do you believe that notifying a GP about a patient's conviction for an alcohol-related offence would be beneficial? Should it apply only in cases of conviction, or in other circumstances as well?***

General Questions

- Q1) Do you support the general aim of the proposed Bill? (as outlined above). Please indicate "yes/no/undecided" and explain the reasons for your response.**
- Q2) Are there further legislative (or non-legislative) changes that you would recommend, beyond those outlined in this consultation, in order to further its general aims of tackling Scotland's culture of excessive alcohol consumption?**
- Q3) What is your assessment of the likely financial implications (if any) of the proposed Bill to you or your organisation? What (if any) other significant financial implications are likely to arise?**
- Q4) Is the proposed Bill likely to have any substantial positive or negative implications for equality? If it is likely to have a substantial negative implication, how might this be minimised or avoided?**

Acknowledgements

In preparing this proposal we would like to acknowledge a number of individuals who have helped:

- Mary Dinsdale, Andrew Mylne and Kate McGillivray from the Scottish Parliament Non-Executive Bills Unit
- Ross Gilligan and Gordon Aikman from the Scottish Parliament Labour Support Unit
- Staff at the Scottish Parliament Information Centre (SPICe), especially Kathleen Robson and Graham Ross
- Craig Miller, Jake McLeod, Robin Dyet, Mike Fritschner, Carroll Bible and Gemma Cheek from the offices of Richard Simpson MSP and Graeme Pearson MSP and Lisa Hauschel from the office of Jackie Baillie MSP.