OFFICIAL REPORT
AITHISG OIFIGEIL

Health, Social Care and Sport Committee

Tuesday 3 May 2022

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Tuesday 3 May 2022

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HEALTH, SOCIAL CARE AND SPORT COMMITTEE

16th Meeting 2022, Session 6

CONVENER

*Gillian Martin (Aberdeenshire East) (SNP)

DEPUTY CONVENER

*Paul O'Kane (West Scotland) (Lab)

COMMITTEE MEMBERS

*Stephanie Callaghan (Uddingston and Bellshill) (SNP)
*Sandesh Gulhane (Glasgow) (Con)
*Emma Harper (South Scotland) (SNP)
*Gillian Mackay (Central Scotland) (Green)
*Carol Mochan (South Scotland) (Lab)
*David Torrance (Kirkcaldy) (SNP)
*Evelyn Tweed (Stirling) (SNP)
*Sue Webber (Lothian) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Jennifer Howie (Food Standards Scotland)
Amy Kirkpatrick (Scottish Government)
Maggie Page (Scottish Government)
Maree Todd (Minister for Public Health, Women's Health and Sport)

CLERK TO THE COMMITTEE

Alex Bruce

LOCATION

The Sir Alexander Fleming Room (CR3)

Scottish Parliament

Health, Social Care and Sport Committee

Tuesday 3 May 2022

[The Convener opened the meeting at 09:30]

Decision on Taking Business in Private

The Convener (Gillian Martin): Welcome, everyone, to the 16th meeting in 2022 of the Health, Social Care and Sport Committee. I have received no apologies from members. We have some members joining us remotely, so this is a hybrid meeting.

The first item on our agenda is a decision on whether to take items 5 and 6 in private. Do members agree to take items 5 and 6 in private?

Members *indicated agreement.*

Tackling Alcohol Harms

09:30

The Convener: Our second item is an evidence session with Maree Todd, the Minister for Public Health, Women's Health and Sport, on tackling alcohol harms in Scotland. This follows a session on Tuesday 1 March, when the committee took evidence on the topic from Alcohol Focus Scotland, Public Health Scotland and Scottish Health Action on Alcohol Problems.

I welcome the minister and her supporting officials. Amy Kirkpatrick is head of alcohol harm prevention and Maggie Page is unit head of the drugs strategy unit, in the Scottish Government. The officials join us online.

I invite the minister to make a brief opening statement.

The Minister for Public Health, Women's Health and Sport (Maree Todd): Thank you, convener.

Our chief medical officer for Scotland has said that

"A healthier population could be one of our nation's most important assets and must be our ambition."

To achieve that, we must focus on addressing health inequalities and their detrimental effects. The negative effects of poverty, trauma and discrimination on an individual's mental and physical health cannot be ignored, so for all those reasons we have increased funding for tackling problematic alcohol and drug use. The negative effects are also why we need to consult on potential restrictions on alcohol advertising and review the level of the minimum unit price.

Minimum unit pricing was introduced in 2018 and we are in the final year of our five-year evaluation period. Twelve months after MUP was introduced, we saw a decrease of 2 per cent in alcohol sales in the off-licence trade. We also saw a decrease of 10 per cent in alcohol-specific deaths—the largest decrease since 2012.

Then the pandemic hit. There is evidence to show that some groups who were already drinking at dangerous levels started to drink more, despite alcohol sales falling overall. We do not yet know whether the increased deaths that were reported in 2020 will be echoed in 2021. We cannot prejudge what the evaluation of MUP will say; we are not yet in a position to say whether the current level of 50p per unit should be changed and, if so, what the change should be. The price must be supported by robust evidence.

It is important that we review the attractiveness of alcohol; attractiveness is one of the World

Health Organization's three best buys for countries to prevent and reduce alcohol-related harms. We know that children and young people in Scotland see a staggering amount of alcohol advertising and promotion in a variety of ways. A 2018 survey of more than 3,000 young people aged from 11 to 19 found that half of them had seen at least 32 instances of alcohol marketing within a month. That is at least one instance a day. I am sure that we would all agree that that is simply too high.

Seeing alcohol advertising and promotion can influence the attitudes of children and young people towards alcohol, especially when it is cast as fun, sociable or cool. We know that there is a direct link between exposure to alcohol marketing and children and young people starting to drink alcohol. That can increase the likelihood that they will drink in ways that can be risky or harmful in later life. I find that deeply troubling and I am determined to cut down on the volume of alcohol advertising and promotion that young people see, and to reduce the appeal that alcohol has to them. That is why we are planning and consulting on a range of new measures to restrict alcohol advertising and promotion in Scotland in the autumn. The consultation will be vital in helping us to consider whether new legislation is needed.

We know that alcohol-related harms are as important as drug-related harms. Both are significant public health emergencies. That is why we have set out our national mission to improve and save lives, at the core of which is our ensuring that every individual is able to access the treatment and recovery that they choose.

Increased investment from the national mission on tackling drug-related deaths has been used by alcohol and drug partnerships across Scotland to support people who are facing problems because of alcohol and drug use. However, more can still be done to get people into appropriate treatment more quickly in order to reduce harms and help recovery. There should be no shame in reaching out for support; the voices of people who have lived and living experience are critical to that process.

We are working with the UK Government and the other devolved Administrations on reviewing and updating clinical guidelines for alcohol treatment. The guidance will introduce new approaches to treatment and support the development of alcohol-specific treatment targets. We are working with Public Health Scotland to review the evidence on current delivery of alcohol brief interventions. That work is in its early stages, but it is critical to ensuring that alcohol brief interventions are as effective as possible. We are exploring the evidence on managed alcohol programmes and are delighted to be able to contribute to the running and evaluation of the model that is being piloted in Glasgow by the Simon Community Scotland.

I am under no illusions. There is still much to do, but I am determined, with the committee's help, to improve the nation's health and to tackle health inequalities by implementing bold approaches to reduce the significant harms that are caused by alcohol. I hope that I can count on support from across Parliament when the consultation on tackling the harmful impacts of alcohol marketing is launched.

The Convener: Thank you, minister. You have gone through a wide range of measures that you are implementing.

I will go back to trends; you mentioned the trends before the pandemic. Quite a lot of the measures could be said to have been working. We had reductions in deaths that were caused by alcohol and we seemed to be moving in the right direction. Then the pandemic came along and things happened as a result of that. You said that there has been less consumption of alcohol, but that alcohol consumption has probably been less social and more at home. From what we hear, that affects certain demographics in particular. Which of the things that you were doing before the pandemic will be continued? What are you prioritising in order to deal with the trends that have occurred since the pandemic, and with the potential alcohol harms for those demographics?

Maree Todd: You are absolutely correct that the pandemic caused quite a disruption in this respect, as in many others. We have seen a steady reduction in the amount of alcohol that is being consumed. In the first year after the introduction of minimum unit pricing of alcohol, there was a huge decrease in the number of deaths. They reduced by 10 per cent, which I think is the second-largest decrease in any year since records began. In 2020, which was the first year of the pandemic, adults drank an average of 9.4 litres of alcohol per head, which is 18 units per adult, per week. That is the lowest level of average alcohol consumption in Scotland for 26 years, but it is still almost 30 per cent more than the recommended limit.

That does not tell us who was drinking and how they were drinking. There is a real suspicion that people who were drinking heavily before the pandemic consumed more alcohol during it, and that those who were drinking less drank even less.

There was also a big shift in where people drank, because of lockdown. There was much less drinking of alcohol in bars and far more consumption at home. There were also changes in the number of admissions to hospital and an increase in the number of deaths. You might think that, if there was an increasing number of deaths, there would be an increasing number of

admissions to hospital, but we actually saw the opposite. That might be about the strain that was being experienced across the healthcare system at the time.

We have a lot to disentangle and to understand about what happened during the pandemic. We also do not know whether it was is a one-off or will alter the trend.

There is one crumb of comfort in all this—although it is really not comfortable at all. Every death is an absolute tragedy; 23 deaths per week is only the tip of the iceberg. Those are the deaths that are directly attributable to alcohol but, in addition, a large number of deaths are related to heart disease and cancer to which alcohol is a contributory factor. It is an absolutely tragic situation. However, the one crumb of comfort is that, although it is recognised that Scotland's long-standing relationship with alcohol is harmful and that more Scottish people died from alcohol during the pandemic, the increase happened right across the UK and was not unique to Scotland. Actually, our rise of 17 per cent was slightly lower than that of the rest of the UK countries.

That gives me a hope that, perhaps, some of the work and strategies that we have in place were protective during that difficult time. For example, alcohol minimum unit pricing might have meant that, although we had a devastating increase in the number of deaths that year, they were not quite at the level in the rest of the UK.

Minimum unit pricing of alcohol is not the only feather in our cap, however; we have done a lot of work over a number of years. When a nation has such a harmful relationship with a substance such as alcohol, more than one thing has to be done to tackle that. We have therefore taken a range of actions to reduce the availability, attractiveness and affordability of alcohol, in line with the World Health Organization's recommended approach. We will continue that with a whole-population approach that aims to reduce alcohol consumption and the risk of alcohol-related harms across the population.

However, two consistent threads run through our work; we are keen to focus on two target areas. First, our actions must reduce health inequalities. Secondly, we have to protect children and young people. We are therefore planning and consulting on potential restrictions, as I said, on alcohol advertising and promotion, particularly in order to protect children and young people.

We are keen to give consumers health information on labels, such as through placing on cans the 14 units recommendation. Among the four nations, we are also discussing putting calorie labelling on alcohol. We think that that will be helpful. In addition, over the course of the pandemic, we have twice run our "Count 14" campaign work, to raise awareness of all four CMOs' lower-risk drinking guidelines that no more than 14 units per week should be drunk. We ran it for four weeks in March 2019, and for six weeks in January to March 2020.

The Convener: Thank you. My colleagues will pick up on a lot that you have mentioned. I am interested to hear about measurement of hospital admissions during the pandemic, which could be a false measurement, so we cannot make any assumptions on that basis.

Going forward, the work to identify people who have got into problem drinking is one thing, but you also mentioned young people—the next generation who are coming through. I do not want to go into my colleagues' questioning about advertising, but we have been trying for many years to tackle the causes of the relationship with alcohol that Scotland seems to have, and why it continues. It strikes me that the best way of doing that is to change that relationship at the point at which people start to drink. What is the Scottish Government doing to assist in changing young people's attitude to drinking, which could lead to problem drinking in later adulthood?

09:45

Maree Todd: The work that we have done so far—minimum unit pricing for reducing affordability—will help. Young people will see less drinking in society. However, one of the main areas that we need to address is alcohol advertising and promotion.

YoungScot, the Children's Parliament and the Scottish Youth Parliament did an amazing report a couple of years ago, which made shocking reading. They came to Parliament and presented it: from the mouths of babes, we heard directly how much alcohol they were exposed to. Alcohol is ubiquitous in our children's lives, and not just through advertising, although that is a big part of it. Children talk clearly about how, when they open the fridge door in the morning to get the milk out, there is a stack of wine there. Think about how our drinking has changed since the 1970s, when I grew up. It was not common to drink at home then; people did not really drink wine with dinner. Nowadays, children see a great deal more alcohol being consumed at home.

Children also see alcohol advertising on transport and on billboards on the way to school. I have previously made the point at committee that we cannot just protect children from alcohol advertising simply by throwing a ring around where they are; we cannot prevent alcohol advertising just around schools. Children are in our society and they see billboards and adverts as

they navigate their way to school. They also see advertising in the cinema and on television. A shocking study was done on the amount of alcohol adverts that children were exposed to in sports promotions. I will find the statistic to make sure that I get it correct. However, when children watch sports, they see alcohol advertising literally a couple of times a minute. That is particularly harmful because sportspeople are heroes to them. [*Interruption*.] I am sorry. I am not sure what that noise is.

The Convener: That noise sometimes happens. I do not know whether broadcasting staff pick it up. I think it is to do with the central heating; I apologise for that. It is away now. Thank you, minister, for managing to make your way through it.

Paul O'Kane (West Scotland) (Lab): Good morning, minister. I will ask a wee bit more about the Government's "Alcohol Framework 2018: Preventing Harm". There is a lot in it and the committee is keen to hear about progress. I am particularly interested in actions 9 and 15, which require close working with the UK Government, and in the acknowledgement that we need collaboration on those actions. What interactions and meetings have taken place since 2018? We appreciate that there have been two years of pandemic, but it would be good to get a sense of what progress you feel has been made.

Maree Todd: Certainly. I will bring Amy Kirkpatrick in to give a bit more detail, because many of the meetings happen at official level. However, two areas on which we are working together spring to mind. One is the development of clinical guidelines for treatment of alcohol misuse and the other is labelling. We are keen to get a four-nations approach to labelling, including for health messages such as the CMO's recommendation on drinking no more than 14 units per week and on calorie labelling for alcohol products.

Amy Kirkpatrick will tell you a little bit more about the interaction between the Governments.

Amy Kirkpatrick (Scottish Government): We regularly meet, taking a four-nations approach, to discuss alcohol-harm reduction. We also meet colleagues from Wales regularly. As you might know, Wales has just introduced minimum unit pricing, so we talk a lot about that. As the minister said, we are focused on calorie labelling and, on the treatment side—it is not my area—the UK treatment guidelines.

Paul O'Kane: Thank you; that is useful.

I want to expand on the issue of calorie labelling guidelines, which is a key ask of many third sector and other organisations from which we have taken evidence. What progress is being made on that? There is a sense that progress on trying to get a consensus has been too slow. In your opening remarks, you alluded to the ubiquitous nature of alcohol, and part of that is about advertising. There is an issue about the information that is out there in terms of things such as labelling and standards.

Maree Todd: I agree with our stakeholders that progress has been disappointing and I am not entirely sure why it has been so. The consultation on the matter has been delayed by the UK Government, and we do not know when it plans to run the consultation. We are keen to work on a four-nations basis and for the consultation to be across the UK, which we think is the most effective approach. During the pandemic, we have learned a lot about public health, including the fact that, where possible, working on a four-nations basis is absolutely the best way forward. Therefore, we, too, are disappointed that the UK Government's consultation has stalled. Despite our attempts to get clarity on the timetable, we have not got it. I am disappointed to report that I cannot tell you when the consultation is likely to happen.

The Convener: We want to dig a little deeper into minimum unit pricing with questions from David Torrance.

David Torrance (Kirkcaldy) (SNP): The Scottish Government was committed to a review of minimum unit pricing after two years, but the review was delayed by the pandemic. In your opening statement, you said that there will be a five-year review and that we are now four years into minimum unit pricing. Will you update the committee on how things are progressing?

Maree Todd: Work on reviewing the level of the minimum unit price is under way. That is important work, and we need to carry it out thoroughly to ensure that any change to the level has a robust evidence base.

Just as important as the review of the level of the minimum unit price is the need to ensure that minimum unit pricing continues as a policy. You will remember that, when the legislation was passed, a sunset clause was built in, which requires the Scottish ministers to lay a report before the Scottish Parliament as soon as is practical after the policy has been in place for five years. That will be on 30 April next year. We just passed the four-year anniversary of the introduction of the policy on 1 May. We are doing both of those reviews simultaneously, but the focus has to be on the five-year review, because there is strict legislation in place on the timetable for that.

There are other issues. We know that the pandemic has changed behaviour and the way we

drink. We need to better understand that when we think about the minimum unit price.

We also have the cost of living crisis. We are keen that the minimum unit price should reflect affordability rather than simply cost or price, and the World Health Organization is clear that that should happen. Therefore, the fact that people's household costs have increased substantially will have an impact on how we review the minimum unit price.

Finally, the United Kingdom Internal Market Act 2020 has changed the landscape. There was a lot of discussion as that legislation went through, and the Scottish Parliament did not consent to it. That may well have changed our ability to take public health measures in Scotland that are different from those in the rest of the UK.

David Torrance: It is 10 years since 50p was first proposed as the minimum unit price. In evidence to the committee, it has been argued that the price should be automatically uprated with inflation, rather than there being a need for a review or legislation. What are your feelings on that?

Maree Todd: I have alluded to the level of complexity at this time. We need to have a robust evidence base as we review the minimum unit price. I am not going to automatically assume that we uplift it. However, as we review it, there needs to be a robust approach and a solid evidence basis to inform that decision. A lot has changed—a lot more than we anticipated.

It is attractive for us to consider some sort of automatic uplift, but I am not convinced. I talked about the challenge with linking it to inflation, which would not capture the issue of affordability. Inflation is going up, but so is the cost of living, so people have a lot less money in their pockets to spend on alcohol. At this time, we are spending a great deal more on energy and on the highest taxes since the 1950s. We need to look at affordability.

It is perfectly possible for us to do it, and to do it automatically. In order for it to be effective, it probably has to be reviewed on a more regular basis than it has been.

David Torrance: How could Brexit and the internal UK market, which the minister mentioned in her statement, affect Scotland and the Scottish Government as they try to implement health measures against alcohol?

Maree Todd: An obvious area would be in relation to labelling, for example. We are very keen in Scotland to have both the 14 units recommendation and calorie labelling on alcohol. Should we choose not to proceed with that on a four-nations basis and should England choose to do things differently, if a product was passed as suitable for sale in England, it could also be sold in Scotland. That would weaken our ability as a Government and Parliament to take public health decisions in and for Scotland. That was one of the well-rehearsed arguments at the time of that bill passing. That is an obvious example.

The Convener: A few members want to ask questions on minimum unit pricing.

Stephanie Callaghan (Uddingston and Bellshill) (SNP): Good morning, minister. I will ask about the industry. Previously, there were arguments around concerns that it would go to the wall, that people would head down to England to fill their boots up with lots of alcohol, and that people would turn to other drugs. None of those things seems to have happened, which is obviously really good and positive. Has there been any indication from industry that there would be a challenge to any further increase in minimum unit pricing?

Maree Todd: I have not had a direct indication from industry. However, one of the things that I regularly say in life is that the most solid predictor of the future is the past. What happened in the past gives us a reasonably solid idea of what could happen as we go forward. It is a multimillion-pound global industry that will want to protect its interests.

Stephanie Callaghan: We certainly know that it is an incredibly powerful industry. Are you pre-empting any new arguments or do you expect them to be similar to last time? The evidence shows that what the industry predicted would happen did not happen. Have any new ideas, concerns or evidence that it might rely on been brought to the table?

Maree Todd: I have not heard any particularly new arguments. As Stephanie Callaghan said, some of the evidence has been comforting for the industry. It shows that there has not been displacement into more harmful drugs and that people are still buying alcohol, albeit less. However, one of the most sophisticated aspects of the policy is that profits do not go down, so industries are not harmed by it. That is one of the things to admire about it.

We are looking carefully at all the evidence, and Public Health Scotland is publishing evidence as we go along, but it we will not be able to draw conclusions until we are at the end of the process and have the full data and analysis from all five years. At that point, we will have a solid and robust body of evidence.

10:00

When the policy was introduced, I was a health professional, working in a psychiatric hospital, and I was excited at the idea of a sophisticated, clever public health policy that would target harmful drinking in a specific way. I expected it to work and, clearly, the Parliament expected it to work, or it would not have passed the legislation. The evidence is reasonably robust and solid and, certainly before the pandemic, was pointing in the right direction. However, we need all the data to enable us to make a full evaluation that will form our decision making. The alcohol industry is not going to shape public health policy, but I am more than happy to hear any concerns that it has.

Sue Webber (Lothian) (Con): You spoke about displacement. A report from the Institute of Economic Affairs has suggested that minimum unit pricing is responsible for a certain amount of displacement to higher-value categories. It says that the policy has resulted in an extra 8.2 million litres of pure alcohol being sold in the 50p to 64p per unit category and a further 0.4 million litres being sold above 70p per unit. What investigatory work has the Scottish Government commissioned into that level of displacement, and do you recognise the argument that the policy has pushed consumers towards the mid-range rather than away from alcohol in its entirety?

Maree Todd: If you think about it, that is what the policy was intended to do: it was meant to make alcohol more expensive. What we found was that, before the introduction of minimum unit pricing, it was possible to exceed the 14 units per week recommendation for £2.50. The issue that you raise is not a downside of the policy; the intention was that people would have to spend more in order to buy each unit of alcohol. I might be misunderstanding or oversimplifying your point, but is that not what was meant to happen?

Sue Webber: I thought that one of the intentions was to reduce the amount of alcohol that people are drinking. What I am suggesting is that that has not happened; they are still drinking the same, if not more, alcohol, but they are buying it in a higher-value category.

Maree Todd: The study that you have quoted shows that people are buying more expensive alcohol. Other studies show that, at a population level, we are consuming less alcohol—the lowest level of alcohol consumed by people in Scotland for 26 years. Per head of population, we are consuming only 18 units of alcohol a week. That is still in excess of the recommended 14 units and it does not quite explain the whole picture because, within that, there are some people who are abstinent or drink very little, and there are others who drink heavily. However, at a population level, both points are true: we have reduced the amount of alcohol that we drink; and the alcohol they we are buying to drink is costing us more. However, that second point is in line with what the WHO said that we had to do in order to tackle alcohol harm, which was to make alcohol less affordable.

Sandesh Gulhane (Glasgow) (Con): Before I ask the question that I was going to ask, I want to come in on the back of Sue Webber's question.

Minister, you talked about other studies at a population level, but is it not true to say that those studies also show that problem drinkers are drinking more through the pandemic, and that the number of people who are drinking more moderately has significantly decreased? I do not think that what Sue Webber was asking about and what you were talking about in your answer quite match up.

Maree Todd: What I have said is that we need to drill further into the statistics that we have from the first year of the pandemic. We need to understand those figures. The big picture is that the population drank less, yet we know that we saw the highest level of alcohol deaths—a 17 per cent increase on the year before, which is tragic. Some people must have been drinking more and we think that that is a pandemic impact, which we think is largely explained by the fact that people who were drinking heavily before the pandemic drank more during it.

We need to understand that better, and to understand whether that was a one-off change in response to an emergency situation or whether that trend has persisted. However, we do not yet quite have the understanding of what happened, and I will certainly be keen to see this year's data to see whether that trend has stuck or whether it is just a one-off that is related to the initial lockdown particularly, during which the pandemic so seriously impacted healthcare services.

Sandesh Gulhane: Absolutely. However, minimum alcohol pricing was brought in to address problem drinkers because, as you said, someone could go over 14 units for £2.50. It is the problem drinkers who we are really trying to target with minimum alcohol pricing, because those who spend significantly more on their alcohol are not affected by minimum alcohol pricing whether they have a problem with drinking or not. Minimum alcohol pricing tried to target the group of people who drink very cheaply, but it seems that they have drunk more.

Maree Todd: I will bring Amy Kirkpatrick in to see whether she can add a little more detail or clarity to the issue. My understanding is that MUP was a whole-population measure, which was not targeted just at people who were drinking heavily but also particularly at children and young people who were buying very cheap alcohol.

The WHO talks about the three best buys, one of which is affordability. We expected that a general shift would take place across the population if we made alcohol less affordable. My understanding, from my time working in mental health, is that heavy alcohol drinking is on a spectrum—some people are completely abstinent, some drink very little and some drink more and more heavily, until it gets to problem drinking. The MUP policy shifted our drinking to a safer point on that spectrum.

I firmly believe that fewer people will run into the problem of alcohol dependence in the future because we introduced MUP in the past. The challenge is that, when we look back, we see that there have been a number of changes, which I do not think have been entirely down to MUP. We are seeing children drink less; children and young people are less likely to drink and they drink fewer units of alcohol than they did even in our quite recent history. Our policies are having an impact both on the population and on the problem drinkers.

I will ask Amy to come in and see whether she can add more clarity to the issue.

When I first came across the MUP policy, I was slightly sceptical about whether it would reduce the amount that is drunk by people who are seriously addicted to alcohol and whose lives revolve around it . However, when we brought in the policy, evidence suggested that even the people who were more seriously addicted to alcohol reduced the amount that they were drinking.

We are talking about 23 deaths and more than 600 admissions to hospital every single week in Scotland this past year. We have to tackle that.

Amy Kirkpatrick: As the minister said, MUP was introduced with two aims—a population-wide aim and one to tackle hazardous and harmful drinkers. The evidence before the pandemic was of a decrease and some evidence showed that the policy was helping. As the minister has said, that trend did not continue during the first year of the pandemic, and we still need to understand that in more detail.

As the minister already indicated, other factors were involved with regard to hospital admissions, and the pandemic obviously had an impact on access to services too. A number of factors are involved in that increase in alcohol-related deaths, which we do not fully understand yet.

Public Health Scotland will publish a study on harmful drinking in the coming weeks, from which we hope to gain a better understanding of what has happened since minimum unit pricing was introduced.

The Convener: Any proposed changes to do with minimum unit pricing will come in front of the committee, so we will have ample opportunities to drill down into that.

We need to move on, because members have questions on a number of other things. Gillian Mackay has a question on reducing the attractiveness of alcohol.

Gillian Mackay (Central Scotland) (Green): Good morning. I have spoken to football teams that have adopted a social responsibility approach to sponsorship and are moving away from associations with alcohol and gambling brands. That is laudable, but they are in the minority, and teams that are facing difficult financial circumstances will probably be less likely to take that step.

What are your thoughts about encouraging sporting teams to move away from alcohol sponsorship gradually versus an overall ban? Do you recognise that a ban is probably the best and fastest way to ensure the end of alcohol sponsorship? Is there a possibility of providing financial support to clubs, either in the event of a ban or to clubs that end alcohol sponsorship?

Maree Todd: Scottish Women's Football is a shining light in this area. It has a very responsible policy. It is sponsored by SHAAP, I think, and it does not accept alcohol sponsorship. That is a great thing, and it would be great if all sports were like that.

I think that the World Health Organization is reasonably clear that voluntary codes do not work and that legislation is needed. Other countries have brought in legislation. France certainly has, although we have seen examples of how the industry cleverly gets round the measures there. We are mindful of that when we consider any legislation here. I think that Ireland either has legislated or is in the process of legislating on the matter.

We have spoken before about the study that looked at the six nations and showed that children were exposed to the highest level of alcohol advertising and promotion in the Scotland-England match, because many of the other countries, including France and Ireland, already have measures in place to protect children from advertising during sporting events.

The Convener: Carol Mochan has a question on that subject.

Carol Mochan (South Scotland) (Lab): Good morning. Has any research been done on reducing the visibility of alcohol in places where people who have problems may impulse buy, such as supermarkets? On the subject of reducing the visibility of alcohol, including for children and

young people, I note that other countries have gone down the route of not having alcohol near the doors of shops so that it is not necessarily seen by people who are just popping in for milk. Have you thought about that? Is there any research on it that you are looking at?

Maree Todd: I am open to any approach that will work, but there are currently no plans to adjust the licensing laws. I do not think that we can simply say, "If we do this, the problem will go away." I think we all accept that, given the level of the problem in Scotland and the harmful relationship that we have with alcohol, it is probably going to take multiple measures over a good period of time to shift the culture so that we have a significantly healthier relationship with alcohol.

You are right to say that it is not just about children and young people or impulse buying. The evidence suggests that people who are in recovery struggle when they see adverts for alcohol and will take steps to avoid them. They are another group in our society who find it hard to resist the lure or the attractiveness of alcohol as it is presented to us today.

The Convener: Have you any other questions, Carol?

10:15

Carol Mochan: No. I thank the minister for that answer. I hope that we can come back to it, as it is an issue that we should explore.

Maree Todd: Absolutely. I am always happy to work with the committee.

The Convener: The Scottish Government can do only certain things in relation to alcohol advertising, as some of it, particularly in the broadcast media, is controlled at UK level. Are you aware of anything that has been done UK-wide in respect of television advertising?

Maree Todd: I am not aware of anything that has been done regarding television advertising. Perhaps Amy Kirkpatrick can tell us what is happening on a four-nations basis.

Amy Kirkpatrick: We are not aware of anything either. Ms Todd wrote to the UK Government in December, pushing it to look at advertising on TV and streaming services and in cinemas, but we are not aware of any action that is being taken in that area yet. Should such action develop, we will, of course, update the committee.

The Convener: Thank you. We will move to questions from Sandesh Gulhane on reducing availability and alcohol licensing.

Sandesh Gulhane: Minister, you spoke earlier about the WHO recommendations. Price and availability are another key part of the issue. We have heard about, and some of us have experienced, the problems with granting licences. A lot of councils feel that, when they are presented with applications for alcohol licences, they cannot say no because of the worry of going to court and losing. I know that Glasgow City Council is doing particularly well in trying to look at the issue, but is there anything that the Scottish Government can do to strengthen the hand of councils around the country so that they can say no to people who present for licences?

Maree Todd: As I said, I am more than willing to hear from councils, stakeholders and politicians from any party if they think that there are things that we could do to support local authorities. As you know, much of the licensing is in the hands of our local authorities, in many respects, so that they can make decisions that are appropriate for their own communities, which is absolutely the right thing to do. If there are any suggestions for what we could do to strengthen councils' ability to make decisions, I am more than happy to consider them.

Sandesh Gulhane: It is very important that we let councils make those decisions, but my real concern is the fact that they cannot say no. They should not be in that position. Councils should be able to make a decision without worrying that they will have to go to court and end up spending a vast amount of money on trying to defend their decision, and that they might lose.

Maree Todd: There is always a challenge in that regard. We are asking councils to make a decision that is based on balancing the rights of people who drink responsibly with the need to protect people who might be harmed by the more ubiquitous availability of alcohol. There are five high-level licensing objectives, which are

"preventing crime and disorder, securing public safety, preventing public nuisance, protecting and improving public health, and protecting children and young persons from harm",

and those objectives are ranked equally.

Councils already have the powers and the guidance on what they need to consider as they make those decisions, and public health should be part of that consideration. As I said, if you have a particular suggestion that you want me to consider in order to strengthen the hand of local licensing boards, I am more than happy to hear it.

Sandesh Gulhane: Given everything that you have just said, minister, it seems reasonable that councils should be able to say no and justify that decision. However, if we look up and down the country, we see that that is not happening, because councillors are worried that they are going to be taken to court and lose the court case,

which would cost their council a lot of money. Councils cannot be in that position—councillors need to be in a position in which they can say no.

Maree Todd: We are in a position where councillors can say no. They have considerable discretion to determine appropriate licensing arrangements according to their local priorities and circumstances and their legal advice. I do not think that it is appropriate for the Scottish Government to intervene in those matters, and certainly not in individual cases.

As I have said repeatedly, tell me if there is something that you think that I need to do at Scottish Government level to strengthen councils' hand. However, we have seen—and our experience has certainly been—that, because the alcohol industry is very well funded and global, it is quite likely to use the law to challenge anything that impacts on its business. That is the reality. Local authorities have a responsibility to balance the needs of all the people living in their local area and to come to the decisions that are best for them. They, not central Government, are best placed to do that.

Gillian Mackay: In terms of specific measures, overprovision is one area where we could perhaps do a wee bit more. That obviously falls under some of the areas in the licensing arrangements that you just mentioned. Do you believe that there is a place for strengthening overprovision as a reason for refusing licences under one of the current areas that you outlined in your answer to Sandesh Gulhane?

Maree Todd: Certainly. Overprovision is a tool by which licensing boards can prevent new licensed premises from opening in areas where they consider that too many licensed premises are already in operation. It is a valuable tool. I am not sure whether you are asking me to support local authorities to use it more or to encourage them to do so. Again, that is absolutely the way to consider the issues going forward.

I do not know whether either of my officials today has anything to say on that. I will speak to officials to see whether there is anything that the Government can consider. We are not planning to change the licensing laws, but, if there is anything that I can do to support local authorities to be more confident in applying them and achieving the balance that we all seek to achieve, I am more than happy to consider that.

The Convener: Do the officials want to come in?

Amy Kirkpatrick: We work very closely with our colleagues in licensing, so we are more than happy to work with them on anything that the committee suggests. As the minister said, work is not currently on-going on the issue. I am aware that licensing colleagues are working on updated guidance for the licensing boards, which we hope will alleviate some of the concerns.

The Convener: That is very helpful.

Paul O'Kane: My question is focused on the online purchase of alcohol and how we can perhaps further regulate that. It obviously became more prevalent during the pandemic lockdown periods. Certainly, people can buy alcohol from Amazon and other online sites, and we saw relaxation of licensing rules to allow pubs and venues to deliver to people's homes. I want to get a sense from the minister of whether any work will be done to review the impact of online sales and what they contribute in terms of the overall percentage.

Maree Todd: You are absolutely right that it is an area of growth, and the pandemic has shifted our behaviour at population level in a way that we would not have imagined. That has happened with food as well. We are consuming in a different way to the way in which we consumed before.

Premises such as pubs that are selling alcohol online have to have a licence and they have to get a premises licence through the licensing board in the area where the premises are located, so they still have to go through a licensing process. I agree that we need to consider and understand how much alcohol is being bought from large national retailers such as Amazon. Much of the regulation of the online world is reserved to Westminster.

During the passage of the recent legislation—I will ask Amy Kirkpatrick to come in on that—we carefully went over whether online sales of alcohol could be considered a public health issue rather than an online sales issue. The UK Government was keen to consider it an online sales issue rather than a public health issue. We will continue to consider that.

We need a bit more understanding of exactly how consumer habits changed over the course of the first year of the pandemic in order to ensure that the strategy of reduced availability is not completely undone by online sales and being able to order something from Amazon in the morning and get it delivered to your house in the evening.

I am not sure whether Amy has anything more to say on that. Most of the discussion on that legislation was around online sales rather than alcohol online sales, but it is a growing trend across the board.

Amy Kirkpatrick: It is a complicated area, especially since a lot of that is reserved to the UK Government. Our ability to make an impact there is limited, although it is one of the areas that we are considering as part of the consultation that is

due to be published later in the year. We are working through what could be done and what it would look like.

The Convener: I will bring in Emma Harper. Another issue with online sales is that, if you sign up to a regular wine club or whatever, you will never stop getting promotions. For people who have a problem with their drinking and want to move on and stop drinking altogether, that constant marketing must be difficult. They will never take you off a marketing list. I accept that that is perhaps not within the powers of the Scottish Government.

Maree Todd: You are absolutely right to think of it in that way. The World Health Organization talks about the three best buys being availability, affordability and attractiveness, and those wine, cider, gin or whisky clubs—there are many different versions of the same thing—target availability and attractiveness, and there is a great deal of marketing for them. Alcohol is delivered to your home every month, six weeks or whatever the frequency is without any effort, which encourages more drinking. We definitely need to think about things such as that.

As I said, we will not shift our relationship with alcohol overnight by pulling one lever. Things will come along that change our habits. The pandemic completely changed almost everyone's behaviour overnight, and we do not know whether those changes will stick. I do not recall anyone being a member of a wine club when I was growing up, but it is not uncommon to have online tastings and things like that now. The world has changed and we need to keep considering how our behaviour has changed and ensuring that the measures that we are using keep us in the healthy zone. We are not aiming for abstinence or zero alcohol in Scotland; we are aiming for healthy drinking and a healthy relationship with alcohol, and we need to keep an eye on how our behaviour changes.

Emma Harper (South Scotland) (SNP): I have a quick supplementary question to Paul O'Kane's question. Other countries in Europe have also gone through the pandemic, and we need to look at what they are doing and learn from them. Have they changed their alcohol consumption habits during the pandemic? How are we learning from and working with other countries? We need to learn from them in relation to the World Health Organization's global challenges on alcohol harms and prevention.

10:30

Maree Todd: Absolutely. I will bring in Amy Kirkpatrick to supplement what I say. As a Government, we are always looking around the world to get ideas and to see how to solve problems.

Things that happen in Scotland are rarely unique to Scotland. However, it is clear that Scotland has a troubled relationship with alcohol, and we have had that for some time. If you think back to the discussion about the introduction of minimum unit pricing, it was clear that we had more of a problem than most other countries, which is one of the reasons why we were able to safely chart our way through the various legal challenges of that policy. We have to understand that context. We probably need to do more than most other countries in the world to get our relationship with alcohol on a healthy footing.

Alcohol consumption is cultural, and it is interesting to look at different countries. Alcohol is much more available in Italy, for example, where it is more common to have a drink with food; however, people often drink smaller quantities and almost always with food. The way that we drink in Scotland is quite different. Equally, Scandinavian countries have a difficult relationship with alcohol, and those countries brought in quite serious legislation on licensing and availability: people have to go to a specific shop to buy alcohol there. We have all heard stories about just how expensive a pint of beer is in Norway, although people who live there are paid well. That shows you the issue of affordability.

We are—absolutely—happy to look at other countries, but it is quite a complex picture. We have to be careful not to just think, "Oh, that's an easy solution," or, "That's an easy win." We need to think about the Scottish context and how it would apply. We are looking very carefully at the issue of alcohol marketing and sport and at what happened in France, because it is clear that some alcohol companies are getting around the legislation that was brought in there. For example, in their advertising at stadiums, companies are not displaying the brand of the alcohol but they are using the font that is closely associated with it. Everyone sees it. It is not an advert for the alcohol, but it makes you think about the brand—the connection is there in your head. We are looking carefully at how the legislation has landed in France and what we might need to do to close that loophole before it is exploited.

It is complicated and cultural, and it will take some time for us to unpick it. We have a long way to go, but, for some years now, we have been heading in the right direction—until the pandemic hit.

The Convener: The social responsibility levy is another area that we would like to consider. Gillian Mackay will ask the questions on it.

Gillian Mackay: We have heard from previous witnesses about the benefits of introducing a social responsibility levy on alcohol retailers. Alcohol Focus Scotland is in favour of an alcohol harm prevention tax, which would be linked to the volume of pure alcohol sales and could be used to offset the harms that are caused by alcohol. The Scottish Government has previously said that it will not implement measures such as a responsibility levy until the wider economic circumstances are right. Can the minister clarify what the right economic circumstances would look like? Does she recognise the benefit of an alcohol harm prevention tax?

Maree Todd: The minimum unit price of alcohol was the route that we went down. I know that there was a lot of discussion at the time about the tax aspect of it and whether that money should come back to be spent on treatment and prevention. The policy landed well partly because it did not affect the livelihoods of people who sell alcohol and did not impact the alcohol industry, of which there is a lot in Scotland. Decreasing affordability without impacting the wider economy is quite a sophisticated way to tackle the problem.

We need to understand the impact of minimum unit pricing and how it has changed behaviour. We will have to wait a little longer for the full evaluation of that, but I will definitely keep the possibility of a social responsibility levy under review. I am interested in anything and everything that I can do to tackle the challenge. I do not think that this is about affordability; I think that we need a better understanding of the impact of minimum unit pricing, which acts in the same way. The two strands will be to look at whether it works and to review the unit price, before we consider introducing different approaches to taxation to tackle the same issue.

The Convener: Sue Webber has a question about that.

Sue Webber: My question follows on from Gillian Mackay's point. It has been revealed that one of the impacts of minimum unit pricing is that Scottish consumers have contributed £270 million more than was projected, in terms of their spending on alcohol. What consideration has the Scottish Government given to the possibility of ring-fencing proceeds from alcohol to be spent on rehabilitation and treatment? The current model feeds the revenue straight back into the supply chain.

Maree Todd: We are certainly open to considering that. That is why we must look very closely at what has happened with minimum unit pricing. We carefully crafted it so that it would not harm the economy, employment opportunities, local shops and so on. However, if people are getting a windfall from minimum unit pricing, we should consider that.

I say strongly that we must better understand exactly what is happening on the ground before we make a decision about next steps. I am not averse to the possibility of a social responsibility levy. I am willing to consider it, but I do not think that this is the appropriate time to do so.

The Convener: We will use the rest of the evidence session to talk about treatment. The first part of our scrutiny in that regard will cover alcohol brief interventions. Emma Harper has some questions.

Emma Harper: We have heard evidence on alcohol brief interventions and what they mean for people. They could—or should—be an easy win in addressing poor health outcomes related to alcohol. We have also heard evidence on how ABIs are working. How can we support a variety of opportunities for ABIs to take place?

Maree Todd: You are absolutely right. ABIs are a really useful tool. They are short, evidence-based, structured conversations about alcohol consumption. They are non-confrontational, motivating and supportive. They are really attractive tools for health professionals and others to use opportunistically when there is a chance to have a chat, and they have the potential to reduce the risk of harm from alcohol.

We began a piece of work to review the evidence on the current delivery of alcohol brief interventions, but that was yet another piece of work that was impacted by the pandemic. Public Health Scotland was carrying out that work for us and wanted to look at how ABIs could better meet individuals' needs. We are just picking that work up again. We are establishing a revised strategy group to review and discuss the evidence, the purpose being to develop new recommendations on how best to take ABIs forward in Scotland. The terms of reference for that group are being finalised and Public Health Scotland will be the secretariat.

Emma Harper: I will pick up a point for clarification. If general practitioners and general practices are no longer incentivised to deliver alcohol brief interventions, does that mean that we have to think about alternative ways of delivering them? We often talk about a GP or practice nurse as the first port of call for many people when alcohol might not be their issue but it has led to whatever health issue they now have and whose symptoms need to be addressed. How do we support GP practices to deliver ABIs more widely if they are no longer incentivised to do so?

Maree Todd: We are reviewing the evidence as a whole and we will look at what currently happens in practice. How people access general practice

and primary care has also changed significantly over the pandemic. We will look carefully at who is best placed to deliver ABIs, where people access health and support and where such conversations might happen—that might involve members of the primary care team other than the GP.

We are keen to look at all that and come up with recommendations that will support the use of ABIs, which most people agree are quite a useful strategy for opening up conversations and beginning the process of motivation towards change. We will see what we can do.

The Convener: Does Sue Webber have a question? [*Interruption*.] I apologise—Emma Harper will continue.

Emma Harper: I have a final wee question. The pandemic has affected alcohol intake and how we support and deal with people. I remind everybody that I am still a nurse. I am interested in how the pandemic has affected ABIs and what we have learned from that for doing ABIs differently. I am thinking of the attend anywhere service and NHS Near Me for video interventions, too.

Maree Todd: To be honest, we do not know about the effect—the most recent year that we have data available for is 2019-20, which was just before the pandemic hit. There were 75,616 ABIs in that year, which was 23 per cent more than the standard that we asked people to aim for.

We need a fuller picture of what has happened with ABIs over the pandemic. The committee knows from previous evidence sessions that I am a huge fan of Near Me, and there is an opportunity to use that technology. If ABIs can be a useful tool virtually as well as in person, we will try to get the evidence to support that going forward.

Sue Webber: To follow that up, we have heard that alcohol-related deaths have increased by 10 per cent since 2020. The minister said that the most recent year with data on ABIs is 2019-20, when the level was 23 per cent higher than the expected standard. However, between 2013 and 2020, the number of ABIs declined by 28 per cent. We heard that you are reviewing evidence, but what can we do immediately and in the short term to really produce an uptick in ABIs, which are critical—particularly in deprived areas?

Maree Todd: The work that is going on with Public Health Scotland to review ABIs began before the Covid pandemic. It will reflect on the experience of the pandemic across Scotland, and the actions are well under way, so I expect the strategy group to be convened in the summer.

It is difficult to have immediate actions to take and levers to pull, because we do not quite understand what happened or what the barriers were. We need to understand what led to the increase in deaths, which occurred across the UK, before we know what will be effective at reducing deaths in the future. We also need to understand whether such an increase will be repeated—whether it was the result of a consistent behaviour change or a one-off.

The situation is frustrating. I am desperate to solve the problem and I am keen to do what we can—the need is urgent. Every single one of these deaths is a tragedy, but we need to understand the situation better before charting our way forward.

The Convener: We will move on to the general treatment of alcohol harms, with questions from Evelyn Tweed.

10:45

Evelyn Tweed (Stirling) (SNP): Good morning, minister. It is not easy to track overall spending on alcohol and drug services. Can you provide an update on funding for alcohol services, including a breakdown of contributions from all partners?

Maree Todd: I can. I agree that it is not easy to track the spending—the Government acknowledges that, and we are keen to improve the situation. I think that Angela Constance has responded in the chamber to an audit report on that matter. We want people to understand where the money is going and what outcomes we expect to achieve and are achieving from it.

The Scottish Government gives health boards £53.8 million a year in baseline funding, which the boards pass on to alcohol and drug partnerships. That supports alcohol and drug treatment and recovery services at local level. As well as that, in 2020-21, the Scottish Government allocated an additional £17 million to alcohol and drug partnerships, which continued the commitment that was made in the 2017-18 programme for government to improve the provision and quality of services for those with problem drug and alcohol use.

We are also undertaking a range of work specifically to improve alcohol treatment services across Scotland, including the development of a public health surveillance system and the implementation of UK-wide clinical guidelines for alcohol treatment. We have also invested in the Simon Community Scotland, which I mentioned. It has established a small-scale managed alcohol programme in Glasgow, and we are providing funding of £212,000 over three years for the pilot and evaluation.

The Scottish Government also provides funding to a number of third sector stakeholders—Alcohol Focus Scotland, Scottish Health Action on Alcohol

Problems and the Scottish Alcohol Counselling Consortium—to develop their vital work.

The final thing to mention is the national drugs mission. The two issues are not separate. Services on the ground are usually delivered by alcohol and drug partnerships, and people go to the same services. In this session of Parliament, £250 million is being invested through the national drugs mission, £100 million of which is going directly to residential rehab services. The data for the past year shows that 45 per cent of the people who accessed residential rehab had alcohol problems, and about 20 per cent had combined drug and alcohol problems. Therefore, that investment benefits this population, too.

Evelyn Tweed: There is obviously a balance to be struck in the Scottish Government's focus on drug services and alcohol services. Some witnesses felt that, at present, there is more of a focus on drugs and drug deaths. How can the Scottish Government ensure that alcohol services get their share of resources at local level?

Maree Todd: We are very aware of that issue. Angela Constance and I work closely together, as do our officials. I will perhaps ask my officials to explain just how that works.

We recognise that there is learning from the national drugs mission that we need to apply in exactly the same way to our alcohol services. Some of the criticisms that are made of drugs services—that they are not person centred and do not respond rapidly enough—could equally and easily be made about our alcohol services. We are determined to learn the lessons.

Because of the way that services are structured, treatment for alcohol problems and treatment for drug problems usually happen in the same location. The services are co-located or are often the same services, so investment in one will benefit the other.

One of the pieces of the joint work that we did was the work to tackle stigma, which was quite successful. Stigma is a problem in relation to treatment in both areas, and taking a joint approach on that issue has proved to be quite helpful. Recently, we had an advertising campaign that talked about stigma, which covered both alcohol and drugs. I think that the campaign landed quite well and will make a difference to perception.

We are keen that we have a patient-centred, rights-based public health approach. We want people to be able to access those services easily and for there to be no judgment as they do so. That applies across the board in relation to addiction.

We are also keen to learn lessons. When we have the UK clinical guidelines for alcohol treatment, the work around medication-assisted treatment will be helpful when we think about how to implement the guidelines and ensure that MAT is adopted quickly and used on the ground. Maggie Page is in the drugs team, so I will ask her to come in and say a bit more.

The Convener: I am conscious of the time—we have only 10 minutes left, and a couple of members want to ask questions. I will bring in Maggie, then move on to questions from Sandesh Gulhane.

Maggie Page (Scottish Government): I will be brief. To follow up on what the minister said, there are a number of areas on which, at an official level, the alcohol team and the drugs team work closely. In particular, the work around workforce, which is being taken forward by the national mission, involves looking at the workforce in both alcohol and drug services. Similarly, the work relating to lived experience and the whole-family approach framework apply to both services, as does the work on stigma, as the minister said, and residential rehab, which involves a £100 million commitment from the national mission funding. This year, around half the people who have been funded to go to a residential rehab placement have gone due to alcohol specifically.

The other interesting point that we should not lose sight of is that quite a lot of people present to services with both drug and alcohol problems. We have to look at the issues in the round because, in many cases, they are not differentiated at service user level.

Sandesh Gulhane: It is important that the minister said that drug and alcohol services are often co-located, because that is almost always the case. The survey work that we did showed that some patients who go to residential rehab drop out because they are unwilling to wait any longer. As I am sure the minister knows, when patients present and want help, they often have a small window to get that help. Often, they have chaotic lives and can lose stability, and the desire to achieve abstinence can wane over time.

I am sure that the minister has also seen that the Scottish Conservatives have published the consultation responses on the proposed right to recovery bill, with 77 per cent of respondents being supportive of the proposals. Will the minister agree to seriously look at and support our proposals?

Maree Todd: I do not think that the consultation has been published yet; certainly, it was not published by half past 4 on Friday. I have seen the media reports around it, but I think that we ran into the holiday weekend before it could get published

in full. We will be poring over that information, and we are very interested in the approach that is proposed by the bill.

We know that there is a mixture of views in society, from stakeholders and from people with lived experience. I am keen to see how the consultation, which I expect to reflect those diverse views, evolves into a bill. We will be more than happy to consider the contents of the bill when it is introduced and consider whether it is something that we can support for Scotland. As I understand it, we are already working on much of what the bill aims to do. We are keen that people have a right to recovery and we are keen that they are able to make an informed decision about what treatment they have.

The way that you framed your question gave the impression that the Conservatives' right to recovery bill is largely about residential rehab. I am very clear: people need to have access to a range of treatments, rather than to one. The goals of abstinence or of harm minimisation should be decided along with the person who is experiencing drug misuse. I would not say that there is only one path or goal in recovery. It is usually a long and winding path and a suite of options must be available to support people as they recover from addiction.

The Convener: We must move on: we have only five minutes left. Emma Harper will cover inequalities.

Emma Harper: I would like to hear from the minister about how we are tackling alcohol harm in the light of inequalities. The briefing that we got from SHAAP talked specifically about how LGBT people use and misuse alcohol and sometimes feel that the services that are available focus on heterosexual people, or that those services might need to have more person-centred and holistic approach.

How do we help to support a reduction in alcohol harm in hard-to-reach groups or in areas of greater inequality?

Maree Todd: That is a really excellent question. Last month, SHAAP published some interesting studies on a couple of areas of inequality. One was on LGBTQ+ people. Another, from the University of Dundee, looked at alcohol nurses in deep-end practices, which particularly target socioeconomic deprivation.

The evidence about LGBTQ+ people is that that particular community experiences more alcohol harm than others and uses alcohol in a different way. There are a number of reasons for that, but it is likely that being a minority group facing hostility and discrimination influences drinking behaviour. Historically, safe places for LGBTQ+ people were often bars and clubs. Society must reflect on that learning and think about how we can change that.

Most of the recommendations about making services inclusive were for those who deliver services on the ground. I absolutely support the work that has been done and the recommendations that have been made. I am keen for service delivery to reflect that learning.

I hear from a number of groups—not only from LGBTQ+ people—that services do not look as if they are for them. The study showed that most people perceive services as being for middle-aged heterosexual men. Women and young people feel as if they cannot access services. We must reflect on that. We have a problem with alcohol throughout society and we need our services to be inclusive and welcoming. It is hard for people to ask for help, so we need them to get that when they come in.

Emma Harper: I represent a rural and remote area. I know that you will be familiar with the challenges in those areas. Can you tell us a wee bit about how we are tackling alcohol harms in remote and rural areas?

Maree Todd: You are absolutely right. I represent a constituency in the far north that is quite sparsely populated and has a long history of alcohol harm. I am very interested in that subject.

We definitely need to improve access to alcohol treatment in every part of Scotland, and we need to think about all the health inequalities that play out in our health system, generally. We must consider geographical inequalities, women, poverty and LGBTQ+ people. It is a problem that occurs all over Scotland and perhaps to a greater extent in some of our more rural populations. We are very keen to ensure that services are delivered in rural areas.

11:00

Sue Webber: Thank you for drawing attention to the inequality that women face in accessing services. If 51 per cent of the population are struggling to access services that are being developed, that should probably be the number 1 priority, given the make-up of this committee.

The number of alcohol-related hospitalisations and deaths is eight times higher in the most deprived areas of Scotland. We should all be ashamed about that. We really need to figure out how to target and support those communities. Support mechanisms for alcohol misuse are often far more sparse in deprived areas than they are in the most affluent areas. What can we do to narrow the gap and target deprived communities?

Maree Todd: I am glad to have your allyship on women. As women's health minister, it would be

remiss of me not to highlight the health inequalities that women face.

You are absolutely right: there is a stark social gradient for alcohol harms, with people in the most deprived areas being the most affected. We need to take a whole-population approach when tackling alcohol consumption and the risk of alcohol-related harms, which will, in turn, drive reductions in alcohol harm in our most deprived communities. Whole-population measures such as minimum unit pricing of alcohol will have an impact in those communities, as well; such measures will not affect just them or rich people but everyone. We will feel the benefit right across society.

I mentioned the study by SHAAP that highlighted the effectiveness of alcohol nurses in deep-end practices in Glasgow. Those nurses support people with alcohol problems who have complex needs. The Scottish Government is really keen to understand that. We find that some people really need effort put in to ensure that they are able to receive joined-up services. There are probably lessons to be learned about improving access to services for everyone across the board, but there is probably a particular population for which we need to do something slightly different. We need to reach out to them, hold on to them and make sure that we do not let go until they are on a more healthy footing. I think that that is what that work was doing, so I am keen to explore that further.

I mentioned the work of the Simon Community in its managed alcohol programme, which is particularly targeted at homeless people. A very small number of people are involved, but we are keen to get the lessons from that to see whether it could make a difference for that population.

My final point—we have had this discussion before—is that we need to think about what drives alcohol harm. We need to tackle poverty and inequalities, we need to provide good-quality, affordable housing and we need to enable children to have the best start in life. We should all be laser-focused on that when we think about tackling alcohol issues.

The Convener: I thank you and your officials for your attendance this morning, minister.

The minister will stay with us for the next item on our agenda. We will take a 10-minute break.

11:04

Meeting suspended.

11:15

On resuming—

Provisional Common Framework on Food Composition Standards and Labelling

The Convener: Our third agenda item is another evidence session with Maree Todd, the Minister for Public Health, Women's Health and Sport. In this session, we will focus on the provisional common framework on food composition standards and labelling. The minister is joined online by Jennifer Howie, who is the UK frameworks and intergovernmental relations lead for Food Standards Scotland.

Thank you for staying with us, minister. I believe that you have an opening statement.

Maree Todd: I thank the committee for inviting me to assist in its deliberations on the provisional common framework on food composition standards and labelling.

Officials in Food Standards Scotland have been working with their counterparts in the Department for Environment, Food and Rural Affairs and in the Food Standards Agency in Wales and Northern Ireland to develop a four-nations approach to delivering repatriated European Union functions on common areas of interest in the framework. Ministers of the four nations have agreed the content of the provisional framework, which was published as a UK Government command paper on 17 February 2022.

Policy on food composition standards and labelling was, and continues to be, highly regulated at the EU level. The purpose of the framework is to ensure that there is a joined-up approach across the UK on the continued maintenance of high standards of safety through delivery of regulatory functions in that area.

Throughout the process, we have committed to working collaboratively to develop common frameworks on the basis of consensus and in line with the agreed principles of the joint ministerial committee on EU negotiations. That includes the principles that UK frameworks should ensure the functioning of the UK internal market and acknowledge policy divergence, and that they should respect the devolution settlements and the democratic accountability of devolved legislatures.

The Scottish ministers fully support the common framework programme and consider that frameworks are all that are needed to manage any potential legislative divergence in the future. We consider that common frameworks provide necessary and proportionate assurance to respective Governments, legislatures, consumers,

citizens and industries on issues concerning public health, and that the framework will ensure that internal market issues are duly considered in food composition standards and labelling policy development but are not prioritised over consumer interests.

I am happy to answer the committee's questions.

The Convener: Thank you, minister.

This is one of quite a few common frameworks that I have looked at over the past few years since our exit from the EU. You said that the four UK partner Governments have agreed to the framework. We have just had a session in which we talked about alcohol labelling for public health reasons. Particular countries might have slightly different public health goals, or they might think that certain mechanisms relating to labelling are appropriate to get to those goals. Were there any areas of debate in that regard before the common framework was agreed?

Maree Todd: The common framework provides a way of working together, and it allows for divergence to occur. As I said in my opening statement, we are confident that the common framework will provide a useful way of managing discussions; that it will ensure that there is early engagement and that we work together to try to achieve consensus; and that it will ensure that, when divergence occurs, it does not take our neighbours by surprise.

In relation to the most likely area of divergence, the Scottish Government, generally, wants to align with the EU. If an area of EU food information law changes, it is likely or possible that Scotland might want to align with the EU and that the rest of the UK might not want to do so. However, Northern Ireland will, of course, have to align with the EU.

The common framework just provides a way of working.

The Convener: Is there space within the common framework to allow discussions to take place about anything that happens in the future? Is there also space for parliamentary scrutiny to allow us to keep abreast of what is happening?

Maree Todd: Absolutely. The core purpose of the framework is to prevent disputes through close collaboration between the four UK nations while respecting the devolution settlement. That means enabling policy divergence. The aim of the framework is to avoid, where possible, the need to trigger the dispute resolution process.

In terms of scrutiny, Parliament will engage with the framework through the decisions that it will be asked to take on any change of legislation that is proposed in the policy area. In essence, the framework is a way of working. It sets down the mechanisms for working together with the other Administrations of the four UK nations that share these islands.

The Convener: Thank you very much. We move on to questions about domestic arrangements.

Gillian Mackay: The framework commits the Scottish Government to making joint decisions about some food products that it would previously have had autonomy to regulate. Does the minister have any concerns about whether that will impact on the Government's ability to regulate food products on public health grounds, for example?

Maree Todd: I do not particularly have concerns about the framework. As I have said, it establishes a healthy method of working in collaboration with the four UK nations, a way of resolving conflict, and a way of enabling divergence, should that be required.

I have more concerns about the United Kingdom Internal Market Act 2020 on that front. That act tramples over devolution, and it was not consented to by Scotland or Wales for exactly that reason. The public health concerns around that act were well rehearsed as it passed through Parliament. That piece of legislation concerns me. It might well constrain or weaken my ability to take public health action in Scotland, because products that can be sold in England will automatically be able to be sold in Scotland, too.

Gillian Mackay: Will you provide clarity about the dispute resolution process where differences occur? Are you satisfied that an effective process is in place?

Maree Todd: I am satisfied that an effective process is in place. I hope that we do not reach the point of triggering it. For all that the impression that is given is that we are regularly in conflict with one another in the four nations, we actually work together closely on a number of issues across the board in health, and we have strong working relationships, particularly in my portfolio. Therefore, I expect us to be able to avoid triggering that conflict resolution process.

I will bring in Jennifer Howie to talk a little bit more about the detail of how the process will work should it be triggered.

Jennifer Howie (Food Standards Scotland): Thank you, minister. You have pretty much covered it, but the intention is very much for officials to continue to work—[*Inaudible*.]

The Convener: Jennifer Howie has frozen. We will bring her back.

Maree Todd: In essence, there are different tiers of intervention. We expect much to be resolved at the official level, as it currently is. We

expect that to continue and ministers to be able to be pulled in to work together to resolve issues, should that be needed. However, I do not expect that to happen frequently.

The Convener: We move on to the theme of managing divergence.

Sandesh Gulhane: In February, you spoke about how you were keen to remain aligned with EU law where such an alignment was appropriate and in Scotland's best interests. Will you give any examples of where the Government might choose to diverge from EU law?

Maree Todd: In this policy area, I probably cannot. Brexit is a very recent phenomenon, so when we think about how our systems are working since we left the EU, it is quite difficult to think of examples. However, what you suggest is perfectly possible, if we think about how the structures work. For example, Food Standards Scotland advises the Government on the safety of food products. It might be that the EU body will give the EU different advice and we will decide to stick with the advice that we have been given in Scotland. That is possible.

However, we will align with the EU where we possibly can. It is clear that Scotland did not want to leave the EU, and the Scottish Government is keen that we rejoin it as soon as we are an independent country. In the meantime, we have structures in place that will give us independent advice, and we will make decisions that are best for Scotland at the moment.

The Convener: If Sandesh Gulhane has no more questions, we will move on to the United Kingdom Internal Market Act 2020, which has been mentioned. David Torrance has more detailed questions about it.

David Torrance: It is my favourite subject, minister. What impact will the United Kingdom Internal Market Act 2020 have on Scots law on food composition standards and labelling?

Maree Todd: In our analysis—and this is why it causes so much concern—the operation of that act means that, irrespective of the necessity or proportionality of any public health priority in Scotland or, indeed, in any other part of the UK, any national measure could be caught and radically undermined by the automatic application of the act's market access principles. In place of a common framework that is designed to manage policy divergence through dialogue and agreement, we would have, in effect, the automatic recognition of standards that had been set elsewhere, regardless of local circumstances, the wishes of the relevant legislature or the policies of the relevant Administration.

David Torrance: In evidence to the committee, Quality Meat Scotland said that it is vital that the common framework should "respect devolution settlements" by allowing for "policy divergences". Does the Scottish Government intend to request exclusions from the act in policy areas that are covered by the common framework?

Maree Todd: Although the act was passed in 2020, it is still bedding in. We are still trying to understand the impact of that piece of legislation on our public health decisions, and I cannot at the moment think of an area in which we would be looking for exclusions.

The framework allows for divergence and respects the devolution settlements. For public health reasons, and all reasons, we prefer that mechanism for resolving issues of divergence.

David Torrance: Thank you.

The Convener: Minister, before I bring in Evelyn Tweed, I should let you know that your official Jennifer Howie is back online but with sound only. I will not bring her back in just now, but I thought that I should let you know that she is there should you need to refer to her.

Evelyn Tweed: The minister has covered the areas that I was going to raise, which was helpful.

The Convener: We will move on to questions about the Northern Ireland protocol.

Emma Harper: The Northern Ireland protocol interests me because I am interested in the port of Cairnryan and the transport of goods between Cairnryan and Larne and Belfast. How will the food composition standards and labelling framework impact on or affect the operation of the protocol?

Under the UK withdrawal agreement, Northern Ireland remains in the UK customs territory while remaining aligned with EU regulations. That means that Northern Ireland has to do what the EU regulations require. Scotland did not vote to exit the European Union. Could Scotland also align with EU regulations and work in the way that is intended by the Northern Ireland protocol? I would be interested in pursuing whether we could basically work as part of a Northern Ireland protocol if we chose to continue to align with EU policy.

11:30

Maree Todd: The framework is a four-countries agreement and it was intended to drive consistent approaches across the UK, while acknowledging policy divergence. It is absolutely clear that any change to EU law will have to apply in Northern Ireland. Therefore, should the other countries in the UK choose not to align with the EU, there will

be divergence. Scotland has an aim of remaining aligned with the EU, but should England and Wales choose to diverge, there will be divergence across the UK. That is an inevitable consequence of our exit from the EU and of the Northern Ireland agreement.

However, this framework enables even that situation to be managed carefully in a way that will work. So long as the policy options are underpinned by robust evidence, and the framework processes are followed, there is no reason why any divergence per se should undermine the framework. The framework enables divergence; it does not prevent it.

The Convener: Emma, do you have anything else to add?

Emma Harper: No, I think that that is okay. If the framework allows for or enables divergence, that means that it supports the continuation of a Northern Ireland protocol that has been established to allow Northern Ireland to continue to be aligned with the EU regulations—is that right?

Maree Todd: Northern Ireland will automatically align with EU regulations, whereas Scotland will make a policy choice to align with EU regulations. I guess that that is the difference.

Emma Harper: Thank you.

The Convener: The final questions are from Stephanie Callaghan.

Stephanie Callaghan: Does the Scottish Government have any concerns about the periodic and exceptional reviews and how they are triggered? Are you quite happy with that area?

Maree Todd: We are quite happy with it. The intention is to review the framework a year after implementation and at three years thereafter. At heart, it really is just a document that describes a way of working healthily and productively together. If issues arise, that might be more about whether the framework was followed. We are all getting used to this new world, so it might be that the framework was not followed rather than that the framework is faulty. Therefore, we need to let the processes bed in a little before we can fairly assess whether a review process is appropriate. However, we will certainly keep an eye on how these things work. As I said, all four UK ministers agree that the framework is a reasonable way forward. I hope that it provides us with a way of working together that avoids conflict and, where conflict and divergence are necessary, it enables that as part of the devolution settlement.

Stephanie Callaghan: How will the Scottish Parliament and other stakeholders be able to contribute to the review process? Has a process for that been set up yet?

Maree Todd: I think that there will be future discussions about that between Scottish Parliament and Scottish Government officials. We will definitely consider a possible approach to the post-implementation monitoring of frameworks, but I expect Parliament to be fully involved. Individual review processes are currently being developed, and I wonder whether Jennifer Howie wants to say a little more about that.

FSS is responsible for three of those frameworks, and it will collectively involve a number of departments across the UK, alongside consultation with stakeholders, about how to ensure that the process is well informed—cutting down on duplication of effort among all four nations but also making sure that plenty of evidence comes forward to inform decisions. I ask Jennifer Howie to say a little more on that.

Jennifer Howie: I hope that everybody can hear me, and I apologise for my poor line in rural Aberdeenshire.

It is fair to say that there is probably a two-pronged way for stakeholders and parliamentarians to scrutinise how the frameworks are working. The outputs of the frameworks process will be items of draft legislation that come before the Parliaments. If, in their respective legislatures, parliamentarians feel that an issue has arisen from the consultation in relation to any specific item, there would, potentially, be feedback in that way.

When it comes to the broader programme of frameworks that have been developed in the—[*Inaudible*.]—themselves, Scottish Government officials are working with their counterparts in the Cabinet Office and in other Administrations; they have been responsible for putting together the programme using the detail that they are following in portfolio areas. For example, they are currently developing guidance about annual reports that might come before the Parliament on specific framework areas, whether those are singular or batched. As the minister has said, we would not want to overburden the legislatures with framework reports. However, should those be forthcoming, as we expect to be the case, those reports as presented to the Parliament would provide another opportunity for feedback.

The output of specific issues is in the draft legislative opportunities, which could include feedback on whether due process was considered to have been followed in relation to those items, and then we are generally—[*Inaudible*.]—on the operation of the frameworks system. Discussions are on-going across the Administrations on the latter.

The Convener: Thank you very much. We heard you, Jennifer, although it was a bit patchy in areas. We got the general gist.

Minister, we have no more questions for you, so I thank you very much for the time that you have spent with us this morning on both agenda items.

We will allow the minister and her officials to leave before we move on to the next items on our agenda.

Subordinate Legislation

National Health Service Superannuation and Pension Schemes (Miscellaneous Amendments) (Scotland) Regulations 2022 (SSI 2022/117)

11:38

The Convener: Item 4 is the consideration of two negative instruments. The first of those is the National Health Service Superannuation and Pension Schemes (Miscellaneous Amendments) (Scotland) Regulations 2022. The instrument makes changes from 1 April 2022 to the employee contribution table, updating the earnings bands on which the employee contribution percentages are set. The instrument also makes temporary modifications to the National Health Service Pension Scheme (Scotland) (Regulations) 2015 that have a similar effect to section 46 of the Coronavirus Act 2020; following the expiry of that act, the instrument will temporarily extend those provisions until 31 October 2022. Section 46 of the act suspends certain rules that apply in the NHS pension schemes in Scotland so that NHS staff who have recently retired can return to work, and those who have already returned can increase their hours, without there being a negative impact on their pension entitlements.

The Delegated Powers and Law Reform Committee considered the instrument at its meeting on 26 April 2022 and agreed to draw it to the attention of the Parliament on the following grounds. The committee draws the instrument to the attention of Parliament under the general reporting ground for a failure to follow proper drafting practice, as provision should have been made for regulations 2 to 5 to have retrospective effect rather than their coming into force prior to the instrument being made.

The committee also draws the instrument to the attention of Parliament under reporting ground (j) for failure to comply with laying requirements in accordance with the laying requirements in section 28(2) of the Interpretation and Legislative Reform (Scotland) Act 2010.

There are therefore a couple of administrative points. No motions to annul have been received in relation to the instrument. Do any members have comments?

Sandesh Gulhane: As a declaration of interests, I say that I am an NHS doctor and am in the pension scheme.

I would have liked to have seen this go a bit further and help consultants and those in the NHS who cannot do extra work because of the

pensions causing an issue, as we have seen in Wales. However, I understand that that is not part of the consultation.

The Convener: As there are no other comments from members, I propose that the committee does not make any recommendations in relation to the negative instrument.

Members *indicated agreement.*

National Health Service (General Medical Services Contracts and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2022 (SSI 2022/130)

The Convener: The purpose of the second negative instrument is to require NHS boards to provide various services to support GP practices and to require GP practices to have a practice website and to offer certain online services to patients.

The Delegated Powers and Law Reform Committee considered the instrument at its meeting on 26 April 2022 and made no recommendations. No motions to annul have been received in relation to the instrument.

Do any members have comments?

Sandesh Gulhane: Again, I declare my interests as an NHS doctor working in primary care.

I put on record that, although I am supportive of us having online access, I want to ensure that people who struggle to get online do not feel that they are unable to access appointments, especially if they go exclusively online or the majority are online and so are no longer available when those people call in. We need to ensure that we find a balance.

The Convener: I think that we would all be in agreement with that sentiment.

As there are no other comments from members, I propose that the committee does not make any recommendations in relation to the negative instrument.

Members *indicated agreement.*

The Convener: At our next meeting on 10 May, the committee will take evidence from the Cabinet Secretary for Health and Social Care on Audit Scotland's "NHS in Scotland 2021" report.

That concludes the public part of our meeting.

11:43

Meeting continued in private until 12:12.

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