



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

HEALTH AND SPORT COMMITTEE

Wednesday 15 September 2010

© Parliamentary copyright. Scottish Parliamentary Corporate Body 2010

Applications for reproduction should be made in writing to the Information Policy Team, Office of the Queen's Printer for Scotland, Admail ADM4058, Edinburgh, EH1 1NG, or by email to:
licensing@ogps.gov.uk.

OQPS administers the copyright on behalf of the Scottish Parliamentary Corporate Body.

Printed and published in Scotland on behalf of the Scottish Parliamentary Corporate Body by
RR Donnelley.

Wednesday 15 September 2010

CONTENTS

ALCOHOL ETC (SCOTLAND) BILL	Col. 3305
--	----------------------

HEALTH AND SPORT COMMITTEE
25th Meeting 2010, Session 3

CONVENER

*Christine Grahame (South of Scotland) (SNP)

DEPUTY CONVENER

*Ross Finnie (West of Scotland) (LD)

COMMITTEE MEMBERS

*Helen Eadie (Dunfermline East) (Lab)

*Rhoda Grant (Highlands and Islands) (Lab)

*Michael Matheson (Falkirk West) (SNP)

*Ian McKee (Lothians) (SNP)

*Mary Scanlon (Highlands and Islands) (Con)

*Dr Richard Simpson (Mid Scotland and Fife) (Lab)

COMMITTEE SUBSTITUTES

Joe FitzPatrick (Dundee West) (SNP)

Mr Frank McAveety (Glasgow Shettleston) (Lab)

Nanette Milne (North East Scotland) (Con)

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD)

*attended

THE FOLLOWING GAVE EVIDENCE:

Professor Sally Brown (Alcohol Commission)

Brian Fearon (Alcohol Commission)

Dr Alasdair Forsyth (Glasgow Caledonian University)

Chief Superintendent Bob Hamilton (Strathclyde Police)

CLERK TO THE COMMITTEE

Douglas Wands

LOCATION

Committee Room 6

Scottish Parliament

Health and Sport Committee

Wednesday 15 September 2010

[The Convener *opened the meeting at 10:01*]

Alcohol etc (Scotland) Bill

The Convener (Christine Grahame): Good morning. I welcome everyone to the 25th meeting in 2010 of the Health and Sport Committee. I remind everyone to switch off mobile phones and other electronic equipment. No apologies have been received.

Item 1 on the agenda is an oral evidence session on the Alcohol etc (Scotland) Bill. I remind members that it is intended to inform our consideration of stage 2 amendments, which will begin next week. Since we agreed to undertake today's session, the alcohol commission that was established by the Scottish Labour Party has published its final report. Members have been provided with a copy of the report as part of their papers, and representatives from the commission will give evidence later this morning.

I welcome our first panel: Dr Alasdair Forsyth, senior research fellow, Glasgow centre for the study of violence, Glasgow Caledonian University; and Chief Superintendent Bob Hamilton, territorial policing, Strathclyde Police. Dr Forsyth was co-author of "Alcohol and Violence among Young Male Offenders in Scotland (1979-2009)", a report that was prepared for the Scottish Prison Service, and Chief Superintendent Hamilton will talk about his force's approach to tackling alcohol-fuelled violence and disorder. Is that an appropriate précis?

Chief Superintendent Bob Hamilton (Strathclyde Police): Yes.

The Convener: I invite questions from members.

Helen Eadie (Dunfermline East) (Lab): I was particularly interested in one aspect of the report that has been put before us. According to the McKinlay study on young offenders at HMP Polmont, more than two thirds of those young offenders acknowledge that alcohol played a significant part in their convictions. Will you comment on the suggestion that, in more than 40 per cent of cases in which they committed an alcohol-related offence, caffeinated alcohol was one of the main factors? What do you think of that finding?

Dr Alasdair Forsyth (Glasgow Caledonian University): The phrase "caffeinated alcohol"

refers only to brands of caffeinated alcohol. We asked which brands of alcohol the offenders consumed; we did so as a way of calculating the number of units that they had consumed. More than 40 per cent of those who drank before their offence said that they had consumed Buckfast tonic wine. There may be other offenders who had consumed vodka and Red Bull, but the way in which the question was asked meant that they would just have said vodka. The finding simply reflects a geographical preference, whereby the Buckfast brand has cornered the market in a certain youth population who spend a lot of time in Polmont. That is what they happened to be drinking when they committed their offence.

Helen Eadie: We know that Buckfast and other ready-to-drink premixes of caffeine and alcohol are part of a west of Scotland macho drink culture. What can we do to stop or reduce that trend?

Dr Forsyth: That trend does not exist just in the west of Scotland; it would probably be more accurate to say that it exists everywhere but the east—it is certainly big in the north and the south. I am not quite sure how we could stop it. Buckfast certainly has that image. It would have to be demachofied in some way. I had hoped that the fact that one of the monks at the abbey was convicted for a sexual offence might have rubbed off and made it less popular, but it did not seem to make a difference. I do not know how we can change that culture.

Mary Scanlon (Highlands and Islands) (Con): On a point of order, convener.

The Convener: There is no such thing as a point of order in committee.

Mary Scanlon: I just wonder whether that evidence is appropriate.

The Convener: Please let the witness finish. Comments can be made afterwards. I do not know about the relevance of Dr Forsyth's statement and his connection, but he has made it and it is on the record.

Dr Forsyth: I am thinking about the kind of thing that would make the drink less attractive to that particular population. If that drink was not used, something else would be. In our report, our concern was to move people away from drinking from glass. That is what we are interested in. Public al fresco drinking should not be done from glass vessels.

Helen Eadie: It was found in two local authority surveys that almost 50 per cent of the broken glass that was collected consisted of Buckfast bottles. Is that important?

Dr Forsyth: It is important that there would be much less glass on the street if that glass was changed to plastic. I was also involved in research

that resulted in a figure of over 50 per cent. I was previously involved in research with street drinkers, from which a striking finding was that, while Buckfast was the most common beverage among male street drinkers and Lambrini was the most common beverage among females, we did not see many Lambrini bottles when we surveyed the litter. That suggests that the girls had put their bottles in the bins, but the boys had made a statement by leaving their bottles lying around.

The Convener: Chief Superintendent, if you want to come in on Buckfast, young men and macho images at any point, you should feel free to do so. Simply indicate to me.

Chief Superintendent Hamilton: We certainly see that problem, particularly in work on monitoring gang websites, on which people tend to posture with various weapons and those types of bottle are displayed. Like Alasdair Forsyth, I am concerned about all types of alcohol. I am concerned about the violence that ensues from consuming all types of alcohol and which we have to follow up.

There is a cultural thing with specific branding in various areas in the west of Scotland. Misuse of the product in question does not happen all over the Strathclyde Police area. It tends to be on the increase in North Lanarkshire, Airdrie, Coatbridge, the Cumbernauld area, Ayr town centre, for some reason, and Glasgow city centre. That is where we see the greater misuses of the product.

Helen Eadie: In response to a freedom of information request to Strathclyde Police, it was said that a number of offences involving caffeinated alcohol are committed every day. How big a problem is caffeinated alcohol?

Chief Superintendent Hamilton: I was involved with that freedom of information request, which covered data collected over a three-year period. The significant issue for me was that a Buckfast bottle was used as a weapon on 114 occasions over that three-year period. However, the FOI request asked where Buckfast had been mentioned in any crime report in any context. Therefore, the perpetrator of the crime may not have used it; rather, the victim of the crime may have done so. That did not come across when the data were used in the BBC programme.

Such bottles are similar to any other type of bottle that is used and such alcohol is similar to any other type of alcohol. We see the aftermath, and it is difficult for us to identify whether the caffeinated product was the problem. We have no means of testing individuals who come into our custody for the type of product that they drank. The wider context for us in Strathclyde is all alcohol-related violence, not just that related to a specific product.

Helen Eadie: We have read that steps have been taken in Denmark and Iceland to limit the addition of caffeine to ready-to-drink mixtures and that a number of states in the United States of America are considering that. What would you like to say about caffeine?

Chief Superintendent Hamilton: As I said, we have no evidence that that type of caffeinated product is a cause of violence or increases violence. Our concern is all alcohol-related violence. That is our position.

Dr Forsyth: There is no research that suggests that mixing caffeine and alcohol is related to moods in any way—that it makes people either more or less aggressive. It has other effects, but that is not one of them.

The Convener: I am sorry, but would you repeat that?

Dr Forsyth: There is no evidence to suggest that mixing caffeine and alcohol affects moods—that it makes people more or less aggressive—because no one has looked at that.

The Convener: But you said that it has other effects. What are they?

Dr Forsyth: For example, it is antagonistic, so it will wake you up a bit. As a depressant, alcohol makes you go to sleep but if you mix it with caffeine you stay awake longer—and perhaps drink for longer, which of course is the slippery slope. That said, American lab experiments have shown that mixing the two is almost a positive experience. Of the people given vodka and those given vodka and Red Bull, the latter group appear to be better at tasks and suffer less rather than more impairment from alcohol.

Michael Matheson (Falkirk West) (SNP): From the study—in fact, from your experience—what impact do you think that banning Buckfast would have on those with an alcohol problem who tend to get involved in violent activities?

Chief Superintendent Hamilton: It would have no great impact because people would simply drink something else. The issue, certainly in the area that I am responsible for policing, is the availability and increased use of alcohol in that culture. Moreover, people do not buy only Buckfast; they might drink cider or whatever beforehand, and the problem is the combination of drinks. As a result, I do not think that banning Buckfast would lead to a significant increase or decrease in violent crime. In that culture, people simply drink and violence ensues. In any case, the problem is not addiction to drink but binge drinking. It is not like those suffering from alcoholism, who are simply out of control. These people might not drink anything during the week and then have a right load of drink at the weekend.

That is when we see the problems. As I say, the issue is not the product itself. People will drink any type of drink—and my concern is that, whatever type it is, they drink lots of it.

Dr Forsyth: I more or less agree with all that, but my interest is mainly the bottle itself. After all, people can make as much of a weapon out of a Tia Maria bottle as out of a Buckfast bottle. Obviously it would be an advantage if they switched to plastic. Indeed, if Buckfast were sold in plastic bottles, that would be a very positive move. The fact is that if you simply banned it you would suddenly find people drinking a myriad different drinks, some in glass bottles, some in plastic.

Chief Superintendent Hamilton: Over the past 10 or so years, there has been a 10 per cent swing from violence occurring outdoors as a result of drinking to that occurring indoors. We are concerned about that because people drinking in their premises is obviously more of a challenge to police than people drinking outdoors.

Michael Matheson: Why has that switch happened?

Chief Superintendent Hamilton: That has happened because of the availability of all types of alcohol and its relative price. Instead of drinking in public houses, more people are buying drink in off-sales and taking it home, or are pre-loading before they go out to a party. They might think that they have had only one drink before they go out, but measures at home are generally three or four times bigger than those in a pub and what we see—and have to sweep up—are the consequences of their drinking at home before going out.

Dr Forsyth: I should also say that, from the young consumer's point of view, it is not that supermarkets are too cheap but that pubs are too dear. That is why they drink at home, pre-load or whatever.

Michael Matheson: Moving away from the Buckfast issue, I wonder whether from the police's point of view—and, indeed, from Dr Forsyth's study—cheap high-strength alcohol is consumed more than other types. When I went out with the police in my constituency, I found the consumption of fairly sizable bottles of very cheap, very strong cider to be a common feature in many cases. Is the issue not only the availability but the affordability of this type of high-strength alcohol?

Chief Superintendent Hamilton: As I said earlier, we in Strathclyde certainly think that the availability, the cheap price and the amount of alcohol that young people in particular are drinking to be significant concerns.

Dr Forsyth: I agree with that on a population level, but you must remember that the young people whom we saw in Polmont are a specialised group. Basically, they would just steal more, anyway. You have to remember that people in their parents' generation—in many cases, their parents themselves—would spend £80 a day on heroin. Whatever price alcohol is set at, it is not a big financial load for them. People in our street-drinking project looked down on people who drank cheap cider—they had names for them—and one of the good things about Buckfast for them was that it was a premium brand, which is why they drank it from the bottle. If they bought cheap vodka, they would pour it into a lemonade bottle and mix it, so nobody would know that they were buying the cheap brand.

10:15

The Convener: Could you expand on what you said about violence moving from outdoors to indoors? Does that change the type of perpetrators and victims?

Chief Superintendent Hamilton: Not really. It is just a cultural thing that we have noticed over a couple of years. One of our analysts informed me that the smoking ban might have had an effect on the issue. Rather than going to pubs, where they cannot smoke and prices are high, people buy a carry-out and will either drink instead of going out or use it to pre-load their alcohol consumption.

We also see violence occurring from ad hoc parties. Neighbours go down and remonstrate about the noise and then the police are called in. If the problem is not resolved at that point, the neighbours go down again and either they become the victim of an assault or the people in the house do. We have seen a lot of that recently and are taking steps to try to eradicate that and identify houses that have become notorious party houses, where cheap alcohol is being consumed in large amounts.

The Convener: I do not wish to lead the witness, but I was trying to find out whether the fact that people were drinking more in situations in which there was no one to see them led to an increase in—to use a large term—domestic violence between relatives and partners.

Chief Superintendent Hamilton: Domestic violence is a separate issue, rather than one that is completely linked to alcohol. I was talking about parties that explode into violence rather than violence in a domestic setting.

Dr Forsyth: I think that what you suggest is correct, convener. A colleague who researches intimate-partner violence believes that an increase in that is related to home drinking.

On the original question, we argue that home drinking and especially street drinking are more dangerous than public drinking in a licensed premises where there is always someone who can make an intervention before a situation escalates to serious injury.

Rhoda Grant (Highlands and Islands) (Lab): I am trying to get a handle on the culture surrounding the kind of drinking that we are talking about. Dr Forsyth was talking about people drinking more expensive drinks—and we know that Buckfast will not be affected by a minimum unit price of 45p—and suggested that there seemed to be some kudos from having a more expensive drink, which made it more attractive for that type of drinker.

Dr Forsyth: Yes. Again, we are talking about a small, specialised group of only a few hundred people in Polmont, compared to 5 million in Scotland, but two of them had been drinking champagne and others chose other expensive drinks. They do not restrict themselves to the drinks that you might imagine they would.

Rhoda Grant: And they are the people who are causing public difficulties.

Dr Forsyth: Yes. Other people were drinking cheap cider. Drinks from across the range were being consumed.

Rhoda Grant: But they are the problem drinkers who are causing chaos within communities, or else they would not have been in Polmont, one assumes.

Dr Forsyth: Yes. Further, as I said earlier, a lot of them are not dependent drinkers. They might go for two weeks without drinking before going on a binge. They might say to you, “I don’t have a drink problem. I don’t drink every day. I can give up when I want,” and you say to them, “But every time you drink you end up back in here.” They do not see drink as a problem, however, because they are not addicts.

Rhoda Grant: I suppose that the million dollar question is why people behave in that way. Helen Eadie talked about a macho culture, and it is difficult to understand why that behaviour occurs. You can understand people who drink because they have a problem, but what makes people who can afford to drink expensive drinks turn to violence?

Dr Forsyth: I guess that they are just at the extreme end of the Scottish macho male culture—it is often called hyper-masculinity. They will often talk about the adrenaline rush that they get from their behaviour. They are the tip of this large iceberg.

Rhoda Grant: But it is obvious that they are leading some kind of culture, because a lot of

people are drinking Buckfast, which is not a cheap drink at all. Given the figures that Helen Eadie quoted for the number of people involved, one begins to wonder how we tackle that type of culture.

The chief superintendent spoke about not allowing people to drink from glass bottles outside, but I imagine that that would be hard to police. A lot of the people who drink outside are not conforming with the law in any way; they will not say, “I’ll buy the plastic bottle because I’m going to sit and drink in the park rather than at home.”

I am trying to tease out what we as a committee can do to deal with those problems.

Chief Superintendent Hamilton: They may choose the plastic bottle if it is the only form in which their drink of choice—the type of product that they generally consume—is available.

We must look at how we can stop that culture through early intervention, by considering what we can do at that stage. We are on the enforcement side, so we are considering what agencies can bring to the early intervention side to try to stop people before they reach the stage at which Alasdair Forsyth speaks to them in Polmont. That is the key to the issue, and the difficult question.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): Much of what you have said is interesting and chimes quite well, chief superintendent, because the problem is about culture rather than anything else. The caffeinated alcohol products that are ready to drink—Buckfast or other products—are at the more expensive end of the range.

I have a number of concerns. The consumption of that particular product has increased by 40 per cent during the last little while. The chief superintendent mentioned that it appears on gang websites. Are you aware of a growth in the consumption of that product? Is that reflected in the trends in relation to violence?

Chief Superintendent Hamilton: I would not say so. The violent crime that we deal with is continuing to decrease and we have not seen any real rise in problems that we could evidence as being related to Buckfast or caffeinated alcohol.

It is difficult for us, because—as I said earlier—we cannot test for that type of product when we have someone in custody. The reason that we have recently seen it on websites is because we have begun to look at those and to explore the new medium as an investigatory tool, which we did not do before. It may have been there before, but we were not looking at the medium in the way that we should have been.

Dr Simpson: If you have not already done so, I advise you to look at some of the Facebook

challenges that involve Buckfast, which are very interesting. One of the current challenges apparently involves drinking two bottles in the shortest possible time, which must be extremely dangerous.

I want to ask Dr Forsyth about some of the background research. If the committee is going to approve anything that limits the amount of caffeine in alcoholic drinks, we need to understand whether we are dealing with a real specific problem rather than just a purely cultural problem. You will be aware of the research from America on caffeinated alcohol, which is based largely on college groups. A paper by Mary Claire O'Brien that was published by the Society for Academic Emergency Medicine in 2008, suggests that there is an

"increased risk for alcohol-related consequences"

—and this is important for the chief superintendent—

"even after adjusting for the amount of alcohol consumed".

It suggests—with a *p* value of 0.001, which denotes quite a high degree of significance—that there is an increase in "heavy episodic drinking" and "episodes of weekly drunkenness"; that more medical treatment is required; and that there is a higher prevalence of sexual predation and being the victim of sexual predation. The interesting finding is that those who had been drinking caffeinated alcohol were more likely to ride in a car "with an intoxicated driver" and not to use seat belts.

That is just one paper: there are 14 published papers on the topic, in addition to the 13 laboratory studies, which are a bit more equivocal. Does any of that reflect your thoughts on the area or how you see the issue developing? What further research needs to be done to determine the validity of the American findings?

Dr Forsyth: Those findings mirror what we see here. You could argue that risk takers are more likely to use two substances than one. It is as simple as that. People who are more likely to take a risk by riding in a car with an intoxicated person are the same people who are likely to drink a lot, and drink a lot of caffeine. For those reasons, it is difficult to know the direction or causation. As I said earlier, there are issues in lab experiments to do with the masking effect of caffeine, which means that people feel more sober than they actually are. Just because you feel sober and can perform some, although not all, tasks that are normally impaired by alcohol, it does not mean that your blood-alcohol count has gone down or that you will pass the breathalyser test. Another question that needs to be researched is whether caffeinated alcohol has an effect on aggression. I do not think that anybody has even looked at that because it is not seen as an issue in America. As

you say, the problem there is student campus drinkers who can drive at a younger age and are drinking illicitly.

Dr Simpson: I do not know whether you will agree with me, but my experience as a consultant in addictions was that people divided almost along a Bell curve. At one extreme, the people who drank quite a lot just went to sleep and became passive. They were probably more likely to be victims of theft or other crimes. At the other end of the spectrum, the alcohol released aggressive tendencies that were already present. My concern about caffeinated alcohol is that although the effect of pure alcohol is likely to strip off the social conscience and control aggression through the depressant effect, the caffeine is likely to enhance that aggression. Is that likely to stack up scientifically for that group?

Dr Forsyth: Again, it needs to be looked at, which might be ethically difficult to do. The way that I would describe the situation is, if someone is drinking more than they would otherwise because they perceive that they are more sober than they are—the caveat that we did not want to throw the caffeine baby out with the bath water is in the McKinlay report—and they have a tendency towards violence, you might not attribute it in the normal way. If you ask the offender, "Does Buckfast make you violent?" they will always say, "No, it makes you hyper; it's spirits that make you violent." In other words, it is being very drunk that makes you violent, not consuming caffeine.

Mary Scanlon: I have two questions. I know little about Buckfast, its content or effects, but it is my understanding that you can get the same effect from several over-the-counter painkillers for headaches and so on. Apparently, they contain a similar if not higher amount of caffeine. I do not want to mention the names of products, but I am sure that you know what I mean. Did you look at that in your research?

Dr Forsyth: No, although curiously enough, I have a colleague, a co-applicant on a project, who does research on driving. She gives people alcohol or alcohol and food—she is trying to get ethical clearance for giving them alcohol and salt. It would be the pills that you would simulate—vodka/Red Bull would be her experiment. For the purpose of sobering up to be able to drink more, however, the young offender population would just buy cocaine.

Mary Scanlon: Yes, but there are over-the-counter products that contain equally the amount of caffeine contained in Buckfast.

Dr Forsyth: Yes, but what is interesting is when caffeine is put into a liquid form. Until recently, Buckfast was the strongest caffeinated alcohol. If you poured Red Bull into a glass of Buckfast, you

would dilute the caffeine content in the Buckfast. Now, however, in Starbucks round the corner you can buy a small shot of coffee as a cold drink that contains about 420mg of caffeine per litre. Buckfast contains about 375mg a litre, so you can now buy caffeinated products stronger than Buckfast.

Mary Scanlon: Are you saying that you can buy coffee from Starbucks that is stronger than a glass of Buckfast?

Dr Forsyth: Not coffee, but a caffeine-related drink—a shot drink. There are now shots of Red Bull. Previously, Red Bull came in a bigger can—330ml, I think—and had a lower concentration of caffeine than Buckfast.

10:30

Mary Scanlon: Forgive my ignorance, but would it be possible to add over-the-counter pills for headaches or painkillers to a non-alcoholic product to get the same caffeine lift?

Dr Forsyth: I suppose that you could. I go back to the case of the young offenders.

Mary Scanlon: I heard Richard Simpson say, “Of course.” I just wanted to get the point on the record. It is important to do that.

Dr Forsyth: What is missing from the discussion is the fact that members of the group in Polmont were consuming a lot of other substances along with alcoholic drinks. In particular, they were taking prescription pills—the main one being diazepam—along with their drink. In my view, that is a far more serious issue than caffeine.

Mary Scanlon: We seem to be talking mainly about Buckfast. I am trying to establish—and believe that I have established—that you can get the same effect by using over-the-counter pills in a non-alcoholic product.

Dr Forsyth: That was my point. We asked about brands. There may have been some vodka and Red Bull drinkers but we do not know that, because we did not ask about soft drinks.

Mary Scanlon: My second question relates to the final page of your written evidence, which discusses what the report adds to our knowledge. For example, we know that, although the same price prevails in England and other parts of the United Kingdom, alcohol consumption is more than 20 per cent higher in Scotland, irrespective of price. You state:

“This research also highlighted the wider problems associated with Scotland’s drinking culture”.

Rhoda Grant mentioned that issue. However, your final point is the main one. You refer to the

“tendency in our society to equate problematic drinking with dependence, one which may help to meet some health goals but which will do little to reduce violent offending by young people.”

Can you expand on what you found out about our drinking culture, what we should do to address that, and why you think that what is proposed will do little to reduce violent offending by young people?

Dr Forsyth: The report was a Scottish Prison Service report, so it looked at addiction services and people who are addicted to alcohol and heroin. Some of the most serious violent offenders in Polmont were not addicts in any way.

Mary Scanlon: You are saying that there is a difference between problematic drinkers and dependent drinkers.

Dr Forsyth: Yes. The young offenders in question are hazardous, risky drinkers. They may not drink for weeks, but then they go out with their friends for some reason, on occasions such as stag nights. Every time that they get drunk, they end up in a prison cell. They do not view that as a problem, because it is what everyone in Scotland does. Large swathes of the Scottish population move from almost no drinking at all—being sober all week—to heavy drinking, which would be considered problematic drinking in some countries, at the weekend. That seems to be quite normal in Scotland; the young offenders that we are discussing are just the most extreme examples. It is incredibly difficult to get it into their heads that they have a problem that needs intervention, especially as they have been told about drug problems, which they have probably seen at first hand while growing up, and do not take drugs. Many of them have jobs and are about to turn 18, so they are nearly of legal drinking age. It is hard to make an intervention with a group of people who are not addicts, are just about to be legal and work through the week. In their view, they deserve a drink at the weekend.

Mary Scanlon: Why do you say that this approach

“will do little to reduce violent offending by young people”?

Dr Forsyth: We are talking about tackling dependency. It is not the dependent drinkers who are violent but the binge drinkers.

Mary Scanlon: The drinking culture is the elephant in the room. How do we address that? Did you find any sort of remedy? Is there something that we should be doing to tackle the culture?

Dr Forsyth: The first thing that we must do is wise up and realise that people do not have to be dependent to have a drink problem. Someone can have a drink problem if they drink only once a

month but, when they do so, commit an offence or do something else unpleasant that they regret. Academia is full of people who have a glass of wine at night when they finish work. That may be seen as a dependency, but those people are not doing any harm except possibly, over a long period of time, to their own physical health.

Chief Superintendent Hamilton: I agree with Alasdair Forsyth. In some cases that we see, the problem is not limited to the perpetrator of the violence. Sometimes it is heads or tails whether a person is the victim of a serious violent crime or the perpetrator. People can leave themselves open to attack or sexual assault. We see that combination—the incident as a whole—as the problem.

Rhoda Grant: I am slightly confused about an answer that Dr Forsyth gave to Mary Scanlon. If I heard Mary Scanlon right, she asked whether an over-the-counter headache remedy would have the same effect on someone taking it with water as it would on someone taking it with caffeine and Buckfast. Dr Forsyth said that it would. I have a cold, so I am beginning to panic slightly.

The Convener: I have had two paracetamol and I am certainly not hyper, I can assure you. It is for a bad back.

Ross Finnie (West of Scotland) (LD): Without alcohol, I hope.

Dr Forsyth: I was referring to caffeine. Somebody could make their own Red Bull or do-it-yourself Buckfast by, for example, mixing sherry and ProPlus tablets.

Rhoda Grant: That clarifies the matter.

The Convener: Ross Finnie is safe, because I had the paracetamol with water, he will be pleased to know.

Ross Finnie: The point is interesting. Dr Forsyth gave two important answers to Mary Scanlon. He talked about the availability of a caffeine shot of a proprietary brand that I perhaps should not repeat. Is that a serious problem in trying to bear down on drinks with a high caffeine content? The chief superintendent said that restricting that might be helpful, but that the product would just be substituted by others. Dr Forsyth, were you alluding to a serious problem in that there might be substitution with a different product and that people could overcome the caffeine issue by obtaining their caffeine from a perfectly accessible proprietary brand of coffee?

Dr Forsyth: It is more a legislative problem than a social one. If we get rid of pre-mixed alcohol and caffeine products, people could mix their own, or bars could do it for them. Recently, stronger and stronger caffeine products have become available. I was at the Royal Society of Edinburgh yesterday

and met David Nutt, who was the head of the Advisory Council on the Misuse of Drugs until he was sacked. He is taking an interest in the issue because stronger and stronger caffeine products, without alcohol, are coming on the market. In the old days, people might have had an Irish coffee, with some instant coffee and a little tot of whisky, but now people can buy caffeine shots not just from cafes, but from supermarkets. Some of them are sold to keep drivers awake. A person could mix that with whatever alcohol they wanted to create their own speedball, to use a drug term. The alcohol is not getting stronger, but the caffeine products certainly are.

Chief Superintendent Hamilton: The reality for the police is that we do not attend many violent disturbances outside coffee shops—the violence is all linked to the antisocial behaviour that is linked to alcohol abuse. People could mix and match whatever, but it is the alcohol consumption—whatever brand it is—that gives us the greatest concern.

Ross Finnie: I was not suggesting that for a moment, if only because I did not care to reveal my coffee-drinking habit.

The serious point that I was trying to pursue is about the suggestion that we should seek, by some mechanism, to limit the amount of caffeine in certain proprietary brands. The efficacy of that policy could be seriously undermined if what is being suggested is correct. We might need a little more evidence on the issue, but I am concerned that the combination of the evidence that we have heard is that, if we tackle the problem in one place, we run the risk of shifting it. If a range of users could not get Buckfast or some other proprietary brand, they would be stimulated to create their own.

Dr Forsyth: Many of the young offenders to whom we spoke did not even realise that there was caffeine in Buckfast until they were told. They just thought that it had some magic properties. On the other hand, one group of drinkers who are extremely into caffeinated drinks is students. The current one is Jäger bombs, which I am sure some members will have heard of, and which seem to me to be far riskier than what has been done in the past with vodka and Red Bull. However, perhaps the chief superintendent can enlighten me, but I have not seen students drinking Jäger bombs and getting involved in violent crime.

The Convener: I am just being briefed by the clerks. I am in another cultural zone with Jäger bombs. I do not want to educate people into mischief more than is necessary. We are telling young offenders, "It's the caffeine what's in it," and they did not know before.

Ross Finnie: The issue raises rather tricky questions for us.

The Convener: Yes, it does.

Ian McKee (Lothians) (SNP): I want to clarify for my interest the evidence that our witnesses have given on the linking of alcohol and violence in Scotland, especially the west of Scotland. I will set out the message that I have received, so please correct me if I am wrong or add things. The first point is that the culture is important. Then you are concerned about low prices, which mean that people can drink a lot for a little money. You are also concerned about the difference in price between off-licences and on-licences, which encourages people to drink in unsupervised areas. Finally, I got the message that you are concerned about the type of containers that are used, because glass containers can be used as weapons when people become violent. It is a bit difficult to injure someone severely with a plastic bottle. Is that a fair summary of your concerns, or have I missed out anything?

Dr Forsyth: Yes, that is basically a summary. The main issue that we are interested in is the glassing, because it could be stopped fairly easily. Under the Licensing (Scotland) Act 2005, there is a provision on the prevention of harm and keeping the public safe.

Ian McKee: Those are your main concerns.

Dr Forsyth: I am concerned about the price issue, even though it does not necessarily apply to young offenders, because their income is so great that any change would not affect them very much.

Chief Superintendent Hamilton: That is a fair summary, certainly of our concerns in Strathclyde.

The Convener: We will stop at that point. I thank our witnesses very much for their evidence.

10:41

Meeting suspended.

10:47

On resuming—

The Convener: We move on to our second panel of witnesses. I welcome Professor Sally Brown, who was chair of the alcohol commission, and Brian Fearon, former director of social work and housing at East Dunbartonshire Council, who was a member of the commission. I know that you sat through the previous evidence. We will now ask you questions.

Michael Matheson: Good morning. The commission's report states that

"Many respondents supported statutory minimum unit pricing (MUP) as the appropriate measure to be implemented,"

but the commission viewed the evidence that was presented to it on minimum unit pricing as unconvincing. As a result, you have come up with a pricing mechanism that is the basic cost of production plus duty plus VAT. What evidence did the commission receive that convinced you that that pricing mechanism was more appropriate than minimum unit pricing?

Professor Sally Brown (Alcohol Commission): As you know, the commission was looking at general evidence for measures to address the alarming overconsumption of alcohol. We had very little good evidence for any measure. Essentially, there was a paucity of evidence for the effectiveness of any measure.

You will see that, in our report, pricing is only one strand of a much broader strategy. Nevertheless, we had to accept—initially, certainly—that the World Health Organization, for example, said that pricing was very important. We therefore had to examine the issue in some detail.

Our view is that pricing is one determinant. For example, if the price of alcohol is decreased, there is evidence that that increases consumption. However, the result is rather different the other way round. Minimum unit pricing was, of course, the issue that had the most prominence in the press and in what people said to us, so we had to look at it. We were unconvinced, but that does not answer your question. Am I right that the question that you asked was about the evidence that we had for our proposal for a floor price?

Michael Matheson: Your proposal is for more than a floor price, is it not?

Professor Brown: More than a floor price?

Michael Matheson: Yes, is it not more than just a floor price?

Professor Brown: It is a floor price, which is the basic price plus duty plus VAT.

Michael Matheson: My question was: what evidence did you receive to persuade you that that was a better mechanism than minimum unit pricing?

Professor Brown: We did not have evidence of that kind. We had unconvincing evidence for minimum unit pricing and we decided that there were problems associated with such an approach. We proposed a floor price as something that overcame some of those problems, but that is not to say that we had evidence of the effectiveness of a floor price. We do not have convincing evidence for anything very much when it comes to deciding which measures are effective.

Michael Matheson: Bodies such as the National Institute for Health and Clinical Excellence, the Royal Society of Edinburgh and so on have considered the issue of minimum unit pricing, but you think that they based their judgment on a lack of evidence and therefore have clearly made the wrong decision in supporting minimum unit pricing.

Professor Brown: The organisations that you mention have enormous experience in relation to the problems of overconsumption, but we are not sure that they have the same understanding of the evidence that there is for minimum unit pricing. Can I speak about that briefly?

Michael Matheson: If you wish to.

Professor Brown: The evidence for minimum unit pricing that was given to us again and again was a simple statement: the Sheffield modelling was the evidence. When we pressed people, we could not extract anything more than that. I am sure that you have all talked about modelling until you are blue in the face, but modelling provides an estimate that depends very heavily on the assumptions that are made. I am not an economic modeller but I am, by training, a physicist, and we depend on models all the time; that is the basis of physics.

Of course, estimates also depend on the evidence that a given model works. We do not have any evidence on minimum unit pricing, because, of course, nobody has introduced it. That on its own is not a reason for not trying it, but it is a reason to look at it with caution.

We were unhappy with a series of things. We felt that the assumptions that were made about the heaviest drinkers and whether they were likely to be responsive to price were probably misplaced. A minimum unit price is, of course, a regressive tax; I am sure that you have explored that previously. I accept that a floor price would also be regressive; it is inevitable that the least affluent people would suffer. Our view is that the floor price would be less regressive, but I cannot give you the evidence on that. We were not about producing evidence but about collecting it. Perhaps Brian Fearon would like to comment.

Brian Fearon (Alcohol Commission): I am not sure that I will give a clearer message than Sally Brown has given, because hers was explicit. Given the debate on pricing, we prepared ourselves to address it as the key issue. However, we quickly became convinced that it was not the key issue; rather, it was just one factor. For us, the problem was Scotland's relationship with alcohol. We became concerned that very prestigious bodies often came forward with a uniform view. They cannot have been just making that up—they were not being irresponsible, so they had to be

listened to and credited. However, my research background as a social worker is in evidence-based practice. We were marched up to the top of the hill and kept waiting for the clinching fact that would tell us why we should go down this road. That is why our report concentrated more on cultural change. We accept that price must be a factor, but I remain unconvinced about precisely what sort of factor it is and how it should be organised, although I am more comfortable with a pricing arrangement that does not put money in the hands of the retailers and the industry.

Michael Matheson: I think that we are all convinced that price is a factor—your report recognises that. I am interested in the evidence base that you used to arrive at your recommendation, given the lack of evidence that you have said exists to support the proposed mechanism of minimum unit pricing—I know that the answer is that there is no evidence to support the idea of a floor-price mechanism.

I noticed in your report that you wished a floor-price mechanism and “periodic increases in duty” to be introduced in a way that will bring alcohol prices to a level that will reduce alcohol misuse. What level do you think that the floor-price mechanism would have to be at in order to start to effect your desire of reducing alcohol misuse?

Professor Brown: You are talking about a price level.

Michael Matheson: Yes.

Professor Brown: We have no idea. We did not say this in the report, but I suspect that we are of the view that price is less important in dealing with the problem that we have now than many people would believe. That is not to say that price is not important at all. Indeed, that is why we put something about it in the report. We were not just going to ignore price. However, it is impossible at the moment to estimate that.

Michael Matheson: So, you have no idea what duty would have to increase to in order to do what you seek to do in your recommendation: reduce misuse of alcohol.

Professor Brown: Not without the collection of more evidence.

Michael Matheson: Okay. Thank you.

Dr Simpson: You say that there is really no evidence about price increases having the effect that we all want them to have. However, you are clear that a reduction in price is associated with an increase in consumption. One would expect a decrease in price to be associated with an increase in consumption and an increase in price to be associated with a decrease in consumption. However, the evidence that you gathered showed that things went only in one direction. As far as

you can see, would the floor-price mechanism be used—initially at least—as a mechanism to ensure that we do not reduce the price further, given that it has fallen relative to income over the past 20 or 30 years and has therefore probably contributed to increased consumption to some degree?

Professor Brown: Yes. I think that that would be the case.

Ross Finnie: I want to follow up Michael Matheson's questions and, therefore, slightly switch my intended line of inquiry.

The committee has heard a lot of evidence in relation to the Government's proposals on minimum unit pricing. It has heard a lot of evidence about its possible effect and the distribution of that effect. Yesterday, we took further evidence, following on from earlier evidence, on the regressive nature of the proposal.

At no time have we heard evidence to suggest that we should be dismissive of the Sheffield study, nor have we heard evidence that the peer-group review of that study was in some way to be questioned. With respect, let me say that you appear to be utterly dismissive of minimum unit pricing, which you say that there is no evidence to support, yet we have a paper from you on a proposal for which, by your own admission, there is absolutely no evidence at all. How do you know, or how can you even suggest, that setting a floor price as the basic cost of production plus duty plus VAT would have any impact at all on income, on alcohol sales or on consumption?

11:00

Professor Brown: I hope that I did not use the absolute words that you have used in interpreting what we have said. The Sheffield study is a well-regarded and competent study, but it is just an estimate. The assumptions need to be changed only quite slightly to provide different outcomes from those that the model provides. The problem at the moment is that you have not been presented with, or you have not accepted, any other modelling. That is the difficulty that we have—

Ross Finnie: My difficulty is that you have suggested that we will get a better effect by adopting the mechanism of the basic cost of production plus duty plus VAT. What effect would that have on public health? What would the equivalent figure be? I am quite prepared to accept a degree of scepticism about the outcomes that are posited in the Sheffield study, which talks about reductions in relation to consumption, public health and crime. Okay, so we can be sceptical about those. However, my question is quite simple: what is the better impact that we will get

from adopting your suggested mechanism of the basic cost of production plus duty plus VAT? What is the better outcome that you have come across that allows you to say that adopting your proposed floor price would be better than adopting a minimum unit price?

Professor Brown: We do not have any argument that says that our proposal would be better in relation to the outcomes that you have mentioned. We simply do not know. The betterness argument relates, first, to a particular argument that we have with the Sheffield study on the question whether heavier drinkers are likely to be the least responsive to price. Secondly, we believe—but I cannot put the actual proof before you—that our proposal would be less regressive. Thirdly, the revenues from a floor price would go to the public purse rather than to retailers. Those are the kinds of arguments that we have put forward on why our proposal for a floor price would be the better policy to try.

Let me say again that our view is that price is only one strand. There is no magic bullet. There is no quick fix—

The Convener: The committee accepts that.

Ross Finnie: Let me just take those points one by one, in reverse order.

If the floor price is to prevent retailers from selling alcohol at a price that is less than the basic cost of production plus duty plus VAT, I can only assume—although you have no evidence for this—that you think that the floor price would be marginally higher than some of the prices at which retailers currently sell. If that floor price is indeed higher than the price at which the retailer currently sells, all the increase would go into the pocket of the retailer. Although the increase in duty and VAT will go to the public purse, I am not persuaded by your claim that the floor price would put all the money into the public purse, as there does not seem to be any better evidence for that than for anything else.

You also admitted in your earlier answer to Michael Matheson that you believed that your proposal is less regressive, although you have no evidence on whether that is the case. Furthermore, I am not clear about why heavier drinkers will be more affected by your proposal than by anything else. You have no evidence.

Professor Brown: No—and I am not making the comparison.

Ross Finnie: With respect, when I read the report, I thought that your proposal was a serious proposition—amazingly, it does not appear to be now. You are sceptical about the evidence from Sheffield, but you then come forward with something for which you have absolutely no

evidence at all. I am bound to say that I do not regard that as credible.

Brian Fearon: I do not know whether I can help you with this. As I said, we felt that the focus on pricing was obscuring the real problem of Scotland's relationship with alcohol.

We have come up with a measure. I fully accept that it is no better evidenced than the one for minimum unit pricing, and that minimum unit pricing has the Sheffield study behind it, which is better than what we have. However, our measure suggests that the amount contained in the increase would at least go to the Treasury—it would go into the public purse, rather than all going to the retailer.

It is important to realise, sooner or later, that price is a small component of the matter. The view of my colleagues on the commission—and certainly my view—is that if we talk only about price, we will never seriously address the problem of Scotland's relationship with alcohol. I appreciate that you want to get to the bottom of the matter, but that is my view.

Ross Finnie: A minimum unit price—

The Convener: Before Ross Finnie comes back in, I point out that the focus is on price only because that is the most contentious aspect of the bill. Please take it as read that the committee fully accepts that there is a range of issues involved in Scotland's drinking culture and in the reasons for drinking. The only reason for the focus on price is that it is the most contentious aspect. It is not the only thing that we are examining.

Ross Finnie: This is not how I read the report at first but, now that I have heard the evidence, I would have been happier if the report had simply said that you did not think that price was important, so you had no proposals as you had no evidence. It is you—not I—who posited the proposition as an alternative in the body of your report.

Your answers to Michael Matheson cause me grave concern; your answers to me cause me even more concern. I do not find it credible for people to be deeply critical of the evidence that has been placed before the committee on minimum unit pricing and then to posit an argument for which there is not one scintilla of evidence with regard to what the proposal might possibly do. If there is not one scintilla of evidence, that does not advance the argument one jot. That is deeply disappointing, as this is a very serious issue.

I return to my original line of questioning, which is to invite you to pursue the matter that was raised by our previous witnesses regarding your proposal on caffeinated drinks. That is another

serious proposal, although one now has qualms as to whether there is any evidence to support it at all. Perhaps you can help us with that.

The previous witnesses questioned whether the proposed curbs on caffeine content might be rather easily overcome, partly through users switching to alternative drinks and, equally importantly, through users accessing caffeine in ways that you heard the previous witnesses describe.

You are entitled to respond to either possibility. If people were to choose either alternative, we would require somehow to curb access to caffeine other than just through drinks that already contain caffeine. We would have to consider the impact of such substitution.

Professor Brown: I was interested to hear that the public's knowledge of the effect of caffeine has been aroused only in the very recent past. We certainly recognised that, if we were going to try to curb the caffeine in drinks, there would be all sorts of ways by which people could get around that. There are ways by which people can get round things in almost all our laws, of course. I am not for one moment suggesting that we thought that things would be easy. We simply looked at the evidence that we had and decided that, on balance, there was a case to be made for doing something to constrain caffeine content. That was our judgment. I hate to keep coming back to this, but the proposal is, of course, within our general strategy of trying to change the culture. We have to do things in a number of different areas.

As we are having such an exchange, I would like to add something that we were particularly concerned about, which I did not mention before. Members may have heard a member of the commission, Graeme Pearson, say something about this on television. We were very concerned about having different pricing policies north and south of the border. The unintended consequences of such an approach have clearly been experienced in the Republic of Ireland and Northern Ireland, in the Baltic states and even on the booze cruises between England and France. Different pricing policies also bring in possibilities relating to the internet, long-distance deliveries direct to customers, the black market, enforcement costs for the police, and impacts on local trade and employment, particularly in border areas, and, of course, on family purchases. It could, of course, be said that a floor price, for example, would have an impact on employment. However, that impact would be on employment throughout the United Kingdom, whereas minimum unit pricing would have an impact on employment and trade simply at our border.

The Convener: I am sorry. I am looking at the report. Can you tell me where that is?

Ross Finnie: My question was not about whether it is legitimate for the Scottish Parliament to seek to legislate on alcohol. That was not my question; I did not ask that. I appreciate that your clear view is that the Scottish Parliament is wasting its time and should not take such measures and that you do not support any measure that creates different situations north and south of the border. That may be your view, but it is not mine.

Professor Brown: That was our view on minimum unit pricing.

Ross Finnie: With respect, if that is your view, it follows that we should not create a difference in relation to caffeinated drinks. If that is your argument, that is your argument, but I do not know why you want to advance it and I do not accept it. I think that the issue of caffeinated drinks is important, and it seems to me that the Scottish Parliament ought to consider it. If you are now advising me that the commission would not recommend creating any differential between north and south of the border, I will accept that as your evidence. However, I am not sure why you want to pursue that argument, because it seems to me that the issue is important.

Professor Brown: I was talking about a price differential.

Ross Finnie: What is the intellectual logic of saying that you do not want to create a price difference, but you are quite happy to have a difference on curbing the contents of drinks? I will pursue that. What is the intellectual argument for saying that you are not prepared to have price differences, but you are prepared to have difference in content?

Professor Brown: The argument is the argument that I have just made, which is essentially a trade and crime argument.

Ross Finnie: But that affects caffeinated drinks as well as prices. What is the intellectual argument for saying that we can differentiate on caffeine content but not on price? That is a trade argument—I will go and buy my Buckfast south of Carlisle.

I have no further questions.

11:15

Rhoda Grant: That was an interesting exchange, but you are quite clearly saying that price is not the answer to Scotland's alcohol problem and that we need to take other steps. You might be forgiven for assuming that the committee is interested only in pricing, but that is not the case. We are simply looking for a solution to the problem of our drinking culture.

For your study, what did you do, where did you go and what evidence did you take about our drinking culture? Obviously if you had a solution to the problem, you would have told us what it is, but have you come across any measures that have worked well in different parts of the country or anything that we should be taking a closer look at?

Brian Fearon: As we say in the report, we visited one particular community of some deprivation—I am trying not to name it—in which folk at every point in the population range were concerned about the availability of alcohol and the way it was used locally. We were particularly impressed by what was going on in schools. Professor Brown, who was responsible for that part of the exercise, will say more about that in a minute. The point is that every element of this relatively poor community was getting involved in the debate and wanted resources in place to deal with their own alcohol problem. We also took evidence from a number of professional organisations on initiatives that they had taken forward, and we looked in detail at what was happening in Angus, where services had been more effectively joined up.

Those three elements come together in the major thrust of what we want to say in the report and to the committee. I do not know how well this will be taken—I mean no offence—but we feel that as far as Scotland's alcohol problem is concerned there is a leadership vacuum. It is a little bit like the individual who denies that they have a drink problem. To a certain extent, the country is struggling with facing up to the issue and we need a strategic response. I know that people will say that we have lots of plans and strategies, but we felt that the people in Angus had put plans into operation and were joining up initiatives across all elements of the population. In the other area that we visited, we realised that people had not been able to reach that point because they did not have the resources, the big support from the community planning partnership or what have you.

I realise that I am going on a bit but in summary our feeling was that we needed to accept the problem and think about it strategically and broadly in terms of resources.

Rhoda Grant: What kind of things were being done?

Brian Fearon: In Angus, people worked with young people in the evenings and on Friday nights. As a separate initiative, they had put in place discothèque arrangements that were controlled by the police and others. I know that similar things happen in other parts of Scotland—for example, in Fife and Clackmannanshire there is midnight league football—but at the same time the professional services were also being strengthened. Given my own background, I was

interested in the fact that home carers were being trained to look for alcohol problems in older people or vulnerable people who were being cared for in their own homes. There were ideas and initiatives involving the whole range of the population but the fact that a named senior person in the community planning partnership was in charge of the whole thing gave it energy and drive and allowed workers on the ground to be supported.

Rhoda Grant: Did you feel that the approach was impacting on alcohol problems in the area?

Brian Fearon: An evaluation that was published showed that the impact was quite considerable. No matter what initiative is introduced, however, the proof of the pudding is whether it is still there two, four, six or eight years later. It is still early days in that respect.

Professor Brown: One of the problems of such schemes is that they tend to be quite fragmented—they are not consistent across the country. There is evidence that several schemes that the Government has supported, such as brief interventions and alcohol arrest referrals, are working quite well, but the evidence is extremely limited because it exists in only a few parts of the country. We would certainly see it as being important that any national strategy for dealing with alcohol abuse made such schemes much more comprehensive and provided for them to be monitored and evaluated. Very little research has been done—that is why we have no evidence. Research is necessary if we are to find a way forward.

Rhoda Grant: Can I move on to another issue?

The Convener: Absolutely.

Rhoda Grant: I was interested in what the report said in relation to advertising. What could we do that would be within our powers—we have a bill before the Scottish Parliament—to tackle alcohol advertising as a way of changing the culture?

Professor Brown: I do not know that I have any more to say than what we said in the report.

We were concerned that advertising could easily get out of hand; it might already have got out of hand. We are, of course, not specialists. We have just collected things together. We were aware of the industry's argument that advertising does not increase the amount of alcohol consumption but is simply to do with different brands, but we found that unconvincing. Our feeling is that we need to move towards considerable curtailment, certainly of price-based advertising, and we received many submissions that told us that we should do away with alcohol sponsorship, which is one of the recommendations that we make in our report.

Mary Scanlon: I want to move on to alcohol treatment and testing orders, but before I do, I would like to pursue the line of questioning that I began earlier. In appendix 6 on page 38, you mention that Buckfast contains 375mg of caffeine in a litre, which is equivalent to eight cans of Coke. You also tell us that it costs £7 a bottle.

Professor Brown: We do not name Buckfast.

Mary Scanlon: That is the drink that you tend to talk about. Let us say that a similar product costs £7 a bottle.

If someone bought some over-the-counter headache remedies or painkillers—I will not give brand names—and added them to a can of Coke, would it be possible to get the same effect, caffeine-wise?

Professor Brown: I am sorry, but my expertise does not extend to that.

The Convener: Professor Brown is not a chemist.

Mary Scanlon: Right; I will have to ask a pharmacist about that. My understanding is that it would have the same effect, but I will have to get more evidence on that.

Professor Brown: I think that you are probably right.

Mary Scanlon: Thank you—that is helpful.

I am extremely interested in the use of alcohol treatment and testing orders, which you mention on pages 23 and 24 of your report. You say that a pilot scheme in Fife offered alcohol counselling as an alternative to a fine. The anticipated take-up was 15 per cent, but 30 per cent of offenders took advantage of it. I have not discussed the issue in my party group, so can you tell us more about the research base and how effective the scheme was in addressing problematic drinking, hazardous drinking, binge drinking or dependent drinking? Can you give us more information on what seems to be a very positive suggestion?

Brian Fearon: My background is in criminal justice, so I have an interest in the issue. We need to distinguish between the arrest referral schemes and the orders that are made by the court, because there are two different horses running, but they both seem to be effective in terms of the impact that they are having on those who use alcohol and go on to offend. The problem is that they are pilot schemes. We are back to the point about the lack of joined-up thinking and resources.

Police officers and social workers both say that there is an optimum time to confront somebody with what they have just done or the position that they find themselves in when they are under the influence of alcohol. If you move too soon, they

will not care, and if you move too late, they will have forgotten all about it.

On the various schemes that exist, there has been a lot of success with drugs courts, and we certainly believe that having alcohol orders that are similar to drug treatment and testing orders in the drugs court scenario would offer something to some offenders, because under such a system they would have a relationship with a sheriff. I am a little surprised about this, but the research shows that it somehow has a positive effect if the person is told by a sheriff some time after an order has been made, "You're doing very well. I'm pleased. We will continue the order and not put you in custody."

If I may, I will throw in another point, which also applies to the children's hearings situation. Drugs and alcohol get mixed in together in arrest referral schemes, and that might happen in drug treatment and testing orders, but there seems to be some merit in separating them and realising that they are different. Again, I do not have an exact research base for that. It is just that my experience over the years is that there are differences, but they also come together, unfortunately, in some families and some individuals. Sorry—I do not know if that is too much detail.

Mary Scanlon: The fact is that we have to discuss in our groups what we are going to support and not support in the future.

Can you tell me when the pilot scheme was introduced, how long it has been in place and whether there are any interim conclusions that we could look at before further consideration of the bill?

Brian Fearon: You are putting me on the spot. I am trying to remember the legislation that brought the pilot scheme in. Was it in 2003 or 2005? I am sure that an evaluation has been done, possibly by the University of Stirling, but I am struggling.

Mary Scanlon: If twice as many people took advantage of the treatment and testing order, that is significant. I hope that we have some information on that, unless it has just happened in the past six months or so.

Brian Fearon: I am sorry. I am not certain about that. I apologise.

Helen Eadie: People in the Parliament who know me know that I take a close interest in what is happening in Europe. In the context of our consideration of the bill, I read the European Economic and Social Committee's report. I was impressed by the similarities between your report and that committee's report, which comes to the same conclusion. All the members of that committee, who come from the entire European Community, came to the same conclusion as you

about the need for a holistic approach and for a much wider strategic approach to the matter that also has regard to pricing. It is interesting to look at pricing policies throughout Europe. The EESC also looked at the work of the World Health Organization and at other global perspectives. To what extent did your thinking embrace what is going on in the global context?

Professor Brown: It did not do so to a great extent because we were dependent on what organisations brought to us. We have a rather scattered view of what has happened in Europe and, indeed, in other parts of the world, particularly Canada, but we did not pay close attention to that. I gave a draft of our report to a Norwegian so that he could read it, because Norway has had a pretty big problem, and his views on it were rather short and sharp. He said that we were not being hard enough on people and that we should take a tougher line. We had bits of information about Finland and France and that kind of thing coming in, but we did not take great account of that.

11:30

Helen Eadie: That is helpful, because I see references throughout the report to that other dimension.

The committee has received a number of written submissions from Morrisons, Sainsbury's, Tesco and others. In fact, we received papers on our desks only this morning. All the big retailers welcome the fact that the University of Sheffield has revised its research and that the up-to-date figures show that alcohol consumption has reduced by 9.3 per cent since 2003. The retailers are also concerned about the Sheffield research model.

I was taken by your analogy from your work as a physicist. I take it from what you said that, when you conduct experiments as a physicist, all the ingredients have to be just so if they are to produce the same intended outcome. The difficulty that we have with the Government's policy is that its intended outcome does not have all the same ingredients as the Sheffield model. For example, Sheffield recommended minimum pricing plus a total discount ban in the off-trade, and the Government is not proposing to do that. Do you think that, just as would happen in your laboratory, the Government's policy would have unintended consequences and it would not arrive at the outcome to which you aspire?

Professor Brown: Yes, that is quite probably the case.

The Convener: I think that discounting is in the bill.

Helen Eadie: I was going by Morrisons and Sainsbury's reports.

The Convener: The bill is more important.

Helen Eadie: It is an interesting point about perceptions, because that is the public's perception as well.

Michael Matheson: It is Sainsbury's and Morrisons perception, anyway.

The Convener: I do not need a collective response. I simply say that discounting is in the bill.

Helen Eadie: The bill has not been passed, and it does not include all promotions either.

Ian McKee: Professor Brown, I have in front of me a copy of a report that was in *The Sunday Times* on 14 February of this year, which is headed "Professor Sally Brown: Sober thinker with a blurry view". I do not believe everything that I read in the papers, so I would like to ask you about one or two things to find out whether they are true. Apart from saying that you are a neighbour and friend of Richard Simpson, the article says that you said that the Labour Party chose the members of the alcohol commission but, apart from Sam Galbraith, you did not know their political allegiance at that time. Is that correct?

Professor Brown: It is—or it was at the time.

Ian McKee: The article goes on to say:

"Luckily for Labour, her views seem to chime remarkably closely with theirs. She advances the argument that minimum unit pricing would unfairly penalise 'moderate drinkers who are poor'. As for the ban on excessive caffeine with alcohol ... she believes it is an important issue."

Is that a correct summary of what you told the reporter at the time?

Professor Brown: Well, I suspect that it is, although I do not remember the exact words.

Ian McKee: So apart from Mr Galbraith, two members of your commission are or have been Labour councillors, and another is a Labour adviser. The body that set up the commission has already expressed its views on minimum unit pricing—it did that when the bill was introduced—and you, as chair of the commission, expressed your views about minimum unit pricing before the commission began its work. You are an eminent scientist. What would you think if you were looking at an academic exercise in which you were not involved and you learned all those facts about it? Would you not think that there was a slight risk of bias in the deliberations with all those factors coming together?

Professor Brown: That would depend entirely on what the account was like. I take it that you are asking me to speak as an academic.

Ian McKee: Yes.

Professor Brown: I would look at the extent to which the conclusions that the paper's authors drew were reasonable, based on the evidence that was given to them. We found ourselves in a rather difficult position, because the evidence was so scant. That has already tied me up when talking to Ross Finnie, because we felt that we needed to produce recommendations even in areas where there was no evidence. My view is that it depends entirely on the quality of the paper.

Ian McKee: Normally, the quality of a paper would be judged on the evidence that it presents. Despite the background of the people who produced it, if the evidence was absolutely scientific and could be verified, one would say that there was no bias. Does not it raise a bit of concern about the validity of your conclusions on minimum unit pricing if you reach conclusions on one way of moving forward that is supported by a bit of evidence, and another that is not supported by any evidence, and come down in favour of the approach that you had advanced before you took evidence and that your commissioning body would have liked you to support?

Professor Brown: The conclusions that we reach are about changing the culture of drink in Scotland. You have picked out two specific things. We make it clear in the paper that, although we recommend them as two strands of a much larger strategic approach, we do so on the basis of not having the evidence.

I think that you are trying to say that we were heavily influenced by Labour members, but we were not. It is not true that we were forced into their pattern. I am not sure that they would be keen on the breadth of ideas that we have put forward for changing the culture. I should talk about attempting to change the culture, because it is very difficult to do that, although it is possible. We reached our conclusions purely on the basis of what we had to say within the group.

Ian McKee: I take your point about the need to change the culture. I am talking about the issue that comes to the fore not because it is necessarily the most important but because it is the one on which there is most political disagreement. I will not pursue the matter further, because I have got your answer.

I move on to your recommendation that the sale of alcohol below a floor price of cost price plus duty plus VAT be banned. How would you determine the cost price of the various kinds of alcohol that are on sale? It is not a trick question.

Professor Brown: I do not think that that is an easy matter. When there were reports that it was impossible to do that, the member of the commission who has a background in the industry said that the difficulties were obfuscation and self-interest, and that it was perfectly possible to do it. It has been done in other countries—in particular, France—but not with complete success, although it is possible. We were not setting out a plan for the tactical approach within the strategy; we were setting out the strategy. I am not sure that I can give you a more satisfactory answer.

Ian McKee: It is an important matter. Is the obfuscation to which you refer by the industry or by someone else?

Professor Brown: Well, perhaps it is by all of the people. I do not want to speak for the individual in question—Brian Fearon might have something to say about this—but my understanding was that he was talking about the whole process. Brian, do you have anything to say about this?

Brian Fearon: I do not want to speak for that individual, either. I felt that he was speaking about the whole process, but I think that he felt that the fault lay as much, if not more, on his side of the house—in other words, in the drinks industry.

Ian McKee: Right. The issue is quite important. Surely if you are proposing a mechanism to prevent selling below cost price, it is pretty important to have a firm idea of how that price is determined.

Brian Fearon: Yes. If we are to have a strategic response to the overall problem, that detail and that kind of empirical research will be essential. As the convener has said, the committee agrees on many matters—and perhaps on some of our recommendations—but it seems that we are some way from agreeing a way forward on this matter. I think that it is unhelpful to get into the detail of the issues when the strategic direction has not even been agreed: I was very keen that in our report we at least record the need for that. I do not think that we have set out that direction, but I hope that we have contributed to it.

Ian McKee: Do you not agree, though, that the devil is in the detail?

Brian Fearon: Yes. I have to say that I am not an expert on this matter but, when I first heard about the floor pricing mechanism, I was not sure about it. I thought that it seemed much better than minimum pricing because the money does not go to the industry. However, other folk this morning have said, “Well, come on, you know.” I can see those arguments.

The report is not and should not be the final word; I hope that it is a contribution to what is a very important debate for Scotland.

Ian McKee: There is some doubt about whether with minimum pricing the money actually goes to the industry. There are all sorts of arguments in that respect. For example, if you reduce consumption, you reduce the money that the industry gets. We should not take it as fact that the money will go to the industry; it could go elsewhere.

On a different topic, let us suppose that we can find out the cost price by some mechanism as yet to be determined; that we can raise the tax by persuading another Government to do so for us because of Scotland's problem; and that we significantly increase the price of alcohol over the range, in order to deter consumption. If the cost of supermarket whisky goes up at every level, will not people trade down from the Famous Grouse to supermarket-standard alcohol? Might not they simply end up drinking lower-quality alcohol but just the same amount of units? Surely with minimum unit pricing, there would be no such displacement.

Professor Brown: Well, that might be the case.

Ian McKee: Thank you.

Michael Matheson: On Ian McKee's point about identifying the basic cost of production for a floor pricing mechanism, did your commission consider the fact that by relying heavily on that figure you might create an incentive for drinks manufacturers and companies that produce alcohol in Scotland to move to locations where they can minimise their production costs? After all, the overheads in Scotland are higher than certain other parts of Europe or other countries with lower cost bases.

Professor Brown: We did not look at that issue. It was outwith our remit.

Michael Matheson: So, such considerations were specifically outwith your remit.

Professor Brown: They were not specifically outside our remit. I am not saying that people said that we should not look at the matter. We put forward the proposal but certainly did not explore it in that way.

Michael Matheson: Do you accept that what I suggest could be one of the implications of such a mechanism?

Professor Brown: I would have to think about that.

11:45

Dr Simpson: Of course, there is floor pricing in France, as the witness has already indicated, and there is no indication of a shift in production from there.

We have focused our evidence-taking almost exclusively on price, because we are dealing with the bill, not the alcohol problem as a whole. From what you have said this morning, you clearly feel that price will remain a contentious issue, no matter what the outcome of the bill is.

You mentioned foetal alcohol syndrome and talked about the interaction between various groups of social workers, doctors, criminal justice workers and so on. Are there any other areas in which you think we should be taking action, irrespective of the outcome of the bill process? You seem to regard the non-bill areas as being almost more important than the bill areas.

Professor Brown: I thought that you might ask what priorities we might set within the general strategy. Of course, it is difficult to set one priority, but there are three areas in which action is urgent. The first involves the need to establish an agreement between central Government and local government that would ensure that we would have local alcohol strategies, which would mean that the sort of schemes that Brian Fearon was talking about earlier would be implemented in local areas.

The second concerns the need for the reintroduction of a national licensing board. As a result of the work that we did on the impact of the 2005 act, we found that a number of issues suggested that there was a need for such a body that would help licensing boards with interpretation and training and would evaluate and monitor what was being done.

The third area is the need for an urgent plan for communication and collaboration among the services that support those who have problems arising from overconsumption of alcohol.

Dr Simpson mentioned foetal alcohol syndrome. The increase in foetal alcohol syndrome is worrying; I expect that the committee has had evidence on the matter. I had always imagined that foetal alcohol syndrome was something that appears when the baby is born; I did not know that the extent of the damage can mean that it does not appear until much later on, and leads to children with learning and behavioural difficulties that are just the sort of thing that we are concerned about.

Perhaps Brian Fearon would like to talk about the importance of communication among the criminal justice, health, social work and other services.

The Convener: I do not want to stop you from doing so, Mr Fearon, but I ask you to be brief. After many years in this Parliament, the members of the committee are well aware that there should be much more integration between the various agencies.

Brian Fearon: Point taken.

We had a robust discussion about costs, and we acknowledged that any idea that we had that would cost a lot of money simply was not going to happen. I feel strongly that the structures that exist, such as the community planning partnerships, are capable of taking forward the necessary work. The only structure that is not there at the moment, although it was there before, is the national licensing board. In response to an earlier question, I should have talked about the good training that is given to staff to enable them to intervene before situations deteriorate to the point that the chief superintendent described this morning. That is the sort of thing that a national licensing board could oversee.

The structures are in place, through the community planning partnerships, to provide the necessary leadership and to deal with the communication issues. I am sure that you all understand what is required in that regard.

The Convener: I thought that we were winding down, but I see that there are a couple more questions.

Helen Eadie: I want to expand on my earlier point. It is more of a comment than a question, but it will be followed by a question.

The submissions that we received this morning spoke not only about off-trade discounting, but about the other unintended consequences of things such as internet sales and cross-border sales. The point is that putting different ingredients into the melting point might give you the wrong outcome.

The Law Society of Scotland's most recent submission to the committee says that although there has been modelling of minimum pricing plus a total off-trade discounting ban, there has been no modelling of a total off-trade discounting ban on its own, and it suggests that that might give the same results as the modelling work that has been done. I am not quite sure how it arrived at that conclusion, but I wonder whether you have considered that aspect. The Law Society's paper goes on to point out that, due to European legislation, there are questions about whether it would be competent for the Scottish Parliament to introduce a total off-trade discounting ban.

Professor Brown: We did not consider that issue, although it would be an interesting area to consider, were we still preparing our report.

Rhoda Grant: Earlier, you mentioned a lack of research and the fact that that makes it hard to find solutions. In what areas do you recommend that research that could inform decision making should be carried out?

Professor Brown: One of the priorities that I just mentioned concerned local strategies. It is important that there be a clear monitoring exercise that can throw up research questions that relate to the implementation of different strategies for controlling the problem that we have at the moment.

The other area in which research is important is communication and collaboration. I know that the convener said that members have been worried about that for a long time, but it nevertheless seems to us that some kind of evaluation programme is needed going along with that and examining the outcomes. We have to know what does not work, as well as what does.

The Convener: I thank our witnesses for their attendance. That concludes our business for today.

Meeting closed at 11:53.

Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice at the Document Supply Centre.

Members who wish to suggest corrections for the archive edition should mark them clearly in the report or send it to the Official Report, Scottish Parliament, Edinburgh EH99 1SP.

PRICES AND SUBSCRIPTION RATES

OFFICIAL REPORT daily editions

Single copies: £5.00

Meetings of the Parliament annual subscriptions: £350.00

WRITTEN ANSWERS TO PARLIAMENTARY QUESTIONS weekly compilation

Single copies: £3.75

Annual subscriptions: £150.00

Available in e-format only. Printed Scottish Parliament documentation is published in Edinburgh by RR Donnelley and is available from:

Scottish Parliament

All documents are available on the Scottish Parliament website at:

www.scottish.parliament.uk

For more information on the Parliament, or if you have an inquiry about information in languages other than English or in alternative formats (for example, Braille, large print or audio), please contact:

Public Information Service

The Scottish Parliament
Edinburgh EH99 1SP

Telephone: 0131 348 5000

Fòn: 0131 348 5395 (Gàidhlig)

Textphone users may contact us on **0800 092 7100**.

We also welcome calls using the Text Relay service.

Fax: 0131 348 5601

E-mail: sp.info@scottish.parliament.uk

We welcome written correspondence in any language.

Blackwell's Scottish Parliament Documentation

Helpline may be able to assist with additional information on publications of or about the Scottish Parliament, their availability and cost:

Telephone orders and inquiries

0131 622 8283 or

0131 622 8258

Fax orders

0131 557 8149

E-mail orders, subscriptions and standing orders
business.edinburgh@blackwell.co.uk

Blackwell's Bookshop

**53 South Bridge
Edinburgh EH1 1YS
0131 622 8222**

Blackwell's Bookshops:

243-244 High Holborn
London WC1 7DZ
Tel 020 7831 9501

All trade orders for Scottish Parliament documents should be placed through Blackwell's Edinburgh.

Accredited Agents

(see Yellow Pages)

and through other good booksellers

e-format first available
ISBN 978-1-4061-6725-2

Revised e-format available
ISBN 978-0-85758-090-0

Revised e-format ISBN 978-0-85758-090-0