Socialist Health Association Scotland response to 'Shifting the Culture' a Member's Bill consultation on measures to help change culture in relation to alcohol in Scotland

The Socialist Health Association is a membership organisation, established in 1930, which promotes health and wellbeing and the eradication of inequalities through the application of socialist principles to society and government. We have an extensive and varied membership which provides a wealth of information, knowledge and experience of health in its broadest terms.

This response was developed following a discussion at our recent meeting.

It is through viewing the problem of alcohol through a social justice lens, aiming to tackle inequalities, which we focus our response. We have some general comments, before we respond to the specific consultation questions in turn.

SHA Scotland welcomes this consultation by Dr Richard Simpson MSP and Graeme Pearson MSP and we welcome the opportunity to respond. While SHA Scotland broadly supported minimum alcohol pricing, we also recognise that this is only one measure of many that needs to be taken to tackle the scourge of alcohol on Scotland's health and wellbeing.

The consultation gives a clear statement of the policy context for the Bill and in particular the ongoing health and other challenges alcohol abuse causes in Scotland, although we believe a greater emphasis (and understanding) on the socioeconomic context and impacts of alcohol is necessary.

SHA Scotland believes that this context should have a greater focus on the deep seated health inequalities in Scotland. The impact of heavy drinking is greater in our poorer communities (e.g. alcohol-related facial injuries are up to seven times greater than in our most prosperous areas). This is also reflected in teenage drinking and alcohol-related cancer rates. Moreover, the true risks associated with alcohol consumption are when in combination with other risk factors (e.g. smoking, poor diet, obesity, and lack of physical exercise), and these "multiple risks" are more than three times greater among those from poorer circumstances. So focusing on alcohol in isolation of other risks and out with the context of socioeconomic circumstances may not be the best approach. In many ways alcohol is the fuel that fires health inequalities. We are not convinced that the issue of health inequalities has been fully considered throughout the document.

The paper states that the objective of the legislation is to shift the culture of drinking in Scotland. However, the measures are almost entirely about control and inhibition. While we agree this is needed, we question if this will be fully effective in changing the culture. A greater focus on the inequality that is at the root of the problem would be a better approach. We believe that to truly

tackle Scotland’s alcohol culture and its impact on societal and health / wellbeing would be through addressing the causes of the causes – i.e. by tackling the underlying social and economic inequalities in society.

We are not convinced by education and awareness campaign approaches and believe that concerted public health and community development approaches are needed. To these ends the World Health Organisation Ottawa Charter for Health Promotion provides a useful framework to address issues like alcohol. The five domains are:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorientate health services

In relation to the Alcohol Minimum Price Bill we strongly urge the development of a robust evaluation strategy focusing on any potential adverse effects in deprived communities. Moreover, we are keen that further public health levies are taken in relation to alcohol sales.

To the specific consultation questions:

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

We welcome the proposed further restriction on quantity discounting which is in-effect “super-sizing” of alcohol by another name. We are not fully clear why your proposals do not end all forms of quantity discounting.

Q2) Do you believe that Ministers should be required to issue guidance on these two licensing objectives?

Q3) Do you believe that Ministers should be required to report to the Parliament once per session, and what should such a report be required to cover?

We welcome the focus of the two objectives on “the promotion of public health” and “the protection of children from harm”. We agree there is a need to offer guidance to Licensing Boards on this matter. This would help ensure that there is uniform interpretation and application of these objectives. For example the guidance could include requirements to involve the local health board, include a public health impact assessment, take some form of local law and order police view, and undertake a broader/inclusive local consultation. Individual Licensing Boards could be audited on applying these requirements and this could form a Ministerial report.

However, we are disappointed that the consultation has opted out of a full scale review and response to the issues of the effectiveness of licensing legislation; as getting this right, in our view, has to be a pillar of shifting alcohol culture in Scotland. We are not convinced it is simply a matter of applying stricter enforcement of current legislation, we believe new legislation is needed. And we agree the points raised by SHAAP in their report “Rethinking alcohol licensing” are a good start – but we believe this current Bill (and consultation) needs to go further into the territory of licensing reform.

We start with the belief that there are already too many alcohol outlets on our streets and in our communities, we need to draw a line in the sand and take a stance that we need to begin to reduce the number of alcohol outlets. We also believe that the Scottish Index of Multiple Deprivation needs to be taken into account when allocating licenses to ensure that areas of deprivation are not being targeted. A full review of the distribution of licenses would be welcome. We also question whether any fuel garage should have a license unless it is the only outlet within a certain radius.

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

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

We agree that efforts should be made to restrict alcohol advertising, particularly where children are exposed. We would support banning advertising in public places (e.g. on billboards, hoardings, bus-shelters, buses and other vehicles) to begin to address the near constant “noise” encouraging alcohol consumption on our streets and in our culture.

In terms of sponsorship, we are surprised, for example, that children’s football shirts of clubs sponsored by alcohol brands still carry alcohol logos and brands.

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

We would support the pursuit of the Danish model of restriction on the level of caffeine in pre-mixed drinks. However, we think it would be difficult to impose a ban on sale of alcohol and caffeinated drinks in licensed premises. In any case, we believe it is probably the off-sales consumption of pre-mixed drinks where much of the trouble identified in your consultation evidence arises.

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

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

We are not convinced by the merits or value of alcohol education and public information campaigns. They tend to be very expensive, but have limited evidence of effectiveness. They tend to raise awareness, but not change behaviour, they also have a tendency to widen (health) inequalities with messages being picked up by those in society best placed, able, and resourced.

We would much prefer that such scarce resources are better used in local, community development, and active (rather than by the relatively passive education) approaches to support communities / the voluntary sector (e.g. “Alcohol Free Nights” in the Annex Community Centre Partick); or to be used by health boards and local authorities in developing referral pathways/signposting initiatives to alcohol-related services.

Therefore, we are not convinced Ministers should be accountable for education / campaigns, but there may be something in ensuring locally all the relevant agencies (health, local authorities, third sector, police) are joined up in terms of alcohol strategies and action plans and that Ministers have a national picture of this.

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

We do support this kind of restriction in principle. We are disappointed that the pilot studies of off-licence restriction of alcohol sales to under-21s were not conducted as randomised control trials to provide conclusive evidence of effectiveness. The SHA fully supports, where possible, evidence-based policy developed and commends the UK Cabinet Office report in this regard https://update.cabinetoffice.gov.uk/resource-library/test-learn-adapt-developing-public-policy-randomised-controlled-trials

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

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

There is a need to better inform and involve the local community in relation to licences. We are not sure notice in local newspapers or even public signs are enough. In addition there ought to be some form of direct communication with local neighbours and nearby residents on these matters.

We agree that the New Zealand model offers greater incentives for compliance with licence conditions, and their time-frame seems reasonable.

We would also be keen to see if a mechanism for more local involvement and accountability can be extended to Licence Boards.

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

- ***Should it be funded through licensing fees or central Scottish Government funding?***

- ***What would its membership be, and who would appoint them?***

- ***To whom would it be accountable?***

- ***What would its functions be?***

We think this is a sensible measure to take a national view. It would be important that local and all stakeholders were adequately represented; and that in addition to responsibility for setting qualifications and training, it could also be the forum for monitoring progress on national standards as per our suggestions on national reporting above.

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

This could be practically difficult. Another option, also practically difficult but worthwhile considering, would be insisting on selling all alcohol or some forms of alcohol as “over the counter” products or in more strictly designated areas (with their own check outs). This is perhaps entering into the area of the more controlled methods of sales in countries like Sweden (without necessarily The State ownership).

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

We would be keen that the pilot is undertaken as a randomised control trial to ensure robust evidence of effectiveness can be gathered. We would be keen to explore whether it is possible to “mandate” participation rather than “invite” participation. Entirely voluntary participation is likely to give a healthy participant bias, while those most in need may be least likely to participate. Part of the trial could include exploring methods of referral / participation.

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

We would support the principle of extending this scheme and would be keen for the signposting referral process to be developed further so that it is not a passive invitation to participate.

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

We would welcome the development of banning orders along the lines of those available in England and Wales. We would be keen to see the evidence of effectiveness of such orders from England and Wales.

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

We support this extension if it would help implement the delivery of the Community Payback Orders.

For too long the differences of context between alcohol and drug abuse have been considered. There is probably a greater need for alignment of approaches to tackling these problems.

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

We would be supportive of sharing this information with patient’s GPs, but would question why it needs the consent of the patient; we think it is in the interests of both the patient and society / public health. One could argue that through the conviction there is a necessary societal / public health need for this kind of notification / referral. It would also be appropriate to insist that the GP follows up with suitable counselling services.

Final comments

With regard to alcohol culture we would ask that MSPs and parliament take a look at the culture of alcohol in and around parliament and see if true leadership in changing culture can be developed in this area.

Finally, the SHA Scotland believe that shifting Scotland's alcohol culture needs a shift in understanding and action on health inequalities. And this in turn needs action on jobs, poverty, decent housing, improving poor communities and giving people hope.