



The Scottish Parliament
Pàrlamaid na h-Alba

HEALTH AND SPORT COMMITTEE

AGENDA

7th Meeting, 2010 (Session 3)

Wednesday 3 March 2010

The Committee will meet at 9.30 am in Committee Room 2.

1. **Subordinate legislation:** The Committee will take evidence on the draft Community Care (Personal Care and Nursing Care) (Scotland) Amendment Regulations 2010 (SSI/2010/draft) from—

Shona Robison MSP, Minister for Public Health and Sport, Sean Eales, Head of Care at Home and Free Personal Nursing Care Branch, and Jenny Stevenson, Policy Officer within Care at Home and Free Personal Nursing Care Branch, Scottish Government.

2. **Subordinate legislation:** Shona Robison MSP to move S3M-5737— That the Health and Sport Committee recommends that the draft Community Care (Personal Care and Nursing Care) (Scotland) Amendment Regulations 2010 (SSI/2010/draft) be approved.
3. **Subordinate legislation:** The Committee will take evidence on the draft Public Appointments and Public Bodies etc. (Scotland) Act 2003 (Treatment of Office or Body as Specified Authority) Order 2010 (SSI/2010/draft) from—

Shona Robison MSP, Minister for Public Health and Sport, and Denise McLister, Business Change Manager, Scrutiny Bodies Project Team, Scottish Government.

4. **Subordinate legislation:** Shona Robison MSP to move S3M-5728— That the Health and Sport Committee recommends that the draft Public Appointments and Public Bodies etc. (Scotland) Act 2003 (Treatment of Office or Body as Specified Authority) Order 2010 (SSI/2010/draft) be approved.
5. **Alcohol etc. (Scotland) Bill:** The Committee will take evidence on the Bill at Stage 1 from—

Major Dean Logan, Addictions Services Officer, The Salvation Army;

Tom Roberts, Head of Public Affairs, Children 1st;

Bruce Thomson, Assistant Regional Director for Dependency Services,
Aberlour Child Care Trust;

Margaret McLeod, Policy and Information Manager, Youthlink Scotland;

Liam Burns, President, National Union of Students in Scotland;

and then from—

Dr Peter Rice, Consultant Psychiatrist, British Medical Association
Scotland;

Dr Bruce Ritson, Chair, Scottish Health Action on Alcohol Problems;

Dr Emilia Crighton, Chair of the Scottish Committee, UK Faculty of Public
Health Medicine;

Jack Law, Chief Executive, Alcohol Focus Scotland;

Carolyn Roberts, Head of Policy and Campaigns, Scottish Association for
Mental Health.

6. **Inquiry into the Clinical Portal Programme and the Scottish Centre for
Telehealth (in private):** The Committee will consider a revised draft report.

Douglas Thornton
Clerk to the Health and Sport Committee
Room T3.60
The Scottish Parliament
Edinburgh
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The papers for this meeting are as follows—

Agenda Items 1, 2, 3 and 4

Paper from the clerk [HS/S3/10/7/1](#)

The Draft Community Care (Personal Care and Nursing Care) (Scotland) Amendment Regulations 2010 (SSI/2010/draft) [HS/S3/10/7/2](#)

The Draft Public Appointments and Public Bodies etc. (Scotland) Act 2003 (Amendment of Specified Authorities) Order 2010 (SSI/2010/draft) [HS/S3/10/7/3](#)

Agenda Item 5

Submission from The Salvation Army [HS/S3/10/7/4](#)

Submission from Children 1st [HS/S3/10/7/16](#)

Submission from ChildLine in Scotland [HS/S3/10/7/17](#)

Submission from the Aberlour Child Care Trust [HS/S3/10/7/6](#)

Submission from YouthLink Scotland [HS/S3/10/7/7](#)

Submission from NUS Scotland [HS/S3/10/7/8](#)

Submission from BMA Scotland [HS/S3/10/7/9](#)

Submission from the SHAAP [HS/S3/10/7/10](#)

Submission from the UK Faculty of Public Health [HS/S3/10/7/11](#)

Submission from Alcohol Focus Scotland [HS/S3/10/7/12](#)

Submission from SAMH [HS/S3/10/7/13](#)

Agenda Item 6

PRIVATE PAPER [HS/S3/10/7/14 \(P\)](#)

PRIVATE PAPER [HS/S3/10/7/15 \(P\)](#)

Health and Sport Committee

7th Meeting, 2010 (Session 3), Wednesday, 3 March 2010

Abridged Subordinate Legislation Briefing

Affirmative instruments

Name	Deadline	Motion to Approve	Purpose	Drawn to attention by SLC?
The Community Care (Personal Care and Nursing Care) (Scotland) Amendment Regulations 2010	15 March	Yes	<p>Section 1(1) of the Community Care and Health (Scotland) Act 2002 provides that local authorities are not to charge for certain types of social care provided or secured by them. Regulation 2 of the Community Care (Personal Care and Nursing Care) (Scotland) Regulations 2002 (“the principal Regulations”) qualifies that by modifying, for the purpose of charging, the meaning of accommodation provided under the Social Work (Scotland) Act 1968 or section 25 of the Mental Health (Care and Treatment) (Scotland) Act 2003.</p> <p>These Regulations amend regulation 2 of the principal Regulations to increase the thresholds below which certain care is not to be charged for. In respect of personal care, personal support and care of a kind mentioned in schedule 1 to the 2002 Act, the first £156 is not to be charged for (up from £153). Regulation 3 of the principal Regulations provides that the requirement not to charge for these types of care is only in respect of persons aged 65 or over.</p> <p>In respect of nursing care, the first £71 is not to be charged for (up from £69).</p>	The Subordinate Legislation Committee has no comments to make on this instrument.

**Agenda Items 1 to 4
3 March 2010**

HS/S3/10/7/1

Name	Deadline	Motion to Approve	Purpose	Drawn to attention by SLC?
The Public Appointments and Public Bodies etc. (Scotland) Act 2003 (Treatment of Office or Body as Specified Authority) Order 2010	22 March	Yes	This Order provides that Healthcare Improvement Scotland and Social Care and Social Work Improvement Scotland, shall for the purposes of appointments to those bodies, be treated as if they were specified authorities listed in schedule 2 to the Public Appointments and Public Bodies etc. (Scotland) Act 2003.	The Subordinate Legislation Committee has no comments to make on this instrument.

Where instruments have been drawn to the Committee's attention, the relevant extract from the SLC report is given as an annex to this paper. If members have any queries or points of clarification on the instrument which they wish to have raised with the Scottish Government in advance of the meeting, please could these be passed to the Clerk to the Committee as soon as possible.

DRAFT SCOTTISH STATUTORY INSTRUMENTS

2010 No.

SOCIAL CARE

**The Community Care (Personal Care and Nursing Care)
(Scotland) Amendment Regulations 2010**

Made - - - -

Coming into force - -

1st April 2010

The Scottish Ministers make the following Regulations in exercise of the powers conferred by sections 1(2)(a), 2 and 23(4) of the Community Care and Health (Scotland) Act 2002(a) and all other powers enabling them to do so.

In accordance with section 23(3)(a) of that Act, a draft of this instrument has been laid before and approved by resolution of the Scottish Parliament.

Citation and commencement

1. These Regulations may be cited as the Community Care (Personal Care and Nursing Care) (Scotland) Amendment Regulations 2010 and come into force on 1st April 2010.

Amendment of the Community Care (Personal Care and Nursing Care) (Scotland) Regulations 2002

2.—(1) The Community Care (Personal Care and Nursing Care) (Scotland) Regulations 2002(b) are amended in accordance with paragraph (2).

(2) In regulation 2 (accommodation provided under the Social Work (Scotland) Act 1968 or section 25 of the Mental Health (Care and Treatment) (Scotland) Act 2003)—

(a) in paragraph (a), for “£153” substitute “£156”; and

(b) in paragraph (b) for “£69” substitute “£71”.

Authorised to sign by the Scottish Ministers

St Andrew’s House,
Edinburgh
Date

(a) 2002 asp 5. Schedule 1 was amended by S.S.I. 2009/137.
(b) S.S.I. 2002/303 as amended by S.S.I. 2005/445 and 2009/138.

EXPLANATORY NOTE

(This note is not part of the Regulations)

Section 1(1) of the Community Care and Health (Scotland) Act 2002 (“the 2002 Act”) provides that local authorities are not to charge for certain types of social care provided or secured by them. Regulation 2 of the Community Care (Personal Care and Nursing Care) (Scotland) Regulations 2002 (“the principal Regulations”) qualifies that by modifying, for the purpose of charging, the meaning of accommodation provided under the Social Work (Scotland) Act 1968 or section 25 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

These Regulations amend regulation 2 of the principal Regulations to increase the thresholds below which certain care is not to be charged for (regulation 2).

In respect of personal care, personal support and care of a kind mentioned in schedule 1 to the 2002 Act, the first £156 is not to be charged for (up from £153). Regulation 3 of the principal Regulations provides that the requirement not to charge for these types of care is only in respect of persons aged 65 or over.

In respect of nursing care, the first £71 is not to be charged for (up from £69).

No Regulatory Impact Assessment has been prepared in respect of these Regulations.

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DRAFT SCOTTISH STATUTORY INSTRUMENTS

2010 No.

PUBLIC BODIES

**The Public Appointments and Public Bodies etc. (Scotland) Act
2003 (Treatment of Office or Body as Specified Authority)
Order 2010**

Made - - - - *2010*

Coming into force in accordance with article 1

The Scottish Ministers make the following Order in exercise of the powers conferred by section 3(3) of the Public Appointments and Public Bodies etc. (Scotland) Act 2003(a) and all other powers enabling them to do so.

In accordance with section 18(4) of that Act, a draft of this order has been laid before and approved by resolution of the Scottish Parliament.

Citation and Commencement

1. This Order may be cited as the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (Treatment of Office or Body as Specified Authority) Order 2010 and comes into force on the day after the day on which it was made.

Treatment as Specified Authority

2. The following bodies shall be treated, for the purposes of or in connection with any appointment to those bodies, as if each of them was a specified authority within the meaning of section 2(1) of the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (the Commissioner's functions):—

- (a) Healthcare Improvement Scotland; and
- (b) Social Care and Social Work Improvement Scotland.

Authorised to sign on behalf of the Scottish Executive

St Andrew's House,
Edinburgh
Date

EXPLANATORY NOTE

(This note is not part of the Order)

This Order provides that Healthcare Improvement Scotland and Social Care and Social Work Improvement Scotland, shall for the purposes of appointments to those bodies, be treated as if they were specified authorities listed in schedule 2 to the Public Appointments and Public Bodies etc. (Scotland) Act 2003.

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Submission from the Salvation Army

Alcohol etc (Scotland) Bill

The Salvation Army welcomes the Alcohol etc. (Scotland) Bill (SP Bill 34) and appreciates the opportunity to respond to the Health and Sports committee on matters contained within the Bill and trusts that our response will inform its consideration of the Bill at Stage 1

1. The advantages and disadvantages of establishing a minimum alcohol sales price based on a unit of alcohol

The Salvation Army has historically strongly supported the introduction of a minimum price per unit of alcohol. The social costs of increased health problems requiring NHS resources, increased violence in our towns and cities and damage to family relationships are borne by us all. If an increase in the minimum price of alcohol will reduce consumption of alcohol and reduce the resulting problems for individuals and our society then it is not a case of penalising the majority in order to discourage the minority.

The introduction of a minimum price per unit of alcohol would depend for its success on an across-the-board application. A single, minimum price per unit would establish a baseline cost for a retailer enabling the customer to evaluate unit content and also recognise when a retailer is selling the product below minimum price. Price promotions or discounts would not be allowed to fall below the designated minimum price per unit. Primary legislation is the most significant lever that Government has to effect a change in the drinking culture of the nation and the minimum price per unit is the most effective way to use that lever. The advantages in terms of the health of the nation include fewer violent crimes and hospital admissions, improved community safety and increased productivity with less days lost to alcohol related illness or incident.

2. The level at which such a proposed minimum price should be set and the justification for that level

This is a matter for experts to decide, however, it is important that the minimum price set is high enough to have an impact on purchasing. We would point the committee to research commissioned by the Department of Health (UK) conducted by The School of Health and Related Research, University of Sheffield in 2008 which produced a convincing model measuring the potential impact of minimum alcohol pricing on a variety of population groups. The research indicates that setting a level of 50p per unit would result in a significant reduction in alcohol related harms whilst ensuring that alcohol remains affordable for moderate drinkers. Alcohol consumption would be reduced across all populations groups with the most significant reduction in harmful drinkers (10.3%). Concurrent with the obvious health benefit to the people of Scotland would be the significant reduction in alcohol fuelled crime and disorder with a consequential improvement in the safety of our communities.

The 50p price per unit is also in line with the recommendations of the Chief Medical Officer, Sir Liam Donaldson made in his Annual Report on the State of the Nations Health 2008 and supported by Professor Ian Gilmore, Chairman of the Royal College of Physicians.

3. The rationale behind the use of minimum pricing as an effective tool to address all types of problem drinking

The recent research, quoted above, also examined the “Effect on Consumption and Harm” of a 50p per unit cost. This study showed that a minimum price of 50p would reduce consumption (per drinker) by on average 6.9%. Consumption in the 11-18 year old group would drop by 7.3%. 18-24 hazardous drinkers would reduce consumption by 3%, harmful drinkers by 10.3% and moderate drinkers by 3.5%. This study demonstrates what has been advocated by Members of the Medical Profession and students in Alcohol Policy and Public Health for many years, that Alcohol price directly affects consumption across all types of drinking. If these reductions in consumption could be realised then the move towards Changing Scotland’s Relationship with Alcohol would be significant

4. Possible alternatives to the introduction of a minimum alcohol sales price as an effective means of addressing the public health issues surrounding levels of alcohol consumption in Scotland

Alongside minimum pricing a reduction in the number of outlets licensed to sell alcohol would be the most productive means of addressing the issue. The Scottish Government made significant progress on this issue and is commended for the introduction the Five Licensing Principles, key among them being the commitment to protect the Public from harm. The twin levers of price and availability can, when utilised for “the public good” effect behaviour change on a societal scale.

Alcohol is “no ordinary commodity” and should not be subject to market forces. The negative consequences to the health of the nation directly associated with excessive alcohol consumption have been recorded and reported on. The opportunity to change Scotland’s Alcohol culture should not be missed.

The Salvation Army accepts that the introduction of minimum pricing will not, in isolation, resolve the current alcohol related problems in Scotland. We believe that it must be a requirement of Government to invest in social programmes to support families, generate attitudinal change which will enable positive choices about the role of alcohol and improve support and treatment for those who need it. However, we welcome the introduction of minimum pricing as a significant step in the right direction.

5. The advantages and disadvantages of introducing a social responsibility levy on pubs and clubs in

A Social Responsibility levy would be a most helpful tool. The revenue generated should be used to address any “anti-social” consequences of the

business including increased Police presence at identified “hot spots” or additional street cleaning.

6. The justification for empowering licensing boards to raise the legal alcohol purchase age in their area to 21

No substantive comment

7. The role of promotional offers and promotional material in encouraging people to purchase more alcohol than they intended

Promotional offers and promotional material are aimed at increasing consumption and again view alcohol as “a commodity”. The irresponsible promotion of alcohol should be banned as part of the raft of measures intended to change Scotland’s Relationship with Alcohol.

Drinks promotions in on-sales premises have already been restricted, it is therefore appropriate to introduce similar restrictions to off-sale premises.

8. Any other aspects of the Bill

No substantive comment

Alcohol etc. (Scotland) Bill

CHILDREN 1ST

Overview

1. General Comments
2. The advantages and disadvantages of establishing a minimum price
3. The rationale behind the use of minimum pricing
4. Possible alternatives to the introduction of minimum pricing
5. The justification for empowering licensing boards

1. General Comments

For 125 years CHILDREN 1ST, the Royal Scottish Society for Prevention for Cruelty to Children, has been working to give every child in Scotland a safe and secure childhood. We support families under stress, protect children from harm and neglect, help them recover from abuse, and promote children's rights and interests. We provide 44 services in 28 local authority areas throughout Scotland, including ParentLine Scotland which is a free, national telephone helpline for parents and carers, and ChildLine Scotland, which we operate on behalf of the NSPCC.

Through our work, CHILDREN 1ST has evidence that parental alcohol misuse is one of the most pressing problems affecting vulnerable children in Scotland. This is reflected in our strategic priority to develop projects related to substance misuse so that our services are shaped to meet these needs. In addition to our specific projects, every one of our 44 services works regularly with children or families who are affected by alcohol misuse. This response draws on the experience of these families, and the expertise of our staff in working with them.

CHILDREN 1ST welcomes the Alcohol Etc. (Scotland) Bill and its recognition of the impact of alcohol misuse upon the whole of Scottish society. If we want to improve the life chances of our most vulnerable children and ensure that every child in Scotland has a happy and safe childhood, it is imperative that we address our negative and damaging relationship with alcohol. CHILDREN 1ST believes the proposals in this Bill represent a welcome commitment toward this end, therefore we are happy to support the Bill.

Below, we will address the following points put forward by the Committee for the purpose of inviting views on all aspects of the Bill:

2. The advantages and disadvantages of establishing a minimum alcohol sales price based on a unit of alcohol

CHILDREN 1ST strongly supports any whole-population measure that evidence suggests will reduce overall alcohol consumption as one of the key ways to tackle parental alcohol misuse in Scotland. Given the available evidence clearly states that minimum pricing will lead to an overall reduction in alcohol consumption, we welcome minimum pricing as one means to begin to address parental alcohol misuse. We believe that minimum pricing will

represent a step towards reducing heavy drinking by parents, currently a common feature of children's lives.

Parental alcohol misuse is a blight on our society, damaging the lives of 65,000 children in Scotland whom we know to be living with parental alcohol misuse, and the many more children living in these circumstances who remain hidden. We know that the impacts on children of parental alcohol misuse are many, including: neglect; increased home violence; lack of supervision; lack of safety; children taking caring responsibility for their siblings and parents; chaotic lifestyles; lack of healthy food; unpredictable parenting; less educational attainment; less self-esteem and self-confidence; aggression, abuse; and many more. Children living with parental alcohol misuse also often grow up to learn that binge-drinking is the norm, and are more likely to adopt similar problematic attitudes towards alcohol.

In light of this, we strongly urge the Government and MSPs to acknowledge the significant link between the whole-population measure of minimum alcohol sales pricing, and improving the lives of thousands of children across Scotland, many of whom are invisible to statutory services.

3. The rationale behind the use of minimum pricing as an effective tool to address all types of problem drinking

CHILDREN 1ST believes that alcohol misuse is endemic and entrenched in Scottish culture and identity, where it is often seen as necessary and the 'norm' to drink to excess for relaxation and for socialising. We believe that much needs to be done to change this negative relationship with alcohol, and we support any actions to this end, including steps to increase the cost of alcohol and make it less easily accessible to help prevent excessive drinking. For this reason, **we support the whole-population approach** of the Bill's minimum alcohol pricing proposal and consider it to be an appropriate rationale for tackling problem drinking across all levels of Scotland's social strata. Changing Scotland's relationship with alcohol requires a clear message that alcohol is to be consumed within limits, and minimum pricing will be one vehicle for putting across this message.

Below is a recent sample of quotes collected from CHILDREN 1ST services, including our Fraserburgh Families Service for mothers affected by alcohol misuse, the Chill Out Zone healthy living centre for young people, ParentLine, and ChildLine (operated on behalf of the NSPCC), which are information and support lines for parents and children. These quotes exemplify the pervasiveness and harm of seemingly normal, cultural drinking amongst adults and young people in Scotland. We hope these quotes will illustratively support the rationale behind the use of minimum pricing as a tool to address all types of problem drinking by reducing consumption levels across Scottish society.

'When the kids go to their dad's at the weekends, I get really drunk to cope with the loneliness.' – Parent.

'My kids refuse to visit me because of my drink problem.' - Parent.

'My husband is drinking heavily. I have two young children who are starting to notice his behaviour.' – Parent.

'I am being bullied by my 14 year old daughter. My ex-partner was an abusive alcoholic. I'm worried she's repeating his behaviour.' – Parent

'Last night mum hit me on my leg and on my arm. I feel scared and sad but think she won't do it again as she was just drunk'. 8-year-old girl.

'Dad went out last night to the pub and he's not back yet; what will I do?' 12-year-old boy

'I am a loner at school. I hid in the cloakroom so the teacher couldn't find me. Mum is an alcoholic and is never in.' 9-year-old girl

My parents drink and are never around. They go to work then the pub, then come home drunk. 15-year-old girl.

'Alcohol makes me more likely to do sexual things that I might regret'. 15-year-old boy.

'I am black-affronted. £2.5k each month and an off-shore job kept me in my heavy drinking lifestyle. It took the baby being born to make me realise I had to do something.' – Parent.

"Having a drinking problem for nearly 10 years my children were eventually placed with their grandparents. Devastation! Without support from CHILDREN 1ST I would not have them back with me today. I have grown in confidence and am now looking to do some volunteer work in the local charity shops." - Parent

4. Possible alternatives to the introduction of a minimum alcohol sales price as an effective means of addressing the public health issues surrounding levels of alcohol consumption in Scotland

CHILDREN 1ST believes minimum alcohol pricing will lead to a reduction in alcohol consumption in Scotland, which will have a positive impact on improving the lives of children and young people affected by parental alcohol misuse. Therefore, we fully support the proposal for minimum pricing, and wish to recommend the introduction of additional support measures to compliment and reinforce the Bill's intended aims. We are aware that introducing these complimentary support measures will cost money. For this reason, we would suggest that monies accrued from an increased cost in alcohol should be earmarked for these and any other measures designed to promote a change in Scotland's drinking culture.

Promote and facilitate services that address the needs of the whole family affected by substance misuse: CHILDREN 1ST's experience is that the best way to help vulnerable children is to also work with their parents and wider family. We therefore urge the Government to work with local authorities

and other funders to develop 'whole family' services around parental substance misuse, where work to treat parents' alcohol problems is integrated with services to protect their children and look after their welfare. Additionally, where a service provides help only to adults with alcohol problems, the service must, in every case, consider the parental rights and responsibilities of that person in relation to any children.

Work with COSLA to provide 'easy to access' supports for parents in every community, that include information and support around substance misuse: CHILDREN 1ST believes that provision of universal supports for parents in every community in Scotland is essential to prevent many of the issues associated with parental alcohol misuse. Services need to be available sooner to help people at crisis points and at times of loss, so that families do not turn to alcohol in order to cope. Where parents are experiencing difficulties which may lead to alcohol misuse, or where they are struggling to cope with alcohol problems, such universal supports can help them access support easily, talk through any problems, and be signposted on to more targeted services as appropriate. Without such universal support being available, many of the families where alcohol is an issue will remain unidentified and children will continue to cope with the negative impact of this without any support. We further note that Health Visitors play an important role in universal provision for families in a child's early years. However, recent policy shifts have reduced Health Visitors' universal provision in favour of targeting, thereby limiting their ability to play this important preventative role.

Raise parents' awareness of the impact of their alcohol use upon their children: CHILDREN 1ST believes that parents need far more information around the impact of their own drinking upon their children. We recommend that the Government initiate an awareness campaign to specifically address this issue. This campaign should highlight all negative impacts of alcohol misuse upon children, for example, the impact of a hangover on parenting abilities. We would be happy to provide further information or evidence from ParentLine Scotland to help with development of such a campaign. A campaign similar to that which made drink driving unacceptable should be launched – making drunk parenting equally unacceptable and encouraging parents to think about the risks and negative effects on their children.

Promote an increase of services that directly support children of alcohol mis-users: There is a significant shortage of alcohol services, with alcohol misuse often seen as a specialist area which universal services are not willing to identify or tackle. The Government needs to commit to longer-term funding for alcohol projects. In addition to this, Scotland needs more services for young people that are truly accessible, not part of the establishment, and that address the cause not the symptoms of alcohol misuse. We believe ChildLine, Befriending Services, Midlothian Young Carers and the Chill Out Zone are examples of such recommended services. We urge the Government to consider what would help create more opportunities for children to open up about alcohol problems with adults that they know. For example, increased

training and guidance for teachers and other professionals around parental alcohol misuse and how to respond to this problem, may be a useful step.

5. The justification for empowering licensing boards to raise the legal alcohol purchase age in their area to 21

CHILDREN 1ST adopts a definition of a child as being anyone up to age 18 years old, who are thereafter considered an adult. We question whether introducing a significantly different age threshold for one specific aspect of alcohol purchasing would respect young adults' rights, be workable or clear. Instead, more could be done to increase prosecution of those who buy alcohol for those under-age, noting that there were only 88 such prosecutions in Scotland in 2006-07.

CHILDREN 1ST notes that a message is being conveyed through this proposal that alcohol misuse is a particular issue for young people. Alcohol is in fact an issue across ages and indeed children and young people learn their drinking behaviour from adults. It is too easy for adults to point the finger at young people without taking their responsibility. The measure relating to alcohol purchase age would reinforce this view. We would therefore urge caution in the interpretation of this measure to avoid a disproportionate emphasis on young people as drinkers, which could in turn detract from the design of measures more accurately reflective of evidence-based reality.

Many of the Bill's proposals are aimed at reducing young people's drinking levels. We highlight that young people need, and want, more positive leisure and social activities, and that provision of these would contribute towards reducing the social norm of young people binge-drinking. Indeed, children identified 'things to do' as the priority for the work of Scotland's Commissioner for Children and Young People.

We therefore recommend that the Government works closely with Local Authorities to address the scarcity of positive leisure and social opportunities for children and young people in Scotland. We urge the Government to encourage the development of a wider range of diversionary activities that reflect the interests and needs of the whole population of young people.

Rachel Brubaker
Policy and Information Officer
CHILDREN 1ST
22 January 2010

Alcohol etc. (Scotland) Bill

ChildLine in Scotland

ChildLine is the free 24-hour helpline run by NSPCC for any child with any problem throughout the UK. Last year, ChildLine in Scotland¹ provided a counselling service for around 27,000 children and young people who called about a wide variety of issues including physical abuse, sexual abuse, family relationship problems, bullying, sexual health and wellbeing issues, depression and mental health. ChildLine in Scotland also hears from a significant number of children every year about the impact of alcohol on their lives. As we stated in our 2008 response to the Scottish Government's discussion paper: *Changing Scotland's relationship with Alcohol*, the overwhelming number of these calls over the last ten years relate to the impact that parental harmful drinking has had on children's lives.

ChildLine in Scotland do not propose to comment in detail on the terms of the draft Bill, however we strongly support the Scottish Government's aim to reduce overall alcohol consumption across the whole population, and in particular, measures set out in Part 1 (sections 1-4) of the Bill to regulate the price and availability of alcohol. International evidence, reviewed by Scottish Health Action on Alcohol Problems in a report published last year,² demonstrates a clear link between *per capita* alcohol consumption and the level of alcohol-related harm a country experiences and also established that increasing alcohol price is one of the most effective single policy measures that governments can take to reduce harm.

Over the last 40 years, alcohol consumption has doubled from under 6 litres of pure alcohol per person in 1960 to almost 12 litres in 2007. Excessive drinking is no longer a minority problem as 44% of men and 36% of women in Scotland report drinking above the daily recommended limits on their heaviest drinking day in the previous week. Another change in drinking behaviour is the shift away from drinking outside the home to more drinking at home – just over half of alcohol sold is now consumed at home. As our consumption has gone up, the harm caused by alcohol has increased. Alcohol-related deaths have increased by 150% in a generation, and are twice as high in Scotland as they are in England and Wales. With the general rise in consumption and harm, and the shift towards drinking at home, it is likely that more children and young people will be negatively affected by someone else's drinking. A report to the European Union a decade ago pointed to clear benefits for families and children of policies that reduce alcohol consumption:

In reality, alcohol problems in families are affected by the same factors as affect alcohol problems in general: at both the individual and the population level, the likelihood of experiencing such problems increases with the amount of alcohol consumed and with the frequency of intoxication. Policies that

¹ For the purposes of brevity, NSPCC's ChildLine Service in Scotland will be referred throughout this response as ChildLine in Scotland.

² Scottish Health Action on Alcohol Problems set up by Scottish Royal Medical Colleges 2006

increase alcohol consumption are thus likely to increase family problems, problems that can impair and destroy families.

Equally, family influence and family break-up can increase the likelihood of alcohol and other substance abuse problems in both adults and children. For these reasons, policies that reduce alcohol problems are likely to strengthen and support families, and policies that strengthen and support families are likely to reduce problems. (Alcohol Problems in the Family: A report to the European Union; 1998)

Untold damage - Children's accounts of living with harmful parental drinking

ChildLine in Scotland and SHAAP carried out a research study in 2009 which documents children's experiences of living with harmful parental drinking. The study highlights children's accounts of a wide range of severe negative impacts including emotional stress, physical abuse and neglect. A copy of the research can be found at:

http://www.shaap.org.uk/news/131,Untold_Damage%3A_Children%27s_accounts_of_living_with_harmful_parental_drinking.html

The research follows on from an earlier study by the Centre for Research on Families and Relationships (CRFR)³ which found that the most frequent concern for children talking to ChildLine about the health and well-being of their parents and significant others was parental alcohol problems. The CLS/SHAAP study is based on the analysis of over 300 calls records of children who talked to volunteer counsellors about harmful parental drinking and also draws from the experiences of ChildLine in Scotland counselling volunteers and staff who, between them, have many years experience of working with children on the helpline.

Children rarely call ChildLine about parental alcohol as their main concern but rather are likely to call about the impact it is having on their lives – most commonly physical abuse and family relationship problems, and in some cases, sexual abuse. Children describe multiple impacts on their home and family life including violence and conflict in the home, neglect and isolation. Children also talk to volunteers about how parental drinking affects their lives outside the home, describing a range of impacts such as social isolation, bullying and difficulties at school. Many children describe feeling chronically worried or depressed about their parents drinking, of self-harming and some mention having suicidal thoughts. The long term negative impact of parental harmful drinking on the mental health and wellbeing of children affected is all too clear.

³Ogilvie-Whyte, S., Backett-Milburn, K. and Morton, S. (2005) Children's concerns about the health and wellbeing of their parents' and significant others'. Research Briefing No. 22 CRFR, The University of Edinburgh. Available online: <http://www.crfr.ac.uk/Reports/rb22.pdf>

The majority of children who talked to ChildLine about these issues are aged 11-15. They are overwhelmingly 'hidden' children, unknown to children's services and in many cases having shared their problems only with friends or close family. Their age range indicates that these children may be a low priority for statutory services, from whom many are reluctant to seek support. In many cases they are getting by as best they can, often trying to cope with their parents drinking against a backdrop of family separation and loss, which many link directly to parental drinking either as a contributory factor or as a result.

ChildLine in Scotland's key aim is to offer a service to every child who needs help and support. Our privileged position of hearing from large numbers of children on the issues that impact on their lives also gives us a powerful responsibility to raise their voices with those who can make a difference. As well as documenting children's experiences, *Untold damage: Children's accounts of living with harmful parental drinking* contains a wide range of recommendations for action for the Scottish Government and local authorities based on children's experiences and needs, including confidential, self-referral services for children and alternative models of support for families, especially in times of crisis (family separation and loss having emerged as a strong theme throughout children's calls). It also calls for policy measures to reduce alcohol consumption in the whole population in order to reduce harm and impact positively on the lives of children and young people living with harmful parental drinking.

Given the substantial body of evidence linking increased alcohol consumption in the population with an increase in harm to health and social harm, the overall approach a government takes to alcohol policy is central in efforts to improve outcomes for children and young people. Although alcohol may not 'cause' child abuse, harmful parental drinking is clearly associated with an increased risk of abuse and neglect, as well as a range of other negative impacts on children and young people. Policies which aim to reduce overall alcohol consumption in the population will improve the lives of children and young people who are experiencing abuse. ChildLine in Scotland hears from many children every year who have suffered physical abuse (10% of calls in 2008/09) and also from those who have suffered sexual abuse (9% of calls 2008/09). The CRFR research on 2005 found that there was a clear link between parental harmful drinking and abuse leading the research team to comment that they were "alarmed by the level and severity of the abuse". This finding was also reflected in the 2009 ChildLine in Scotland / SHAAP research where physical abuse was the most common main problem called about when talking about harmful parental drinking (two fifths of calls).

ChildLine in Scotland believes that pricing controls and other measures to limit the availability of alcohol are a crucial aspect of government policy to reduce alcohol related harm in Scotland. However it is vital that they are accompanied by a wide range of other measures to support families experiencing difficulties and children and young people howsoever affected by harmful drinking. As previously stated, the measures we are calling for, based

on children experiences of living with harmful parental drinking, are documented fully in *Untold Damage*.

As ChildLine in Scotland emphasised in our earlier response, it is imperative that any parental advice and/ or public information campaigns aimed at parents about their own drinking are not limited to cases where there are serious child protection issues, but address all age groups and 'classes', who may be under the impression that their consumption is 'normal' or 'under control', and having little idea of the effect of their drinking on their children. The government has made some headway in recent years in getting the message across to parents about the impact of their own smoking habits on their children - not simply as regards the risks from 'passive' smoking - but also from learned behaviour patterns. Campaigns on domestic violence have also focussed on the effects on children as well as on adults. ChildLine in Scotland would enormously welcome the same approach being taken as regards alcohol.

The current draft Bill before us deals only with one aspect of policy to address the problems in Scotland caused by alcohol. Nonetheless we would reiterate that ChildLine in Scotland strongly support the measures set out in sections 1-4 of Part 1 of the Bill and indeed any other measures that are aimed at reducing overall consumption of alcohol in the population and related harm to children and young people. We are happy to provide evidence on our position, based on our caller databases and counsellors' experiences, during the progress of the Bill and would welcome the opportunity to contribute further to the debate on this crucial issue.

Fiona Robertson and Alison Wales
Policy and Information Officers
NSPCC's ChildLine Service in Scotland
20 January 2010

NSPCC's ChildLine Service in Scotland offers a free, 24-hour confidential telephone helpline for any child or young person with any problem and provides a counselling service to around 30,000 children and young people every year. The majority of calls are from children between the ages of 11 and 15 years. Volunteer counsellors listen to children and young people and offer support, advice and protection where appropriate. The service aims to give voice to the children and young people who contact ChildLine to talk about the issues that are affecting their lives. The service is delivered in Scotland by CHILDREN 1st

Submission from the Aberlour Child Care Trust

Alcohol etc. (Scotland) Bill

Aberlour Child Care Trust warmly welcomes any endeavour by government or Parliament to address Scotland's dangerous cultural relationship with Alcohol. As such we believe that the Alcohol etc. (Scotland) Bill goes some way to developing positive and workable answers to some of the issues that give rise to the abuse of alcohol in this country. In earlier iterations of the Bill or discussions around the bill, a proposed increase in the off sales purchase age limit to 21 was mooted. Had this been included in the Bill at stage 1, Aberlour would have had to oppose such an increase on the grounds that such a measure would have been difficult to reconcile with current cultural thinking around the rights of young adults in this country, caused further complications around the definition of the age of Majority in this country, and that very little evidence exists to suggest that it would have had any real impact on the levels of alcohol abuse amongst children and young people.

With the removal of a notional increase in the off sale purchase age, Aberlour can lend it's broad support to the general principles of the bill, but believe that following its successful enactment, additional consideration must be given to a number of specific issues:

- In itself, minimum pricing is unlikely to have a significant impact but must be supported by education, enforcement, public debate, improved access to treatment resources, a focus on families affected and young people and, most significantly, a long term cross party commitment well beyond the life of a parliamentary cycle to tackling Alcohol abuse in Scotland.
- The impact of minimum pricing on the families and children of adults who suffer chronic alcohol dependency must be monitored. Whilst we do not fundamentally oppose the introduction of minimum pricing in Scotland we are concerned that some of those who are chronically dependent on alcohol may put the needs of their now more costly dependency ahead of the needs of their family.
- Action to tackle and build greater awareness of foetal Alcohol Spectrum disorder, including campaigns at purchase outlets, greater support and advice in public sector prenatal care.
- A recognition that drinking earlier in life can increase likelihood of heart disease, diabetes and other related illnesses is needed. This puts younger age groups disproportionately at risk and increases the need for greater education and alternative diversionary activities.
- A greater investment in facilities and the appointment of talented youth workers to lead activities for children and young people at who might otherwise become involved in underage drinking.

- Consideration should be given as to whether the Social Responsibility Levy imposed on Licensees in Pubs and Bars, for the clear up and policing of antisocial behaviour in and around pubs and bars should be extended to off licences, to invest in local programmes working to mitigate the effects of alcohol dependency in the home.
- Identification and replication of best practice in working with families and particularly children affected by parental alcohol misuse to mitigate the effects of chronic alcohol dependency.

We welcome the opportunity to comment on the general principles of the Bill and explore the key points of pertinence for our organisation below.

Minimum Pricing

Scotland's cultural relationship with alcohol must be addressed from a range of fronts, and there is evidence from other countries that the imposition of a minimum price rated by unit of alcohol can have at least a short term impact on the overall consumption of Alcohol. From the start however it must be recognised however that this cannot work in isolation; nor should it be presupposed that any initial impact on the rate of consumption will continue in perpetuity. Instead, if it is to be deployed it must be as part of a suite of measures which address the wider social context of alcohol abuse.

Minimum pricing should not be regarded as a flagship measure in the bill, but should instead be used in conjunction with a raft of measures designed to have a more profound impact on reducing the impact of alcohol including: a real investment in education; enforcement of age verification; improved access to treatment resources and, critically, a focus on supporting and working with families affected by alcohol dependency.

There are many examples of best practice in working with families affected by alcohol dependency exemplified in case studies below. Working with those dependent on Alcohol and their families at the same time when treating the causes and symptoms of dependency can have significant long term benefits. The government should recognise this and work to identify best practice and support the roll out of such services on a national basis.

Finally the impact of minimum pricing on spending behaviours should be closely monitored. Whilst there is no real research in this area that would be applicable to Scotland, a potential impact of increasing the cost of alcohol could be an adverse impact on the disposable income of a family where dependency is so chronic, that the needs of the family are secondary to those of the dependency. In short for some, as it becomes more expensive to drink, the standard of living of the dependents around them may decrease as more money is diverted to the purchase of alcohol. If a minimum pricing system is to be adopted then some consideration and even allocation of resources for meaningful research in this area should be considered.

Building awareness of Foetal Alcohol Spectrum Disorder

One of the most significantly harmful affects of alcohol consumption can be that on the unborn child. Awareness of this life long condition is still very slight within the community yet the impact on the life of a child affected and their family can be very large indeed. Arguably the Bill represents something of a missed opportunity to put the provision of education and awareness raising around this issues on a legal footing.

Much in the same way that the sale of tobacco is now universally accompanied by graphic and informative educational messages and pictures, we would contend that an argument could be made particularly in off licences, for some provision to be made for educational messages around foetal alcohol spectrum disorder in terms of posters or even bottle labelling.

Similarly there are many examples of organisations working with pregnant mothers from social backgrounds where awareness of the affects of alcohol on the unborn child is very slight. Identification of best practice and additional support for such interventions is also needed.

Underage Drinking:

When the Alcohol (etc) Bill was first mooted, an increase in the off sale purchase age was considered as an option to curtail underage drinking in Scotland. As we have already articulated, Aberlour had several difficulties with such a measure, due to our belief that it impinged on the rights of young adults whilst being largely unproven as a tool for significantly reducing underage drinking. As such we were gratified when it was not included in the first iteration of the Bill. Underage drinking remains a critical problem in Scotland's cultural relationship with Alcohol and the Bill does improve provision for the verification of age in off licenses.

Arguably however, the government must also consider this particular problem in a far more sophisticated manner, looking beyond punitive measures for curtailing the purchase of alcohol by minors. The Government's own alcohol strategy went some way to recognising the need to address the fundamental reasons why so many young people choose to spend their time drinking in the community. Aberlour actively engages with young people who engage in underage drinking in the Govan and Pollock areas of Glasgow through our Youth Point service. Primarily designed to reduce gang violence in that area of the city, our workers work with young people on the streets around they with on those evening which have been most identified as problematic when alcohol is a factor. Using conflict resolution techniques and alternative diversionary activities such as late night football, a youth café and various workshops such as animation, our workers offer those young people an alternative to alcohol which is readily taken up and in turn leads to a marked down turn in antisocial behaviour and violence.

The government should look to such interventions as a way forward in addressing underage drinking and realise that provision of capital facilities and equipment for diversionary activity is only one part of offering young people an alternative and that actually, well trained youth workers who are willing to work with young people in a detached or more formally organised capacity is arguably more important to ensuring the up take of such opportunities.

Social responsibility levy

Aberlour welcomes provision within the Bill for Ministers to introduce a Social Responsibility Levy on certain license holders, under the terms of the Civic Government (Scotland) Act 1982, the proceeds of which would then help to pay for the clean up and policing of the adverse affects of the operation of these pubs and bars, (i.e antisocial behaviour and criminal damage etc).

We would suggest that the government consider a similar levy for off licenses. The proceeds of such could be used to invest in services which work to mitigate the effects of alcohol misuse in the home and potentially to offer diversionary activities to young people who might other wise drink underage.

Identification and replication of best practice

If we are to truly address Scotland's unhealthy cultural relationship with alcohol then we must do so in a holistic and sophisticated manner from a range of fronts. There are many services operating in both the public and voluntary sector, working both to reduce consumption of Alcohol, raise awareness around its effects and to mitigate against those effects both in homes and in the community. The government should work with partners in all sectors to identify what works in terms of best practice and reflect the work that these organisations performs in national outcomes defined in any future iterations of the concordat.

Appendix A

Case Studies:

The Case studies below are real, but anonymous, they reflect the impact of Alcohol misuse on families and particularly children and the proactive work undertaken by our organisation to offer assistance to the families in question and to obviate the effects of dependency they suffer.

Case Study 1 (Aberlour No. 1, Glasgow)

Prior to admission to the No 1 residential service, Mary had been using alcohol and drugs each day. Her children, Amy (18 months) and Peter (11), had been living with her until three months before her admission. Social Work Services removed them from Mary's care after a neighbour reported that Amy was being left in Peter's care.

Amy had been regularly left in her cot unattended for long periods and was frequently unfed. Mary struggled to interact with her when she was under the influence of drugs or alcohol. Amy's language skills were underdeveloped and she was unable to walk unaided. Peter often did not attend school as he was worried something would happen to his mother or sister. When he did attend, he found being so far behind frustrating and sometimes responded aggressively. This often resulted in Peter being excluded from school. Peter had few changes of clothing and his appearance was often unkempt. He was frequently bullied by his peers and had few friends.

Mary experienced domestic abuse from the children's father who sometimes lived there and both children were witness to this. There was often no food in the home as the benefits Mary received were spent on her substance use. Mary was also involved in prostitution and would sometimes bring men to the family home at night.

Mary moved into the No 1 Service initially by herself and the children came on contact visits. The family were allocated a Family Worker and a Children's Worker. The Children's Worker spent time developing supportive relationships with Amy and Peter and began to help both express their feelings. Therapeutic sessions involving both Mary and her children, supported Mary to understand her children's behaviour and needs and helped her to interact with them. The Children's Worker worked with Peter to develop problem solving skills and ways to cope with anger and conflict to make school easier.

The Family Worker supported Mary with the process of detoxification and then through the therapeutic programme. The use of grounding techniques were central to the early stages of Mary's programme as these enabled her to cope with the emergence of painful feelings without resorting to illicit substances. Parenting interventions to support Mary to enhance her understanding of her children's needs and to develop strategies to respond to these were delivered

in tandem with practical parenting support. Group and individual work was delivered in relation to dependency and Mary was supported to explore underlying issues and to identify and develop strategies to minimise the risk of future use. A central theme throughout all interventions involved supporting Mary to identify the harm caused by her substance use.

Mary had access to art therapy throughout the programme and used this therapy along with support from her allocated Family Worker to address the issue of domestic abuse on herself and her children.

The No 1 Service provided detailed comprehensive assessment reports detailing risk each month and arranged and chaired reviews which involved the children's Social Worker and Mary's Addiction Worker. Eventually Amy and Peter were returned to Mary's care. The Children's Worker was then able to work for intensively with the family and arranged family sessions with the children alone and with their mother in order to address family relationships. The Family Literacy Worker also supported the family, helping Mary to develop the skills to support Peter to remain in mainstream schooling. Literacy and ICT support enabled Mary to help Peter with his homework and to read to Amy as well as encouraging her to apply for college courses. Mary was supported to identify appropriate activities for both children and her as well as community resources they could access as a family.

Mary was abstinent when she left the service and Peter was attending school each day. Amy had met all developmental milestones. The service supported the family to return to the community and worked in partnership with Social Work Services and the Outreach Team to ensure adequate supports were in place to ensure that Mary was able to sustain the positive changes she had made.

Case Study 2 (Aberlour Outreach Glasgow)

Cathy self-referred to Aberlour Outreach when her son Paul was 5 months old. She had a leaflet for our service that had been given to her during her ante-natal care.

Cathy was an alcohol user, who had problematic periods of binge drinking. Cathy and Louise, her Aberlour worker, developed a care plan working together on dependency, parenting and accessing local resources for Cathy and Paul. Cathy engaged well and did not use alcohol for months, until returning from visiting a relative in England. An incident occurred while Cathy was under the influence of alcohol while with Paul. This resulted in the police alerting Social Work. Cathy had no Social Work involvement at the time, so a Social Worker from the local area team was allocated to complete a background report for the Children's Hearing System. On receiving the report, the Children's Reporter decided no further action was necessary as Cathy was by now working well with services to improve her and Paul's lifestyle. It was at this time that Cathy decided to refer to Aberlour's residential rehabilitation service to address her drinking problem.

Louise and Cathy commenced a pre-admission care plan and worked towards admission for Cathy and Paul; however, after visiting the Project and an admission date was established, Cathy decided to withdraw her referral and to continue using community-based supports instead. Louise and Cathy secured a nursery place for Paul, accessed groups and college courses for Cathy and continued to work on dependency issues, until the case was closed late last summer.

Cathy sent a Christmas card to the project with a letter enclosed stating she had not used alcohol for over a year and after completing a college course is now providing training on Confidence Building and Self Esteem through a Women's Development Project. The letter also stated that Paul, who is now nearly 2 years old, is walking and talking and generally thriving at nursery.

Case Study 4 (Aberlour Outreach Dundee)

Mother of five children aged 48 (three of whom stayed at the parental home), the two eldest had accommodation of their own. Family was referred in July 2009 from an Education Welfare Officer and the issues upon referral were as follows:

- Caring responsibilities for eldest sibling (living in the family home)
- Recent sudden loss of Father/Husband, he had died very suddenly in January 2007.
- Bereavement issues for all the family (they were a very close family).
- Mother's alcohol use had become problematic and was having an increasingly negative impact upon all of the children and her.
- Mother was very vulnerable in local community due to large amounts of money coming into her possession and she was taken advantage off from unscrupulous neighbours, especially while using alcohol.

Between July and December 2007 the situation within the family home deteriorated and the mother's alcohol use increased to a problematic level.

The mother's alcohol use was daily and ranged from 1 bottle of vodka per day to 1 litre per day. The family were at increasing risk from fire within the family home and when their mother was at her lowest ebb the children were verbally and emotionally abused.

The mother came into a substantial amount of money which paid off the mortgage and other debts. Within a few months almost £20,000 was spent with a total of £12,000 being loaned to neighbours in the local community.

The family home become more chaotic and the overall conditions within deteriorated. The physical and emotional health of the mother became concerning and this was distressing for the children.

We tried to support the mother to access local alcohol services and she was placed on a waiting list for almost six months. The mother also attended some AA meetings which she initially found supportive.

In January 2008 the two youngest children aged 10 and 12 were placed in voluntary care with a neighbour and this placement lasted April 2008.

One of the main reasons they were moved was that the neighbour's home was very close to the family home. It was difficult for the children and their mother to stick to agreed boundaries regarding contact. It also gave the mother an excuse at times to continue drinking knowing that her neighbour would take charge of the situation, thereby absolving her of any responsibilities to begin addressing her alcohol problem.

A children's hearing took place on the 20th of February and they were placed on a Section 70 order making them subject to compulsory measures of supervision from the Social Work Department.

The eldest sibling living in the family home was aged 15 at the time and she was not placed under compulsory measures of supervision. It was agreed to provide Social Work support under Section 22 (voluntary measures).

During this period supervised contact was twice weekly at a local centre and at times the mother did not attend due to being under the influence of alcohol or feeling too depressed to see her children.

This caused additional distress for the children who felt constantly let down by their mother's lack of motivation to see them.

The children were then moved to SWISS Foster Carers which is a highly thought of private foster care firm.

After the children were placed with SWISS foster carers there was a gradual shift in the mother's motivation to address her alcohol problems. However, there were also concerns raised by the Social Work Department about the amount of young people coming into the family home. Parties were held in the family home organised by the eldest sibling and with the blessing of her mother.

This was upsetting for the children who were concerned about who was entering their home and sleeping in their bedrooms. The mother, with support had to agree this was not acceptable behaviour and was advised this behaviour would impact upon any rehabilitation plan.

By the summer of 2008 the mother had decided to stop drinking and this came about through a variety of reasons. Bereavement hit the family in June with the loss of the maternal grandfather. The mother had a very good relationship with her Dad and she wanted to try and change out of respect for him. The mother also felt her children had lost enough and she became

determined to stop drinking and work towards getting her children returned to her care.

In July 2008 the Tayside Alcohol Problems Service offered an appointment and we had referred the mother to specialist counselling. These services came on board and alongside Aberlour, supported the mother to sustain the changes she had begun.

The family had initially been offered bereavement counselling together prior to Aberlour being brought in although due to the mother's alcohol use the family did not attend.

For the next few months the mother's motivation and determination grew as did her confidence. We continued to offer weekly support and encouraged the mother to keep up the good work.

The mother also began to take real control of her health and sought appropriate support from her G.P. A major turn around came when some genuine health fears were dealt with and the mother felt she had been given a second chance.

This level of commitment to address health issues has continued and a recent scare regarding breast cancer was dealt with.

A major source of frustration for the mother was the lengthy delays regarding the rehabilitation plan drawn up by the Social Work Department. It did take a long time for contact arrangements to be changed and this was despite the clear evidence that this mother had made and sustained effective positive changes.

However, throughout all of these frustrations the mother did not lapse back into using alcohol to cope and she demonstrated insight into her difficulties.

The mother entered an in-patient treatment programme prior to Christmas 2008 provided by the Alcohol Problems Service. However, this was of no benefit to her as she had already made changes regarding her use of alcohol and was utilising her own coping strategies regarding cravings and triggers to use.

Once the mother began to take control and responsibility for her alcohol use she was able to open up about her past relationships and use of alcohol.

The counselling enabled the mother to come to terms with her feelings regarding her late husband who was controlling and abusive. She also came to terms with her previous husband/partners all of whom had controlled her in some fashion.

The children were returned to their mothers care in February 2009 and this has been going well. There are sufficient supports in place for the family and the children remain under Section 70.

There were many times when supporting this family that I genuinely believed the mother's alcohol use would cause her death by liver failure or an accidental trauma.

The emotional pain and guilt this mother endured was profound and despite the darkest moments this family experienced there was never any doubt of the love they had for each other.

The mother had to re-learn certain aspects of parenting and this is still ongoing. The children were supported to have a voice and to let their mother know what they wanted in a safe and secure manner.

The family received a variety of supports from a dedicated array of professionals whose main goal was to have this family back together again.

It has been an absolute pleasure working with this family and supporting them through many difficult times. It is great to see them back together and as a service there is nothing more we can do for them. Aberlour Outreach will be looking to close the family soon as it is time for them to move on.

**Submission from YouthLink Scotland
Alcohol Etc. (Scotland) Bill**

1. Introduction

1.1 YouthLink Scotland is the national agency for youth work. It is a membership organisation and is in the unique position of representing the interests and aspirations of the whole of the sector, both voluntary and statutory. We welcome the opportunity to respond to the Scottish Parliament's Health and Sport Committee call for evidence.

1.2 YouthLink Scotland champions the role and value of the youth work sector, challenging government at national and local levels to invest in the development of the sector. Our aim is that Scotland will have a dynamic and accessible youth work sector, which supports young people to become successful learners, confident individuals, effective contributors and responsible citizens.

1.3 YouthLink Scotland, its board, membership and staff are working together to achieve the following outcomes:

- Increased awareness and understanding of the contribution made by youth work to achieving key policy agendas.
- Policy and legislation which better reflects the needs and aspirations of the youth work sector and the young people they work with.
- A clear strategic approach to improving youth work practice in Scotland, increasing the quality of youth work opportunities for young people.
- A clear strategic approach to workforce development, increasing the quality and quantity of training opportunities for youth work staff and volunteers.
- Improved communication and networking across the sector, with external stakeholders and the media, resulting in increased recognition of the positive contribution made by youth work and young people.
- Sustainable investment in youth work

2. Context of response

2.1 In September 2008, YouthLink Scotland submitted a response to the Scottish Government's consultation on 'Changing Scotland's Relationship with

Alcohol'. This response is based on the views expressed to us by our members at that time.

3. The rationale behind the use of minimum pricing as an effective tool to address all types of problem drinking

3.1 YouthLink Scotland is in favour of alcohol being priced in a sensible way so that products containing alcohol are not made overly attractive to young people, known as "pocket money" pricing. Care should be taken to think about the price levels for the high alcohol, low price products such as strong white cider or export-strength lagers. For a pricing scheme to be effective, it should make the products known to be most used by young people and heavy users less attractive. However, pricing schemes are less important in solving issues related to misuse of alcohol than education, counselling, and health interventions.

3.2 Some drinks manufacturers sell drinks that are deliberately designed not to taste of alcohol, often known as 'alcopops'. These products are aimed at people who wish to drink but who do not enjoy the taste of alcohol, and the growth in this market has been clearly targeted at young people. These products lull consumers into a false sense of security that they are drinking a substance as harmless as a soft drink, when in reality they have a high alcohol content. The general message that alcohol is a substance that is harmful is certainly diluted by the sale of such products.

4. The advantages and disadvantages of introducing a social responsibility levy on on-sales and off-sales licence holders in Scotland (e.g. pubs, clubs, off licences shops etc)

4.1 YouthLink Scotland supports the idea of a social responsibility fee, in principle. However, any fee that is levied must be proportionate in terms of the revenue of the business, the area it serves and the type of retailer it is applied to. Corner shops and small post offices that sell alcohol in addition to providing a vital service for small villages and areas should not face the same proportion of fees as large supermarkets. Many of these establishments already provide services to the communities in which they exist. Premises such as these should be able to apply for a waiver of a fee if they are a small business or a lifeline type service to a small community.

4.2 Any fees should also be diverted directly to good causes in relation to tackling alcohol misuse and alcohol awareness education. It would also be helpful if the fees could be used in the local area where the retail premise exists, as opposed to being diverted to a central fund. Retailers would therefore have the advantage of seeing their fees help local causes and communities would benefit from an injection of cash and an improved relationship with businesses in their area.

5. The justification for empowering licensing boards to raise the legal alcohol purchase age in their area to 21

5.1 There is a need to distinguish between two different groups in terms of purchasing alcohol. There are those who are under the age of 18 who purchase alcohol, and those over the age of 18.

5.2 Currently, retailers and police struggle to prevent people under the age of 18 from obtaining alcohol and consuming it on the streets. More effort needs to be put in by retailers to ensure young people under the age of 18 are not able to purchase alcohol. Retailers must ensure all people who look under the age of 18 are asked for their ID when purchasing alcohol and refuse to sell alcohol to customers they know to be proxy buying. They must also work with police to inform them when attempts to buy or proxy-buy are taking place. Only when these issues are solved can retailers and police hope to prevent people aged under 18 from buying alcohol.

5.3 Whilst YouthLink Scotland accepts that some anti-social behaviour and proxy buying does go on amongst people aged 18-21, it is a small minority who are involved. The vast majority of young people of this age are aware of their own limits and are able to enjoy a drink sensibly at home with friends and family in social situations, such as parties. Consideration must be taken for the fact that the Scottish Government, in creating this law, will be withdrawing a privilege from young people that was previously in existence. Youthlink Scotland's Policy Forum felt strongly that the minimum legal purchase age for alcohol should not be raised to 21. Among our members, the Scottish Youth Parliament, in alliance CARDAS, is vociferously campaigning to reject the notion of increasing the age. Should the Government proceed with this initiative it must be able to justify the removal of the rights that this adult population (18 – 21) are currently entitled to.

5.4 The age of majority in the UK varies between 16 and 18, with 18 being the age at which all age restricted activities are permitted. Whilst the law states that these members of society are now old enough to pay taxes, marry and have a family, own property, run a business, vote, fight for their country and hold a driving licence, the Scottish Government considers that they are not responsible enough to buy alcohol from an off-licence and drink it in their own home. This risks marginalising this group of people from the rest of adult society. The Scottish Government must therefore be aware that people of this age will consider this unfair, as, rather than trusting them to make healthy informed choices on their own, it prefers to take the approach of preventing them from making their own choices in relation to alcohol.

5.5 Schemes that prevent young people aged 18 – 21 from purchasing alcohol on Friday and Saturday evenings have known some success. However, any local authority area using this approach must work with all partners including police, shopkeepers, youth workers and other professionals, and team efforts with positive youth work, street work or diversionary work such as midnight football or blue light discos. Otherwise

young people may still choose to engage in anti-social behaviour, not because they are drunk, but because they are bored.

5.6 The Scottish Government must also acknowledge that much night-time economy in Scotland is alcohol related. In many towns across Scotland there are few, if any, social venues that are not alcohol related. The Scottish Government must work with business and Scottish Enterprise to develop non-alcohol related activities that suit the general population, not only young people. Cinemas, bowling alleys, ice rinks, cafes and restaurants in secure areas must be developed in order to counter the pub culture. Only when attractive alternatives are available will people be drawn away from drink-related entertainment.

6. The role of promotional offers and promotional material in encouraging people to purchase more alcohol than they intended

6.1 Alcohol is a form of drug. YouthLink Scotland therefore considers that alcohol should be marketed and sold in a responsible way. Special offers and free of charge alcohol may be attractive to consumers, but alcohol must not be consumed like any other comestible because of its intoxicating effects. Products which can be harmful when consumed to excess must be promoted in an ethical manner, and special offers and below cost retailing does not reflect this need.

6.2 Alcohol is attractive to consumers when it is sold at low prices. The retailers, particularly the large supermarkets, should put an end to loss-leading and special offers on alcohol. These offers simply fuel over-consumption and certainly contribute to higher levels of use and abuse.

6.3 It is clear that alcohol companies wish to advertise and promote their products. However, this should be done in a responsible manner, promoting safe drinking messages, and not promoting alcohol as a means of becoming more attractive to the opposite sex, as a way of having more fun or making ones life more complete in some way. Advertising is a persuasive medium, and should be carefully regulated, particularly when promoting potentially harmful substances, such as alcohol.

Submission from NUS Scotland

Alcohol etc. Scotland Bill

NUS Scotland

NUS Scotland is a federation of local student organisations in Scotland, comprising over 60 local campus student organisations that are affiliated to the National Union of Students of the United Kingdom (NUS). NUS Scotland is an autonomous, but integral, part of the National Union of Students. The students' associations in membership of NUS Scotland account for 85% of students in higher education and over 95% of students in further education in Scotland.

Students' associations affiliated to NUS retain autonomy over all policy areas, and may choose to make individual students' association submissions based on local policy. NUS Scotland operates a democratic forum for policy and debate on national issues affecting students, and NUS Scotland's role is to reflect the collective position.

Introduction

NUS Scotland welcomes the opportunity to respond to the Committee's Call for Evidence on the Alcohol Etc. (Scotland) Bill. We also welcome the Scottish Government's commitment to addressing what is a key public health issue for Scotland. We reject the notion of students as irresponsible drinkers and instead believe that students and students' associations across Scotland have a crucial role to play in changing this country's unhealthy relationship with alcohol. We also believe this unhealthy relationship is a national problem, rather than a young persons' problem, and that legislation should not discriminate against young people without justification. We would like to make the following specific points in relation to the current proposals in the Bill.

On the justification for empowering licensing boards to raise the legal alcohol purchase age in their area to 21

NUS Scotland believes any increase in the minimum legal purchase age for alcohol should not be considered unless it is clear that this will reduce either antisocial behaviour or underage drinking. We do not agree that the evidence provided has shown that an alcohol purchase age of 21 for off sales would reduce antisocial behaviour in our communities, and, with alcohol consumption widespread amongst those as young as 13, it would seem clear that better enforcement of the existing minimum age is needed before any increase is considered.

Moreover, NUS Scotland is unable to support proposals which constrain choice and penalise the majority of students aged 18-20 who drink sensibly, and therefore opposes the creation of any powers for local licensing boards to increase the legal purchase age for alcohol. A majority of public opinion is not in favour of any increase in minimum purchase age and the Scottish Parliament voted against this in principle in October 2008.¹ The amended proposals devolve responsibility, but discriminate against students and young people in the same way as these earlier proposals. NUS Scotland believes it is inequitable that individuals aged 18–20 who consume alcohol responsibly in their own homes may be

¹ Debate on Alcohol Sales (Age Limits), October 2nd 2008
<http://www.scottish.parliament.uk/business/officialReports/meetingsParliament/or-08/sor1002-02.htm#Col11409>

prevented from doing so, or criminalised if they continue to do so, in a country which considers them mature and responsible enough to vote, to fight for their country and to raise children.

The terminology of the Bill² also reinforces prejudice against students and young people aged 18-20 as the main cause of alcohol-related disturbance and antisocial behaviour. The Scottish Government has failed to show that this is the case, or that the restrictions permitted by the current draft of this Bill would reduce the alcohol-related problems experienced by particular local authority areas. The Scottish Government has in the past pointed to the 'success,' of pilot projects such as the under 21 alcohol purchase ban in Armadale, West Lothian in 2008. However, investigation of the impacts of the project show that even if the ban was responsible for a reduced number of calls to the Police about youth disorder, this was minimal, with 5 calls to the Police in a week before the trial, and 4 during, with a reduction of 0.54 in the number of calls per week specifically referring to alcohol use. It also cannot be shown that any of the impacts of the project were directly attributable to the alcohol purchasing restrictions as opposed to the increased focus on disorder by the authorities for the duration of the project.

The Scottish Government, on its website³ professes its commitment 'to engage(e) with young people and...enable them to gain a voice, influence and a place in society.' While local licensing boards are required to consult with 'young people,' as members of local licensing forums, representation of young people on these forums is patchy and it is not clear that there would be a robust system in place to ensure and unbiased and fully evidenced decisions are taken. This is a significant concern should these boards be given powers to remove rights from local young people. Far from 'engaging' young people, the Bill's proposals would alienate them, when they should be constructively involved as part of the solution to Scotland's alcohol problems.

Furthermore, 17–24 year olds only account for around 3.5% of alcohol consumption. 45–64 year olds account for between 13% and 24%⁴, so these restrictions are aimed at the wrong group of people. If the Scottish Government considers proxy buying to be an underlying issue here, then measures should be brought forward to crack down on those individuals who are buying alcohol for underage people, not on all 18 to 20 year olds.

In addition, with levels of underage purchase and consumption of alcohol in Scotland high, and levels of prosecution for underage sales low, it is clear that the current legal purchase age for alcohol off sales is not being properly enforced. The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2008 found that 52% of 13 year olds and 82% of 15 year olds had had an alcoholic drink.⁵ Reducing the minimum purchase age for alcohol risks creating even larger numbers of illegal drinkers, when resources should be focussed on tackling the current underage drinking problem.

- NUS Scotland is strongly opposed to any legislation which would permit an increase in the minimum purchase age for alcohol to 21 in any area of Scotland.

² 7A 'each licensing policy statement published by a Licensing Board must...include a statement...as to the extent to which the Board considers that off-sales to persons under the age of 21...are having a detrimental impact in that area or locality.' <http://www.scottish.parliament.uk/s3/bills/34-AlcoholEtc/b34s3-introd.pdf>

³ <http://www.scotland.gov.uk/Topics/People/Young-People/YouthWork>

⁴ TNS Worldpanel Alcohol Consumer Profile of UK Shoppers (2005-2008) Data from May 2008

⁵ http://www.drugmisuse.isdscotland.org/publications/local/SALSUS_2008.pdf Summary, p4

- NUS Scotland instead advocates more effective enforcement of the current minimum purchase age for alcohol through the introduction of a nationally recognised, Scotland-wide, proof of age card, and strengthening work to crack down on irresponsible retailers serving underage people, such as test purchasing.
- NUS Scotland believes that a mandatory 'Challenge 21' requirement would be a sensible way to tackle enforcement issues without criminalising 18–20 year olds. In this respect, we welcome the requirement in the new Bill for all premises to have an age verification policy in place, but believe it should be strengthened from the current draft.
- NUS Scotland is supportive of initiatives which combine student matriculation cards with National Entitlement Cards (for example, the University of Abertay, Dundee in partnership with Dundee City Council issues the Dundee NEC as part of their matriculation card) thereby making them PASS Accredited. This initiative should be accelerated and rolled out to all students at Scottish colleges and universities, and NUS Scotland would be happy to support efforts in this area.

On the establishment of a minimum alcohol sales price based on a unit of alcohol

NUS Scotland is concerned that students are being encouraged to drink excessive quantities of alcohol due to irresponsible promotions and deep discounting. Despite the provisions in the Licensing (Scotland) Act 2005, alcoholic drinks are still being sold in venues at prices which encourage over consumption. Irresponsible drinks promotions also persist in the off sales trade. Low prices and promotions can encourage students to buy and consume more alcohol than they intend to or wish to, and can put their safety at risk. The absence of any minimum pricing scheme has meant that retailers have engaged in price wars to entice customers, which have inevitably led to irresponsibly low pricing. It is widely accepted that consumption of alcohol increases as price declines and vice versa, and that reducing consumption will save lives.

- NUS Scotland supports a minimum price for alcohol. We believe that minimum pricing should reflect the potential harm that the alcohol could cause and therefore agree with the principle of linking minimum price to the strength of the alcoholic drink.
- NUS Scotland believe any minimum pricing structure must not act as an incentive or disincentive to promote specific drinks because of increased income to the trader.
- NUS Scotland would oppose a minimum price set at a level which would prevent individuals on low incomes from purchasing alcohol to drink responsibly.
- NUS Scotland is strongly supportive of a ban on drinks promotions in off sales (particularly quantity discounts) and would also advocate a ban on the sale of alcohol as a loss leader or below cost price.
- NUS Scotland has concerns about the legality of minimum pricing in competition law, both UK-wide and at an EU level and believes this must be investigated further.
- NUS Scotland believes minimum pricing would create a level playing field for licensed premises, encouraging more students to drink in their students' associations, which have a duty of care to students and to ensure students drinking on their premises are safe.

On possible alternatives to the introduction of a minimum alcohol sales price as an effective means of addressing the public health issues surrounding levels of alcohol consumption in Scotland

While NUS Scotland is supportive of a minimum alcohol sales price, we are clear that this alone will not solve the problem. A culture change is needed; we need to encourage people to make more positive choices and to seek support and treatment where needed. While NUS Scotland strongly opposes the presumption that alcohol overuse is highest amongst young people, it is clear that educating young people about alcohol, and improving education levels overall, is key to reducing alcohol misuse in later life.

- NUS Scotland believes young people should be given the appropriate information they need to make educated choices about alcohol, through information provided via parents or carers and improvements to alcohol education in schools.
- NUS Scotland believes the Scottish Government and local authorities should play a part in generating and supporting initiatives to provide alternatives to alcohol for young people, and work to develop a night-time economy unrelated to alcohol consumption.
- NUS Scotland believes the Scottish Government should support and encourage young people to remain in education, employment or training after compulsory schooling, which will boost their life chances and help to tackle alcohol misuse in later life.

On the advantages and disadvantages of introducing a social responsibility levy on on-sales and off-sales licence holders in Scotland

NUS Scotland opposes the application of any social responsibility fee to students' associations. Associations already work to educate students about the dangers of irresponsible drinking and to encourage sensible drinking in a way that other drinks retailers and licensed premises do not. To give just a few examples, Robert Gordon University students' association in Aberdeen recently received a Gold Award from the Best Bar None scheme, which recognises high standards in pubs on crime prevention, public safety and responsible promotion, and is also part of the Aberdeen 'Unight' scheme to crack down on the worst alcohol abuse offenders. Edinburgh University students' association removed all drinks promotions from their bars during Freshers' Week, and organised alternative non-alcohol events such as fair trade picnics, gliding, and a 'coffee crawl.' The University of the West of Scotland held an Alcohol Awareness day at their Ayr campus, which involved the NHS, Police and Fire Service with a variety of activities, including a quiz and a 'beer goggles,' challenge, designed to educate staff and students about the impacts of alcohol.

Any income generated from commercial services, including bars, within students' unions is used to provide support for the institution's students, including employing staff to offer advice, support and counselling. Students' association venues are often used to raise money for charitable and local causes and are therefore enriching their local communities as well as supporting their members. Students' unions also often struggle to compete as a result of the lower prices offered by larger commercial enterprises and further costs would be difficult for unions to cover. The larger retailers and chains may be able to absorb the costs with relative ease and therefore the fee may have little impact on them.

- NUS Scotland propose the creation of a 'Social Responsibility Charter,' to allow for the exemption of retailers or premises, which adhere to best practice in encouraging responsible drinking, from the social responsibility levy. This would provide a financial incentive to retailers to reduce the negative impacts of their operations on both individuals and communities, and prevent existing social responsible retailers, such as students' associations from being unfairly penalised by the levy.
- NUS Scotland supports the principle that the income from the social responsibility levy as applied to retailers failing to meet defined social responsibility standards should be used by local authorities in meeting the licensing objectives, and particularly to support initiatives to encourage people to engage in alternative leisure activities, and to improve public health.

Conclusions and recommendations

- Alcohol misuse and over consumption is not a problem exclusive to young people, it is a society-wide problem and should be tackled as such.
- The provisions to create powers for local licensing boards to increase the minimum legal purchase age for off sales of alcohol to 21 should be removed from the Bill.
- The Bill should instead strengthen enforcement of the existing minimum purchase age for alcohol by making a 'Challenge 21' policy mandatory for all alcohol retailers.
- The National Entitlement Card scheme should be accelerated, through student matriculation cards in universities and colleges. NUS Scotland is willing to support Young Scot in this process.
- Minimum pricing should be supported in principle as a means to reduce alcohol consumption, but in practice it must not penalise those on low incomes, and the competition impacts, UK and EU wide, must be investigated.
- A culture change in Scotland's relationship with alcohol will only be brought about through better education, and by engaging with young people, not alienating them.
- The 'social responsibility levy' should be imposed only on alcohol retailers who do not meet our proposed 'social responsibility charter,' not as a blanket imposition on all retailers.

Submission from the British Medical Association Scotland

Alcohol etc. (Scotland) Bill

Introduction

The British Medical Association is a registered trade union and professional association representing doctors from all branches of medicine. The BMA has a total membership of around 140,000 doctors representing 70% of all practising doctors in the UK. In Scotland, the BMA represents around 13,400 doctors.

BMA Scotland welcomes the opportunity to provide the Health & Sport Committee with written evidence outlining its reasons for supporting the Alcohol Etc (Scotland) Bill. Alcohol is the third leading cause of disease burden in Europe and this burden weighs heavy on the NHS in Scotland. A new study, by the University of York, has found that the cost of premature deaths and healthcare related costs are £1.46 billion and £268.8 million respectively. This is a significant increase in previously quoted figures and, if this trend continues, then the NHS will struggle to cope with the additional demand caused by alcohol misuse.

Alcohol misuse is consistently highlighted as an area of public health concern by the BMA membership and has frequently been debated at our Annual Representatives' Meeting, the policy making body of the Association. In 2006, BMA Scotland surveyed more than 600 members on the issue of alcohol misuse as part of a wider survey of health priorities in Scotland¹. Around 70% of doctors who took part in this survey supported a strategy to increase the price of alcohol to discourage excessive drinking. 96% of doctors believed that licencees (both on and off sales) must be made to take their legal and social responsibilities seriously with appropriate penalties for those found guilty of selling alcohol to under-age people and more than eight out of ten doctors believed that alcoholic drinks manufacturers should be compelled to clearly label their products.

The results of this survey demonstrate clearly the medical profession's support for enforcing existing legislation, improving education and awareness and creating further legislation to address the pricing and availability of alcohol which encourages drinking to excess.

The BMA's views on tackling alcohol misuse have been widely publicised and are detailed in a range of policy documents, most recently *Alcohol Misuse: tackling the UK epidemic (2008)*; *Under the Influence (2009)*; *The Human Cost of Alcohol Misuse: doctors speak out (2009)*. Some of the key policy recommendations highlighted in these publications are reflected in the Scottish Government's strategic approach to tackling alcohol misuse.

Alcohol misuse and health: the facts

Alcohol is related to more than 60 types of disease, disability and injury². In 2007/08 there were 42,430 alcohol related discharges from general hospitals in Scotland³. Over the last 30 years, UK liver cirrhosis mortality has risen over 450% across the population⁴, with a 52% increase in alcoholic liver disease between 1998 and 2002⁵. Scotland now has one of the highest cirrhosis mortality rates in Western Europe.

Regular heavy alcohol consumption and binge drinking are associated with physical problems, antisocial behaviour, violence, accidents, suicide, injuries and road traffic crashes. Among adolescents, they can also affect school performance and crime. Alcohol misuse is associated with a range of mental disorders and can exacerbate existing mental health problems. Adolescents report having more risky sex when they are under the influence of alcohol; they may be less likely to use contraception and more likely to have sex early or have sex they later regret⁶. The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) study 2002 showed that 14% of 15 year olds reported having unprotected sex as a result of drinking alcohol. Drinking too much on a regular basis increases the risk of damaging one's health, including liver damage, mouth and throat cancers and raised blood pressure⁷. Unhealthy patterns of drinking by adolescents may lead to an increased level of addiction and dependence on alcohol in adulthood.

Scotland is currently ranked 8th in the world for alcohol consumption per head of population. Although men and women in England drink more frequently than those in Scotland, Scots are more likely to exceed daily limits: 1 in 3 men and 1 in 4 women exceed recommended daily limits⁸. More than a million people in Scotland are drinking hazardously or harmfully.

Alcohol misuse affects all age groups. A recent report on Alcohol and Aging published by Alcohol Focus Scotland reports that levels of alcohol consumption within the older population have been rising steadily over the past 20 years⁹. Meanwhile surveys of children find that 13 and 15 year olds who report drinking, consumed 16 units and 18 units respectively in a week on average¹⁰.

Alcohol-related ill health and mortality is linked to socio economic status, with the most deprived experiencing between a three and five fold increase in death rates¹¹ compared to the most privileged. For any level of drinking, lower income groups suffer more. Despite the fact that professional groups drink more than lower income groups, lower income groups suffer far more from liver disease¹². Alcohol related death rates are highest in the most deprived areas of the West of Scotland. Almost two-thirds of all alcohol related deaths in Scotland in 2007 were amongst the most deprived members of society¹³.

In 2009, researchers conducted detailed analysis of alcohol statistics for 2003¹⁴. This study reported that one in 20 deaths in Scotland was estimated to be attributable to alcohol. It also found that deaths were proportionately

higher in younger age groups with 1 in 4 men and 1 in 5 women aged between 35 and 44 dying an alcohol attributable death. While older people are more likely to die from a chronic condition, younger people are more likely to die from an acute consequence (e.g. accident or injury), one in 10 of all deaths in this age group were due to alcoholic liver disease.

The report concluded that almost half of all deaths could have been prevented by lower alcohol consumption – mainly deaths from coronary heart disease in older age groups. However drinking at lower levels still also carries a risk for some conditions such as cancers.

The Committee requests views on seven key elements included in the Bill. The views of the BMA are detailed below:

The advantages/disadvantages of establishing minimum alcohol sales price based on a unit of alcohol

Access to alcohol is an important determinant of alcohol use and misuse. This incorporates the implementation of policies that regulate the affordability of alcohol as well as the introduction and enforcement of strict controls on availability of alcohol to adults and young people. In the UK, the affordability of alcohol has increased by 69% between 1980 and 2007. Over the corresponding time, per capita alcohol consumption has increased. This increase is against the backdrop of falling (or levelling) consumption trends over the last 10-15 years in most of the EU. It is widely accepted that price is linked to consumption therefore it is essential that policies are introduced to address pricing as a central part of a wider alcohol strategy.

Competition between sellers of alcohol has driven down the price of alcoholic drinks through extended promotions, buy-one-get-one-free offers, deep discounting and below cost selling. These promotions are introduced to attract people into the stores and increase overall sales¹⁵. A minimum price per unit of alcohol would prevent the sale of alcohol at a level below a certain price per unit. This will prevent the loss leading practices of supermarkets and will not enable the supermarkets to absorb price increases as they currently do with increases in duty via taxation.

The pricing practices of supermarkets are an important factor in addressing overall alcohol consumption because of their dominance in the off-trade alcohol market, selling more than 70% of the volume of alcohol sold¹⁶.

It is especially galling to note that supermarkets that sell alcohol at less than cost can recover some of their losses from the taxpayer through the VAT recovery scheme. Thus all taxpayers are supporting their irresponsible pricing policy on alcohol.

The level at which such a proposed minimum price should be set and the justification for that level

An independent study conducted by researchers at Sheffield University (*Model-based appraisal of alcohol minimum pricing and off-license trade discount bans in Scotland*) states that “as the minimum price threshold increases, healthcare costs are reduced”. The BMA does not have a view on the appropriate minimum price per unit of alcohol, but as a general principle we believe it should be set at the point at which a minimum price has a significant and positive impact on health outcomes (i.e. reduced hospital admissions and decrease in death rates).

The BMA does agree that a minimum price should be set via regulations that are subject to an affirmative legislative process. This would enable the minimum price to be regularly reviewed without the requirement to amend primary legislation.

The rationale behind the use of minimum pricing as an effective tool to address all types of problem drinking

There is strong and consistent evidence that increases in price have the effect of reducing consumption levels and the rates of alcohol problems including alcohol related violence and crime, deaths from liver cirrhosis and drink driving deaths. Increases in the price of alcohol not only affect consumption at a population level but there is evidence that particular types of consumers (e.g. heavy drinkers and young drinkers) are especially responsive to price. Studies have also reported that price increases have the effect of reducing rates of alcohol problems including alcohol related violence and crime. Conversely lowering the price of alcohol is associated with an increase in alcohol related mortality¹⁷.

The Sheffield study examining the effect of a range of minimum price levels of health and social harm in Scotland estimated that minimum pricing would have the greatest impact on consumption by harmful drinkers¹⁸. Evidence shows that harmful drinkers tend to choose cheaper alcohol, so if the price of the cheapest alcohol increases, consumption will fall as these drinkers cannot afford to buy as much alcohol.

It has been observed that when the price of alcohol goes up, population consumption falls and when population consumption falls, so do rates of chronic alcohol related disease such as liver cirrhosis¹⁹. This indicates that changes in population consumption reflect changes in drinking habits of harmful drinkers, not just moderate drinkers. If price changes only influenced the consumption of moderate drinkers, then trend changes in rates of chronic alcohol related diseases would not be expected.

The Sheffield study considered the impact of minimum pricing on sub-groups of the population and estimated that, with a minimum price of 40p in combination with an off-trade discount ban, the extra spending per week

