

Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach

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FOREWORD

This Government is ambitious for Scotland. We want to create a more successful country, with opportunities for all Scotland to flourish, through increasing sustainable economic growth. To deliver that purpose we have set out the strategic objectives and specific outcomes we want to achieve. We believe passionately that Scotland's people have the talent, the energy and the ambition to be a self-confident beacon of success - but the reality is that Scotland's current relationship with alcohol is undermining our potential as individuals, families, communities and as a country. If we are to fulfil our ambitions, we must rebalance our relationship with alcohol.

We are not anti alcohol, we are anti alcohol misuse. We do not wish to 'demonise' alcohol as a 'bad thing' per se. When approached sensibly, the consumption of alcohol can be a pleasurable and sociable activity.

However, the evidence of the scale of alcohol-related harm affecting Scotland is clear, as is the demand for action. The question is no longer whether Government should act but how far reaching our actions should be. Previous actions have tackled some specific aspects of the problem. But alcohol misuse continues to act as a brake on Scotland's social and economic growth, costing us an estimated £2.25 billion each year. Alcohol-related anti-social behaviour and violence affect too many of our communities and are among the social problems that people care most about. Alcohol misuse represents a major risk to our health: over 40,000 people each year in Scotland are hospitalised with an alcohol related illness; and Scotland now has one of the fastest growing chronic liver disease and cirrhosis rates in the world. And we know that these problems disproportionately affect those living in our most deprived communities. We need to act decisively and comprehensively to tackle the true scale of the problems across our society if we are to realise our ambition of a successful and flourishing Scotland.

This Government will not shirk from the challenge. The proposals in this document are ambitious for Scotland. International evidence suggests that turning the tide will take time and will require a strategic approach. So we begin now with a determination to succeed. We can no longer afford to view alcohol misuse simply as an individual choice, whether that be occasional drunkenness or long term excessive drinking. Scotland can no longer afford the consequences.

We have already taken action, such as making a record new investment of £85m in alcohol prevention and treatment services and in legislating to restrict the display of alcohol within retail premises. But the time is now right to develop a comprehensive framework for tackling alcohol misuse. This discussion paper outlines a robust package of measures, some of which we are already committed to, as well as new proposals on which we invite comment. I very much hope it will spark discussion and debate about Scotland's relationship with alcohol and how we can re-balance that relationship for good.

A handwritten signature in black ink, reading "Nicola Sturgeon". The signature is fluid and cursive, with the first name "Nicola" written in a larger, more prominent script than the surname "Sturgeon".

Nicola Sturgeon MSP
Deputy First Minister
& Cabinet Secretary for Health & Wellbeing

Abbreviations

ABV	Alcohol by Volume
ADATs	Alcohol and Drug Action Teams
AEG	Alcohol Evidence Group
ASA	Advertising Standards Authority
CBI	Confederation of British Industry
CJAs	Community Justice Authorities
CMOs	Chief Medical Officers
CoSLA	Convention of Scottish Local Authorities
EDs	Emergency Departments
FAS	Fetal Alcohol Syndrome
FSB	Federation of Small Businesses
GES	Government Economic Strategy
GROS	General Register Office for Scotland
HB	Health Board
HEAT	Health Efficiency Access and Treatment
HMRC	Her Majesty's Revenue and Customs
ISD	Information Services Division
LA	Local Authority
LCNs	Local Community Networks
LSOs	Licensing Standards Officers
PDI	Partnership Drugs Initiative
RPI	Retail Price Index
SAADAT	Scottish Association of Alcohol and Drug Action Teams
SALSUS	Scottish Adolescent Lifestyle and Substance Use Survey
SAS	Scottish Ambulance Service
SCVS	Scottish Crime and Victimization Survey
SFA	Scottish Football Association
SFP	Strengthening Families Programme
SGAIP	Scottish Government and Alcohol Industry Partnership
SHeS	Scottish Health Survey
SIGN	Scottish Intercollegiate Guidelines Network
SIMD	Scottish Index of Multiple Deprivation
SPARRA	Scottish Patients at Risk of Re-admission and Admission
SPS	Scottish Prison Service
SSF	Scottish Sports Future
STUC	Scottish Trade Union Congress
WHO	World Health Organisation

SUMMARY

1. This discussion paper sets out our strategic approach to tackling alcohol misuse. It illustrates the scale of alcohol-related harm in Scotland and how addressing this can help to deliver a *Wealthier and Fairer, Safer and Stronger, Healthier and Smarter* Scotland. Increasing trends in alcohol consumption mean that many Scots are now drinking above sensible guidelines. Over recent years, increased consumption has been influenced by factors such as a decline in the relative cost of alcohol; increased availability; and changing cultural attitudes. Excessive alcohol consumption is closely linked to harm: the more we drink, the greater the risks. It is clear that alcohol misuse is no longer a marginal problem. Nor is it one that affects only binge drinkers or those who are dependent on alcohol.

2. Many actions are already underway which will contribute to tackling both the underlying causes of, and the negative effects resulting from, Scotland's complex relationship with alcohol. These include the Government Economic Strategy, our policy statement on Early Years and Early Intervention, and Equally Well, the Ministerial Taskforce on Health Inequalities report. But the evidence shows that more **direct and effective action** to tackle alcohol misuse is needed if we are to maximise our potential as individuals, families, communities and as a country.

3. To deliver the long-term sustainable change required it **essential that Government works in partnership** with a wide range of partners. Based on knowledge and understanding of alcohol misuse, its drivers, and evidence-based interventions, sustained action is required in four broad areas:

- reduced alcohol consumption;
- supporting families and communities;
- positive public attitudes towards alcohol and individuals better placed to make positive choices about the role of alcohol in their lives; and
- improved support and treatment for those who require it.

4. The Framework for Action sets out measures to reduce alcohol-related harm in Scotland, forming the basis of a comprehensive strategic approach which will contribute to achieving a successful and flourishing Scotland. The sections set out key actions already underway; existing commitments for action; and new proposals on which views are invited. In particular, we seek views on:

- further action to end irresponsible promotion and below-cost selling of alcoholic drinks in licensed premises (p18);
- the introduction of minimum retail pricing of alcohol (p20);
- what particular information parents would find helpful in relation to alcohol (p23);
- raising the minimum purchase age to 21 in off-sales (p27);
- the introduction of a 'social responsibility fee' applied to some alcohol retailers to offset the costs of dealing with the consequences of alcohol misuse (p31);
- further restrictions on promotional material in licensed premises (p40); and
- the desirability of separate checkouts for alcohol sales (p41).

A full list of consultation questions is at Annex H and details of how to respond are at Annex I.

GOVERNMENT'S PURPOSE, ECONOMIC STRATEGY & STRATEGIC OBJECTIVES

5. The Purpose of the Scottish Government is *to focus Government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing economic sustainable growth*. The evidence shows that building a healthy and sensible relationship with alcohol will be pivotal to realising our Purpose and four out of five of our Strategic Objectives. We must help and support people to make better choices about alcohol if we are to attain our ambitions for Scotland.

6. The Government Economic Strategy sets out how we will work collaboratively with the private, public and third sectors in pursuit of our Purpose. A set of high level Purpose Targets have been identified to ensure that growth is shared by all of Scotland, focussing on:

- improving our **productivity** and **competitiveness**;
- increasing our labour market **participation**; and
- stimulating **population** growth.

7. Underpinning the Government's Purpose and Economic Strategy, are five Strategic Objectives – to make Scotland *Wealthier and Fairer, Safer and Stronger, Healthier, Smarter and Greener*. To fully achieve these objectives we need to tackle alcohol misuse.

8. The Strategic Objectives themselves are supported by 15 national outcomes which describe in more detail what the Scottish Government wants to achieve over the next ten years. Policies to tackle alcohol misuse will make a positive contribution to delivering over half of our published national outcomes:

- we live longer and healthier lives;
- we have tackled the significant inequalities in Scottish life;
- we have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others;
- we live our lives safe from crime, disorder and danger;
- we realise our full economic potential with more and better employment opportunities for our people;
- our young people are more successful learners, confident individuals, effective contributors and responsible citizens;
- we have improved the life chances for children, young people and families at risk; and
- our children have the best start in life and are ready to succeed.

9. In addition, in recognition of the need to build a healthier relationship with alcohol in pursuit of our objectives, we also have a specific national indicator, related to excessive consumption, to reduce alcohol-related hospital admissions by 2011.

TACKLING ALCOHOL MISUSE & DELIVERING OUR OBJECTIVES

10. We know that many Scots enjoy alcohol sensibly, but many do not. Scotland has seen increasing levels of consumption to excessive levels over the last 50 years. As overall consumption has increased so has the harm caused by alcohol misuse. Those harms are neither limited to health nor experienced solely by the drinker and can damage family and friends, communities, employers, and Scotland as a whole. This section summarises the impact of alcohol misuse on delivering our Government's Purpose, through its impact on our Strategic Objectives of achieving a Wealthier and Fairer, Safer and Stronger, Healthier and Smarter Scotland. By tackling alcohol misuse and by supporting and encouraging people to make more positive choices about alcohol we can help them to maximise their potential both individually and collectively. A fuller analysis of the evidence is set out in Annex B.

WEALTHIER & FAIRER – Enable businesses and people to increase their wealth and more people to share fairly in that wealth.

11. Developing a more mature and balanced relationship with alcohol will reduce the burden of alcohol misuse on business, public services and our most deprived communities, and thus contribute to a Wealthier and Fairer Scotland.

- the total cost of alcohol misuse to Scotland is estimated to be around £2.25 billion in 2006-7 – over £500 per year for every adult living in Scotland.¹
- this includes an estimated cost of £400 million to Scottish industry in lost productivity and absence.¹
- the cost to NHS Scotland is also estimated at around £400 million.¹
- police response to alcohol misuse is estimated at £288 million.¹
- those living in the 20% most deprived communities are around six times more likely to be admitted to hospital (and to die) due to alcohol misuse than those from the most affluent areas.²

SAFER & STRONGER – Help local communities to flourish, becoming stronger, safer places to live, offering improved opportunities and a better quality of life.

12. A sensible approach to alcohol will help to underpin the development of more resilient, cohesive and successful communities – by tackling alcohol misuse we will be able to impact positively on crime and anti-social behaviour, making Scotland Safer and Stronger.

- 45% of Scottish prisoners in 2007 said they were drunk at the time of the offence.³
- an audit of Scottish Emergency Departments (EDs) suggested that at least 70% of assaults presenting to EDs may be alcohol-related.⁴
- 45% of victims' reports from 2006 show that, where they were able to say anything about the person or people who committed the crime, they considered the perpetrator was under the influence of alcohol.⁵

- two-thirds of those accused of homicide (and whose drug status was known) in 2006/7 were either drunk or on drink and drugs at the time of the alleged offence.⁶
- there were 990 casualties (including 30 fatalities) on Scottish roads in 2005 as a result of accidents involving illegal alcohol levels.⁷
- 62% of domestic abuse cases involved alcohol in 2003.⁸

HEALTHIER – Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.

13. Adopting a balanced approach to alcohol will contribute to increased positive physical and mental wellbeing amongst Scots, making Scotland Healthier.

- alcohol related death rates in Scotland have more than doubled in the last fifteen years.⁹
- in the last decade, alcohol related attendances at Scottish hospitals have increased by almost 50%.¹⁰
- over the last 20 years Scotland has had one of the fastest growing chronic liver disease and cirrhosis rates in the world.¹¹
- around 50% of people committing suicide in the last ten years have had a history of alcohol misuse.¹²
- alcohol consumption is considered by the World Health Organisation (WHO) to be the third highest risk factor for ill health in developed countries, behind only tobacco and high blood pressure.¹³

SMARTER – Expand opportunities for people in Scotland to succeed from nurture through to life long learning, ensuring higher and more widely shared achievements.

14. Preventing young people misusing alcohol and enabling them to make positive choices plus addressing the effects of alcohol misuse within families will make Scotland Smarter.

- 40% of 15 year olds and 15% of 13 year olds drank alcohol in the previous week.¹⁴
- 1 in 6 of those 15 year olds who have drunk alcohol reported trying drugs and 1 in 7 reported having unprotected sex as a consequence of alcohol consumption.¹⁵
- 65,000 Scottish children are estimated to live with a parent whose drinking is problematic.¹⁶
- a quarter of children on the Child Protection Register are estimated to be there due to parental alcohol or drug misuse.¹⁷
- one in three divorces cite excessive drinking by a partner as a contributory factor.¹⁸

ALCOHOL CONSUMPTION IN SCOTLAND

15. Alcohol consumption in the UK has more than doubled since 1950, with the rate of increase particularly noticeable since the early 1990s.¹⁹ To some extent this may reflect greater disposable wealth brought about by the development of a more affluent society. Alcohol consumption is not bad in itself and its sensible enjoyment is the mark of a mature society at ease with itself.

16. However, increased consumption in Scotland has brought with it an increase in alcohol misuse. For some this may result in alcohol dependency, or manifest itself in 'binge drinking' and drunkenness. But for many people it is about regularly drinking over the sensible drinking guidelines, placing them at increased risk of harm. It is estimated that up to 50% of men and 30% of women are drinking over weekly sensible drinking guidelines and a majority of drinkers exceed daily guidelines on at least one occasion per week.²⁰ In addition, alcohol industry sales data shows that enough alcohol was sold in Scotland in 2007 to enable every man and woman over the age of 16 to exceed the sensible drinking limits for men (the recommended limit is 21 units per week) every week of the year.²¹ Excessive consumption is not limited to particular sections of society but is common across different age and socio-economic groups.²² Interestingly more than half of alcohol sold is now consumed at home rather than in the pub, whereas home drinking represented less than a quarter of sales in 1980.²¹

17. Worryingly significant numbers of children are also regularly drinking alcohol. In 2006 over one third of 15 year old boys and girls drank alcohol in the previous week.¹⁴ And a recent audit of Scottish Emergency Departments over a five week period found nearly 650 children were treated for alcohol related problems, including 15 under 12 years old and one as young as eight.²³

18. More detailed information on consumption patterns and drinking trends in Scotland is provided in Annex C.

The importance of reducing consumption

19. We know that consumption is closely linked to harm - the more we drink the greater the risk of harm. Over the last 50 years consumption has significantly increased in Scotland and so has alcohol-related harm. As a result, Scots are now more likely to be involved in an accident; to become a victim, or a perpetrator, of crime; or in the longer-term to develop cancer, liver disease or other health or social problems with knock-on consequences for families, communities and Scotland.

20. There are many examples of how a reduction in population consumption reduces harm. Alcohol consumption in France has fallen over the last 20-30 years, as have chronic liver disease and cirrhosis deaths.²⁴ Whilst it is not entirely clear why, several factors are likely to have influenced the trend including a general fall in wine drinking, changes in occupational and lifestyle patterns (e.g. a move away from long lunches where wine was traditionally consumed), introduction of tougher drink driving laws and the introduction of the *Loi Évin*²⁵ to control alcohol advertising. Also of note is the widespread engagement in sport at both national and municipal levels providing positive alternative leisure and recreation choices. In Italy a fall in average

population alcohol consumption led to a reduction in alcohol-related mortality.²⁶ What is clear from the international evidence is that if alcohol consumption falls, reductions in both acute (i.e. short term) harms (such as accidents and injuries) and chronic (i.e. long term) harm (such as liver cirrhosis) can follow within a relatively short time. Because the harmful consequences of drinking too much are not confined to the heaviest drinkers, a reduction in overall consumption can be expected to have a positive effect on the whole population as well as reducing harm in high risk groups.

21. We need to achieve the societal change in Scotland which results in people using alcohol sensibly and in a way which helps to build healthier and more successful lifestyles for all.

WHY HAVE CONSUMPTION AND HARM INCREASED? – WHAT DOES THE EVIDENCE TELL US?

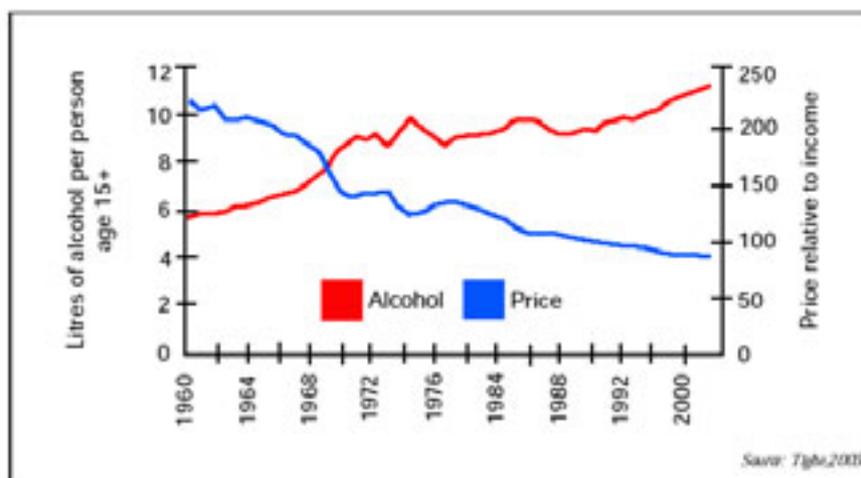
22. A number of major changes have occurred in Scotland over the last 20-30 years which are likely to have contributed to the increase in alcohol consumption and resultant alcohol-related harms.

Decline in the relative price of alcohol

23. There is strong evidence from over 50 studies conducted in 15 European countries, America, Canada, New Zealand and elsewhere, that levels of alcohol consumption are closely linked to the retail price of alcoholic beverages. As alcohol becomes more affordable, consumption increases. As the relative price increases, consumption goes down. In Switzerland in 1999, a 30 to 50% reduction in taxation on foreign spirits, led to a 28.6% increase in consumption of spirits. There was no significant change in the consumption of wine or beer.²⁷ In March 2004, Finland cut tax on alcohol (by one third) in an effort to reduce the level of cross-border shopping undertaken by Finns in other EU countries, particularly neighbouring Estonia, where the price of alcohol was much cheaper. Following the change, liver cirrhosis deaths were found to have risen by 30 per cent in just one year, as alcohol consumption increased by 10 per cent.²⁸

24. In real terms (taking into account disposable income) alcohol is 62% more affordable today than it was in 1980.² The graph below shows the relationship between alcohol consumption and affordability (price relative to income) between 1960 and 2002. The increase in consumption is almost an exact mirror image of the reduction in price relative to income, strongly indicating that price has influenced consumption patterns over the last 50 years.²⁹

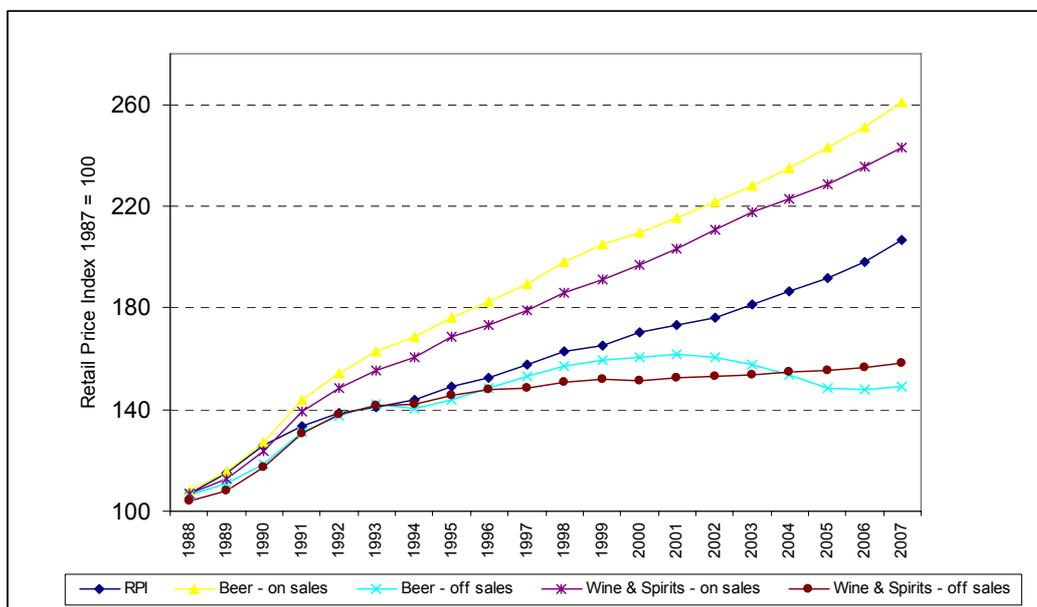
Figure 1: Relationship between price and alcohol consumption, 1960-2002



25. But the increasing affordability of alcohol is not uniform across sectors. While on-sales (e.g. pubs) prices have generally increased above the Retail Price Index (RPI) over the last 20 years, off-sales (e.g. shops and supermarkets) prices have remained more static and below RPI. This is largely due to supermarkets and larger grocers being able to heavily discount prices. The relatively low price of off-sales

alcohol is likely to be driving the shift to home drinking and, in turn, the rise in overall consumption. Addressing low prices may therefore help to discourage excessive alcohol consumption.

Figure 2: the price of on and off sales alcohol, 1988-2007³⁰



Increase in availability and accessibility of alcohol

26. Alcohol is now more readily available in Scotland than ever before. The number of liquor licences is around 17,000, the equivalent of a licence for every 240 adults in Scotland. Off-sale licences have more than tripled to 6,000 and now make up around a third of all licences. A large majority of licensed premises (in excess of 10,000) also now hold one or more regular extensions to permitted hours.³¹ There is evidence from a number of countries that removing restrictions on the days and times when alcohol is sold and increasing access results in a rise in consumption.³² The increasing density of venues in city and town centres selling alcohol has resulted in large concentrations of drinkers in relatively small areas.

Changing our culture

27. We know that cultural and social norms are significant influences on drinking behaviours.³³ We want to create a Scotland where alcohol is uniformly viewed and used as a positive part of people's social enjoyment and interaction. Instead there has been an increase in 'drinking to get drunk', particularly among young people, and greater acceptance of public drunkenness. The frequent, and often positive, portrayal of alcohol misuse in some sections of the media has not helped. Alcohol is also widely and intensively advertised and promoted through an expanding range of media. And alcohol sponsorship of sport, music and cultural events is increasingly common. This helps portray alcohol as just another ordinary product, de-sensitising consumers to the potential for harm. By taking steps to 'denormalise' alcohol we can encourage and support people to make more positive choices about alcohol.

More choice but a lack of knowledge

28. As well as an increase in the range and choice of alcohol products available, new products specifically designed to appeal to certain segments of the market have been introduced in recent years (e.g. 'alcopops' and strong cider). Many alcoholic drinks have become stronger and are now sold in larger servings. High strength, low cost products are increasingly associated with youth drinking and linked with anti-social behaviour and disorder.

29. But a lack of awareness may also be driving the problems. Only a minority of us know the recommended daily alcohol guidelines, while just 15% can correctly estimate the number of units in a bottle of wine and only around half of us know the number of units in a pint of beer.³⁴ Providing people with better knowledge and advice about alcohol and its effects can enable them to make more informed decisions about their alcohol use.

A NEW APPROACH: A STRATEGIC FRAMEWORK TO TACKLE ALCOHOL MISUSE

30. We want Scotland to be a place where alcohol is enjoyed responsibly and where all the people of Scotland contribute effectively and realise their potential as individuals, families, communities and as a country. We are clear that the scale and extent of alcohol misuse in Scotland requires a concerted, effective and proportionate response from Government and from our partners to tackle it.

31. Previous interventions have tended to target particular groups, such as those with alcohol dependency or young people, and over-relied on the promotion of general health information and education campaigns. The World Health Organisation (WHO) has stated that alcohol interventions targeted at vulnerable populations can prevent alcohol-related harm, but that policies targeted at the population as a whole can have a protective effect on vulnerable populations and reduce the overall level of alcohol problems. Action on a wider scale, both population-based and targeted to particular groups, is now required. A new approach is needed to rebalance Scotland's relationship with alcohol and the question is not whether to act, but how extensive our actions should be.

32. There is no single, simple solution. An effective alcohol policy is one that encompasses a range of interventions (including regulatory measures, support and treatment interventions and changes in culture and attitudes) delivered via a comprehensive strategy aimed at the whole population with particular targeting for high-risk groups. Where possible, we have drawn on the international evidence base to identify those measures which offer the greatest chance of success. For example, a WHO review of 32 alcohol strategies and interventions found that the most effective alcohol policies include alcohol control policies, drink-driving countermeasures and brief interventions for harmful and hazardous drinkers. For other measures, such as education in schools, public service announcements and voluntary regulation by the alcohol industry, it was difficult to find a direct positive effect on drinking patterns or problems and therefore, they recommend that these measures feature only as part of a more comprehensive strategy.³⁵

33. Where we know there is significant risk of harm and we are clear about what we are trying to achieve, we should adopt a precautionary approach and act. By carefully monitoring and evaluating the effectiveness of our interventions in reducing alcohol-related harm, not only for their overall impact but also for their potentially differential effects on different groups in society, we can adjust them as necessary over time. We know, for example, that there is general evidence that regulatory, structural or fiscal interventions at the level of a whole population (such as smoking bans, drink drive legislation, increasing price of alcohol) can have a greater impact on reducing health inequalities than information-based approaches.³⁶

34. Based on our knowledge and understanding of alcohol misuse, its drivers in Scotland and of the interventions which are likely to be effective, this Government considers that sustained action is required in four areas:

- reduced alcohol consumption;
- supporting families and communities;
- positive public attitudes towards alcohol and individuals better placed to make positive choices about the role of alcohol in their lives;
- improved support and treatment.

Within our 'Framework for Action', starting on page 16, we outline proposed measures under each of these headings.

Wider Government Contribution

35. These measures will not be taken in isolation. Action is already underway which will contribute more widely towards tackling both the underlying causes of, and the negative effects resulting from, Scotland's complex relationship with alcohol. The Government Economic Strategy (GES) sets ambitious targets for increasing sustainable growth and recognises that improving health and well-being are critical to achieving this. Beyond this, we recognise the importance of early intervention as the key to achieving a range of social policy objectives. As a result, we recently published a joint policy statement, with COSLA, on 'Early Years and Early Intervention',³⁷ focussing on support for families and young people, while the Ministerial Taskforce on Health Inequalities report³⁸ identifies action to tackle the underlying causes of inequality. Our recent discussion paper on tackling poverty, inequality and deprivation also strengthens this approach.³⁹

36. We are currently reviewing the national antisocial behaviour strategy to identify where it can be strengthened and improved and to enable stronger community involvement. The review will consider the use, effectiveness and range of existing measures available to local agencies to tackle antisocial behaviour. The findings of the review will be reported to Parliament by the end of 2008. Also, given the clear links between the causes and consequences of drug and alcohol consumption, our recently published drugs strategy⁴⁰, with a renewed emphasis on recovery, also forms part of the wider picture.

Partnership Working

37. We are determined to provide the necessary leadership, but we cannot deliver the long-term sustainable change required alone. It is essential that we work in partnership with a wide range of other bodies and groups such as local government, NHS Scotland, the police, the third sector and the alcohol industry. Only by doing so can we change Scotland's relationship with alcohol for good and ensure that we use our resources effectively to address the problems we are facing today.

38. Of particular importance is our new relationship with local government, following the agreement of the concordat in November 2007, which includes an agreement to work together to develop policy. We recognise the crucial part they play in delivery given their responsibility for providing services to those affected by alcohol misuse, for ensuring community safety and for education.

39. NHS Scotland has a unique role in intervening early with those who are at increased risk of developing health problems as a result of alcohol misuse, or supporting and treating those who are already experiencing such problems, whether through GPs or through hospital-based services. Third sector organisations are also key in providing prevention and support services.

40. Alcohol and Drug Action Teams (ADATs) bring together the key partners, including local authorities, NHS Boards and police, in a given geographical area. They have a pivotal role in identifying local priorities in relation to alcohol and drugs and in providing strategic co-ordination of prevention and treatment activity at a local level. As part of the on-going ADAT delivery reform process we would expect ADATs and their members to build stronger links with community planning partnerships, ensuring better coordination of wider issues relating to alcohol.

41. For most (if not all) local authorities, police and fire and rescue services, working together as a community safety partnership, misuse of alcohol has been a constant factor. The issue of alcohol-related disorder whether in city centres or elsewhere particularly at busy periods has always attracted considerable planning and resources as local partnerships attempt to manage and contain any associated violence and disorder. A key link here is to licensing boards which have responsibility for implementing the Licensing (Scotland) Act 2005.

42. The alcohol industry is key in shaping the market and public perceptions of alcohol. The Scottish Government and Alcohol Industry Partnership (SGAIP) has already worked on a number of successful initiatives around promoting responsible drinking and we look forward to working with the Partnership, and other stakeholders, in taking forward the proposals contained within this document.

Measurement Of Success

43. While our approach is based on the best available national and international evidence of the effectiveness of harm reduction interventions, it is crucial that we evaluate and review how and to what extent we are achieving our desired outcomes. NHS Health Scotland and the Scottish Government, working closely with the Alcohol Evidence Group (AEG), will develop a comprehensive monitoring and evaluation framework to measure how the actions we put in place today contribute to reducing Scotland's alcohol misuse problems tomorrow. Where gaps in our knowledge exist, it will be the role of the AEG to consider how these gaps can be bridged. The group oversaw the publication of the Scottish Alcohol Research Framework in July 2007, and continue to monitor the progress of key research projects set out in it and to identify priority areas for new research. Annex D sets out a number of key alcohol-related indicators which we believe will help us to evaluate our performance.

FRAMEWORK FOR ACTION

44. This section sets out a series of measures aimed at reducing alcohol-related harm in Scotland. They form the basis of a comprehensive strategic approach to tackling alcohol misuse and will contribute to achieving the following broad outcomes:

- reduced consumption
- supporting families & communities
- positive attitudes, positive choices
- improved support and treatment

45. Under each of these headings we outline those **actions** we are already committed to, as well as the **new proposals** on which we seek views. Together the aim of the measures is both to deliver long-term sustainable change and to address current problems.

REDUCED CONSUMPTION

46. There is strong evidence that increased consumption is driving increases in alcohol-related harm. Any comprehensive strategy must seek to reduce consumption if we are to be successful in reversing the negative trends in harm.

Proposals on which views are sought:

- **We propose further action to end the promotion and loss-leading of alcoholic drinks in licensed premises and seek views on our proposals.**
- **We propose action to introduce minimum retail pricing and invite views on our proposals.**

Additional actions:

- **We support the introduction of legislation to require licensed premises to offer measures of 125ml of wine and 25ml measures of spirits.**

47. We are concerned that competition has had the effect of driving prices down to levels where alcoholic drinks can cost less than bottled water. Alcohol has become much more affordable and high strength alcohol products can often be bought very cheaply in comparison to lower strength alternatives. We consider that loss-leading (i.e. below cost selling) is irresponsible and is ultimately contrary to the Licensing Objectives (listed in Annex E) set out under the new Licensing (Scotland) Act 2005.

48. We have already announced our intention to make regulations under the Licensing (Scotland) Act 2005 to ban promotions in off-sales premises that offer alcohol free or at a reduced cost on the purchase of one or more products or that sell alcohol below cost. The banning of such promotions is an important step but it will not automatically have an effect on the retail price of alcohol. As a consequence we need to do more to tackle the retail price of alcohol directly.

PROMOTIONS AND LOSS LEADING

49. We propose further action to end the promotion and loss-leading of alcoholic drinks in licensed premises and seek views on our proposals.

50. Competition between retailers has driven down the price of alcoholic drinks through extended promotion and loss leading.⁴¹ Promotional strategies encourage additional or impulse buying and are often linked to particular seasonal or sporting events. Major grocery retailers have acknowledged using alcohol as a loss leader, in order to attract customers into the store and to increase overall sales. The Competition Commission found that the length of time products were sold below cost ranged from 8 weeks to 25 weeks.⁴² As a result awareness of promotional activity is high amongst consumers and price discounts have become an expected part of buying alcohol as part of grocery shopping.⁴³

51. Promotions in off-sales premises are generally based on 'multi-buy' promotions which supply alcohol free or at a reduced cost if the customer buys in bulk, e.g. 'buy one, get one free' or '3 for the price of 2'. It is not uncommon for such offers to result in discounts of between 25-35% on wines and beers.

Restrictions already in place

52. The Licensing (Scotland) Act 2005, which will come fully into effect on 1 September 2009, already sets out a range of "irresponsible promotions" that will not be permitted from that date in respect of licensed premises in Scotland (Annex E contains further detail). Most of these requirements only have a practical effect in on-sales.

Further measures to end irresponsible promotions and below-cost selling

53. We consider that promotions offering free alcohol or a quantity discount for bulk buying, and below-cost selling which reduces retail prices to very low levels encourage additional or spontaneous purchasing and encourage increased consumption. We intend to bring off-sales into line with the restrictions already in place for on-sales. Retailers may argue that customers taking advantage of in-store alcohol promotions will drink their purchases over a long period of time and do no greater harm to themselves or others, however no evidence has been produced to support this view. We consider that promotions are contrary to the objective of the Licensing (Scotland) Act 2005, "to protect and improve public health". As over half of alcohol drunk in Scotland is bought from the off-trade, action to end these promotions could play an important part in reversing Scotland's alcohol culture.

We invite views on the following proposals:

That regulations should be made under the Licensing (Scotland) Act 2005 to:

- **put an end to off-sales premises supplying alcohol free of charge on the purchase of one or more of the product, or of any other product, whether alcohol or not.**
- **put an end to off-sales premises supplying alcohol at a reduced price on the purchase of one or more of the product, or of any other product, whether alcohol or not.**
- **prevent the sale of alcohol as a loss-leader.**

54. These measures should, subject to Parliamentary agreement, take effect from 1 September 2009 as conditions of the premises licence. A breach of the conditions would result in action being taken by the Licensing Board and could result in a licence being suspended for any period, or revoked.

MINIMUM RETAIL PRICING

55. We propose action to introduce minimum retail pricing and invite views on our proposals.

56. Given the link between consumption and harm and the evidence that affordability is one of the drivers of increased consumption, addressing price is an essential component of any long-term strategic approach to tackling alcohol misuse. The fact that the price is not linked to alcohol content may also have contributed to a drift towards higher strength products. We need to take action to ensure an end to 'pocket money pricing'.

57. Traditionally, there are two main ways in which governments take action to prevent alcohol being sold at irresponsible prices - taxation and minimum pricing. Many industrialised countries regulate alcohol price through the imposition of specific alcohol duties and sales taxes on alcohol. Such taxes explicitly signal that alcoholic beverages are to be treated differently from other consumer goods. Alcohol duty and taxation is currently reserved to the UK Parliament.

58. Minimum drinks pricing schemes in which alcoholic drinks prices are set at specific monetary amounts are not common, although the necessity of setting minimum drinks prices *in addition to taxation* as means of reducing alcohol consumption and alcohol-related harm is increasingly being considered in a number of countries. We consider that a minimum pricing scheme is desirable to ensure a minimum retail price is charged to consumers.

Current pricing

59. Alcohol pricing in off-sales premises changes constantly, but in comparison to on-sales premises, there is a wide range of products with very low prices. A snapshot of pricing in a major supermarket in March 2008 showed that:

- prices are highly variable, starting at around 16p per unit of alcohol for a relatively strong cider and 24p for supermarket own-label vodka/gin, up to around 90p per unit for premium products.
- for beer and lager, there is no clear correlation between product strength and price. Some 9.0% ABV strong lagers can cost the same as lager half that strength

Minimum pricing

60. We consider that directly linking product strength to retail price, by establishing a minimum price for a unit of alcohol, would contribute to reducing excessive alcohol consumption and, thereby, reduce alcohol-related harm in Scotland. It may also incentivise producers to develop lower strength products. And it should reduce the availability of high alcohol low cost drinks which often cause harm in our country. Minimum retail pricing could form the basis of a Scottish Alcohol Duty structure should the Scottish Government assume responsibility for taxation.

61. We consider the following principles should form part of any minimum pricing scheme:

- **the scheme should apply equally to all premises selling alcohol.** We do not see merit in creating a scheme that applies only to particular types of premises. The practical effect of minimum retail pricing on particular premises would depend on the prices charged before the conditions came into effect.
- **price should be determined with reference to the alcoholic strength of the product rather than other factors, such as type of product.** Establishing a direct link between minimum price and the alcoholic strength of the product is considered to be the most effective means of encouraging a reduction in consumption. If an alternative approach were to be taken, such as establishing prices for different product categories, this could create an unhelpful incentive for producers to develop new products with a high alcohol volume.
- **minimum prices should be set independently of those connected either directly or indirectly with the manufacture, retail, supply or distribution of alcohol products or any other connected activity.** The robustness of minimum retail pricing to reduce excessive alcohol consumption relies on it being seen as both fair to the alcohol industry and retailers but independent of those who profit from the production or sale of alcohol. We consider that minimum prices should be determined by Scottish Ministers.

- **it should be straightforward to vary the levels at which prices are set.** Scottish Ministers should be able to vary the minimum retail prices as appropriate while allowing the licensed trade a reasonable period of notice to implement changes.
- **arrangements should be as straightforward as possible to minimise the burden on the licensed trade and to ensure compliance.** Arrangements are already in place under the Licensing (Scotland) Act 2005 where Licensing Standards Officers monitor compliance with regulations and conditions, and breaches are reported to the Licensing Board.

62. Although we have not decided on a minimum unit price – and are not specifically consulting on that point in this discussion paper – a minimum price of, for example, 35 pence per unit (which is lower than the off-sales average price) would impact most on those products priced low relative to their strength such as white ciders. It would have no impact on premium-priced beer, wines and spirits.

We invite views on:

- **the proposed principles on which a minimum pricing scheme for alcohol products should be established.**

PROMOTING CHOICE IN STANDARD MEASURES OF ALCOHOL

63. We are concerned about the drift towards larger ‘standard’ measures of alcohol, both in terms of public health and consumer choice, and support the introduction of legislation to require licensed premises to offer 125ml measures of wine and 25ml measures of spirits.

64. It was noted earlier that many alcoholic drinks have become stronger in recent years and are often being sold in larger servings. This is particularly the case for wine. Current regulations state that wine that is not pre-packed must be sold by the bottle, by the glass in measures of 125ml, 175ml or multiples thereof, or by the carafe. A standard glass of wine used to be 125ml but increasingly the 175ml glass is becoming the standard with 250ml glasses (almost one third of a bottle) being large. As a result some retailers no longer serve wine in 125 ml glasses, forcing customers to buy wine in larger servings.

65. This also has implications in terms of unit awareness. We know that only 15% of people can correctly estimate the number of units in a bottle of wine³⁴ and many would wrongly assume that one glass of wine equalled one unit. In fact, there are approximately one and a half units of alcohol in a 125ml glass of ordinary strength wine (12% ABV), two units in a 175ml glass and three units in a 250ml glass.

66. The Licensing (Scotland) Act 2005 prevents promotions that encourage, or seek to encourage, a person to buy or consume a larger measure of alcohol than the person otherwise intended to buy or consume. This responded to concerns about up-selling where, for example, a customer is offered a larger measures than they

asked for. Measures to support greater customer choice in the size of drinks available would complement this action. We note that a Private Members Bill - the Sale of Wine (Measures) Bill - has been introduced to the House of Commons to this effect.

SUPPORTING FAMILIES AND COMMUNITIES

67. We need to protect our children and young people from the harm caused by alcohol misuse by themselves and others and to support them to make positive choices. At the same time we need to reduce the impact of alcohol related crime and disorder on our communities, making them safer and stronger.

Proposals on which views are sought:

- **We will review current advice for parents and carers and would welcome views on what information would be helpful.**
- **We propose action to raise the minimum legal purchase age for off-sales purchases to 21 and seek views on this proposal.**
- **We propose that a fee should be applied to some alcohol retailers to help offset the costs of dealing with the adverse consequences of alcohol and invite views on our proposals.**

Additional actions:

- **We will arrange a Scottish survey of the incidence of Fetal Alcohol Syndrome (FAS).**
- **We will work with our partners at national and local level to improve substance misuse education in schools.**
- **We will continue to support a number of third sector organisations to provide youthwork and/or diversionary opportunities.**
- **We will improve identification and assessment of those affected by parental substance misuse and sharing of appropriate information amongst agencies; and building capacity, availability and quality of support services.**
- **We will monitor the effectiveness of measures, within the new Licensing (Scotland) Act 2005, to control the availability of alcohol.**
- **We will consider the role of local authority trading standards officers in relation to enforcement in off-sales.**
- **We will continue to work with the national Violence Reduction Unit and local Community Safety Partnerships to ensure the effective and innovative use of prevention and enforcement measures.**
- **We will commission research to identify and evaluate models for designated places of safety.**
- **We will continue to call for a reduction in drink drive limit from 80mg to 50mg per 100ml of blood and the introduction of random breath testing.**

CHILDREN, YOUNG PEOPLE AND FAMILIES

68. If we are to change Scotland's relationship with alcohol for good, we must address the needs of children and young people. We must prevent children and young people misusing alcohol in the first place, and be better prepared to intervene early with those who start to experiment, before their use becomes harmful or problematic. In addition, we must minimise the impact of parental alcohol misuse on children and young people. This will require a range of actions which educate all our young people, and their parents, about alcohol-related harm, while also targeting interventions at those we know to be most at risk.

69. We have established a set of key principles which underpin all our activity to support children and young people from their earliest years through to adulthood. These principles are embedded in: our joint policy statement with CoSLA *Early Years and Early Intervention*; in our curriculum reform programme, *Curriculum for Excellence*; and in our developing *Youth Framework*. Our aim is to ensure that all children and young people are equipped with the skills, knowledge and opportunities to make healthy, safe and informed choices as they grow up. We want to help all young people build personal resilience and through *Curriculum for Excellence* encourage them to become successful learners, confident individuals, effective contributors and responsible citizens. We believe that by developing these skills our young people will be better equipped to question and challenge whether drinking alcohol is in their best interests.

Pregnancy

70. We have already taken action in relation to pregnancy. Scotland's Chief Medical Officer, jointly with the other UK Chief Medical Officers (CMOs), has issued clear advice that women who are pregnant or trying to conceive should avoid alcohol. We strongly support the voluntary agreement with the alcohol industry which encourages the inclusion of the CMOs' pregnancy advice on all alcohol products and would support action to make such labelling mandatory. At the extreme, alcohol use during pregnancy can result in babies being born with Fetal Alcohol Syndrome (FAS), characterised by restricted growth, facial abnormalities and learning and behavioural disorders. The number of cases of FAS diagnosed each year is low, but it is thought that a greater number go undiagnosed. We will arrange a Scottish survey of the incidence of FAS.

Parenting

71. The importance of parenting to a child's social, emotional and cognitive development cannot be overestimated. We are committed to providing early support to parents and have a range of policies and programmes that provide support for parenting either directly or indirectly. This includes funding for a range of national parenting projects which promote positive parenting skills and support to parents, especially at challenging times. The long-term *Early Years Framework* will address the need to build parenting and family capacity pre- and post-birth.

72. We know that a high proportion of under 18s have access to alcohol, with many drinking regularly and becoming drunk. In order to encourage parents to talk to their children about alcohol, NHS Health Scotland have published the guide “Alcohol: what every parent should know”. This is available at: <http://www.infoscotland.com/alcohol/files/Alcohol.pdf>.

We will review current advice to parents and would welcome views on what particular information parents and carers would find helpful.

Children Affected by Parental Substance Misuse

73. Our approach to children affected by parental substance misuse is set out in detail in chapter five of our drugs strategy “*The Road to Recovery: New Approach to Tackling Scotland’s Drug Problem*”. The safety of children is paramount and current best estimates indicate that more than 65,000 children under 16 may be affected by parental alcohol misuse.

74. We will seek to improve identification and assessment of affected children and young people, sharing information amongst agencies where appropriate, and to build the capacity, availability and quality of support services. This work will ensure that those children at risk or in need of additional support are identified at early stages and receive appropriate care and support. In addition, we will support several Local Authority Getting It Right Learning Partnerships, within which practitioners will test how to apply ‘*Getting It Right For Every Child*’ principles to addressing the needs of children affected by parental drug and/or alcohol misuse. The intelligence generated through learning partnerships will inform national and local improvements in this area.

75. At the same time our record investment in alcohol services will mean significant improvements in access to appropriate treatment for parents resulting in positive benefits for children affected by parental alcohol misuse. The Child Protection Line (0888 022 3222), Scotland’s 24-hour freephone gateway to child protection services, was launched in February 2007 as a means of simplifying the process for a member of the public to report child protection concerns, including those around children affected by parental alcohol misuse.

The School context: Substance Misuse Education in Schools

76. We recognise that it is vital that all young people have access to reliable information about alcohol and its harmful effects, if they are to make informed choices throughout their lives. Substance misuse education in schools is often the first line of prevention against alcohol misuse, providing opportunities to pass on facts, explore attitudes and, crucially, foster the skills needed to make positive decisions. While there is good practice in substance misuse education in schools, more can be done to increase its effectiveness. We will work with our partners at national and local level to improve the delivery of substance misuse education in schools in the context of *Curriculum for Excellence*.

More Choices, More Chances

77. One of our key aims is to improve the life chances of children, young people and families at risk. Stimulating young people to remain in education, employment or training post-school is the best way of ensuring their long-term employability and contribution to society. The '*More Choices, More Chances*' strategy aims to reduce the proportion of young people not in education, employment or training and already identifies young people who are involved in drug or alcohol misuse as a key target group. It is accepted that these young people are more likely to be in need of more choices and chances in order to progress as successful adults. This can only be achieved through partnership working of all interested parties, and greater personalisation and choice of provision.

Alternatives to Alcohol

78. Positive leisure opportunities, such as youth work, provide life-enhancing experiences for children and young people and offer alternatives to behaviour focussed around drinking alcohol. Our national youth work strategy, "*Moving Forward: A Strategy for Improving Young People's Chances Through Youthwork*" recognises that youth work opportunities can engage young people who might otherwise become involved in risky behaviour, such as alcohol misuse, or those who are directly affected by alcohol misuse. We will continue to support a number of third sector organisations that work with these young people. The case studies in Annex F provide examples of this type of work. In addition, our developing *Youth Framework* aims to ensure that all young people, including those who are vulnerable and at risk, have the opportunities and support they need outside of school to fulfil their potential as confident individuals, effective contributors, successful learners and responsible citizens. Youth work will be a key strand within this.

79. The CashBack for Communities Initiative uses funds recovered under the Proceeds of Crime Act 2002 to expand young people's horizons and increase the opportunities they have to develop their interests and skills. It supports a range of sport, culture and arts activities that help them develop personally and physically. £8 million has been earmarked for the first phase of activity.

80. Further activity, being developed as part of the Scottish Government and Alcohol Industry Partnership, includes working with the Focus on Alcohol Angus project to pilot and gain SQA accreditation for the British Institute of Innkeeping Certificate in Alcohol Awareness for 13-16 year olds; opportunities to support youth diversionary activities in disadvantaged areas as a means to tackle alcohol-related anti-social behaviour; and the introduction of the Strengthening Families Programme (SFP) to Scotland. The long term aim of the SFP 10-14 programme is to reduce alcohol, drug use and behaviour problems during adolescence using a 'whole family' approach.

Limiting access to alcohol and tackling problems

81. Protecting children from harm is an explicit objective of the Licensing (Scotland) Act 2005. It has already been used to enable the police to carry out test-purchasing operations whereby an underage person working with the police enters a licensed premises to buy alcohol. Where a premises fails a test-purchase, action can be taken by both the Procurator Fiscal and the licensing board. The Act also requires all licensees to operate on a no-proof no-sales basis so the onus is on the person making the sale to establish whether a customer is aged 18 or over.

82. Alcohol misuse can place a child at risk of abuse and fuel anti-social and offending behaviour. The Children (Scotland) Act 1995 contains a specific ground for referral where concerns exist about a young person's misuse of alcohol and/or drugs. In 2006-07 the Scottish Children's Reporter Administration ("Children's Hearings") received this type of referral in relation to 1,609 children.⁴⁴ Our focus on early intervention means a referral to the children's reporter should only be made where it is clear there is a need for a compulsory intervention to be made. The document *"Preventing Offending by Young People - A Framework for Action"* recognises that offending can be linked to substance misuse and commits delivery partners to develop evidence-based interventions for young people whose offending is linked to the misuse of alcohol or drugs.

RAISING MINIMUM PURCHASE AGE

83. We propose to raise the minimum legal purchase age to 21 for off-sales purchases and seek views on this proposal.

84. There is significant public concern regarding alcohol misuse and drunkenness amongst young people, and the related anti-social behaviour and crime which it can fuel. By continuing to allow access to on-sales premises, a supervised environment in which drinks measures are controlled whilst limiting access to off-sales, we hope to encourage more responsible drinking. Clearly such an approach must go hand-in-hand with improved enforcement of age of purchase in both on and off sales. This would, in turn, help to reduce underage drinking.

85. In virtually every country in the world where alcohol consumption is legal, there is threshold age above which buying and/or consuming alcohol is permitted. This varies from 16 to 21 years in different countries. In some countries, the minimum age of purchase differs between on and off sales or by the type of alcohol product being purchased. For example, in Sweden, the purchase age (for beverages over 3.5% ABV) is 20 but restaurants and bars can serve alcohol to those aged 18 or over and, in Norway, the minimum age to purchase spirits in shops is 20 but 18 for all other alcohol purchases.⁴⁵

86. In Scotland, the short term harms associated with impacts of alcohol misuse are higher in younger age groups than older age groups: e.g. alcohol-related attendances at Emergency Departments; alcohol-related assaults; and road accidents.⁴⁶ The increased levels of harm from accidents are likely to be linked to higher rates of binge drinking and drunkenness amongst younger drinkers²² and links to other risky behaviours.

87. Evidence from other countries, mainly the US, suggests that raising the minimum legal drinking age reduces alcohol sales and problems among young drinkers. A review of 132 studies published between 1960 and 1999 found strong evidence that increasing the legal drinking age from 18 to 21 years can have substantial effects on youth drinking and alcohol-related harm, particularly road traffic accidents, often for well after young people reached the legal drinking age.⁴⁷ Studies have found that raising the drinking age from 18 to 21 decreases single vehicle night time crashes by 11-16% and is related to changes in other alcohol-related injury admissions to hospital.⁴⁸

88. Studies have shown that delaying the age of onset of drinking may also be important in reducing the risk of alcohol problems and dependence in later life. A US study showed that young people who had begun drinking before the age of 15 were four times more likely to develop alcohol dependence than those who began drinking at age 21.⁴⁹ In addition those who begin drinking in their teenage years are also more likely to experience alcohol-related injuries than those who begin drinking at a later age.⁵⁰

89. Although the primary purpose of raising the age of purchase to 21 would be to reduce alcohol-related harm amongst the 18-21 age group, an important secondary purpose would be to reduce access to alcohol by under 18s. While the legal age of purchase for alcohol is 18 years of age, a high proportion of under 18s do access alcohol, with many drinking regularly and becoming drunk. Half of all 15 year olds, who drank in the last week, deliberately tried to get drunk.¹⁴ Of 15 year olds who had drunk alcohol, 30% had bought alcohol in a shop or supermarket and 19% in an off-licence compared with 11% in a pub, bar or club. In addition, 34% had bought alcohol from a friend, relative or someone else.¹⁴

90. A voluntary scheme, established by West Lothian Council, in collaboration with Lothian & Borders Police and licensees, prevents the sale of alcohol to people under the age of 21 between 1700 - 2200 on Fridays and Saturdays with anyone up to age 25 requiring proof-of-age ID to buy at these times. The scheme aims to reduce instances of anti-social behaviour and proxy purchasing and is based on a similar project, operating in Cleveland, which led to a 65% reduction in anti-social behaviour. Initial results have been very positive. The number of calls about vandalism have halved from the same time period last year and the number of assaults has decreased by 57%.

The case for raising the minimum age

91. We recognise that effective enforcement of the minimum age of purchase is a crucial component of any comprehensive alcohol strategy - this is considered within the effective enforcement section below. But given the negative impacts associated with drinking by young people, both on the drinkers themselves and on communities, and the positive evidence from the US, we consider there is a case for raising the minimum age of purchase from 18 to 21 years old.

92. We consider there is a particular case to be made for maintaining the current age of legal purchase at 18 in on-sales premises but raising it to 21 for off-sales. The main arguments in favour of this approach are:

- alcohol is much cheaper and more widely accessible in off-sales than on-sales and, therefore, the measure would be likely to generally reduce the amount of alcohol purchased by young people.
- on-sales premises offer a more controlled drinking environment than off-sales, therefore, the behaviour of 18-21 year olds is more likely to be moderated. Also unsupervised settings are associated with increased drunkenness and risk of harm amongst underage drinkers.⁵¹
- it could act as a particular deterrent for drinkers under 18 who are significantly more likely to purchase their alcohol from off- rather than on-sales. It will also reduce the opportunity for those aged under 18 to purchase alcohol by proxy through 18-21 years olds.

We invite views on whether we should raise the minimum age for off-sales purchases to 21 in Scotland.

FIFE ALCOHOL PARTNERSHIP GROUP

93. A key objective of the Scottish Government and Alcohol Industry Partnership is to work in conjunction with local community stakeholders to design, develop and implement a series of interventions within a geographically focused pilot area. This will establish the cumulative effect of a multi component and targeted approach to tackling alcohol harm and misuse. Fife was chosen as the pilot area for this work. The Steering Group for this study consists of representatives from Government, Fife Drug & Alcohol Action Team, Police, NHS, industry and the voluntary sector. The pilot will run for a minimum of two years.

94. It is an opportunity for the private, public and voluntary sectors to work together to develop, pilot and evaluate potential solutions. The pilot will implement a wide range of interventions to tackle alcohol misuse, in addition and complementary to existing local projects and initiatives. The project is currently in the early stages of scoping and initial research and potential interventions could include:

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|--|---|
| <ul style="list-style-type: none"> • Social Norms Programmes in educational and community settings • Greater availability of low & no alcohol products • Challenge 21 as standard practice • Experiment with soft drinks pricing for drivers • Bottle marking schemes • More challenge of proxy purchase | <ul style="list-style-type: none"> • BII Schools Alcohol Awareness Project • Theatre based education projects • Diversionary activities • Responsible retailing initiatives in Student Unions • Nite zones • Drink Drive initiatives • Working with local media • Taxi marshals |
|--|---|

MEASURES TO CONTROL THE AVAILABILITY OF ALCOHOL

95. We will monitor the effectiveness of the measures, under the new Licensing (Scotland) Act 2005, to control the availability of alcohol and consider whether further measures are required.

96. The new Licensing (Scotland) Act 2005 comes into effect from 1 September 2009. It provides an overhaul of the existing licensing arrangements and introduces a range of significant new measures to protect communities from alcohol-related harm. It establishes five Licensing Objectives (listed in Annex E), including for the first time one on health.

97. This section outlines how the Act addresses the availability of alcohol. Given that the provisions of the Act will not come into force until September 2009, it would be premature to consider further revisions until the effectiveness of the incoming changes can be assessed. We will monitor the effectiveness of the new measures and consider in light of this whether further measures are required.

Effective enforcement

98. Effective enforcement of the new licensing regime will be key to its success. Licensing Standards Officers (LSOs) are being recruited by local authorities and will have a key role in monitoring compliance with the Act and licence conditions. LSOs can visit licensed premises at any time and can make reports to the licensing board where they have concerns about the operation of a premises, allowing the licensing board to take swift action to protect the licensing objectives. Licensing boards also have new powers to take action against premises that breach licensing conditions including the power to suspend a premises licence (for any period) or revoke it. Ultimately it is for the licensing board to decide what sanction is most appropriate in response to a breach of licence conditions but it is clear that suspension or revocation of a licence is an effective measure to drive up standards and clamp down on irresponsible operators.

99. At present the police are responsible for enforcing the law. Test purchasing allows them to crack down on those premises selling alcohol to children and young people. We will also support the police in finding ways to effectively enforce the law in respect of third party purchasing and selling alcohol to someone who is drunk. While the police continue to be the main enforcement authority, consideration is being given to the scope for local authority trading standards officers also having a role in enforcement in relation to off-sales.

Overprovision

100. The number of licensed premises within an area can cause difficulties, particularly in respect of crime, disorder and public nuisance. From September 2009, licensing boards will be required to assess overprovision and establish an overprovision policy. Licensing boards have the ability to refuse new applications on the grounds of overprovision, for example, on the basis of the total number of premises in an area, or the number of premises of a particular type. This approach allows boards to respond to the negative impact that can arise from a large number of licensed premises in a particular area.

Licensing hours

101. Availability of alcohol is determined not just by the number of premises, but by the hours which premises are open. There is a presumption in the Act against routine 24-hour opening of licensed premises; such applications must only be granted in limited, exceptional circumstances. The Act also prevents alcohol being sold for consumption off the premises between the hours of 22:00 and 10:00. Licensing boards will be required to include information on their licensing hours policy in their broader licensing policy. This should recognise that licensing hours are important not only to individual licensed premises but can have a wider impact on an area.

“Safer Streets”

102. Through the Safer Streets initiative, we have supported local partners, in particular Community Safety Partnerships, to develop effective and innovative measures to tackle the effects of alcohol misuse in town and city centres. Much of this practice builds on the success of the Manchester City Safe Scheme and latterly the Glasgow 'Nite Zone' initiative. The general principle of this approach is that by gathering good quality intelligence, which can then be analysed and used by a range of agencies, alcohol-related disorder can be more effectively managed and ultimately prevented. There is no single approach; most schemes deploy a range of measures appropriate to local need. These can include:

- The effective use of by-laws to prevent street drinking
- Increased high visibility policing
- Dedicated areas of safety with extra police and support services (such as community wardens)
- On-street “triage” facilities to help lessen the burden on Emergency Departments
- Specialist licensing teams - best practice indicated that teams made up of police, fire service personnel and local authority officers have most effect.
- “Best Bar None” and other accreditation schemes
- Training for staff working in licensed premises - most commonly 'Servewise'
- Outreach services aimed at young people
- Taxi marshalling - either through police, wardens or private security staff and other taxi policies including dedicated pick up points and not allowing private hire to pick up off the street.
- Free bus routes or supported bus routes - again using police, wardens or private security staff on key routes.

103. Key to the success of this approach is ensuring longer term change in practice so that these innovative measures become part of mainstream activity and not simply a one-off campaign. There is evidence that this is happening across Scotland.

SOCIAL RESPONSIBILITY FEE

104. We propose that a fee should be applied to some alcohol retailers to help offset the costs of dealing with the adverse consequences of alcohol and invite views on our proposals. We do not intend that this would apply to small businesses where the sale of alcohol is incidental to the main purpose of the business and the amount of alcohol sold may be small.

105. The principle that the costs associated with the wider impacts of a commercial activity should be borne by those who benefit from it is well established and already applies, for example, in respect of environmental impacts. In our recent consultation on fee levels under the Licensing (Scotland) Act 2005, we sought views on whether local authorities should have a new power to apply an additional fee to licensed premises. This provoked a range of helpful comments and we are now moving on to raise more specific questions about the operation of a social responsibility fee.

106. Alcohol misuse and overconsumption and subsequent disorder and harm places a heavy burden on our public services from policing city centres at night, treating alcohol related injuries in Emergency Departments, and providing other services to respond to the consequences of alcohol misuse. We are aware that many town and city centres face their own unique problems with regard to the effects of alcohol misuse. Licensed premises play a vital part in the night-time economy but large numbers of people drinking within relatively compact districts can lead to anti-social behaviour and disorder, particularly if licensed premises have served customers who are already drunk.

107. It is wrong for the full burden of providing these services to continue to be met by the tax payer. Money available to Government is limited, and while businesses already pay business rates, we consider that some of the additional cost of providing services (for example, policing the night-time economy) should be met by those who profit from the sale of alcohol. The objective of a social responsibility fee would be for alcohol retailers to contribute financially to the furtherance of the Licensing Objectives set out in the Licensing (Scotland) Act 2005.

108. We do not consider that the uses to which social responsibility fees should be put should be set out nationally. Rather, local authorities should be able to determine priorities in their area and identify new or enhanced services, initiatives or projects where the use of additional money could best contribute to the achievement of the Licensing Objectives (some of these are set out above in "Safer Streets"). The fee should not become a direct alternative to established sources of funding but should provide an opportunity for local authorities and other public bodies to be innovative and creative in finding new ways of tackling and responding to the effects of alcohol misuse.

109. Beyond the principle of a social responsibility fee, consideration should be given to a number of other important points. It was first suggested that the fee should be applied to late-opening city centre premises to contribute to the additional policing costs which are necessarily incurred to deal with the adverse effects of alcohol misuse and subsequent disorder. The proposal has since been broadened out to include off-sales premises and the costs of other services.

110. Like the fees already introduced under the Licensing (Scotland) Act 2005, the level of fee should be proportionate to the size of the business. However, the current fees relate to the administrative costs of processing applications and running the licensing system. In relation to a Social Responsibility fee, bandings dependent on which sector sells the most alcohol might be more appropriate, especially as we are considering a fee to help address the negative effects associated with alcohol misuse.

111. This paper seeks views not on the general principle of a social responsibility fee, but on the detail of how it might work in practice. We are particularly interested in views on the criteria that should be used for determining premises that should be exempt from any fee.

We invite views on the following:

- **What criteria should be used to determine the types of premises (or specific premises) that should be subject to the fee? (e.g. late opening premises, or premises in a particular area) or conversely what criteria should be used to consider exemptions from the fee.**
- **How should the fee be determined? (e.g. based on rateable values, alcohol sales turnover)**
- **Should a fee be applied to Occasional Licences as well as Premises Licences?**
- **Should a similar fee be applied to other premises licensed under separate legislation? If so, what types of premises should be subject to a fee?**
- **Are there any other comments you would like to make on the operation of a social responsibility fee?**

DESIGNATED PLACES OF SAFETY

112. We will work with partners to identify the scale of the problem of drunk and incapable people requiring emergency support, evaluate existing models of support and identify good practice.

113. Longer term measures to reduce consumption and to change attitudes will, over time, reduce the number of drunk and incapable people on our streets, but action is needed now to address the current problem. The demands of providing care and support to individuals who are intoxicated and who may be a danger to themselves or others can reduce the capacity of emergency services to address other problems, with increased risks for those awaiting attention. In addition, police cells are inappropriate for the detention of drunk and incapable people who have no

other cause to be there. There is, therefore, a need to identify more effective ways of dealing with such people.

114. There is little data available on the scale or profile of the problem, but we do know that the impact on the police, Scottish Ambulance Service (SAS) and Emergency Departments can be significant. SAS, for example, report that in 2007 they attended an average of 73 incidents between 1-2am on Sunday mornings, compared with the normal hourly average of 38 incidents. On Hogmanay, incidents peaked at 150 between the hours of 02:00 – 03:00.⁵²

115. Some local provision already exists - including a protocol established between Fife Constabulary and the Scottish Ambulance Service and temporary arrangements established for large scale events, such as Edinburgh's Hogmanay – but provision is patchy. We consider that it is ultimately for local agencies to determine what arrangements are appropriate to meet local need. However, in order to assist them and to address the information gap, we have commissioned a research project, with input from a group involving the Association of Chief Police Officers in Scotland, SAS, Emergency Departments and local authorities. The project will seek to identify the scale and profile of the problem, evaluate existing models and identify the key elements of successful approaches plus any early interventions which may be successful in preventing people becoming drunk and incapable. If appropriate, some models may be piloted to test their effectiveness in a Scottish context. This will provide a range of options which can be adopted by local agencies in line with local need.

DRINK DRIVING

116. We will continue to press the UK Government to reduce the drink drive limit from 80mg per 100ml of blood to 50mg, and to give the police the power to carry out random breath tests.

117. Drink driving undermines efforts to make Scottish roads and communities safer, and continues to be the cause of too many collisions, injuries and deaths. In 2005, there were 990 casualties in Scotland as a result of accidents involving illegal alcohol levels. Of those casualties, 30 people were killed and 170 seriously injured.⁷ Although this is a reduction of previous years, there are still too many people dying every year on Scotland's roads as a result of drink driving.

118. The existing limit has been in place since 1967. Most of the rest of Europe now has a lower limit than the UK. In a 1998 consultation paper, figures produced by the Department for Transport suggested that reducing the blood alcohol limit to 50mg per 100ml of blood could prevent 50 deaths and 250 serious injuries across the UK every year.⁵³ More recently, academics from University College London have suggested that as many as 65 fatalities per year could be prevented.⁵⁴

119. Research conducted on our behalf has indicated that a hard core of persistent drink drivers behave as they do because they consider the risk of being caught to be very low.⁵⁵ At present, the police have the power (under section 6 of the Road Traffic Act 1988) to require an individual to provide a breath sample only when they have reasonable cause to suspect that they have alcohol in their body, that they have committed a moving traffic offence or that they have been involved in a road traffic accident. The introduction of random breath testing would provide officers with the power to test any driver at any time and anywhere, regardless of whether they have committed another offence or have been involved in an accident, and in the absence of reasonable suspicion.

120. The Association of Chief Police Officers in Scotland, the British Medical Association and the Royal Society for the Prevention of Accidents have all called for a reduction in the drink driving limit to 50mg per 100ml of blood, and for the introduction of random breath testing. We agree that reducing the UK drink driving limit to bring it into line with most of Europe and introducing random testing would significantly raise the perceived risk of being caught and should act as deterrent to drink drivers. In combination, we believe that these actions would save lives and reduce the number of alcohol related accidents on our roads.

121. Powers in relation to road traffic law are currently reserved to the UK Government and Parliament. We have written to the Secretary of State for Transport, formally requesting that the drink driving limit is reduced and the police are given the power to carry out random breath tests. We will continue to press the UK Government on this issue.

POSITIVE ATTITUDES, POSITIVE CHOICES

122. Alcohol is an important part of Scottish culture and of our national identity and is enjoyed by the majority of adults in Scotland. However, many Scots are now exceeding sensible drinking guidelines and do not recognise them as a tool to help manage their alcohol use and the risks associated with it. We need to support change in public attitudes by supporting and encouraging more responsible drinking. We need to increase awareness and understanding in order to empower and enable individuals to make more positive choices about the role of alcohol in their lives.

Proposals on which views are sought:

- **We propose action to further restrict the use of promotional materials within licensed premises and invite views on our proposals.**
- **We invite views on the desirability of introducing ‘alcohol only’ checkouts in off-sales premises.**

Additional actions:

- **We will continue to work with health and industry partners to promote awareness and understanding of alcohol misuse and responsible drinking.**
- **We will promote the widespread use of workplace alcohol policies.**
- **We support measures to deliver improved alcohol product labelling.**
- **We will explore how best to tighten restrictions on alcohol advertising in relation to young people.**

AWARENESS RAISING CAMPAIGNS

123. We will continue to work with partners to promote awareness and understanding of alcohol misuse and responsible drinking.

124. We want to empower and enable people to make informed choices about their alcohol use, by providing them with targeted, relevant and resonant information. We know that people often feel confused by different health messages from a variety of sources. This is why we are developing an overall Health Improvement Social Marketing Strategy which will link together a range of health improvement issues. The promotion of responsible drinking messages will be a key component of this.

125. Over the next two years we will focus on the health benefits of making positive lifestyle choices and of changing our behaviour. We intend to highlight the importance of positive mental wellbeing, which helps motivate us to make positive choices, e.g. about our alcohol use, and which can, in turn, be boosted by exercising these choices.

126. Many people mistakenly perceive alcohol misuse as only involving drunkenness and getting into trouble, and consequently feel reassured that their own levels of drinking are not problematic. But many Scots are drinking at levels that place them at increased risk. We also know that only a minority of us understand about units of alcohol and how they fit with the sensible drinking guidelines whilst only 15% of us can correctly estimate the number of units in a bottle of wine.³⁴ It is important, therefore, that we continue to raise public awareness of alcohol misuse through evidence-based social marketing campaigns using both advertising and direct engagement with the public.

127. We will build on the success of Scotland's first National Alcohol Awareness Week (held in October 2007) which brought government, the alcohol industry, health professionals and the third sector together for the first time to promote a joined up responsible drinking message and asked the nation '*does your drinking add up?*'. Working through the Scottish Government & Alcohol Industry Partnership (SGAIP), we will continue to promote joint responsible drinking messages and to encourage event organisers to employ responsible retailing practices.

128. We will continue to provide materials and funding to support the ADATs in their local marketing activity. We already produce a range of publications, developed in partnership with NHS Health Scotland, Alcohol Focus Scotland (AFS) and the Scottish Association of Alcohol and Drug Action Teams (SAADAT) and will consider the development of new titles, according to need.

ALCOHOL AND THE WORKPLACE

129. We will encourage the development of workplace alcohol policies, working through the Scottish Government and Alcohol Industry Partnership.

130. Establishing workplace alcohol policies can help employers to limit the effects of alcohol misuse on productivity by ensuring that employees are fit for work during working hours and by identifying employees with alcohol related issues. For employees it can help them access information and support to address problems early and provide assurance of fair and consistent procedures.

131. The majority (up to 75%) of people with alcohol problems are in employment.⁵⁶ In fact, those who are in employment are more likely to drink frequently and over the recommended guidelines than those without jobs. For women, those in employment are almost twice as likely as those who are unemployed to drink heavily on at least one day a week.⁵⁷ In Scotland, 45% of male and 28% of female heavy drinkers report that the after-effects of their drinking affected their work in the past and more than 6 million working days estimated to be lost in the UK each year due to alcohol related sickness absence.⁵⁶ While little data exists, a quarter of accidents at work are reported as being alcohol related.⁵⁸ In addition, around 50,000 people across the UK claim incapacity benefit due to alcohol problems with the highest proportions of the workforce claiming incapacity benefit or severe disablement allowance with a main diagnosis of alcoholism being mainly in Scotland.⁵⁹

132. Many responsible employers in Scotland have already introduced workplace alcohol policies. These companies have recognised that the costs associated with alcohol at work, the impact of current legislation, and the notable links between alcohol and ill health suggest that an alcohol policy is becoming an essential part of sound business practice. The Confederation of British Industry (CBI), the Health & Safety Executive, the Scottish Trade Union Congress (STUC) and the Federation of Small Businesses (FSB) all encourage businesses to adopt such a policy.

133. To assist the 40% of employers who have no alcohol policy, as well as those who may wish to update and improve their current policy, we have developed, in conjunction with the Scottish Government and Alcohol Industry Partnership, a comprehensive and flexible workplace alcohol policy. This policy is freely available to any organisation in Scotland (via www.infoscotland.com) and is supported by Healthy Working Lives and endorsed by the STUC, CBI and Alcohol Focus Scotland. To support the introduction of such policies, SGAIP has also developed an alcohol awareness workshop for employees which can be delivered flexibly in-house by organisations themselves.

ALCOHOL PRODUCT LABELLING

134. We are fully supportive of improved alcohol product labelling to enable consumers to make more informed decisions and support the introduction of mandatory labelling in line with the current UK voluntary agreement.

135. Knowing the facts about alcoholic drinks allows us to make informed choices about what we drink. Information about alcohol units can help us to relate our intake to recommended daily and weekly guidelines. Nutritional information, such as calorie content, can also influence choice. In addition to information specific to a particular product, warning labels on alcoholic drinks can be a useful way of raising awareness about the potential health risks and responsibilities around drinking alcohol and may influence decisions about whether to drive or engage in other behaviours that could be impaired by drinking.

136. A number of countries have adopted this approach. The United States, for example, introduced mandatory warning labels on alcohol containers regarding alcohol and pregnancy, impairment of ability to drive or operate machinery and risk of health problems. Some States also require places that sell alcohol to display posters with health warnings. US research suggests that warning labels increase awareness of the messages that they contained (particularly amongst high risk groups such as young people, pregnant women and heavy drinkers). The labels also prompted more conversations among drinkers about the risks of drinking alcohol and recall of warning labels was associated with lower reporting of drunk driving.⁶⁰

137. European legislation already sets out a range of basic labelling requirements for alcoholic drinks, such as product name and alcohol content by volume. The European Commission has recently published a draft regulation on the provision of food information to customers⁶¹ but the current draft continues existing exemptions for wine, beer and spirits from ingredient and nutrition labelling requirements. We would support their inclusion. Negotiations on the content of the new regulation will continue throughout 2008/09.

138. Last year, the UK Government reached a voluntary agreement with the alcohol industry regarding new labelling on alcohol containers and packaging bought or sold in the UK. As a result of the agreement, by the end of 2008, it is expected that the majority of alcoholic drinks labels will include the following elements:

- the drinks unit content (for beer, wine and spirits this will be given per glass and per bottle);
- the recommended sensible drinking guidelines;
- a sensible drinking message, such as 'Know Your Limits'; and
- the website or logo of the DrinkAware Trust (www.drinkaware.co.uk) which provides sensible drinking messages.

139. The UK Government is also encouraging the industry to include Government advice on alcohol in pregnancy – '*Avoid alcohol if pregnant or trying to conceive*'. During 2008, the UK Government will review the extent to which the industry has implemented the voluntary agreement and taken up the pregnancy message.

140. We are fully supportive of measures which deliver improved alcohol product labelling to enable consumers to make more informed decisions and support the introduction of mandatory product labelling in line with the current UK voluntary agreement, including the pregnancy advice. In order to lessen the potential impact on business and reduce confusion, it would be desirable to implement one system of product labelling across the UK and we will discuss with the UK Government the best way in which this could be achieved. However, we do not rule out further action on product labelling at a Scottish level.

RESTRICTIONS ON ALCOHOL ADVERTISING

141. We will explore how best to tighten restrictions on alcohol advertising in relation to young people.

142. The World Health Organisation (WHO) recommend that restrictions on advertising and sponsorship should be part of a comprehensive alcohol policy.⁶² There is growing research evidence to suggest that alcohol advertising has a contributory effect on levels of consumption and can support the development of pro-alcohol attitudes, particularly amongst young people. In 2007, a review of seven international research studies concluded that there is evidence to support an association between prior alcohol advertising and marketing exposure and subsequent alcohol drinking behaviour in young people.⁶³

143. Increased regulation of alcohol promotion activities could represent a precautionary approach, protecting young people from exposure to and potential influence from this material. It may also contribute towards the wider change in public attitudes and more responsible behaviours towards alcohol which we are seeking to promote in the same way as restrictions on the advertising and sponsorship of tobacco formed an important part of changing attitudes towards smoking.

144. In 2004, expenditure on direct advertising of alcohol in the UK was estimated to be around £200m.⁶⁴ Spending on indirect promotional activities - such as sponsorship, product tie-ins, contests and special promotions - is estimated to be around three times higher than spending on direct advertising. This suggests that the total value of promotional activity in the UK could be in the region of £600 - 800m per annum.⁶⁵

145. The large budgets allocated to the promotion of alcohol products suggest that alcohol companies believe that these activities promote sales. What is clear is that the current volume of alcohol product advertising, reinforcing how 'normal' and desirable it is to drink, far outweighs any public messages about the hazards associated with alcohol consumption.

Current restrictions on alcohol advertising & sponsorship

146. Within the EU, there are a variety of national restrictions and controls on alcohol advertising and mixtures of statutory and self-regulatory measures. All countries have at least one regulation and all, with the exception of the UK, have a ban of one form or another of one or more types of advertising.⁶⁶ The most common restrictions are watershed time bans for specific beverages and specific media. Norway has a total ban on the advertising of alcohol. In 1991, France introduced extensive restrictions, which included banning alcohol advertising on television and in cinemas and preventing alcohol sponsorship of cultural or sports events. Where advertising is permitted, content is strictly controlled and a health message must be included on each advertisement that 'alcohol abuse is dangerous for health'.

147. In the UK, alcohol advertising is regulated by a mix of statutory and self-regulation, though Ofcom and the Advertising Standards Authority (ASA). In 2005, following a review and consultation by Ofcom, the statutory codes for broadcast advertising of alcohol were tightened in relation to content but they did not place any further restrictions on the volume of adverts. Subsequently, the Advertising Standards strengthened the self-regulatory regime for non-broadcast advertising to bring it broadly in line with the strengthened new broadcast rules restricting general appeal to young people and linking of alcohol with sexual content and/or irresponsible or antisocial behaviour. Research commissioned by Ofcom/ASA to measure the impact of the new rules on the appeal of alcohol advertising to under 18s concluded that, in the period since the change, there has been an increase in those saying that the adverts make drinks look appealing and would encourage people to drink it.⁶⁷

148. The Portman Group, a body established by the drinks industry to promote responsible drinking, has a voluntary Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks which requires that promotional activities should not appeal specifically to under 18s nor should they encourage excessive consumption; be associated with anti-social behaviour, illegal drugs or sexual success; or suggest that drinking leads to popularity.

Are further restrictions desirable to reinforce the message that alcohol is not an ordinary product?

149. Although we have no plans at this stage to introduce statutory restrictions on alcohol sponsorship we welcome the increase in the voluntary inclusion of responsible drinking messages at events with an alcohol sponsor, in line with the “Social Responsibility Standards for the Production and Sale of Alcoholic Drinks: Scotland”.⁶⁸ Local Licensing Boards also have powers to regulate major events and, where necessary, to apply additional conditions (such as ensuring responsible drinking messages appear at events). We also welcome the recent change to the Portman Code which means that alcohol branding should no longer feature on children’s replica shirts.⁶⁹ We are working with the industry to develop a voluntary code specifically on alcohol sponsorship and will monitor the impact of this and consider further regulation if necessary.

150. In terms of advertising more widely, given the reach of broadcast advertising (in particular television which represents almost half of total spend on alcohol promotion through the media⁶⁷), we consider this should be focus of further action. A recent survey found that the majority of TV alcohol advertising is scheduled prior to 9pm, with a particular increase between 3 and 5pm.⁷⁰ In addition the Ofcom/ASA research found that, between 2005 and 2007, young people reported an increase in the amount of cider that they had drunk and that the proportion of television spend represented by the cider market increased from 1.8% in 2002 to 15.5% in 2006.⁶⁷

151. Given the appeal of alcohol adverts to young people, we consider that there should be further restrictions on the broadcasting of alcohol adverts at times which children and young people are likely to view them. The UK Government is undertaking a review of the evidence on the relationship between alcohol price, promotion and harm, due to report in summer 2008. This will include consideration of whether the current advertising restrictions are sufficient to protect children and young people in particular. We will therefore explore how best to deliver a ban on alcohol advertising before the 9pm watershed and in cinemas for films with a certificate below age 18. This approach is supported by the British Medical Association.

FURTHER RESTRICTING PROMOTIONAL MATERIAL IN LICENSED PREMISES

152. We propose action to further restrict the use of promotional materials within licensed premises and invite views on our proposals.

153. We have already introduced a statutory requirement which, from 1 September 2009, requires the display of alcohol for consumption off the premises to be confined to a single area of the premises and/or an area that is inaccessible to the public.

This effectively eliminates cross-merchandising of alcohol with other products and means that customers will need to make a more conscious decision to go to that area if they intend to browse or buy an alcohol product. They will no longer encounter numerous alcohol displays as they select their everyday groceries.

154. In order to reinforce the above measures and to ensure that alcohol product displays are not just simply replaced by displays of promotional material depicting alcohol, we propose further action to restrict the use of promotional materials within licensed premises.

We invite views on whether regulations should be made, under the Licensing (Scotland) Act 2005, to extend the existing regulations to:

- **prevent the display on licensed premises of promotional material relating to alcohol in a way visible to persons outside the premises.**
- **prevent the use on licensed premises of any special display designed to promote sales of alcohol for consumption off the premises.**
- **prevent on licensed premises any other promotional activity to induce the sale of alcohol for consumption off the premises.**

SEPARATE ALCOHOL CHECKOUTS

155. We seek views on whether new regulations should be introduced to require that alcohol must be purchased through an ‘alcohol only’ checkout or checkouts in off-sales premises.

156. Alcohol displays scattered throughout stores encourage us to think of alcohol as an ordinary product. Because of the risks associated with alcohol use, it is important that we draw a distinction and that we discourage impulse buying of alcohol products. One means of doing this is by introducing separate checkouts for alcohol products.

157. As noted above, the introduction of regulations requiring that alcohol be confined to a dedicated area or areas of the premises mean the customer has to make a conscious decision to go to that area if they intend to browse or select an alcohol product. Separate checkouts would be a further extension to this policy and they are already in place for tobacco sales in many large supermarkets and other stores. In effect, this means a shopper wishing to purchase tobacco as part of their weekly shop must queue up twice and the store must process two separate transactions. Similar arrangements for alcohol sales could encourage shoppers to make conscious decisions about whether to purchase alcohol and help to emphasise that alcohol is not an ordinary product. In stores where alcohol is sold, a separate checkout or checkouts would be used for the sales of alcohol products. No other products could be processed through the ‘alcohol checkout’.

158. We recognise that there may be consideration about where such requirements should apply. For example, it may not be appropriate to apply these requirements to small premises such as village stores and corner shops, which may operate with only one till point, to shops which primarily sell alcohol such as wine warehouses, or to pubs selling for consumption off the premises. In addition, given retailers' concerns about the difficulties faced by staff in challenging customers who appear to be under 18, should there be a requirement for staff operating separate alcohol checkouts to be at least 18 years old.

We invite views on:

- **the desirability of creating separate checkouts for alcohol sales to help emphasise that alcohol is not an ordinary commodity;**
- **the particular criteria that should be applied in determining which types of premises should be subject to any such arrangements; and**
- **whether there should be a requirement for alcohol checkout staff to be at least 18 years old.**

IMPROVED SUPPORT AND TREATMENT

159. There is strong evidence that early intervention with individuals whose drinking is likely to expose them to increased risk can be effective in helping them to reduce their alcohol intake. But many Scots don't realise that their drinking is placing them at increased risk. We need to improve prevention activity, identifying people whose alcohol use may be harmful without their being aware of it, and supporting them to make positive changes. Those with more serious problems, such as alcohol dependency, often require more intensive support to enable them to address their drinking. The provision of significant additional resources will enable us to ensure better and quicker access to services that meet their needs.

Key actions:

- **We have committed a record additional £85m over the next three years to improve the identification, support and treatment of those who are misusing alcohol.**
- **We have established a new programme target for the delivery of brief interventions by the NHS.**
- **We will establish a comprehensive national training programme for staff involved in delivering brief interventions.**
- **We are working with a wide range of partners to ensure that local delivery is effective, efficient, accountable, and reflects both national and local priorities.**
- **We will develop a co-ordinated national alcohol and drugs workforce development plan to ensure that professionals involved in supporting those with alcohol problems have the necessary skills.**

- **We have developed an Action Plan on improving Mental Health in Scotland, which recognises the relationship between alcohol and mental health and ensures that this is taken into account in promotion, prevention, and support activity.**
- **We will work with partners to encourage the development of integrated care pathways for offenders and information sharing to ensure they receive continuity of alcohol support and treatment both in custody and in the community.**

ENHANCING AND CAPACITY BUILDING IN SCREENING, BRIEF INTERVENTION AND TREATMENT SERVICES

160. We have committed record additional funding to support the identification, support and treatment of those who are misusing alcohol.

161. In addition to changing attitudes towards alcohol misuse, we need to build people's own capacity to improve their health and wellbeing. Many people may simply be unaware that their alcohol use is placing them at increased risk. Others may recognise they have a problem but need support to address it. We want to create the conditions in which individuals have the confidence, motivation and ability to make positive choices about their alcohol use and can access professional support and advice when required.

162. That is why we are making the largest ever financial investment towards tackling alcohol misuse – an additional £85.3 million over the next three years – on top of the current annual allocation of £12.3 million. The majority of this funding will be routed through NHS Scotland to deliver increased access to early intervention and treatment, and it will provide a significant step change in the level of screening for and diagnosis of alcohol misuse, support and advice, and, where appropriate, effective and timely treatment. NHS Scotland is uniquely placed both to deliver services directly through GPs and hospitals, and to work through ADATs, to commission services in line with local need, taking into account health inequalities. Funding to Boards has been allocated using a formula which takes account of deprivation, in order to impact on health inequalities in relation to alcohol-related harm, as well the numbers of drinkers who are at increased risk or dependent.

Delivering screening and brief interventions

163. We have established a new programme target for the delivery of brief interventions by NHS Boards and will also establish a comprehensive national training programme for staff involved in delivering brief interventions

164. As part of our approach to Better Health, Better Care,⁷¹ the Government's programme to deliver a healthier Scotland by helping people to sustain and improve their health, we will expand screening to enable early identification of people who are misusing alcohol but may be unaware they are doing so, and delivery of brief interventions to help prevent them from developing problems.

165. There is strong evidence that screening and brief interventions are effective in helping people who are drinking at levels which put them at increased risk, but who are not alcohol dependent.⁷² These tools are thought to work equally well for those deprived and marginalised groups in society. Clinical guidelines⁷³ are in place which recommend health professionals opportunistically screen people who may be at risk, during routine visits to their GP, antenatal clinics or accident and emergency departments. Where people are identified a simple, short advice session ('brief intervention') has been shown to be effective in helping them to reduce consumption over the medium term.

166. Several examples of good practice of delivering brief interventions exist, (Annex G sets out two examples in different settings). Also 'Keep Well',⁷⁴ targeted at 45-64 year olds in the most deprived areas of Scotland, provides health checks aimed at identifying individuals risk of preventable ill health particularly focusing on cardiovascular disease. Those found to be at risk are referred onto further services, including brief interventions on alcohol, which aim to address and reduce the individual's risk of future ill health. Despite this, brief interventions are not yet being provided on a systematic basis. Our aim is to ensure that screening and brief interventions are routinely available through the NHS. We have taken a number of actions to support NHS Boards in their delivery:

- by including alcohol screening and brief interventions as a Scottish Enhanced Service;
- by making delivery of screening and brief interventions in acute settings one of the priorities of our Health Promoting Health Service activity;
- by establishing Health Efficiency Access and Treatment (HEAT) targets to measure their delivery;
- by establishing a comprehensive national training programme, through NHS Health Scotland, to ensure staff have the right skills to deliver brief interventions, as part of our wider workforce development activity (see page 53); and
- underpinning all this activity by making significant additional funding available.

167. We will also provide a further avenue for support and follow-up advice through the NHS 24 Helpline.

Building capacity in treatment services

168. For those with more severe or dependent drinking, or for whom alcohol related health harm is already a reality, more intensive treatment and support may be required. We know that provision of specialist services currently falls short of need and are funding research to establish the size of this shortfall.⁷⁵ Increasing routine screening for alcohol problems will have a knock on effect on the number of people identified with alcohol problems who require further specialist support. Our record investment over the next three years will, therefore, support significant improvements in prevention and treatment services. Services should be accessible and inclusive to fully address the needs of those with alcohol problems and support those affected by others' alcohol problems.

169. We expect NHS Boards to spend the majority of the additional prevention and treatment funding on such services, in line with priorities determined by Alcohol and Drug Action Teams (ADATs). Service commissioning decisions will continue to be taken by NHS Boards and ADATs, in line with locally identified need, and taking into account health inequalities. Where appropriate, services should comply with the guidance contained in the Health Technology Assessment Report 3 on Prevention and Relapse in alcohol dependence. Services can be commissioned from the public, private or third sectors.

170. Alcohol problems cannot necessarily be treated in isolation, however. There are strong links between alcohol and mental health, homelessness, and the use of illegal drugs. In addition the needs of children affected by parental alcohol misuse, and wider family members need to be considered. It is important that the parental support services coordinate with those providing support to their children. An holistic, integrated approach to treatment and care is essential to deliver the best outcomes for those affected by alcohol related harm.

Reforming delivery

171. We will work with NHS Boards and ADATs to ensure that local delivery is effective, efficient, accountable, and able to deliver solutions to both national and local priorities.

172. Effective local arrangements for delivering services and activities are critical to the success of an effective national alcohol strategy. ADATs are responsible for co-ordinating multi-agency and multi-disciplinary strategy at a local level, identifying local priorities for action and working in partnership towards reducing the harm arising from substance misuse problems. A stock-take review of ADATs (published in July 2007) concluded that a partnership approach was essential to effectively tackling substance misuse, but highlighted a number of areas for improvement to ensure more effective delivery, in particular: variation in performance between ADATs; clarity about the role and purpose of ADATs; and accountability, particularly to central Government, who provide funding.

173. Our aim is to develop and put in place arrangements for delivery which, as far as possible, ensure:

- that all elements of the system are clear about their role, responsibilities and relationships with each other, to allow appropriate accountability to be expressed;
- that local strategic priorities are developed and implemented effectively, reflecting both national priorities and local circumstances;
- that resources are used efficiently and effectively, and that local partners can demonstrate to Government that this is the case; and
- that any local delivery structure is run in a professional and business-like fashion, with proper information management that can underpin accountability and reporting to Government and local communities.

174. A joint sub-group of the Scottish Ministerial Advisory Committee on Alcohol Problems and the Scottish Advisory Committee on Drug Misuse was established in January 2008 to drive the reform process. It will report in Autumn 2008, its remit is to:

- develop and propose an outcomes-based framework for assessing and managing performance at a local level;
- develop and propose a clear statement of the strategic functions which need to be carried out at a local level to deliver national alcohol and drugs misuse strategies;
- develop and propose robust accountability arrangements between central Government and partner organisations; and
- consider the role, structure and responsibilities of a national support function.

DEVELOPING THE ALCOHOL WORKFORCE

175. We will develop a co-ordinated national alcohol and drugs workforce development plan to ensure that professionals involved in supporting those with alcohol problems have the necessary skills.

176. Scotland benefits from an extensive infrastructure of third sector statutory organisations that are determined to tackle problems with alcohol misuse. A diverse range of professions, such as doctors, nurses, social workers, counsellors, housing officers and youth workers, may contribute to the care and support of those affected by alcohol misuse. We recognise that more could be done to support and strengthen the capacity of this workforce, through learning and development opportunities, in order to deliver measurable outcomes, against both national and local priorities and targets. The previous Administration committed, through the Updated Plan for Action on Alcohol Problems, to developing a co-ordinated national alcohol and drugs workforce development plan to support the learning and development required, and we will continue to progress this work. This will draw on the good practice currently available and that which is under development.

177. The plan will seek to: identify those with a role in addressing the impact of alcohol and drug related harm on individuals, families and communities; devise an approach that reflects the different levels of support provided by them; establish a set of key competencies across the workforce; and ensure the workforce has the necessary skills to address the wide ranging needs of clients. It will also provide an implementation framework to roll standards out across the workforce. In order to achieve this a local Training Needs Analysis Guide; a database of existing training and learning provision; a bank of learning materials; and a range of supporting resources, including a mapping of occupational standards and qualifications, and competency frameworks are likely to be produced.

178. A Steering Group, led by NHS Health Scotland, has been established to take this forward. The workforce development strategic plan will be published in late 2008, with implementation plans to follow in Spring 2009. This work will support a competent, confident, valued and responsive workforce to address the health and

social support needs of individuals, families, carers and communities affected by alcohol and drug related harm.

MENTAL HEALTH & SUBSTANCE MISUSE

179. We are developing an Action Plan on improving Mental Health in Scotland, which recognises the relationship between alcohol and mental health and ensures that this is taken into account in promotion, prevention, and support activity.

180. We know that alcohol misuse can have a negative impact on the mental health and wellbeing of individuals and their family. Conversely mental health problems, such as psychosis, depression and even dementia, can contribute to increased alcohol use. Around half of all suicides had a history of alcohol misuse and, alcohol misuse is the primary diagnosis in 13% of Scottish psychiatric admissions.² The strong correlation between alcohol misuse and actual or potential mental health problems means that we must tackle the two together. But it is not only at the acute end that alcohol and mental health can be closely interlinked. Alcohol is a depressant and although its use can provide a temporary feeling of relaxation and wellbeing, its longer term effect can be to accentuate low mood, anxiety and depression.

181. Alcohol misuse can be a direct and/or indirect contributory factor in developing dementia and for those with an early diagnosis continued alcohol consumption can worsen functioning and lead to further and more rapid deterioration. The promotion of good mental health will have benefits by helping to prevent mental illness and associated alcohol and drug misuse. In addition, reducing alcohol misuse should have a positive effect on mental health.

182. We have already taken action to address these inter-linkages in developing services. We published 'Mental Health in Scotland: *Closing the Gaps – making a Difference*' which builds on the principles and recommendations of the *Mind the Gaps* and *A Fuller Life* reports. It supports joined up local delivery to improve awareness, support and service provision for people who have both mental health and substance misuse problems including Alcohol Related Brain Damage. The report recommends that NHS mental health services should have the lead responsibility for care of those whose needs are best met within specialist mental health care. But it also proposes the need for substance misuse services to develop knowledge, skills and capacity in psychological treatments to meet the mental health needs of their client group.

183. In addition, *Towards a Mentally Flourishing Scotland: The Future of Mental Health Improvement in Scotland 2008 – 2011* proposes action on 3 main themes: promotion, prevention and support. People with alcohol problems and children whose parents have problems with drugs and/or alcohol are two of the priority groups for local and national action. An Action Plan is being developed for National and Local implementation from 2008 to 2011.

184. The recent Report for Scotland of the National Confidential Inquiry into Suicides and Homicides by People with Mental Illness highlighted that in Scotland,

as elsewhere, homicide is a crime committed by young men, with young men their most likely victims. In the cases studied, alcohol or drugs were often present and homicides were most often committed with 'sharp objects'. We will work with the findings and recommendations in this report and put this within the context of current and planned work in Scotland. Recommendations to ensure frontline staff are skilled and confident in assessing and managing alcohol misuse fit well with '*Closing the Gaps*'. Further recommendations relating to services for those with a dual diagnosis are being taken forward through the standards for integrated care pathways for mental illness conditions that have been developed by NHS Quality Improvement Scotland. In addition, ongoing work to track admissions to both general and psychiatric hospitals through the Scottish Patients at Risk of Re-admission and Admission (SPARRA) highlights the need to make better use of information on the multiple admissions of individuals which can often be related to alcohol or drugs.

ALCOHOL AND OFFENDERS

185. We will work with partners to encourage the development of integrated care pathways for offenders and information sharing to ensure they receive continuity of alcohol support and treatment both in custody and in the community.

186. The link between alcohol and crime - particularly violent crime and anti-social behaviour - is clear. Alcohol-related crime is estimated to cost Scotland £379m per year, cause misery to victims and their families and undermine our communities, particularly those that are most deprived.¹ Many of those who offend have alcohol problems not necessarily directly linked to their offending behaviour. The majority of those who offend and their victims come from disadvantaged backgrounds.⁷⁶ Intervening in a criminal justice setting can provide the opportunity to support those who are hardest to reach in the community and so tackle health inequalities. It brings benefits directly to the offender and their immediate circle and indirectly to those communities we most want to strengthen. There are particular challenges to engaging with offenders, particularly those who receive custodial sentences which need to be overcome.

187. An offender can travel a path which begins with contact with the police, moves through police custody and possibly to court. It can result in community based sentences, such as a probation order or community service order, or may result in imprisonment and subsequent release back into the community, with or without statutory supervision. Opportunities exist along these various routes to identify that someone has an alcohol problem; assess the nature of that problem and the individual's motivation to change; deliver appropriate interventions or direct them into specialist treatment and support. Conversely there are risks that the treatment and support which people receive can be disrupted as they move from one setting to another. If information about an offender's alcohol use is not shared between services as a matter of course, or in a timely way, opportunities to make a real difference are lost.

188. We want to encourage the development of integrated care pathways for individual offenders and to ensure information sharing protocols between agencies in order that offenders' alcohol issues are identified and appropriate interventions can be provided. Community Justice Authorities (CJAs) have a key role to play here. The Scottish Prison Service (SPS) and those who provide community based services should work together to ensure the identification of needs and continuity of care within and after prison for those in need of specialist support to overcome their problems with alcohol misuse. SPS should formally screen all prisoners for alcohol problems and, where appropriate, deliver brief interventions. We will fund a pilot project to enable them to evaluate the effectiveness of this work. We are also conscious of the need to improve our understanding of 'what works' in terms of alcohol interventions with offenders in a community setting, and will work with CJAs to learn the lessons from Scotland-wide experience.

ANNEX A – GLOSSARY OF TERMS

Alcohol by Volume (ABV): is an indication of how much pure alcohol (expressed as a percentage of total volume) is included in an alcoholic beverage.

Alcohol misuse: Often based on value judgements, but objectively it can refer to heavy consumption of alcohol on an individual occasion or the persistent use of alcohol above sensible drinking guidelines.

Alcohol dependence: A person with alcohol dependence may be characterised by some or all of the following: a strong desire to drink, difficulties controlling their use of alcohol, persistent use of alcohol despite being aware of the harmful effects, a preoccupation with alcohol, an increased tolerance for alcohol, and signs of withdrawal when without alcohol. The problems associated with alcohol dependence are wide ranging, and can be physical, psychological, and social.

Alcohol problems: This refers to a whole spectrum of harm to work, relationships, physical or mental health caused by alcohol misuse.

Binge drinking: The terms 'binge drinking' or 'binge' have no standard definition, although they are generally understood to mean drinking too much alcohol over a short period of time. The Scottish Health Survey has defined a 'binge' as drinking over twice the recommended guidelines for daily drinking. This equates to drinking over 6 units a day for women or over 8 units a day for men. In reality, many binge drinkers are drinking substantially more than this level.

Blood alcohol concentration: Blood alcohol concentration (BAC) is the concentration of alcohol in blood. It is measured either as a percentage by mass, by mass per volume, or a combination. In the United Kingdom, BAC is reported as milligrams of alcohol per 100 millilitres of blood. The current legal drink driving limit is 80mg per 100ml.

Brief intervention: A short, evidence-based, structured conversation with a client/patient that seeks in a non-confrontational way, to motivate and support the client/patient to think about and/or plan behaviour change.

Drunkenness: A state where an individual has drunk alcohol to the extent that it impairs significantly functions such as speech, thinking, or ability to walk or drive.

Excessive drinking: There is no standard definition of excessive drinking. It can be described as drinking at levels in excess of recommended sensible drinking guidelines.

Problematic drinking: Drinking at levels which cause physical or psychological harm to the individual, or which have adverse social consequences.

Problem drinkers: Can be identified using the CAGE questionnaire. CAGE is a validated screening tool named after its four questions (attempts to **C**ut back on drinking, being **A**nnoyed at criticisms about drinking, feeling **G**uilty about drinking, and using alcohol as an **E**ye-opener). Two or more positive statements on CAGE is taken as an indicator of potential problematic drinking.

Sensible drinking guidelines: Sensible drinking is drinking in a way that is unlikely to cause individuals or others significant risk of harm. UK Government sensible drinking guidelines recommend that:

- adult women should not regularly drink more than 2–3 units of alcohol a day;
- adult men should not regularly drink more than 3–4 units of alcohol a day; and
- pregnant women or women trying to conceive should avoid drinking alcohol.

UK sensible drinking guidelines were recommended by an expert government group and were based on an extensive review of the evidence of the effects of alcohol on health.⁷⁷ The risk of harm from drinking above sensible levels increases the more alcohol is drunk, and the more often an individual drinks over these levels. Sensible drinking also involves a personal assessment of the particular risks and responsibilities of drinking at the time.

Unit: Alcoholic drinks can be described in terms of units. In the UK, a unit corresponds to 8 grams or 10 millilitres (ml) of ethanol (pure alcohol). The number of units in a given quantity of alcoholic drink can be calculated by strength of alcohol (% ABV) x volume (millilitres) divided by 1000. One unit roughly equates to half a pint of ordinary strength beer, lager, or cider (3-4% ABV), or a small pub measure (25ml) of spirits (40% ABV). There are approximately one and a half units of alcohol in a small glass (125ml) of ordinary strength wine (12% ABV).

ANNEX B – ALCOHOL-RELATED HARM IN SCOTLAND

WEALTHIER & FAIRER – Enable businesses and people to increase their wealth and more people to share fairly in that wealth.

The scale of Scotland's problem: economic costs

189. Scotland has a successful history of alcohol production and export. Alcohol-related industries are responsible for around £3.3 billion⁷⁸ of exports and directly employ around 9,900 people in Scotland.⁷⁹ But alcohol misuse reduces the productive capacity of our economy and imposes significant costs to Scottish society. Alcohol misuse cost the Scottish economy an estimated £820m in lost productivity in 2006-7 through absenteeism, presenteeism (reduced activity/productivity while at work due to the effects of alcohol misuse), higher unemployment and premature death of younger people in the working population.

190. In addition, alcohol misuse imposes significant costs on the NHS (in terms of treating people damaged by excessive drinking); social work services (in supporting individuals and families); and the criminal justice system (for example, on police time), as well as having wider human and social costs. The total cost of alcohol misuse in Scotland in 2006-7 is estimated to be in the region of £2.2 billion. This equates to a cost of over £500 per year for every adult living in Scotland.

Table 1: Cost to society of alcohol misuse, 2006/7¹

Sector	Cost
Productivity / Economic	£820m
NHS Scotland	£405m
Social work	£170m
Criminal justice + emergency services	£385m
Human costs	£470m
Total cost	£2,250m

191. While the harm caused by alcohol misuse pervades all sections of Scottish society, it is those living in our most deprived communities who are disproportionately affected. We know that those living in the 20% most deprived communities are around six times more likely to be admitted to hospital (and to die) due to alcohol misuse than those from the most affluent areas².

SAFER & STRONGER – Help local communities to flourish, becoming stronger, safer places to live, offering improved opportunities and a better quality of life.

The scale of Scotland's problem: alcohol and crime

192. Alcohol can make people more aggressive and more willing to take risks they otherwise would not. We are only too aware of the role of alcohol in anti-social behaviour and public disorder, incidents of violence within and outside the home, and deaths and serious injuries caused by drunk driving.

193. We know there is a strong link between alcohol misuse and offending. Almost half (45%) of Scottish prisoners in 2007 said they were drunk at the time of the offence, while a similar number report that they would accept help for alcohol problems.³ Victims' reports also provide an indication of the scale of the problem. Where respondents to the 2006 Scottish Crime and Victimization Survey (SCVS) were able to say anything about the person or people who committed the crime, 45% said that the person or one of the people responsible was under the influence of alcohol. In cases of assault, this figure rises to 67%.⁵

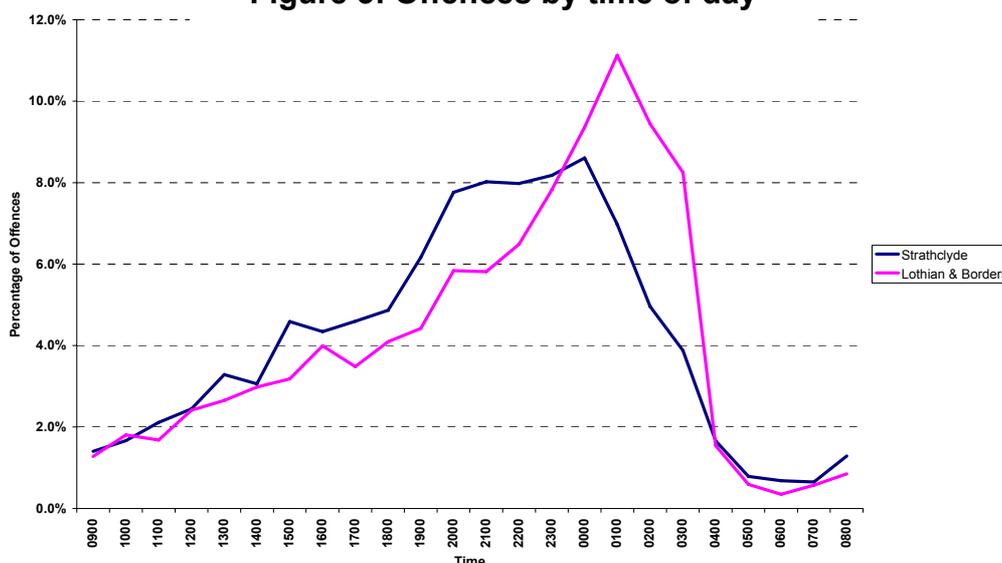
194. Victims' perceptions appear well-founded. Analysis by Strathclyde Police shows that of the 5,000 prisoners processed by one Glasgow police station in 2006-7, over 60% were under the influence of alcohol and/or drugs. Of those detained for violence, two-thirds were under the influence of alcohol.⁸⁰

195. An audit of Scottish Emergency Departments (EDs) suggested that at least 70% of assaults presenting to EDs may be alcohol-related (with the majority of these being concentrated at weekends and involving young men).⁴ And in homicide cases, two-thirds of people accused (and whose drug status was known) were either drunk or drunk and on drugs at the time of the alleged offence.⁶

196. The relationship between alcohol and domestic violence is complex, but where domestic violence exists, alcohol is often present. A 2003 Home Office study into domestic violence found that in 62% of cases alcohol was present, while almost half (48%) convicted for domestic violence were alcohol dependent. It concluded that alcohol may be a distinguishing factor in domestic violence offenders.⁸¹

197. The link between pub closing times and criminal offences is shown graphically in Figure 3. The number of offences peak around closing time in both Strathclyde and Lothian and Borders. The slightly later peak (at around 1am) in Lothian and Borders could be explained by Edinburgh having later licensing hours.⁸²

Figure 3: Offences by time of day



Alcohol and Road safety

198. There were almost 12,000 drunk driving offences in Scotland in 2006-7.⁸³ Drink-driving remains one of the main causes of road deaths. In 2005 there were 30 fatalities on Scottish roads which involved accidents where the motor vehicle driver or rider was above the legal alcohol limit. Over 900 people were slightly or seriously injured.⁷

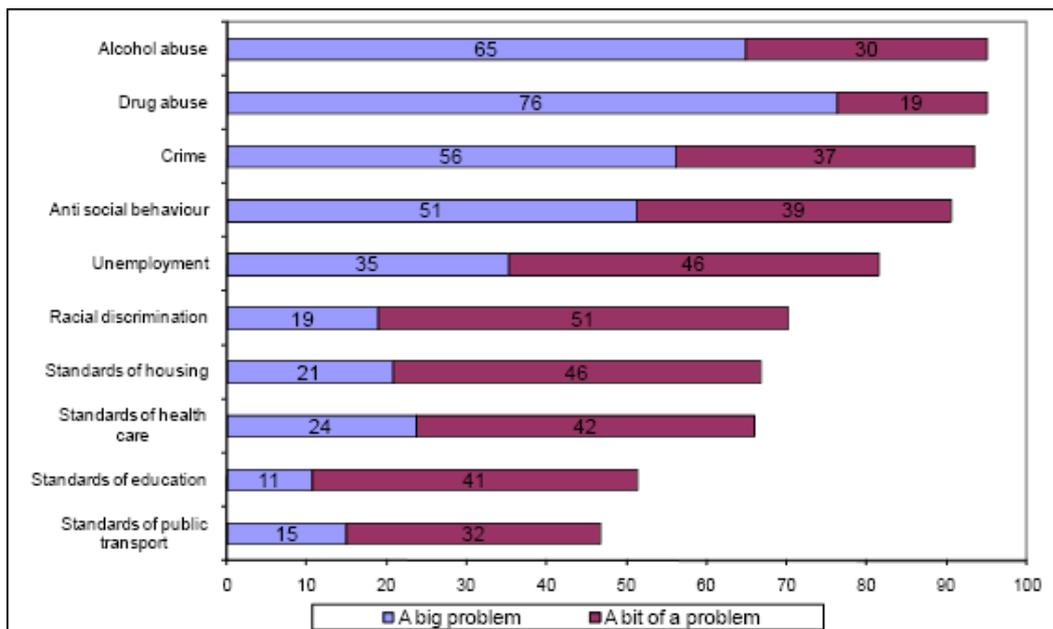
Alcohol and Fire

199. Alcohol continues to be the single greatest contributory factor to people dying in accidental house fires in Scotland. Alcohol was a direct contributory factor in almost a third (30.8%) of fatal fire incidents and an indirect factor in a further 15.4% in Scotland in 2006/07. Given that 39 people died in domestic fires in 2006/7, these figures represent a significant number of potentially preventable deaths.⁸⁴

Fear and Quality of Life

200. It is well recognised that alcohol misuse also impacts on people's perceptions and fears. No fewer than 95% of respondents to the Scottish Crime and Victimization Survey (SCVS) 2006 saw alcohol abuse in Scotland as a problem (including two-thirds who saw it as a big problem). Scots put alcohol on a par with drugs and higher than crime, anti-social behaviour and unemployment.⁵ The 2004 SCVS also found that almost half of respondents (46%) report drunken or rowdy behaviour as impacting on their quality of life.⁸⁵

Figure 4: Perceptions of social problems in Scotland, 2006



HEALTHIER – Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.

Alcohol consumption and health harm

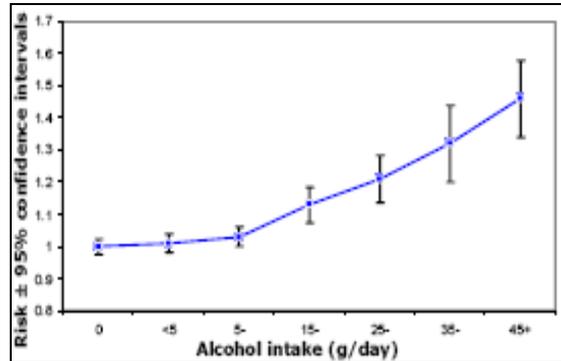
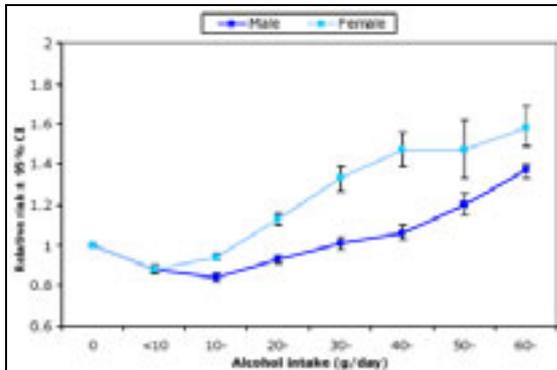
201. There is clear evidence that as alcohol use increases so does the risk of a range of physical and mental health harms. Alcohol misuse has been shown to damage the brain and nervous system, affect the immune system, harm bones, skin and muscles, cause fertility problems and impair fetal development. In the short term it can result in accidental injury or alcohol poisoning. In the long term, it can lead to a range of alcohol related conditions, including cancer, chronic liver disease and cirrhosis and high blood pressure, and even to death. Taken together this represents a significant risk to health. The World Health Organisation identifies alcohol as the third highest risk factor for ill health in developed countries, behind only tobacco and high blood pressure.¹³

202. As shown in figure 5a, as alcohol intake increases so does the relative risk of death from all causes. Figure 5b shows the increased risk of breast cancer among women regularly drinking above as little as seven units per week.⁸⁶

Figure 5: Alcohol intake and relative risk

a) Relative risk of all-cause mortality

b) Relative risk of breast cancer

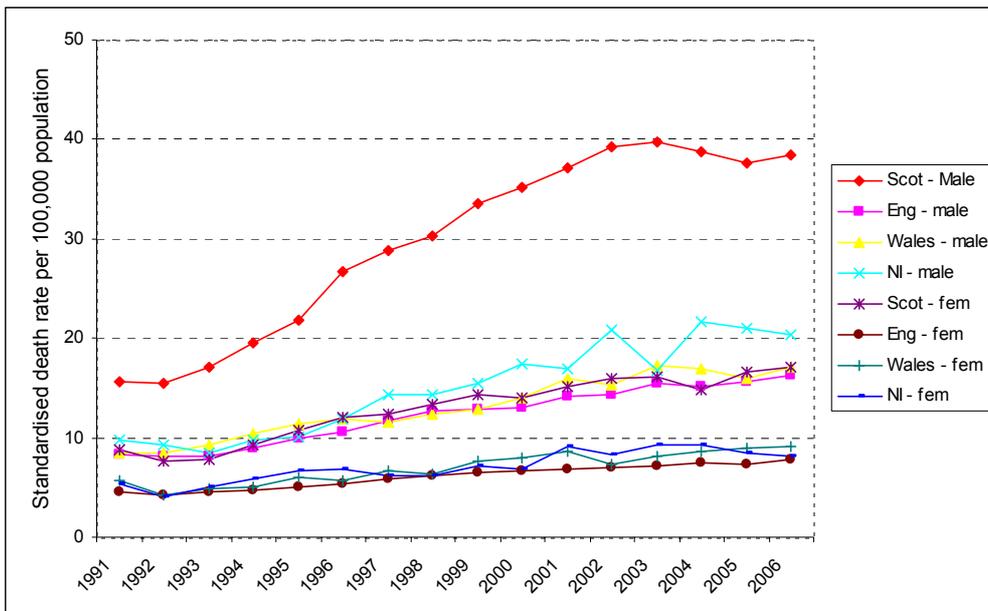


Note: 8g of pure alcohol = 1 unit

The scale of Scotland's problem: alcohol and health harm

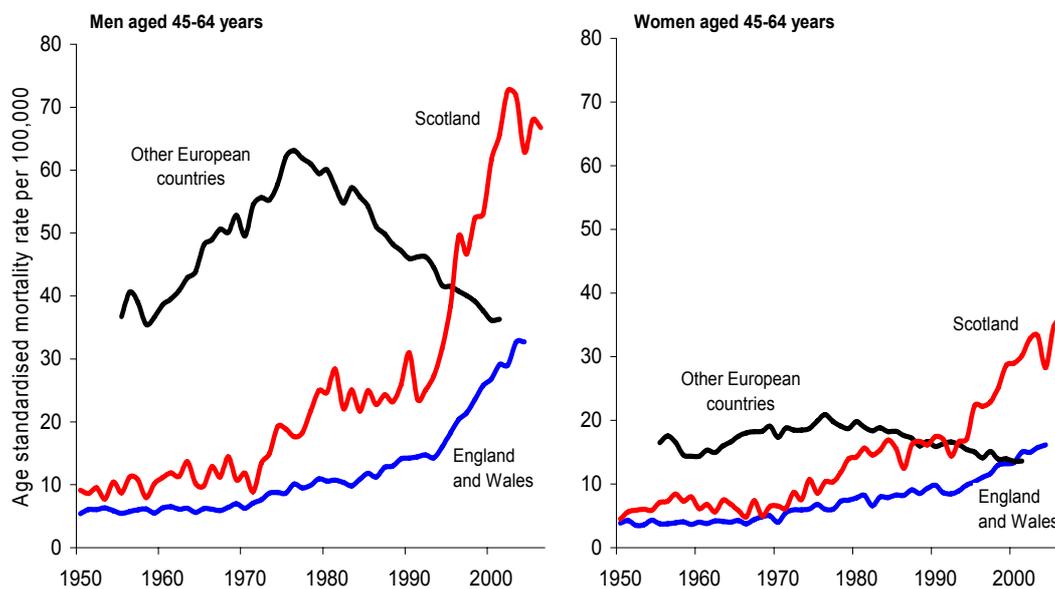
203. As alcohol-related death and illness often result from longer-term exposure to high levels of alcohol intake, the full impact of the increase in consumption since the 1950s and 1960s is only recently becoming evident. Alcohol-related attendances in Scottish general hospitals have increased by almost 50% over the last decade¹⁰ and alcohol-related death rates have more than doubled. Mortality rates in Scotland are now twice that of the rest of the UK, with one Scot dying every 6 hours as a direct result of alcohol misuse. The alcohol-related mortality rate among Scottish women is now higher than that of English men, as shown in Figure 6.⁹

Figure 6: Alcohol-related mortality in the UK, 1991-2006



204. Scotland's chronic liver disease and cirrhosis death rates among 45-64 year old men have increased dramatically in the last decade and are now twice as high as in England and Wales. Scotland has one of the fastest growing chronic liver disease and cirrhosis death rates in the world at a time when rates in most of Western Europe are falling. Evidence shows that the majority of chronic liver disease and cirrhosis deaths are alcohol related.⁸⁷ The fall in death rates in many European countries closely mirrors falls in their alcohol consumption levels since the 1970s whereas in Scotland, as alcohol consumption has risen, so have chronic liver disease and cirrhosis mortality rates.

Figure 7: Chronic liver disease and cirrhosis mortality rates per 100,000 population, 1950-2006⁸⁸



205. The effects of alcohol misuse are not limited to chronic illness. An audit of Scottish Emergency Departments (EDs) found that over a 10 day period there were 2,228 alcohol-related attendances to 15 of Scotland's 25 EDs (representing 11% of all ED attendances).⁸⁹ A large proportion of attendances involved young men with a significant number occurring at the weekend around or shortly after pub closing time.

206. As well as physical harms, we know there is a strong link between alcohol and mental health problems. Half of the consultations for alcohol problems relate to either mood or anxiety disorders (as opposed to one-fifth of those patients not misusing alcohol).⁹⁰ And about 50% of people committing suicide since 1997 have had a history of alcohol misuse, while 20% had a primary diagnosis of alcohol dependence.¹²

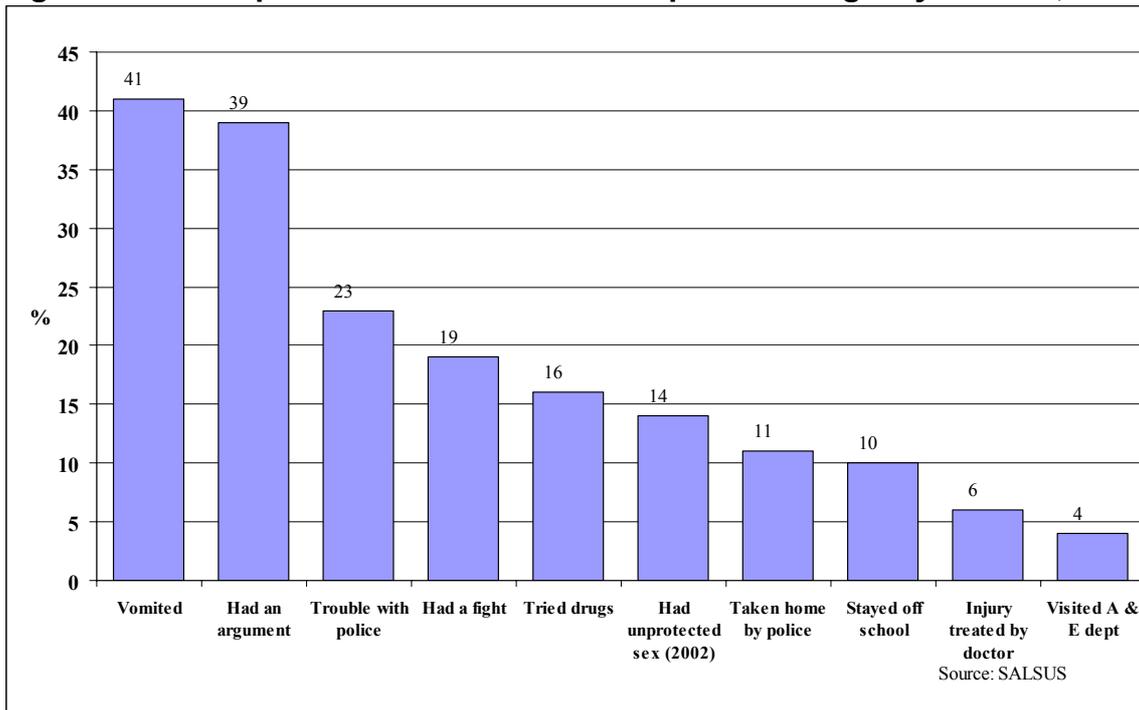
207. Alcohol can also have serious side effects such as unwanted weight gain. A pint of lager typically contains around 200 calories, as can a large glass of wine. Many of us are now drinking the equivalent of a day's average recommended daily calorie intake every week. Being overweight or obese contributes to a range of serious health problems, including diabetes, high blood pressure, cancers and arthritis.

SMARTER – Expand opportunities for people in Scotland to succeed from nurture through to life long learning, ensuring higher and more widely shared achievements.

The scale of Scotland's problem: alcohol and life chances

208. Our young people are drinking too much, putting themselves and others at risk of harm. In a 2006 survey 40% of 15 year olds and 15% of 13 year olds had drunk alcohol in the previous week. Figure 6 below sets out the associated harms experienced by 15 year olds who had drunk in the previous year. Notably 1 in 6 reported trying drugs and 1 in 7 reported having unprotected sex.¹⁵

Figure 8: Consequences of alcohol consumption among 15 year olds, 2006



209. But it is not just young people's own drinking that is the problem. Children whose parents drink at problematic levels have been found to have higher levels of behavioural difficulty, school-related problems and emotional disturbance than children of non-problem drinking parents.⁹¹ There were an estimated 65,000 children under the age of 16 living with parents defined as problem drinkers in 2003.¹⁶

210. In 2003, it was estimated that 25% of children on child protection registers in the UK were there because of parental alcohol or drug use.¹⁷ Parental alcohol problems were the most frequent concern raised about the health and well-being of parents and significant others by children calling Childline Scotland. In 40% of cases children were calling because they were being physically abused.⁹²

Relationships and Families

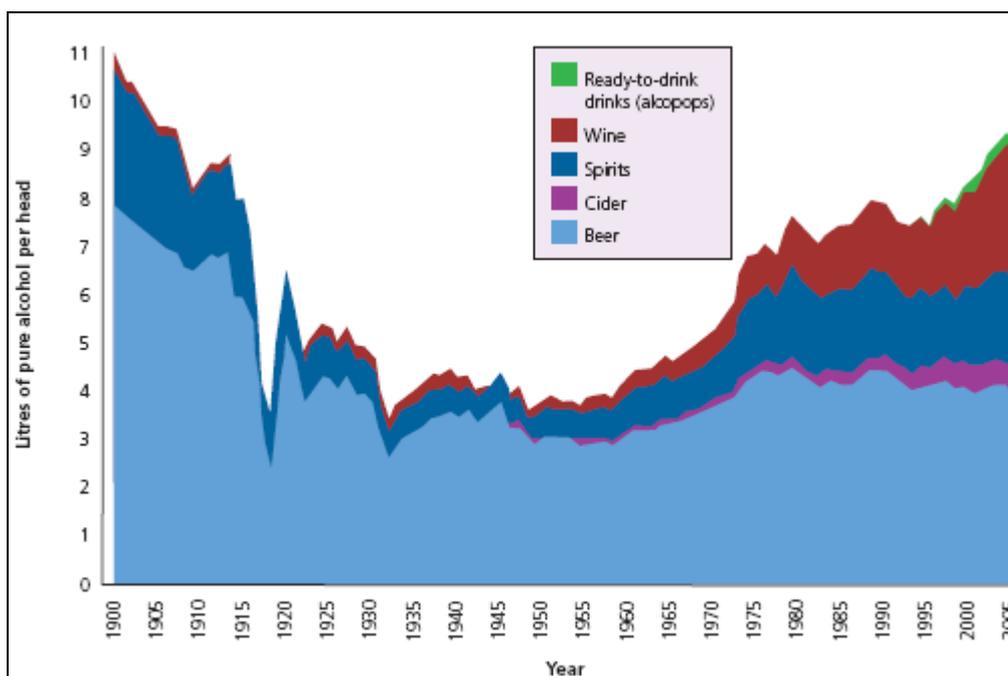
211. Heavy drinking is also a common factor in family break-up. Research has shown that marriages where one or both partners have an alcohol problem are twice as likely to end in divorce as marriages where alcohol problems are absent, while one in three divorce petitions in the UK cite excessive drinking by a partner as a contributory factor.¹⁸

ANNEX C – ALCOHOL CONSUMPTION IN SCOTLAND

How much do we drink?

212. Alcohol consumption in the UK has more than doubled since 1950, with the rate of increase particularly noticeable since the early 1990s (figure 9).¹⁹ This increase is against the backdrop of falling (or levelling) consumption trends over the last 10-15 years in most of the EU.²⁴ 2007 sales data estimate Scots over the age of 16 drank, on average, the equivalent of almost 23 units of alcohol per week, compared to just over 19 units in England and Wales.²¹

Figure 9: Litres of per alcohol consumption per capita, 1900-2006¹⁹



213. While questionnaire-based surveys are known to consistently under-record alcohol consumption as many of us under-estimate the amount of alcohol we consume, (and surveys tend to exclude some heavy-drinking groups), they provide the best indication of drinking patterns among population subgroups.⁹³ The Scottish Health Survey (SHeS) 2003 found that, of those who drank in the previous week, 63% of men and 64% of women drank more than the sensible drinking guidelines on at least one occasion. In addition, 34% of men and 23% of women reported that they exceeded recommended weekly limits of 21 units of alcohol for men and 14 for women.⁹⁴

214. However, as alcohol industry Scottish sales data (and HMRC figures) indicate that the SHeS may only capture around two-thirds of total consumption. Therefore, it is estimated that up to 50% of men and 30% of women in Scotland are exceeding recommended weekly limits.⁹⁵

215. 'Binge' drinking (generally considered to be drinking twice the daily limit in one sitting) is becoming increasingly common. The SHeS found that, of those who drank in the 7 days, 40% of men and 33% of women reported binge drinking in the previous week (again this is likely to be a significant under-estimate).⁹⁴

216. The number of 13 and 15 year old children who drink alcohol has also increased since 1990. In 2006, over a third of 15 year old girls and boys drank alcohol in the previous week, often consuming above weekly adult sensible drinking guidelines. Of those 15 year old girls who drank almost a third (32%) consumed 14 units or more, while 28% of boys drank 21 units or more.¹⁴ A recent series of audits of the impact of alcohol on Emergency Departments (ED) found that nearly 650 children, including 15 children under twelve and one as young as eight years old, were treated for alcohol related health problems during the audit period. The report also found that an average of 13 units of alcohol was consumed by the children in the 24 hours before attendance at the ED.²³

What do we drink and how do we drink?

217. Like the rest of the UK, Scotland is still predominantly a nation of beer drinkers. However, beer's share of the UK alcohol market has been in steady decline over the last 30 years, from over 60% in 1976 to 43% in 2006. Wine (and more recently cider) have become increasingly popular, with a market share of nearly 30% in 2006 (up from just over 10% in the mid 1970s).¹⁹ The main difference in consumption patterns between Scotland and the rest of Great Britain is the higher consumption of spirits in Scotland. While spirits constituted around 29% of all alcohol sold in Scotland in 2007, spirits made up less than a fifth of the alcohol sold in England and Wales.²¹ In terms of how we drink, we know that drinking heavily in individual sessions accounts for a relatively higher proportion of drinking occasions in the UK when compared to the rest of Europe.⁹⁶

Where do we drink?

218. There has been a noticeable shift in the location of drinking in recent decades. While the pub may have long been synonymous with Scottish drinking culture, in recent years many more of us have been choosing to drink at home. Off-trade sales were estimated to account for around 51% of alcohol volume sales in Scotland in 2007, up from 24% in 1980.²¹ However, as the off-trade enjoy a relatively high market share of higher strength products (almost three-quarters of spirits and 95% of fortified wine is sold through the off-trade), this sector accounts for over 60% of the pure alcohol sold in Scotland.²¹

Alcohol misuse – a population-wide problem

219. Excessive daily and weekly consumption is not limited to particular sections of society but is common across different age and socio-economic groups. We know that while middle-aged men have the highest average weekly consumption, younger women tend to drink more heavily than their older counterparts. Men and women who enjoy the highest household income are significantly more likely to exceed weekly limits, while men living in the most deprived communities are most likely to drink heavily on individual occasions. Total consumption is, however, broadly similar across socio-economic groups.²²

ANNEX D – ALCOHOL-RELATED INDICATORS

Below we set out a number of the key alcohol-related indicators which we believe will help us develop a robust monitoring framework. To be useful, an indicator should have the following characteristics:

- it relates in a meaningful and valid way to one or more of the desired outcomes in the alcohol strategy;
- the data upon which the measure is based are already being collected with acceptable levels of coverage (e.g. across all NHS Boards), or can be collected in the future;
- the data is of robust quality (in terms of accuracy; completeness; consistent; timely);
- collation is cost effective; and
- the indicator is responsive to change.

The indicators are set out under a number of broad categories – alcohol consumption, alcohol-related harm and awareness, attitudes to alcohol, and price. Given the disproportionate affect alcohol misuse has on the most deprived communities, a key measure of success will be addressing the inequality gap seen across a range of alcohol misuse indicators. Some may be achieved in the short-term; others by their very nature will take longer to attain. A monitoring and evaluation framework will be developed in the coming months.

Indicator	Measure	Source	Level of analysis	Frequency	Notes
Consumption					
Adults	Proportion of adults exceeding daily and weekly recommended weekly limits, 'binge' drinking and self-reported drunkenness	Scottish Health Survey	Scotland, Health Boards (HB), age, gender, SIMD	Annual (from 2009)	Health Board data available every 4 years. Gap between survey estimates and industry sales data.
Per capita alcohol consumption	Per capita alcohol consumption (aged 16 and over)	The Nielsen Company	Scotland	Six monthly	Per capita alcohol consumption (aged 16 and above). Data from industry sources
Children	Proportion of 13 and 15 year olds who drink alcohol, frequency of drinking and drunkenness, mean consumption levels, etc.	SALSUS	Scotland, HB, Local Authorities (LA), ADAT, age, gender,	Biennial	Self-reported. Data available at LA, ADAT and HB level every 4 years
Alcohol-related harm					
Alcohol-related general hospital discharges	Standardised rate of general hospital acute inpatient discharges with an alcohol-related diagnosis	ISD, SMR01	Scotland, HB, LA, age, gender, SIMD	Annual	National indicator. Alcohol misuse recorded as primary or secondary diagnoses

Alcohol-related harm (con't)					
Alcohol-related psychiatric hospital discharges	Standardised rate of psychiatric hospital inpatient discharges with an alcohol-related diagnosis	ISD, SMR04	Scotland, HB, LA, age, gender, SIMD	Annual	Alcohol misuse is recorded as primary or secondary diagnoses
General hospital discharges for liver disease	Standardised rate of general hospital acute inpatient discharges with a diagnosis of alcoholic liver disease	ISD, SMR01	Scotland, HB, LA, age, gender, SIMD	Annual	Alcohol misuse is recorded as primary or secondary diagnoses
Alcohol-related deaths	Standardised alcohol-related death rate	GROS	Scotland, HB, LA, age, gender, SIMD	Annual	Alcohol misuse is recorded as the underlying or contributory cause of death
Alcohol-related homicides	Proportion of accused who were drunk or drunk and on drugs at the time of the offence	Scottish Government (SG)	Scotland, Police Force area	Annual	Small number of cases allows limited demographic and geographic analysis
Alcohol-related violence	Presence of alcohol in violence reported by victims of assault	SG	Scotland; Police Force area, gender, age	Annual	Self-reported perception of status of accused in assault cases
Alcohol and Offenders	Proportion of prisoners drunk at the time of offences; proportion of prisoners with alcohol problems	Scottish Prisoner Survey	Scotland, gender, age	Annual	Self-reported
Drunk driving	Number of offences per 100,000 population, number of casualties, number of accidents	SG	Scotland, Police Force area, LA, gender, age	Annual	Numbers may be influenced by police enforcement and other external factors
Drunkenness	Offences of drunkenness per 10,000 population	SG	Scotland, Police Force area, LA, gender, age	Annual	Numbers may be influenced by police enforcement
Children – negative consequences	Proportion of 13 and 15 year olds who report negative effects (trying drugs, getting into trouble, etc) as a consequence of drinking alcohol	SALSUS	Scotland, HB, LA, ADATs, gender	Biennial	Self-reported. Data available at LA, HB, and ADAT level every 4 years.

Awareness, Attitudes, Price					
Awareness and knowledge of units	Awareness of recommended daily limits, knowledge of unit content	Scottish Social Attitudes Survey	Scotland, age, gender, SIMD	2009 or 2010	Benchmark data available from 2007 survey module. Repeat module to be commissioned in 2009 or 2010.
Attitudes to alcohol	Range of measures of attitudes to drinking, drunkenness, perceptions of problems caused by alcohol, etc.	National surveys	Scotland, age, gender	Annual;	Benchmark data available from 2007 SSAS. Data available from Scottish Crime and Justice Survey.
Availability and Price	Various measures of the price, affordability and availability of alcohol	Various	Scotland / UK	Various	Measure of the price, affordability and availability of alcohol

ANNEX E – LICENSING (SCOTLAND) ACT 2005 - EXISTING RESTRICTIONS ON PROMOTIONS

The new Licensing (Scotland) Act 2005 comes into effect from 1 September 2009. It provides an overhaul of the existing licensing arrangements and introduces a range of significant new measures to protect communities from alcohol-related harm. It establishes five Licensing Objectives, including, for the first time one on health. These are:

- protecting and improving public health
- preventing crime and disorder
- protecting public safety
- protecting children from harm
- preventing public nuisance

“Promotion” means, in relation to any licensed premises, any activity which promotes, or seeks to promote, the buying or consumption of any alcohol on the premises. Schedule 3 to the Act defines a drinks promotion as irresponsible if it:-

- (a) Relates specifically to an alcoholic drink likely to appeal largely to persons under the age of 18;
- (b) Involves the supply of an alcoholic drink free of charge or at a reduced price on the purchase of one or more drinks (whether or not alcoholic drinks);
- (c) Involves the supply free of charge or at a reduced price of one or more extra measures of an alcoholic drink on the purchase of one or more measures of the drink;
- (d) Involves the supply of unlimited amounts of alcohol for a fixed charge (including any charge for entry to the premises);
- (e) Encourages, or seeks to encourage, a person to buy or consume a larger measure of alcohol than the person had otherwise intended to buy or consume;
- (f) Is based on the strength of any alcohol;
- (g) Rewards or encourages, or seeks to reward or encourage, drinking alcohol quickly, or,
- (h) Offers alcohol as a reward or prize, unless the alcohol is in a sealed container and consumed off the premises.

Paragraphs (b) to (d) apply only to drinks promotions where alcohol is sold for consumption *on* the premises. Paragraphs (a) and (e) to (h) apply to alcohol sold for consumption both *on or off* the premises. Although paragraph (e) applies equally to alcohol sold for consumption *off* the premises, it talks about “a larger measure of alcohol” which is not a common phrase in relation to off-sales purchases.

ANNEX F – EXAMPLES OF YOUTH PROJECTS WHICH OFFER AN ALTERNATIVE TO ALCOHOL

Case study: Moray Council - Midnight Football League

This initiative provides physical activity to teenagers to help reduce anti-social behaviour, an identified priority in the Community Plan. Initiated through Scottish Football Association and Bank of Scotland funding, it is replicated in other parts of the country. A football league that is organised for an 8-12 week period on a Friday evening from 9.00-11.30pm for 12-18yr olds. The SFA/Bank of Scotland funds one term per year of midnight league. Due to the success and popularity of the league it has continued throughout the other school terms and has also been funded through Local Community Networks (LCNs), Grampian Police, The Moray Council or Local Village Associations. The leagues have taken place in Buckie, Fochabers, Keith, Elgin, and Lossiemouth and have helped to reduce anti-social behaviour and youth disorder calls on a Friday night. Each session attracts between 35-100 participants. Moray Council will continue to organise midnight football leagues throughout the Moray area whilst budgets are still available. They are keen to develop the leagues into more community led projects, so rather than employing SFA qualified coaches to supervise the leagues they would like to put some volunteers, parents etc onto a SFA Coach Education course as well as a first aid and child protection course which would result in the leagues being more cost-effective.

Lloyds TSB Foundation Partnership Drugs Initiative Case Study

A group of young people were identified and known to a PDI project through their detached streetwork. All were involved in gang fighting, using alcohol and drugs, and most had been both victims and perpetrators of violence. All the young people in the group had a negative reputation with the police and local community due to their anti-social behaviour.

The PDI project built up a relationship with them over a 2 year period. Through the support provided by the PDI Project the group of young people were approached to devise and develop a specific initiative for their own community. This initiative was part of a scheme developed between local service providers to encourage community-led joint ventures. The young people renovated the garden for the local residential home for elderly people. The work was well received by the residential home, and increased the young peoples' reputation with their local community. The young people themselves continue to work with the PDI project around their substance misuse, offending etc with some already demonstrating a reduction in offending and are accessing help in relation to their alcohol intake.

Active Schools Network

North Lanarkshire Council and North Lanarkshire Leisure: Saturday Fame Academy

Shotts Leisure Centre is opened outwith its normal opening times from 6pm to 10pm on Saturday nights. The time was chosen after consultation with the local community and the young people from Shotts and surrounding areas. The council provided a programme of sport and leisure activities which impacted on youth disorder, vandalism, calls to the police and under age drinking. Following the success of the pilot project, the council has extended it to Airdrie Leisure Centre and Tryst Sports Centre in Cumbernauld with over 2,000 young people registered.

West Dunbartonshire Council: The Pulse Programme

Each Friday night a range of free sport and art activities is offered to 12-18 year olds in venues across West Dunbartonshire. The pulse initiative, launched by West Dunbartonshire Community Safety Partnership, West Dunbartonshire Council and Strathclyde Police, aims to reduce youth disorder whilst providing young people with a variety of fun, healthy options in their community. The Pulse Initiative also offers an outreach service to young people in outlying areas providing transport to take them to identified Pulse Centres. Further information is available at www.thepulse-wd.com

Scottish Sport Futures

The voluntary sector organisation Scottish Sports Futures (SSF) provide city wide diversionary sport activities in Glasgow including twilight basketball. SSF is currently running a number of projects that use inclusive sport to encourage young people to make positive changes in their lives, whether that includes abstaining from drugs and alcohol, improving diet, activity levels or attitude.

ANNEX G – EXAMPLES OF BRIEF INTERVENTIONS

DUMFRIES & GALLOWAY – LOCAL ALCOHOL SERVICE

The service:

In 2005, as part of a 4-tier integrated model of alcohol service, a local enhanced service was successfully piloted that screened and delivered brief interventions for alcohol problems in primary care. Adopting both a targeted (e.g. all new patients) and opportunistic (e.g. when misuse clinically suspected) approach, a 1 minute screening questionnaire (FAST test) – which can identify alcohol misuse through a single question – was used to identify those who were drinking at hazardous and harmful levels. A brief intervention was then carried out, which included useful advice and resources for the patient, such as a drinks diary, estimation of their weekly consumption in units, and a blood sample to evaluate liver function. GP practices received funding when a FAST positive patient who accepted the brief intervention completed a 3 month follow up of their weekly alcohol consumption and liver function.

The outcomes:

Of 543 patients screened, 94 (17%) tested positive for hazardous or harmful drinking. 54 of these showed impaired liver function through the blood test. Of the 93 who accepted a brief intervention, 56 were followed up 3 months later. 33 of the 56 reported reduced alcohol consumption, and liver function had improved in 25. Follow up questionnaires to those who screened both positive and negative for alcohol misuse revealed that between 80% and 90% of respondents were satisfied with the information supplied and were happy to have been asked about their alcohol consumption. 90% said they would be happy to be asked again in future. Plans are in place to roll out the service more widely.

CROSSHOUSE HOSPITAL – ALCOHOL LIAISON NURSE PROJECT

The service:

In 2005, a service was established to tackle alcohol problems identified within their Emergency Department (ED). Patients identified as having an alcohol related problem are offered a consultation with the alcohol liaison nurse. Depending on their immediate state of health, level of intoxication and time of presentation, this may be immediate or through an appointment for the Alcohol Awareness Clinic. A letter is sent to their home and to their GP to make them aware of the referral. Those who choose not to attend are provided with an information pack tailored to their needs. The clinic is held in a general clinic area to minimise stigmatisation and encourage attendance.

Patients receive a half hour appointment to discuss their alcohol issue. Motivational interviewing and support is offered, and follow-up treatment paths, where necessary, are explored, including through referral to detoxification services or signposting to services in the community. GPs and A & E consultants are made aware of the outcome. In addition, the alcohol liaison service provides a support service to inpatient areas and delivers alcohol awareness training to staff across the hospital campus.

The outcomes:

The alcohol awareness clinic has achieved a 50% attendance rate in a population known to be difficult to encourage into services. Six month follow up is being undertaken to establish the level of success achieved by the brief intervention service. The pilot has extended to Ayr hospital inpatient wards, with a half-day alcohol awareness clinic in Ayr A&E in operation from April 2008.

ANNEX H – COMPLETE LIST OF CONSULTATION QUESTIONS

Within this discussion paper, we invite views on the following policy areas:

Irresponsible promotions and below-cost selling

We invite views on whether regulations should be made, under the Licensing (Scotland) Act 2005, to:

- put an end to off-sales premises supplying alcohol free of charge on the purchase of one or more of the product, or of any other product, whether alcohol or not.
- put an end to off-sales premises supplying alcohol at a reduced price on the purchase of one or more of the product, or of any other product, whether alcohol or not.
- prevent the sale of alcohol as a loss-leader.

Also, that these measures should, subject to Parliamentary agreement, take effect from 1 September 2009 as conditions of the premises licence. A breach of the conditions would result in action being taken by the Licensing Board and could result in a licence being suspended for any period, or revoked.

Minimum Retail Pricing

We invite views on the proposed principles on which a minimum pricing scheme for alcohol products should be established.

Information for parents

We will review current advice to parents and would welcome views on what particular information parents and carers would find helpful.

Minimum legal purchase age for alcohol

We invite views on whether we should raise the minimum age for off-sales purchases to 21 in Scotland.

Social Responsibility Fee

We invite views on the following aspects of a 'social responsibility fee':

- What criteria should be used to determine the types of premises (or specific premises) that should be subject to the fee? (e.g. late opening premises, or premises in a particular area) or conversely what criteria should be used to consider exemptions from the fee.
- How should the fee be determined? (e.g. based on rateable values, alcohol sales turnover)
- Should a fee be applied to Occasional Licences as well as Premises Licences?
- Should a similar fee be applied to other premises licensed under separate legislation? If so, what types of premises should be subject to a fee?
- Are there any other comments you would like to make on the operation of a social responsibility fee?

Promotional material in licensed premises

We invite views on whether regulations should be made, under the Licensing (Scotland) Act 2005, to extend the existing regulations to:

- Prevent the display on licensed premises of promotional material relating to alcohol in a way visible to persons outside the premises.
- Prevent the use on licensed premises of any special display designed to promote sales of alcohol for consumption off the premises.
- Prevent on licensed premises any other promotional activity to induce the sale of alcohol for consumption off the premises.

Separate alcohol checkouts

We invite views on the desirability of creating separate checkouts for alcohol sales to help emphasise that alcohol is not an ordinary commodity. Also, the particular criteria that should be applied in determining which types of premises should be subject to any such arrangements; and whether there should be a requirement for alcohol checkout staff to be at least 18 years old.

ANNEX I – RESPONDING TO THIS CONSULTATION

We are inviting written responses to this consultation by **Tuesday 9th September 2008**.

Please remember to include the **Respondent Information Form** at the end of **ANNEX I** as this will ensure that we treat your response appropriately. You can print off a copy from the Scottish website at <http://www.scotland.gov.uk/Consultations> (look for the consultation title among the list of 'current' consultations) and return by post to the address below. Alternatively you can cut out the Form in this document, along the scissor lines provided, and return by post.

Fill in an **on-line response form** on the Scottish Government website at: <http://www.scotland.gov.uk/Consultations> (look for the consultation title among the list of 'current' consultations. The on-line form is located at the top of the contents page)

Or

Email your response to Alcohol.Consultation@scotland.gsi.gov.uk. If emailing, please also include the **Respondent Information Form**, which can be accessed on-line at <http://www.scotland.gov.uk/Consultations> (look at the consultation title among the list of 'current' consultations. The Respondent Information Form to be used for e-mail responses is located at the top of the contents page)

Or

Post your response to:

Consultation on Alcohol Misuse (CRE 1021),
CSU, Spur U5b Saughton House,
Broomhouse Drive,
Edinburgh
EH11 3XD

We would be grateful if you could clearly indicate in your response which questions or parts of the consultation paper you are responding to as this will aid analysis of the responses received. If you have any queries contact David Hamilton on 0131 244 4024.

This consultation, and all other Scottish Government consultation exercises, can be viewed on-line on the consultation web pages of the Scottish Government website at: <http://www.scotland.gov.uk/Consultations>. You can telephone Freephone 0800 77 1234 to find out where your nearest public internet access point is.

The Scottish Government now has an email alert system for consultations (SEconsult: <http://www.scotland.gov.uk/consultations/seconsult.aspx>). This system allows stakeholder individuals and organisations to register and receive a weekly email containing details of all new consultations (including web links). SG Consultant complements, but in no way replaces SG distribution lists, and is designed to allow stakeholders to keep up to date with all SG consultation activity, and therefore be alerted at the earliest opportunity to those of most interest. We would encourage you to register.

Handling your response

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. As mentioned above, please complete and return the **Respondent Information Form** with your response as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government are subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Next steps in the process

Where respondents have given permission for their response to be made public (see the attached **Respondent Information Form**), these will be made available to the public in the Scottish Government Library 29 September 2008 and on the Scottish Government consultation web pages by 30 September 2008. We will check all responses where agreement to publish has been given for any potentially defamatory material before logging them in the library or placing them on the website. You can make arrangements to view responses by contacting the Scottish Government Library on 0131 244 4565. Responses can be copied and sent to you, but a charge may apply for this service.

What happens next?

Following the close of the consultation we will examine all the views submitted carefully. We will then produce a report on the views expressed in the consultation, our responses to them, and any changes to our proposals following the consultation.

Comments and Complaints

If you have any comments about how this consultation exercise has been conducted, please send them to:

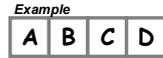
David Hamilton
Alcohol Misuse Team
The Scottish Government
3EN St Andrews House
Regent Road
Edinburgh
EH1 3DG

Or e-mail them, marked for David Hamilton's attention, to:
Alcohol.Consultation@scotland.gsi.gov.uk



RESPONDENT INFORMATION FORM

Please Note That This Form **Must** Be Returned With Your Response To Ensure That We Handle Your Response Appropriately



(Please complete in **BLACK** ink and in **BLOCK CAPITALS**, one per box)

1. Name/Organisation

Organisation Name

Title Mr Ms Mrs Miss Dr *Please tick as appropriate*

Surname

Forename

2. Postal Address

POSTCODE

Phone

Email

3. Permissions

I am responding as ...

Individual

Group/Organisation

Please tick as appropriate

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate Yes No

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Yes, make my response, name and address all available

or

Yes, make my response available, but not my name and address

or

Yes, make my response and name available, but not my address

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

Please tick as appropriate Yes No

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate Yes No

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Alternative Copies

Further copies of this document are available, on request, in audio and large print and in community languages; please contact:

اس دستاویز کی مزید کاپیاں آڈیو کیسٹ پر اور بڑے حروف کی چھپائی میں اور کیوئی کی زبانوں میں طلب کیے جانے پر دستیاب ہیں، برائے مہربانی اس پتے پر رابطہ کریں:

এই ডকুমেন্ট-এর (মহিলা) অতিরিক্ত কপি, অডিও এবং বড়ো ছাপার আকার এবং সম্প্রদায়ের লোক ভাষায় অনুরোধের মাধ্যমে পাওয়া যাবে, অনুগ্রহ করে যোগাযোগ করুন:

Gheibhear lethbhreacan a bharrachd ann an cruth ris an èistear, ann an clò mòr agus ann an cànan coimhearsnachd. Cuir fios gu:

इस दस्तावेज़/कागज़ात की और प्रतियाँ, माँगे जाने पर, ऑडियो टैप पर और बड़े अक्षरों में तथा कम्युनिटी भाषाओं में मिल सकती हैं, कृपया संपर्क करें:

ਇਸ ਦਸਤਾਵੇਜ਼/ਕਾਗਜ਼ਾਤ ਦੀਆਂ ਹੋਰ ਕਾਪੀਆਂ, ਮੰਗੇ ਜਾਣ 'ਤੇ, ਆੱਡਿਓ ਟੇਪ ਉੱਪਰ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਕੰਮਿਊਨਿਟੀ ਭਾਸ਼ਾਵਾਂ ਦੇ ਵਿਚ ਮਿਲ ਸਕਦੀਆਂ ਹਨ, ਕ੍ਰਿਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:

此文件有更多備份，如果需要，語音版本和大字體版本及少數種族語言版本也可提供，請聯絡：

يمكن أن تطلب النسخ الأخرى من هذا المستند كالتسجيل الصوتي والخط الكبير ونسخ بلغات أخرى، يرجى الإتصال على:

Aby otrzymać niniejszy dokument w innej wersji językowej, na kasecie lub w wersji z powiększonym drukiem, prosimy o kontakt:

Alcohol Misuse Team
The Scottish Government
3EN St Andrews House
Regent Road
Edinburgh
EH1 3DG
Tel: 0131 244 4024

ANNEX J – ENDNOTES & REFERENCES

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- ⁹⁴ *Revised Alcohol Consumption Estimates from the 2003 Scottish Health Survey*, Scottish Government, May 2008
- ⁹⁵ 2007 Scottish sales data estimates per capita consumption in Scotland to be around 23 units per week, compared with only around 15 units in the SHeS 2003. Alcohol sales data is itself an estimate. It does not, for example, take account of alcohol that is home brewed, bought abroad but consumed in Scotland or bought on the black market. It does include alcohol bought but not consumed and alcohol bought in Scotland but consumed abroad.
- ⁹⁶ *Alcohol in Europe: A Public Health Perspective*, Institute of Alcohol Studies, 2006

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