

Changing Scotland's Relationship with Alcohol: A Framework for Action



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EH1 3DG

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There is no doubt that alcohol misuse claims many hundreds of lives in Scotland every year - twice as many today as 15 years ago - and that it hits our poorest communities the hardest. It has become a major health, economic and social challenge for our people, a problem which is damaging families and communities across the country. We have a responsibility to do all we can to tackle it. In Scotland, we led the way on smoking and we can lead the way on alcohol misuse too.

The measures set out in this paper will help but, most of all, every one of us has to look at our own relationship with alcohol. Scotland and drink go back a long way but things have got out of kilter. Recommended daily guidelines are lower than most people think. Every one of us must ask, frankly, whether we are part of the problem and whether we are going to be part of the solution.

Harry Burns
Chief Medical Officer

MINISTERIAL FOREWORD



In June 2008 the Scottish Government published a discussion paper on tackling alcohol misuse in Scotland. For the first time the full scale of the problem was revealed: that up to 50% of men and 30% of women are regularly drinking over sensible drinking guidelines, placing them at increased risk of being involved in accidents, becoming victims or a perpetrators of crime, experiencing family break-up, or of developing cancer or liver disease.

The paper adopted a new and visionary approach, recognising the need to change Scotland's relationship with alcohol so that we can realise our potential as individuals, families, communities and as a nation.

The paper generated a great deal of discussion - as we hoped it would. The responses it received were broadly supportive of our overall approach, although not surprisingly there was a range of views on the specific measures proposed. The alcohol industry recognise there is a problem, although they consider it to be one requiring responses only targeted at specific groups in society. We remain firmly of the view that a broader and bolder approach is required and that the people of Scotland agree and rightly expect us to show leadership.

We are determined to rise to the challenge. But we recognise that achieving long-term culture change will take time and that Government cannot do it alone. Every one of us has a part to play; reflecting on our own drinking, how it affects our health and how it impacts on those around us, whether our children, family, friends, colleagues or communities. This is not always a comfortable exercise, but it is essential if we are to achieve our ambition of a self-confident Scotland where alcohol can be enjoyed sensibly as a pleasurable part of life.

This Framework for Action outlines the actions which we will be taking forward to rebalance Scotland's relationship with alcohol. Some are specific legislative measures designed to effect change in the short term. Many others focus on creating cultural change over a much longer period. The health service, local government, the alcohol industry, the police and the third sector have crucial parts to play in helping to develop and implement what will be a rolling programme of work over the coming months and years.

This Framework sets out the first steps on our journey. We will need to keep our work under review, making sure it is getting the right results. This Framework cannot offer all the answers, but if we work together with shared objectives the journey will make a real difference to the people of Scotland.

A handwritten signature in black ink that reads "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 and Wellbeing**

Changing Scotland's Relationship with Alcohol: A Framework for Action

SUMMARY

1. This Framework sets out our strategic approach to tackling alcohol misuse in Scotland. It explains the need for action in order to help deliver Government's Purpose and outlines how we intend to take forward the proposals contained in our discussion paper "Changing Scotland's Relationship with Alcohol" following the outcome of our public consultation in 2008, a summary of which is contained in Annex A to this document.

2. As our discussion paper made clear, this Government is not anti-alcohol; we are anti-alcohol misuse. But the extent of alcohol misuse in Scotland and its impact on us all mean that the need for a new approach is overwhelming. Significant increases in the affordability of alcohol - alcohol is now 70% more affordable than in 1980¹ - have helped drive an increase in consumption of 19% over the same period². This in turn has fuelled significant increases in deaths and illness.³

3. The Government is already taking action on a number of fronts which will contribute to addressing the underlying causes of, and dealing with the negative impacts resulting from, Scotland's complex relationship with alcohol. These include the Government's Economic Strategy and our joint work with local government to improve early years and early intervention and to address health inequalities. Through this work and through direct interventions focused on alcohol use, we are convinced of the need to take action to re-balance Scotland's relationship with alcohol if we are to maximise our potential as individuals, families, communities, and as a country.

4. We are committed to taking action now through legislative change and a record investment in prevention treatment and services, as well as building an environment that supports culture change in the longer term. We recognise that we cannot achieve this alone and that we must work with a wide range of partners. Crucially, we must encourage individuals to reflect on their drinking and how it impacts on themselves and others.

5. But Government has a key leadership role and we are determined to rise to the challenge. Based on knowledge and understanding of alcohol misuse, its drivers, and evidence-based interventions, our Framework for Action identifies the need for sustained action in four areas:

- reduced alcohol consumption;
- supporting families and communities;
- positive public attitudes, positive choices;
- improved treatment and support.

6. The Framework outlines a package of measures which can together reduce alcohol-related harm and contribute to a successful and flourishing Scotland. Each section outlines actions already underway, existing and new commitments. The way forward has been informed and shaped by the consultation responses, an analysis of which has been undertaken by independent consultants and is published at the same time as this Framework. In relation to our consultation proposals specifically we intend to:

- bring forward regulations to end irresponsible promotions and below-cost selling of alcoholic drinks in licensed premises (p11);
- pursue the establishment of a minimum price per unit of alcohol through regulation (p12);
- review advice to parents and carers (p14);
- place a duty on Licensing Boards to consider raising the age for off-sales purchases to 21 in part or all of their Board area and provide powers for Chief Constables and Licensing Forum to request a review of their local Board's policy (p16);

¹ Alcohol Statistics Scotland 2009, February 2009: www.alcoholinformation.isdscotland.org

² Statistical Handbook 2008, British Beer and Pub Association

³ Alcohol Statistics Scotland 2009, February 2009: www.alcoholinformation.isdscotland.org

- establish a legislative power to apply a social responsibility fee on some alcohol retailers (p16);
- bring forward regulations to restrict the use of marketing material or activity on licensed premises (p21).

We do not intend to pursue separate supermarket checkouts for alcohol sales, or raise the age for those staffing such checkouts, at the present time.

A full list of our commitments is attached at Annex C.

THE NEED FOR CHANGE

7. Alcohol is an integral part of Scottish life. Around the world Scotland is renowned for its whisky. Within Scotland we make many other types of alcoholic drink too, such as gin, vodka and liqueurs. We have breweries ranging from large plants to small craft breweries in even the most remote corners of Scotland and our high quality drinks are enjoyed both at home and abroad. The Scottish Government welcomes this positive aspect of our relationship with alcohol.

8. Despite this, it is possible to have too much of a good thing. Industry sales data shows that enough alcohol was sold in Scotland in each of the last three years for which figures are available, to enable every man and woman over 16 to exceed the sensible male weekly guideline on each and every week⁴. Drinking above the Chief Medical Officers' recommended guidelines increases the risk of lasting health damage and there is clear evidence that increased consumption is driving increased harm. There were over 40,000 discharges in 2007-8⁵ due to alcohol related illness and injury, and alcohol related mortality has more than doubled in the last 15 years⁶. In addition, we have one of the fastest growing rates of liver disease and cirrhosis in the world, leading the Chief Medical Officer to add alcoholic liver disease to the list of 'big killers' in Scotland, alongside heart disease, stroke and cancer. We see life expectancy in some parts of Scotland falling way short of life expectancy elsewhere, and we believe alcohol plays a significant part in these inequalities.

9. There are also social and economic costs of excessive alcohol consumption. Excessive drinking can cause families to break down; it can result in crime and disorder, especially at weekends; and it causes loss of productivity through sickness. We estimate that alcohol misuse costs Scotland £2.25 billion every year⁷.

10. To be clear, we are not anti-alcohol. We recognise that Scotland has and will continue to have a relationship with alcohol. We also recognise that for many of Scotland's people, that relationship is a balanced, positive and enjoyable one. But there is also clear evidence that for a large section of the Scottish population their relationship with alcohol is damaging and harmful - to individuals, families, communities and to Scotland as a nation. The harm caused by alcohol misuse has become a major challenge affecting Scottish society and we are determined to meet that challenge - by taking action now to tackle an urgent problem through legislative change and improved services and treatment, and by building an environment that supports cultural change in the longer term.

⁴ Data supplied to the Scottish Government by The Nielsen Company (formerly AC Nielsen)
<http://www.scotland.gov.uk/Topics/Health/health/Alcohol/resources/nielson-data>

⁵ Alcohol Statistics Scotland 2009, Information Services Division. February 2009

⁶ Data provided to Scottish Government by the Office of National Statistics

⁷ Costs of Alcohol Use and Misuse, Scottish Government, May 2008:
<http://www.scotland.gov.uk/Publications/2008/05/06091510/0>

11. Alcohol misuse is no longer a marginal problem, with up to 50% of men and up to 30% of women across Scotland exceeding recommended weekly guidelines. That's why we are aiming, consciously, to adopt a whole population approach. This isn't about only targeting those with chronic alcohol dependencies or those who suffer the greatest health inequalities, (although we recognise that these groups suffer the greatest harm and that they require specific supports and interventions). Neither is it about demonising young people; or focusing only on people who offend or become antisocial when drunk. Our approach is targeted at everyone, including the 'ordinary people' who may never get drunk but are nevertheless harming themselves by regularly drinking more than the recommended guidelines. If we can reduce the overall amount that we all drink in Scotland, and if we can change the way we drink, then we will all reap the benefits. As individuals, we will be at less personal risk of physical harm; as a population we will reduce the damage to families and communities across the country.

12. Sensible drinking guidelines are lower than people think. The recommended guideline is that women should not regularly drink more than 2-3 units per day and men should not regularly drink more than 3-4 units per day. In addition, Government recommends that everyone should aim to have at least 2 alcohol free days per week. Over the course of a week, therefore, it is recommended that women and men should not exceed 14 units and 21 units respectively. A pint of 5% beer is around 3 units; a 125ml small glass of 12% wine is 1.5 units whilst a medium glass (175ml) is over 2 units; a small measure (25ml) of spirits is 1 unit. A 2 litre bottle of strong white cider at 7.5% contains 15 units.

13. We want to encourage people to become more aware of what they are drinking as we know that many people underestimate their consumption. We are not asking individuals who already drink sensibly to drink even less, or necessarily change their drinking habits in any way. But for those who do drink beyond recommended guidelines we would ask them to reflect on their levels of drinking, the harm it is causing them and possibly those around them – particularly for parents where their drinking may be affecting children. We would encourage those individuals to look at reducing their consumption. We need to work together to create an environment which enables individuals to tackle their alcohol misuse, or prevent it happening in the first place. But most of all, we need individuals to look at their own consumption; look at their own relationship with alcohol.

14. When people recognise the harmful effects of alcohol they look to Government to pick up the pieces. The best way for Government to tackle this is to try to stop the harm before it happens. However, we can't sort out all the problems alone. Alcohol misuse is a complex issue involving a multitude of factors, including socio-economic, cultural, educational, community-based, health-related, or linked to individual behaviours and choices. This means there is no "miracle cure" or "one size fits all" solution. Our Framework for Action must link to and work in conjunction with our policies in other, related fields, including on early years, poverty and health inequalities. And the Framework will only work if taken forward as a multi-stranded package of measures in which everyone has a part to play – whether in central government, local government, the police, the health service, the third sector, alcohol producers or retailers and the public.

15. What we need is real, lasting social and cultural change. That's not something any government can deliver on its own but it's a challenge on which we need to step forward and show leadership. We make no apologies for starting the debate and acting without delay to introduce the legislative proposals we believe are necessary to reduce consumption. We also recognise that real social change will come about not through legislation alone, and that only individuals can actually make the decision to change. But we will work with stakeholders and industry to create the climate for that change by encouraging ongoing honest debate; through education; through reflection; through everyone bringing ideas and actions into being.

16. All of this will not happen overnight and we are embarked on a journey which will challenge many of us to re-think some deeply held assumptions and beliefs. But attitudes to smoking are changing. We believe that attitudes to alcohol misuse can change too.

THE GOVERNMENT'S PURPOSE

17. Changing Scotland's relationship with alcohol is of central importance in realising the Scottish Government's core purpose – namely *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.*

18. 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, focusing on:

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

19. 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.

20. 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 these.

21. 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.

22. By tackling alcohol misuse we will break down a barrier which is seriously hindering our efforts to achieve our strategic outcomes, not only through creating a healthier Scotland, but also by unleashing the potential of our people in so many ways, whether that be through giving our children the best start in life, improving our people's life chances, regenerating our communities, or tackling crime and disorder.

23. At the same time, this needs to be seen in the context of an alcohol industry that contributes greatly to Scotland's Purpose. The whisky industry, in particular, plays an important part in bringing wealth to Scotland through exports, and through attracting visitors to Scotland. Scottish Ministers have and will continue to responsibly promote whisky and Scotland in their international activities. Whisky is a distinctive brand. It raises the profile of Scotland throughout the world. At home, the alcohol industry provides much needed employment, particularly in some of Scotland's more rural and isolated communities, often serving as the sole or main employer in a particular area. That is why it is especially important to strike the right balance in our approach – to *change* our relationship with alcohol, not to destroy it.

THE DISCUSSION PAPER AND RESPONSES

24. In June 2008 we issued a discussion paper – *Changing Scotland's Relationship with Alcohol: A Discussion Paper on Our Strategic Approach*. This set out a range of proposals and ideas to address the growing trend of alcohol misuse. We wanted a full and frank discussion. We wanted to bring radical ideas to the table, knowing that not all of them would be popular. Most of all, we wanted people to look at themselves and their own relationship with alcohol. For many of us, that is not a comfortable thing to do.

25. We received 259 responses from individuals and 207 responses from organisations. In addition, two MSPs submitted the results of consultations they had carried out with local constituents; the Scottish Prison Service provided the views of prisoners and prison service staff; East Renfrewshire Council and Dundee Drug and Alcohol Action Team submitted the views of young people in their area; Young Scot provided the results of a survey and focus groups they carried out on behalf of the Scottish Government; and Scottish Government Ministers also received 53 letters or e-mails on the subject. Those responses from individuals or organisations that gave consent for publication can be found at:

<http://www.scotland.gov.uk/Publications/2008/10/06155903/0>

26. This was not merely a paper exercise. We met with a number of organisations, including many from the alcohol and retail industries, to talk about the discussion paper and listen to stakeholders' issues and concerns, and we held a Youth Summit to gather views on alcohol and its impact on young people. We also commissioned an analysis of the written responses from Hexagon Research and Consulting. Their analysis is available at <http://www.scotland.gov.uk/Publications/2009/01/28154158/0>. Overall, there was a common feeling that alcohol misuse was a problem that needed to be addressed. The majority of our specific proposals were generally welcomed. One or two ideas were not received as well. Following the comments received, we have decided to suspend plans for introducing alcohol only checkouts and raising the age for sellers operating those checkouts. We have also developed an alternative way forward for the minimum age for off-sales that will allow local solutions to local problems.

27. As one would expect, attitudes varied according to who was responding. For example, the alcohol trade – understandably – was less positive to suggestions of new, more restrictive regulation. And – again understandably – the health sector was more positive to proposals designed to reduce consumption. But overall there was an acceptance that there is a problem; that it is not just confined to young people and those with chronic alcohol problems; and that something needs to be done. We believe this is an endorsement of our whole population approach. Alcohol misuse isn't a problem that just relates to other people; it's a problem that relates to all of us, and we all have a role to play in finding the solutions.

OUR PROPOSALS AND NEXT STEPS

28. The discussion paper set out a range of specific proposals for action. Some of these proposals were well developed and we made clear our intent to take them forward. Others were fresh ideas on which we were more undecided. We were also mindful that some of the proposals were very close to the interface between the Scottish Parliament and the UK Parliament, and that not all aspects – for example, advertising – lie within devolved competence.

29. Nevertheless, we are determined to take action as far as we are able, informed by the responses to our discussion paper. The evidence shows that our current level of alcohol consumption is causing problems now and is storing up enormous problems for the future. We have to take urgent, decisive action.

30. The following sections show each of the proposals and ideas set out in the discussion paper and an indication of whether or how we intend to take each idea forward.

Reduced Consumption

31. Scotland is drinking too much. We believe excessive consumption directly causes harm and that legislative action is needed urgently to reduce overall consumption in the Scottish population, by making alcohol less easily accessible and, given its potential to be a harmful product, through controlling its promotion by retailers.

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

32. We proposed further action to end the price promotion and loss-leading of alcoholic drinks and sought views on our proposals.

33. We note the support for these proposals and the fact that many who supported them agreed with the reasoning put forward.

34. We note the arguments put forward by retailers that customers who buy in bulk to take advantage of the “free” element of the promotion drink their purchase over a long period of time. Undoubtedly in many cases that will be true, but we cannot ignore the bigger picture which shows that almost two-thirds of people who drink at least once a week exceed daily recommended guidelines. The shift to drinking at home and purchasing from supermarkets and other off-sales rather than the pub means we need to bring off-sales into line with on-sales so far as price promotion of alcohol is concerned.

Next Steps

35. **We will draft regulations to modify Schedules 3 and 4 to the Licensing (Scotland) Act 2005 so as 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 any other product, whether alcohol or not.**
- **Prevent the sale of alcohol as a loss-leader.**

- **We will consult the Scottish Government and Alcohol Industry Partnership and other key stakeholders on a regulatory impact assessment before laying draft regulations in Parliament.**

Introduce minimum retail pricing

36. We proposed action to introduce minimum retail pricing and invited views on these proposals. Specifically, we sought views on the principles that should form part of any minimum pricing scheme.

37. We note the support for the introduction of minimum pricing as part of a wider strategy. We further note support for the principles suggested in our consultation paper.

38. Since the publication of our consultation paper, retailers have continued to heavily promote alcohol products on price alone. Some have moved away from quantity discounts to straight price cuts, reducing 24 can packs of lager to only £7 and premium vodka to £6 for a 70cl bottle. Alcohol continues to be promoted as an ordinary commodity, like bread and milk.

39. We note the argument that retailers should be able to promote and price the goods they sell in a way that attracts customers from their competitors. The amount of advertising by supermarkets for cheap alcohol over recent months suggests that alcohol does play a key role in determining where people shop. However, we return to the point that alcohol is not an ordinary commodity. While it is understandable that retailers wish to keep prices low to retain customers and attract new ones, we consider it undesirable for alcohol to be discounted in a way that can lead to increased consumption and harm. The long term costs of excessive alcohol consumption far outweigh the short term benefits and we believe this is an area where competition is failing the consumer.

40. We are persuaded by the representations from health organisations and others that the evidence to show the correlation between price, consumption and harm is strong. This is consistent with our own review of the evidence base.

41. Since we concluded our consultation process, comprehensive research by the School of Health and Related Research (ScHARR) at the University of Sheffield, has been published. The *Independent Review of the Effects of Alcohol Pricing and Promotion* is based on information relating to alcohol consumption in England and shows clearly that policies which increase the price of alcohol can bring significant health and social benefits and lead to considerable financial savings in the health service, criminal justice system, and in the workplace. We have no reason to believe the impact on Scotland would be any less effective. In particular, we were interested to note:

- There was strong and consistent evidence linking the price of alcohol to the demand for alcohol. Increasing the price of alcohol reduces consumption and alcohol-related harm.
- There was direct evidence linking price increases to reductions in chronic and acute health harms, including cancers, stroke, accidents, injuries and violence.
- Minimum pricing targets price increases at alcohol that is sold cheaply. Cheaper alcohol tends to be bought more by harmful drinkers than moderate drinkers and studies show that it is also attractive to young people. So a minimum pricing policy might be seen as beneficial in that it targets the drinkers causing the most harm to both themselves and society. Conversely, it does not seek to target higher-priced alcohol sold as premium product.
- Moderate drinkers (i.e. those who drink within sensible drinking guidelines) are only marginally affected, simply because they consume only a small amount of alcohol and also because they do not tend to buy as much of the cheap alcohol that would be most affected. For example, moderate drinkers would be predicted to spend on average 11p extra per week if a 40p minimum price was introduced.

- Although minimum pricing is about protecting and improving public health, we note that the effects of price increases may not be disadvantageous to business because the estimated decrease in sales volume may be more than offset by the unit price increase, leading to overall increases in revenue.
- Increasing levels of minimum pricing show very steep increases in effectiveness.

42. Although some of the specific details of this research may not be directly transferable to Scotland, we believe it provides a strong guide to the benefits which could be expected from the application of minimum pricing in Scotland. We will build on this research by working with our own economists and researchers to model minimum pricing arrangements designed to respond to the scale of the challenge Scotland faces, before considering the rate at which a minimum price may be set.

43. Without prejudice to the Scottish Government's consideration of these issues, the information in Annex B shows the key findings of an example policy analysis of a 40p per unit minimum price (the mid-point in the range of prices detailed in the research), based on consumption and spend in England. The estimated reduction in consumption for a broad range of minimum prices, and how each of these prices related to some common products, is also included for information.

Next Steps

44. We do not underestimate the challenge of balancing competing interests to develop a proportionate, effective and legally robust framework in introducing minimum pricing. However, we are strongly of the view that it is an appropriate response to the scale of the problem, and a measure that is necessary to protect and improve public health. We will therefore:

- **Pursue the introduction of a minimum price per unit of alcohol as a mandatory condition of Premises Licences and Occasional Licences granted under the Licensing (Scotland) Act 2005.**
- **We will work with economists and researchers to consider the modelling work around specific minimum prices per unit of alcohol.**
- **We will continue to discuss with the UK Government arrangements for controlling pricing and promotions of alcohol bought remotely and delivered to Scotland from England and Wales or beyond.**

Support the introduction of legislation to require licensed premises to offer measures of 125ml of wine and 25ml measures of spirits

Next Steps

45. We expressed concern about the drift towards larger 'standard' measures of alcohol both in terms of public health and consumer choice and indicated that we support legislation to require licensed premises to offer 125ml measures of wine and 25ml measures of spirits. **We will regulate to make it a condition of a premises licence or occasional licence that wine sold by the glass for consumption on the premises must be available as a 125ml measure.** When coupled with the ban on up-selling (where servers encourage customers to buy more than they originally intended) and other irresponsible promotions (already set out in the Licensing (Scotland) Act 2005), this will mean that customers who ask simply for a glass of wine should be sold a 125ml measure as a default unless they specifically ask for a larger measure.

46. The situation is more complex with spirits. At present, bars may sell gin, rum, vodka and whisky in measures of either 25ml or 35ml, but not both. Other spirits are not covered by legislation although in practice licensed premises tend to serve these in the same measures. This is governed by UK legislation, and the Scottish Government does not have the power to change it. Whilst the Scottish Government could make the sale of 25ml measures a condition of receiving a premises licence this would effectively make it impossible for bars in Scotland to offer measures of 35ml. We want to increase choice to allow customers to buy smaller measures, but we do not want to prevent them from being able to ask for 35ml measures. **We would urge the UK to change its legislation to permit both measures to be served on the same premises and to extend these measures to all spirits. If and when the law is changed, we would intend to make it a mandatory condition that 25ml measures be available and offered as the 'default' measure.**

Supporting Families and Communities

47. The national debate arising from our discussion paper has reinforced the need for action which will tackle the damaging impact that alcohol misuse has on families and communities across Scotland. A compelling reason for stepping up action against alcohol misuse is the fact that it harms not only the excessive drinker, but all too often also harms the people around that drinker – the damage it can do to his or her immediate family, to his or her community, or to his or her employers or work colleagues, is plain to see.

A Youth Commission on Alcohol and Young People

48. A major theme of concern raised throughout the consultation period has been the impact of alcohol misuse on young people in Scotland. In recognition of this, we convened a Youth Summit on alcohol and young people in September 2008. **We asked Young Scot to establish a Youth Commission to explore the issues faced by young people in relation to misuse of alcohol. The Commission will carry out its work over the course of this year beginning this spring and will report back with advice on actions which might be taken to address the issues they identify.**

Review current advice for parents and carers
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49. The Scottish Government is committed to providing early support to parents, and has a range of policies and programmes in place that provide support for parenting, either directly or indirectly. This includes funding for a range of parenting programmes which promote positive parenting skills and support to parents, especially at challenging times. The Government has developed an early years framework, published last December (www.scotland.gov.uk/earlyyearsframework), which addresses longer-term goals on early intervention, supporting parents, childcare and integrated services. One of the main themes of that framework is building parenting and family capacity pre- and post-birth, including helping parents and carers provide a nurturing and stimulating home environment. To compliment this we will consider how best to encourage and support young people themselves to make responsible decisions around alcohol.

Next Steps

50. **Over the course of the next year we will take forward work to review current advice to parents and carers around alcohol and associated issues in the context of this early years' framework, with input from the Youth Commission on Alcohol and Young People and other key stakeholders.** The development of appropriate parental advice (outside the formal 'chaotic' end of alcohol misuse, for which engagement with parents is dealt with under specific arrangements for children affected by parental substance misuse) will need to integrate with, and balance, the approach outlined in the strategy *Getting it Right for Children in Substance Misusing Families*, as well as the *Getting it Right for Every Child* approach more generally.

Raise the minimum legal purchase age for off-sales purchases

51. We proposed in the discussion paper to raise the minimum age for purchasing alcohol in off-sales to 21. We knew this proposal would meet strong opposition from some; equally, we knew that it would receive strong support from others. The responses to the discussion paper were polarized, with few people taking a neutral stance. Overall, 62% of individuals who responded to this question were against this proposal and 38% were in favour. This proposal was also opposed by a large majority of the organisations that responded to this question – 63% against and 27% in favour. The only sector that had a majority of respondents in favour was the health sector with 52% in favour and 36% opposed.

52. We believe there are good arguments to support raising the age. The key arguments, which were set out in the discussion paper, 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 18-20 year olds is more likely to be moderated. Also, unsupervised settings are associated with increased drunkenness and risk of harm amongst underage drinkers.
- 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 18-20 year olds.

53. Pilot projects in Cupar, Stenhousemuir and Armadale showed a positive impact of raising the age for off-sales. Raising the age of off-sales purchases to 21 on Friday and Saturday evenings contributed to a significant reduction in anti-social behaviour and offending in all three areas.

54. However, we have listened carefully to the arguments against this proposal and are mindful of the difficulties of carrying such a measure through this Parliament. These have persuaded us that a blanket approach across Scotland should not be applied at this time. Instead, we will encourage local Licensing Boards to develop local solutions to address local problems.

Next Steps

55. **We will legislate to:**

- **place a duty on Licensing Boards to consider raising the minimum age for off-sales purchases within their area, or part of their area, to 21 when they are reviewing their licensing policy statements.**
- **enable Licensing Boards to apply such a condition without requiring a hearing in respect of every premise concerned.**
- **give the Chief Constable or the local Licensing Forum powers to request that their local Licensing Board consider the matter of an age restriction at any time.**

Apply a fee to some alcohol retailers to help offset the costs of dealing with the adverse consequences of alcohol

56. We proposed that a fee should be applied to some alcohol retailers to help offset the costs of dealing with the adverse consequences of alcohol misuse and invited views on our proposals. We made it clear that we did not intend that the fee should 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.

57. We welcome the comments from many stakeholders. Consultation responses indicated overall support for the concept of a Social Responsibility Fee. We note that some respondents wish to have more detail of how such a fee might work in practice, and to which premises it might be applied, before commenting further.

Next Steps

58. **We will establish a legislative power to apply a Social Responsibility Fee.**

59. **We will establish, in 2009, mechanisms to allow key stakeholders to assist us in developing the detail of the Social Responsibility Fee.**

Arrange a Scottish survey of the incidence of Fetal Alcohol Syndrome
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Next Steps

60. **We are taking forward plans to arrange a survey of the incidence of Fetal Alcohol Syndrome in Scotland. We have seconded fixed term project support to coordinate this work, working in collaboration with the academic sector, health professionals and other key stakeholders. We will hold a stakeholder conference in the spring to take this forward jointly with all key interests.**

Work with our partners at national and local level to improve substance misuse education in schools

61. Education in schools is often the first line of prevention against substance misuse providing opportunities to pass on facts, explore attitudes and, crucially, foster the skills needed to make positive decisions and lifestyle choices. Responsibility for the management and delivery of the curriculum lies with local authorities and schools. In determining locally how best to organise teaching and learning on substance misuse education, they take into account their own local circumstances and needs to achieve the outcomes set out in the Concordat between with the Scottish Government and CoSLA, which includes the delivery of the *Curriculum for Excellence*.

Next Steps

62. The implementation of *Curriculum for Excellence* will make a significant contribution to improving substance misuse education and provides the framework for improvement activity. The Government established in November 2007 a steering group that would meet for no more than 3 years to advise it on developing more effective substance misuse education in Scottish schools, with membership including experts from education, drug agencies, NHS Health Scotland, the Police and officials from across Scottish Government. This group will produce advice, guidance and proposals aimed at helping schools and authorities to achieve the improvements sought through *Curriculum for Excellence* and ensure that the curriculum is being maximised as a key tool for educating our young people about alcohol use and misuse. **A workplan has been developed with tasks designed to lead to better partnership working, improved support for those delivering teaching, and better awareness of the available teaching resources, to be implemented before the end of 2010.**

Continue to support a number of third sector organisations to provide youth work and/or diversionary opportunities
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63. Ministers announced in June 2007 that they would use the funds recovered from criminals under the Proceeds of the Crime Act in a positive way to expand young people's horizons and increase the opportunities they have to develop their interests and skills in an enjoyable, fulfilling and supported way. CashBack for Communities is our tool to deliver on this, and includes a range of partnerships with Scottish sporting, arts and business

associations to provide diversionary activities for young people in Scottish communities. The need for diversionary opportunities was highlighted by young people during the Youth Summit which took place in September 2008.

Next Steps

64. The intention is to support an expanded range of activities for children and young people in the areas of sports, culture and arts that helps them develop personally and physically. The initiatives provided are open to all children and young people, although focusing resources on areas of high crime. The initiatives address both participation and diversion and aim to increase the likelihood of positive long-term outcomes for those who take part.

65. Currently we have invested over £11 million in a range of projects for young people. This represents £2.5 million to the Scottish Football Association, £3 million to YouthLink, £1.4 million to Scottish Rugby Union, £1.7 million to Scottish Sports Futures and BasketballScotland, £2 million to the Sports Facilities Fund and £0.6 million to Arts and Business Scotland. More announcements will follow.

66. The Lloyds TSB Partnership Drugs Initiative (PDI) is a strategic funding programme that supports voluntary sector work with children and young people affected by substance misuse, specifically children and young people in families in which parents misuse drugs and/or alcohol, pre-teen children who are at higher risk of developing problem substance misuse and young people who are developing or have established problem substance misuse. The PDI's main focus is on outcome setting and self-evaluation. As well as distributing grants, the Partnership Drugs Initiative's main focus is on developing and building an understanding of the impact achieved by a wide range of projects for children and young people.

67. In addition, youth workers and others who work closely with young people may become aware of emergent unhealthy drinking patterns within the groups they work with. Where they do, it is important that they challenge that behaviour and feel empowered to promote alternative, healthier activities and lifestyles, and we will continue to work to promote an environment that enables them to do this.

68. A new working group called 'Promoting Citizenship through Football - A Government and Football Partnership' has been established to support the co-ordination of, and help to effectively deliver, Government initiatives and priorities through football in a cohesive and constructive manner. The Partnership comprises the Scottish Government, **sportscotland**, the Scottish Football Association, the Scottish Premier League; the Scottish Football League and the Association of Chief Police Officers in Scotland, along with additional expertise to be brought in from other areas to consider issues like alcohol and drug abuse, violence, obesity, equality issues and of course the continuing work on anti-sectarianism. **We will work with this group to identify and take forward opportunities for joint working with football on tackling alcohol misuse.**

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

69. Children affected by parental drug and alcohol misuse are amongst the most vulnerable in society. The Scottish Government is committed to ensuring they receive the support, care and protection they need to share the same high aspirations and outcomes we want for all of Scotland's children. Chapter Five of the recent national drugs strategy *The Road to Recovery*, 'Getting it Right for Children in Substance Misusing Families', outlines a range of focused actions we are taking, in partnership with COSLA and key stakeholders, to deliver this support to children and families affected by any kind of parental substance misuse, whether drugs or alcohol.

70. Actions outlined in the strategy include work to improve identification, assessment, recording and planning, and information sharing; to build the capacity, availability and quality of support services; and to strengthen the consistency and effectiveness of immediate risk management.

Next Steps

71. **A Project Board has been convened to drive forward progress on this agenda, involving relevant Scottish Government and COSLA officials and third sector service delivery organisations and in addition drawing on the skills of individual experts in the sector. We expect to make significant progress on implementing these actions over the course of the next year.**

Monitor the effectiveness of measures within the new Licensing (Scotland) Act to control the availability of alcohol

72. We noted in our discussion paper that we will monitor the effectiveness of measures under the new Licensing (Scotland) Act 2005 to control the availability of alcohol and consider whether further measures are required.

73. We note that all involved in licensing – the trade, the Police, and Licensing Boards and their staff have made very encouraging progress with the transition to the new licensing regime. Licensing Standards Officers and Local Licensing Forums are beginning to establish themselves in most areas and play an important role.

74. The full effect of the new licensing regime will not be felt until after September 2009 as the new measures are implemented and the experience for the customer, particularly in respect of the restrictions on irresponsible promotions, takes effect.

75. The Monitoring and Evaluation Reference Group for Alcohol (MERGA) (see para 138) is considering how best to measure and assess the impact of alcohol policies, including the new licensing regime. This work should help us establish which parts of the new licensing regime are working well and delivering results, and which parts may need further attention.

76. It is recognised that firm and targeted action to enforce licensing law and crack down on irresponsible people who are willing to break the law for profit by selling alcohol to people under the age of 18, is essential. The Scottish Government has made clear that those who flout the law should face swift and tough action, with loss of their licence and substantial fines both being available sanctions.

77. Police Forces across Scotland have responded well to the roll out of alcohol test purchasing arrangements across Scotland, which took effect from the end of 2007. As a result all Forces now have the necessary procedures in place to enable them to actively pursue, detect, and report all licensing offences and other issues to the appropriate Procurators Fiscal and Licensing Boards. Procurators Fiscal in Scotland have been issued with guidance to make sure these cases are treated consistently across Scotland, and that prosecutors play their part in getting the message across that the sale of alcohol to those under the legal purchase age is totally unacceptable. For their part, Licensing Boards have been encouraged to deal appropriately with those who are caught. This has already resulted in a number of licence suspensions.

78. This increased enforcement activity, particularly active test purchasing, and the work undertaken with trade bodies to promote a consistent "no proof, no sale" policy to alcohol sales, is beginning to pay dividends and is encouraging licensees to be more vigilant in exercising their legal obligations. Some retailers have adopted voluntary "Challenge 21" schemes to help their staff be more aware of their responsibilities in preventing underage sales. This "no proof, no sale" position is formalised from 1 September: where there is any doubt about a person's age, the retailer must ask for a prescribed form of proof of age (such as a passport or Young Scot card). If there is still any doubt that the person is 18 or over the Act is clear; they must refuse the sale.

Next Steps

79. While things are undoubtedly moving in the right direction, the Scottish Government is keen to do whatever it can to bolster these efforts:

- **We will continue to work through the Scottish Government-led Scottish Age-restricted Products Enforcement Working Group, which has representatives from all key interests including the licensed trade and hospitality sector, ACPOS, and the Crown Office and Procurator Fiscal Service, to identify any further steps which might be taken to ensure effective compliance with and enforcement of licensing laws.**
- **We will undertake a review of how test-purchasing has been implemented in order to identify any lessons which can be learned and shared.**
- **We will also work with Young Scot to further promote the Young Scot National Entitlement Card and to bolster its use and recognition as a proof of age card.**

80. We also welcome the initiative by Lothian and Borders Police to develop an alcohol strategy; the first Force in Scotland to do so. Their strategy outlines how they will enforce licensing laws but also recognises that enforcement is not just about statutory bodies exercising their formal powers. It is also about communities and the alcohol industry playing their part. That is why we are convinced that we must also seek to change attitudes to alcohol over the longer-term.

81. There are already examples of a partnership approach on which to draw, for example through the Cupar Under 21 Alcohol Restriction Pilot, Floorsweep, in West Lothian, and the community action partnership in St Neots, Cambridgeshire⁸.

82. We are also keen to support and encourage good practice by the alcohol industry. **For this reason we will increase our funding for the Best Bar None scheme, to enable this to be extended more widely across Scotland.**

83. **We are working with local partners in Fife to pilot and evaluate a package of interventions to pilot in different locales, drawing on the experience of other partnerships, as well as social norms approaches. We hope that, in due course, the experience and lessons from the Fife pilot will be able to be drawn upon by other areas and adapted for their local circumstances.**

Consider the role of local authority trading standards officers in relation to enforcement in off-sales

Next Steps

84. **Discussions are on-going about the scope for trading standards officers to be given a role, alongside the police, in enforcing licensing law in relation to off-sales and, specifically, in supporting test purchasing programmes.**

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
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85. Alcohol is a major cause of violence. We are committed to tackling all forms of violence across Scotland and will continue to work with the Violence Reduction Unit (VRU) and other partners to make our communities safer and stronger.

⁸ St Neots: <http://www.hubcapp.org.uk/php/displayprojects.php?status=displayprojectdescription&projectid=166>

Next Steps

86. **We will develop sustained and tough enforcement measures such as the Safer Streets initiative, where we have provided over £2 million to Community Safety Partnerships to deliver extra initiatives to tackle alcohol-related violence and disorder over the festive period. We will also continue to support education initiatives such as *Medics Against Violence*, which involves a number of senior clinicians working with the Violence Reduction Unit to raise awareness amongst young people of the dangers of carrying a knife.**

87. **We will also focus on early intervention through the Community Initiative to Reduce Violence (CIRV), the ground-breaking gangs initiative to tackle collective violence in the East End of Glasgow.** On behalf of Glasgow Community Planning Partnership, the Violence Reduction Unit is leading on the development of this project, which seeks to intensively engage with over 700 identified gang members and provide them with a range of support services and diversion projects in an effort to change their behaviour and lives. Getting gang members to move away from alcohol misuse is a key element in this work. We will continue our ongoing anti-violence campaign to support those most at risk.

Commission research to identify and evaluate models for services for drunk and incapable people

88. We have commissioned research aimed at identifying different models of support in managing people who are drunk and incapable, both from Scotland and elsewhere. As part of this work a review of the international literature on designated places of safety, a mapping exercise of existing (or proposed) schemes in Scotland, and an analysis of the number of drunk and incapable people coming into contact with emergency services has been carried out.

Next Steps

89. **We will shortly publish the final research report, which will set out a range of approaches that could be used across Scotland to support drunk and incapable adults. We will arrange an event for stakeholders to disseminate the findings and encourage the assessment of needs and development of appropriate approaches at a local level.**

Following the debate on 18 December 2008, the Scottish Parliament agreed a motion calling on the UK Government to reduce the drink drive limit from 80mg per 100ml of blood to 50mg

90. There is a widespread and growing consensus in Scotland and elsewhere in the UK that the blood alcohol limit should be reduced from 80mg per 100ml of blood to 50mg, as part of ongoing efforts to combat the problem of drink driving. The current drink driving limit was introduced in 1967 and is one of the highest in Europe. Powers to vary the limit are currently reserved to UK Ministers under the terms of the Scotland Act 1998.

91. Since late 2007, the Association of Chief Police Officers in Scotland (ACPOS), the British Medical Association (BMA) and the Royal Society for the Prevention of Accidents have called consistently for a reduction in the blood alcohol limit. The Automobile Association (AA) announced earlier last year that 70% of 14,000 members polled favoured a reduction.

92. On 13 February 2009, the Cabinet Secretary for Justice, Kenny MacAskill MSP, wrote to the Secretary of State for Transport, Geoff Hoon MP, reiterating the Scottish Government's support for a lower drink driving limit. If the UK Government is unwilling to commit to bringing forward a reduction in the limit, Mr MacAskill has requested that the powers to set the limit be transferred to the Scottish Ministers.

Next Steps

93. **The Scottish Government continues to press the Department for Transport to give serious consideration to a reduction in the drink driving limit and the introduction of new police powers for random breath testing.**

Positive Attitudes, Positive Choices

Action to further restrict the use of marketing materials within licensed premises ⁹

94. Our consultation document proposed action to further restrict the use of marketing material and activity within licensed premises and invited views. Specifically, we invited views on whether regulations should be made under the Licensing (Scotland) Act 2005 to extend the existing restrictions to:

- Prevent the display on licensed premises of marketing 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 marketing activity to induce the sale of alcohol for consumption off the premises.

95. We welcome the support for these proposals and the detailed comments about how such a policy could be taken forward.

96. We recognise that the ability to promote alcohol responsibly at the point of sale is an important tool to allow producers to encourage customers to switch to their brand of a particular drink, and to help consumers make an informed choice. We are therefore content that there is a role for the responsible promotion of particular brands of drinks in licensed premises, in particular promotions which explain the quality, heritage, ingredients or origin of a drink. We consider that display of such promotional material in off-sales premises should be limited to the alcohol display area.

97. We are not persuaded, however, that alcohol should be promoted in store based on how cheap it is. Action to prevent quantity discounts and to establish a minimum retail price is set out at paras 36 and 44 of this document, but those actions would not in themselves prevent retailers promoting alcohol as “half-price” or “50% off” provided the reduced price remained above the minimum retail price.

Next Steps

98. **We will bring forward regulations that will:**

- **Restrict the display of any marketing material, or other material or activity relating to alcohol, in off-sales premises to one of the two alcohol display areas permitted by paragraph 13 of Schedule 3 of the 2005 Act (inserted by section 3 of the Licensing (Mandatory Conditions No. 2) (Scotland) Regulations 2007).**
- **Ban any marketing material in any licensed premises that refers to any price other than the price at which the product is currently being sold (per bottle, pack, or measure and/or the price per 100ml or litre) or that makes any reference to sale at a reduced price (for example, “Was £5.99, now £2.99”).**

99. **The precise detail of these measures will be set out in draft regulations and the Scottish Alcohol Industry Partnership and other stakeholders will have an opportunity to comment on these before they are presented to Parliament.**

⁹ Our discussion paper referred to “promotional material” rather than “marketing materials”; we have adopted the latter term simply as a means of distinguishing these proposals from those on price promotions.

100. **In addition to these restrictions, we consider there is considerable scope for producers and retailers to develop, as part of a co-regulatory approach, further measures to ensure that alcohol is marketed and advertised responsibly.** The Portman Group already has a code of practice that applies to how alcohol is packaged and marketed but we think this could go further. In particular, we would welcome industry proposals on restricting price-based marketing of alcohol through marketing 'flyers' which may be distributed through mailshots by hand or via electronic means. We believe there is an appetite among many producers for their products to be marketed on their quality and other attributes, rather than how cheaply they can be bought.

101. **We would therefore welcome a concerted effort by producers and retailers to develop and agree with the Government a code of practice for promotions which would supplement the regulatory action already taken by Government through the Licensing (Scotland) Act 2005 and the actions set out in this document.** Once such a code were developed and agreed, we would be happy to consider what measures could be taken to require that all premises adhered to the code. In the absence of progress being made with the development of a code, we may consider further action to restrict marketing activity.

Introduce alcohol only checkouts in off-sales premises
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Require that alcohol checkout staff should be at least 18 years old

102. We considered introducing separate checkouts in shops for purchases of alcohol whereby people would pay separately for alcohol and non-alcohol purchases.

103. There was limited support amongst both individuals and organisations for this proposal. There was opposition to the proposal, particularly from small retailers who argued that it would place a considerable burden on them in a context of small floorspace and few members of staff. **We have listened to these concerns and decided, for the time being, not to introduce alcohol only checkouts.** In reaching this decision, we were mindful of our plans to stop irresponsible promotions in off-sales and from September 2009 alcohol for consumption off the premises will have to be displayed only in designated areas. **We hope that retailers will comply with both the letter and the spirit of these changes and will respond positively to our call for a code on practice on promotions. If they do not, then we may revisit the issue of alcohol-free checkouts.**

104. The discussion paper also sought views on whether there should be a requirement for staff operating checkouts selling alcohol to be at least 18 years old, noting that people under 18 may be less willing to refuse to challenge those who appear to be under 18. There was widespread support for this proposal. However ACPOS indicated that it had not been their experience that under 18s operating checkouts was a significant problem. There were strong arguments from some smaller retailers that an age restriction could cause them staffing problems as they could not afford to employ people aged under 18 if they were unable to operate checkouts. Additionally, the Scottish Youth Parliament argued that this could deny a common source of employment to people aged under 18.

105. **Given that we have decided, at least for the moment, not to introduce separate alcohol checkouts, the question as to whether those operating such checkouts should be at least 18 years old does not apply.** We also note that at present in the absence of alcohol only checkouts staff who are under 18 must be supervised by someone over 18 when they ring through alcoholic products. The requirement for such a sale to be supervised means that there are two people, not just one, required to turn a blind eye to an apparently under age customer. In our view, this creates a more robust environment for challenging those who appear underage and makes it less likely, rather than more likely, that a person under 18 will sell alcohol to underage customers. In view of this we have decided not to apply a requirement that checkout staff who may be asked to ring through alcohol products should be at least 18 years old.

Continue to work with health and industry partners to promote awareness and understanding of alcohol misuse and responsible drinking

106. We know that the majority of people in Scotland consider alcohol misuse to be a serious problem. We want to help them recognise that alcohol misuse is not just about those with chronic dependency, or so-called binge drinkers.

107. We also know that many people do not realise that they are drinking at levels that place them at risk of harming their physical and mental health in both the short and long term. Individuals are ultimately responsible for their own alcohol consumption and we need to make sure they have the information to allow them to make informed, responsible choices, and to understand the risks of drinking too much.

108. We have a good track record of working with partners, including those in the retail and alcohol industry sectors, in the development and promotion of clear, joined up messages, and on joint projects such as the recently published guidelines on alcohol sponsorship¹⁰ (see para 118).

Next Steps

109. We will continue to work with health and industry partners, where appropriate, on the promotion of messages to help people change their behaviour, and on joint initiatives such as Alcohol Awareness Week.

¹⁰Alcohol Sponsorship guidelines issued on 3 February 2008:
http://www.infoscotland.com/alcohol/displaypage.jsp?pContentID=102&p_applic=CCC&p_service=Content.show&

Promote the development of workplace alcohol policies

Next Steps

110. **We will continue to work with partners to develop and promote workplace alcohol policies, noting that the workplace can be a key point of connection with individuals in the promotion of a healthier relationship with alcohol.** Our work with the Scottish Government and Alcohol Industry Partnership and the Scottish Centre for Healthy Working Lives has already led to the development of a model workplace alcohol policy that organisations can adapt for their own use (available on our website: www.infoscotland.com/alcohol). **We will now take this work to the next level by seeking to apply more proactive management-led workplace programmes on tackling alcohol misuse, starting from within Scottish Government, with a view to rolling out action across the public sector and encouraging similar action in the private sector.**

Support measures to deliver improved alcohol product labelling

Next Steps

111. **We continue to believe that alcohol product labelling could be significantly improved and that it would be desirable to introduce mandatory product labelling in line with the voluntary agreement on labelling currently operating across the UK.** We also consider that labelling and product information requirements should apply to the sales of drinks in the on-trade as well as the off-trade, i.e. information should be provided on wine and drinks lists as well as on individual containers.

112. We continue to believe that it is preferable to implement one system of product labelling and information across the UK. **We are therefore discussing with the UK Government how this could be taken forward, in light of the UK Government's evaluation of the effectiveness of the voluntary agreement established in 2007.**

Explore how best to tighten restrictions on alcohol advertising in relation to young people

113. In our discussion paper we made clear our concern to reduce the impact of alcohol advertising on young people. Young people are exposed daily to advertising, whether or not it is specifically targeted at them; some of this advertising is for alcoholic drinks. We recognise that the Advertising Standards Authority (ASA) administers a code which strictly regulates the content of alcohol advertisements (for example, not allowing content which associates alcohol with an underage culture; with social or sexual success; with irresponsible serving; or with irresponsible, anti-social, tough or daring behaviour).

114. We also recognise the ASA's requirement that alcohol advertisements should not be broadcast around programmes of particular appeal to children. However we remain concerned that many children may still be exposed to alcohol advertising because they watch programmes not designated as being of particular appeal to children. We continue to believe therefore that the ASA's code should be supported and enhanced by the application of a ban on alcohol advertising before the 9.00pm watershed.

Next Steps

115. We acknowledge that much of the necessary legislation needed to make an impact on advertising – particularly broadcast media and cinema advertising – is reserved to Westminster and that there are also practical difficulties in applying restrictions to advertising in Scotland when so much broadcast and print material originates from outwith Scotland. **We will therefore urge the UK Government to develop a UK approach to advertising which unequivocally protects children from exposure to alcohol advertising, whether on television, on line, or in the cinema. We continue to believe that one way of achieving this is to apply a ban on television alcohol advertising before the 9.00pm watershed.**

116. We are particularly concerned by the recent rise of on line alcohol advertising, which is difficult to regulate and where we believe current codes of practice on advertising are struggling to keep pace with the rate of innovation in this area. We see this as an area requiring urgent attention and – as with price based marketing (see para 102) – **we would welcome the development of a co-regulatory approach - working with industry, the UK Government and advertising regulatory bodies, which could address this issue effectively.** This could also extend to billboard advertising.

117. We have no plans at this stage to introduce statutory restrictions on alcohol sponsorship, however, the Scottish Government and Alcohol Industry Partnership has been active in developing a set of Scottish Alcohol Sponsorship Guidelines which outline best practice for responsible alcohol brand sponsorship of sporting or cultural events. These voluntary guidelines, published in February 2009, go further than existing codes in that they insist upon a commitment to support responsible drinking initiatives and include guidance on sampling activity at sponsored events. **We will monitor the implementation of the Scottish Government and Alcohol Industry Partnership Sponsorship Guidelines and consider whether further action is required.**

Improved Support and Treatment

Committed a record additional £85m over the next three years, the majority of which will be used to improve the identification, support and treatment of those who are misusing alcohol

118. **We announced a record investment towards tackling alcohol misuse in our 2008/09 budget, totalling £120 million over the next three years. This represents an increase of over £85 million to previous allocations.** This is in recognition of the need for greater effort on prevention, in particular the delivery of screening and brief interventions. Our aim is to make such screening and early intervention part of the routine services offered by NHSScotland. At the same time we recognise that increased screening will lead to more individuals being identified whose alcohol problems require more specialist care. Our additional investment will also support the development and building of capacity in treatment and support services to respond to this newly identified need.

119. We are routing the bulk of our investment in services through NHS Boards so they can develop services that best meet local need. We expect decisions on service commissioning to be shaped by the priorities identified by local Alcohol and Drug Partnerships (ADPs) (see para 128), based on an assessment of local need, including health inequalities. A critical challenge for all partners will be the need to consider the major implications of the whole population approach and the need to achieve long-term, lasting cultural change in attitudes to alcohol. This suggests local partnerships will need increasingly to look beyond the purely clinical setting in taking cross-cutting 'upstream' action to tackle alcohol misuse in their communities.

120. We consider that local services should continue to be based on a 'stepped care' approach, within the tiered model as set out in the Alcohol Problems Support and Treatment Services Framework published in 2002. We also believe the National Quality Standards for Substance Misuse in Services published in September 2009 should continue to be implemented by alcohol services. Both the stepped care approach and the minimum quality standards recognise that the needs of those with alcohol problems are diverse; ranging from intensive treatment and support for those with alcohol dependency, through detection and early interventions for those whose drinking may be at harmful levels but as yet have experienced limited or no obvious health impacts. Such services may be provided by a combination of health service, local authority and third sector bodies. The provision of services to each individual should take into account other issues - such as mental health, drug use or housing problems – which may be significant factors in that individual's recovery. Those around the individual, particularly children, may also require support.

Next Steps

121. We are supporting local partners in the planning and delivery of alcohol treatment and support services: ensuring there is clarity on what to deliver and how; encouraging delivery 'upstream' (at the preventive end of the spectrum) as well as 'downstream'; building capacity and competence in the workforce; reforming local delivery arrangements; identifying and sharing good practice; and researching and developing effective interventions for high risk groups such as offenders. We will draw on existing information on what works, including the substance misuse and homelessness review¹¹. We will also undertake work with stakeholders to support development of local services. In particular we will work with them to develop integrated care pathways – setting out who delivers what care to whom, at what point and to what end – recognising that individuals and those close to them may need access to other services and support and ensuring that services are delivered in a joined up and person-centred way.

123. Through the Scottish Ministerial Advisory Committee on Alcohol Problems, we will establish a working group to update core services for alcohol treatment and support. This will re-visit the principles underpinning the Alcohol Treatment Services Framework; identify and update effective interventions; and set out guidance on development of integrated care pathways which take into consideration multiple and complex needs.

Established a new programme target for the delivery of brief interventions
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124. We know brief interventions are effective in helping people to reduce their drinking, and as such their risk of alcohol related harm. We have introduced a new NHS target for the period 2008/09 – 2010/11: the delivery of 149,449 brief interventions in our priority areas of primary care, antenatal care, and Accident and Emergency Departments.

125. There are other settings that may provide further opportunities for brief interventions, such as young people's drop-in services and sexual health services. **We will support the evaluation of brief interventions pilots in other settings, or which can contribute in other ways to the evidence base. Initially pilots already being taken forward are in NHS 24 and the area of criminal justice.**

¹¹ Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review, July 2008, <http://www.scotland.gov.uk/Publications/2008/07/24143449/0>

Next Steps

126. We have set up a national Delivery Support Team to provide leadership and support to NHS Boards on the delivery of the target and to co-ordinate key support functions. This Team will work to support NHS Boards providing help, advice and guidance as necessary. We have begun a programme of visits to NHS Boards to hear feedback first hand on progress, identify good practice and offer further individualised support where appropriate. We will hold a conference for NHS Boards in 2009 to demonstrate distance travelled and share good practice.

Establish a comprehensive national training programme for staff involved in delivering brief interventions

Next Steps

127. To support NHS Boards in achieving the new target for brief interventions we have commissioned NHS Health Scotland to develop and coordinate a 3 year national training programme to ensure that frontline staff across the country are competent and confident in the delivery of brief interventions. Thereafter we will ensure that training on brief interventions is recognised as a core aspect of workforce development in NHSScotland.

Working with a wide range of partners to ensure that local delivery of services and activities to tackle alcohol misuse is effective, efficient and accountable, and reflects both national and local priorities

128. Our discussion paper noted the establishment in January 2008 of a sub-group of the Scottish Ministerial Advisory Committee on Alcohol Problems and the Scottish Advisory Committee on Drug Misuse to develop proposals for reform of local arrangements for delivering services and activities to tackle alcohol and drugs misuse. This Delivery Reform Group worked during 2008 to develop a range of proposals designed to provide a robust and effective framework for taking forward action on substance misuse in the years ahead, bearing in mind the development of single outcome agreements and outcomes-based approaches.

Next Steps

129. The Group has made a number of proposals concerning partners' roles and responsibilities, accountability arrangements, and partnership structures, including a recommendation that Alcohol and Drugs Partnerships (ADPs) should be embedded within community planning partnership arrangements. The Group has also developed an outcomes toolkit to support local partnerships in working in an outcomes based environment and has recommended the provision of improved national support to local areas. **The Scottish Government is currently considering the Delivery Reform Group's proposals on reform of Alcohol and Drug Partnerships with a view to making a statement on the way forward as soon as possible.**

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

130. The quality of services offered to those who seek help for alcohol or drug problems depends on the quality of the professionals delivering them. It is essential that this workforce is well trained, motivated and responsive to changing needs.

Next Steps

131. **We have commissioned NHS Health Scotland to drive forward a piece of work to create a national workforce development strategy to support a competent, confident, valued and flexible workforce.** The strategy, which will be published in spring 2009, will provide an understanding of the workforce and their development needs, primarily for service managers to use in developing their staff to meet national and local priorities. It will also highlight the role that policy makers, service commissioners and training and education providers have in supporting implementation of the strategy. It will do this by:

- clearly defining the workforce who come into contact with those experiencing alcohol and drug problems, so everyone is aware of their role and contribution
- setting out best practice for carrying out training needs assessments to assess current skills
- setting out a competency framework
- suggesting learning and development priorities in line with current policy direction
- identifying action for Government and others (including service commissioners, employers, education providers and professional bodies across the public, private and third sector) that will support and enable further learning and development in the workforce.

Develop an Action Plan on improving population mental health in Scotland - which recognises the relationships between alcohol and mental health and will ensure that, where appropriate, this is taken into account in promotion, prevention and support activity

Next Steps

132. **Our forthcoming Action Plan for population mental health improvement, *Towards a Mentally Flourishing Scotland*, to be published in spring 2009, will recognise the relationship between alcohol and mental health. Where appropriate this relationship will be a key feature of related actions and commitments.**

133. **We are also keen to explore the opportunities for developing psychological therapies as a generic form of behavioural change intervention which can lead to positive outcomes not only for those with mental health issues but also for those with co-morbidities arising from alcohol and drugs misuse.**

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

134. The relationship between alcohol and crime, particularly violent crime and anti-social behaviour, is strong. Many of those who offend have alcohol problems not necessarily linked directly to their offending behaviour. Opportunities exist along the journey travelled by an offender in the criminal justice system to identify those with alcohol problems and offer appropriate interventions or direct them into specialist treatment and support. There are risks that such treatment and support can be disrupted as they move from one criminal justice setting to another or back into the community.

135. We believe such opportunities should be maximised to their full potential. This not only benefits those offenders with alcohol problems, but consequently lends support to their families and relationships as well as potentially contributing more widely to safer communities through the reduction of re-offending. Community Justice Authorities have a key role to play. They need to work – in partnership with the Scottish Prison Service and those who provide community based services – to develop integrated care pathways for offenders with alcohol problems, supported by information sharing protocols. These will enable an individual to move progressively through different care settings with a minimum of disruption to a positive outcome.

Next Steps

136. To help support aspects of this work we will fund research on the effectiveness of brief interventions for alcohol problems in criminal justice settings.

137. We will, in 2009:

- **Conduct a review of current plans and practice for the identification and treatment of offenders with alcohol problems in criminal justice settings and identify good practice.**
- **Convene a stakeholder event to disseminate the findings of this review and agree action on how best to ensure development and implementation of integrated care pathways for offenders with alcohol problems.**

HOW WILL WE MEASURE SUCCESS?

138. We recognise the importance of a robust evidence base on levels of alcohol consumption and harm and continue to seek to improve sources of data while recognising that the statistics which can be gathered have limitations and that where possible we must seek to triangulate data and consider trends.

139. We have established a Monitoring and Evaluation Reference Group for Alcohol (MERGA) to oversee the development of a portfolio of monitoring and evaluation studies to measure the extent to which the actions set out in this document are effective in delivering our intended outcomes. The reference group provides both specialist knowledge about relevant alcohol-related issues and methodological expertise in research and evaluation. The key objectives of the work being taken forward by MERGA include:

- to identify the key outcome indicators, and whether they are available from existing data or whether new data is required;
- to assess the extent to which intended outcomes are achieved and are attributable to the actions currently being developed by the Scottish Government;
- to track the implementation progress and reach of the actions in order to inform any necessary amendments or adjustments;
- to identify any unintended outcomes or displacement effects, including differential effects or outcomes which may impact on health inequalities.

140. MERGA is establishing mechanisms to ensure key stakeholders are informed of progress and emerging findings from the evaluation and monitoring studies.

CONCLUSION

141. This Framework for Action has outlined the approach we will now take forward to tackle alcohol misuse in Scotland. We know that the task is complex, challenging and constantly evolving. We believe the legislative actions we are taking, which will apply universally across the population, will begin to address the urgent need to reduce the harmful levels of alcohol consumption currently existing in Scotland. In this way they will start to alleviate the escalating health harms resulting from excessive levels of drinking as well as reducing the impacts on our economy and communities.

142. But these actions form only part of a broader package of approaches which need to be taken as a whole if they are to impact effectively on the problem. We will need to take forward multiple strands of work. just as important as the legislative measures we take - working patiently with partners in the statutory, voluntary and private sectors to address the 'downstream' needs of those already affected by alcohol misuse, particularly those in vulnerable groups, and crucially to effect 'upstream' cultural and attitudinal shift in communities across Scotland. This is about vital work to deliver incremental but important change in the way we relate to alcohol - as individuals, as families, as communities, and ultimately as a nation. This work is long-term and often unsung, but it is the stuff of real lasting change.

143. We do not pretend to have miracle cure which will instantly put right our relationship with alcohol, but we do have a clear conviction about the range of actions needed to address what has become a major problem for Scotland - actions which we believe will enhance the health and wellbeing of the Scottish people and help us realise our ambition of a successful and flourishing Scotland.

Annex A: Summary findings from the analysis of consultation responses by Hexagon Consulting Ltd

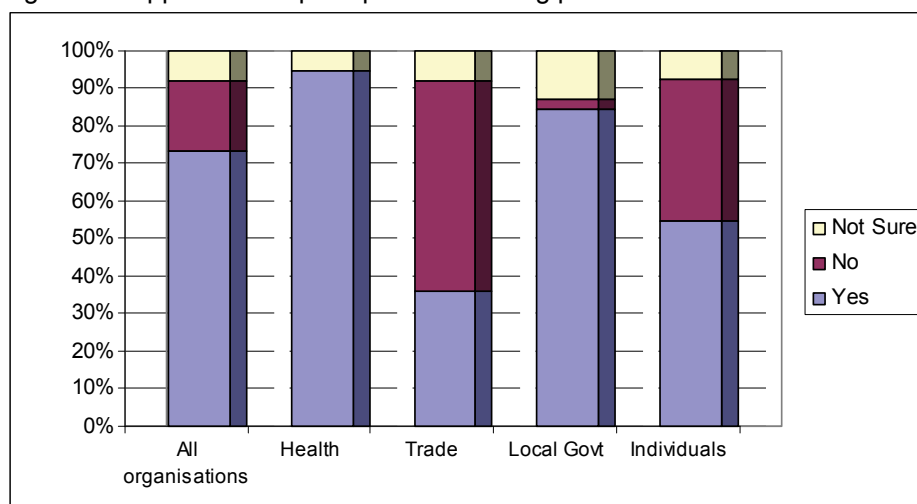
The Scottish Government received a total of 472 responses to *Changing Scotland's Relationship with Alcohol: A Discussion Paper on Our Strategic Approach* including 259 responses from individuals, 207 responses from organisations and six combined or group responses. In addition, Scottish Government Ministers received 53 letters or emails about issues relating to the discussion paper from members of the public. The findings from an independent analysis of consultation responses commissioned by the Scottish Government have been published¹² and demonstrate strong support for many of the key proposals included in the discussion paper.

Many respondents acknowledged the scale of the alcohol misuse problem in Scotland and the need for government to take decisive action. A summary of the main findings from the consultation analysis is provided below.

Restricting promotions and below-cost selling

There was strong support amongst responding organisations for restricting promotions and below-cost selling, with 73% in favour and only 19% against (most respondents commented on the principle of restricting promotions and below cost selling rather than on the specific options outlined in the discussion paper). As Figure 1 shows, health organisations (95%) and local government bodies (84%) were strongly in favour, while just over half (56%) of the trade and business sector respondents were opposed. A majority (55%) of individuals who offered an opinion were also in favour, in principle, of restricting promotions and below-cost selling.

Figure 1: Support for the principle of restricting promotions and below-cost selling



Note: 'trade' in graphs includes trade and business sector

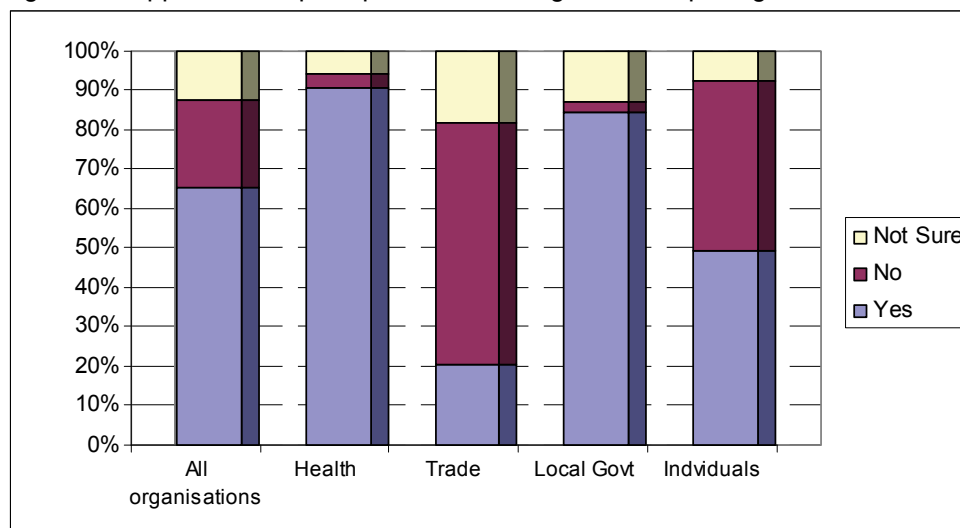
Those respondents who did comment in detail generally expressed more support for the proposal to end loss-leading/below cost selling than to restrict promotions. Most of the organisations that supported the proposals felt that there was a direct link between availability of cheap alcohol and excessive/irresponsible drinking and consequent harm. There was a feeling amongst those who expressed opposition that these proposals would restrict choice and make responsible drinkers pay in order to tackle problems caused by an irresponsible minority of drinkers.

¹² <http://www.scotland.gov.uk/publications/2009/01/28154158/0>

Minimum Pricing

Most respondents commented on whether minimum retail pricing should be introduced rather than on the proposed principles on which a scheme should be established. As Figure 2 shows, two thirds (65%) of all responding organisations were in favour, while just under a quarter (23%) were opposed. Nine out of ten (90%) health organisations supported introducing minimum pricing, as did over eight out of ten (84%) local government bodies. Six out of ten (61%) trade and business sector organisations were opposed. Views amongst individual respondents were more mixed, with 49% who expressed an opinion in favour and 43% against.

Figure 2: Support for the principle of introducing minimum pricing



Note: 'trade' in graphs includes trade and business sector

Those in favour generally supported the rationale put forward in the discussion paper, that the increasing affordability of alcohol is one of the main drivers in higher consumption and harm. Various reasons were given by those who expressed opposition, including that minimum pricing was just a form of taxation, it would impact on 'responsible' drinkers and people on low income, and general opposition to the government setting prices.

Most of the organisations that supported minimum retail pricing did not comment on the principles outlined in the discussion paper but those that did suggested that minimum prices should be based on alcoholic strength and should apply across both off and on sales.

What information would parents find helpful in relation to alcohol?

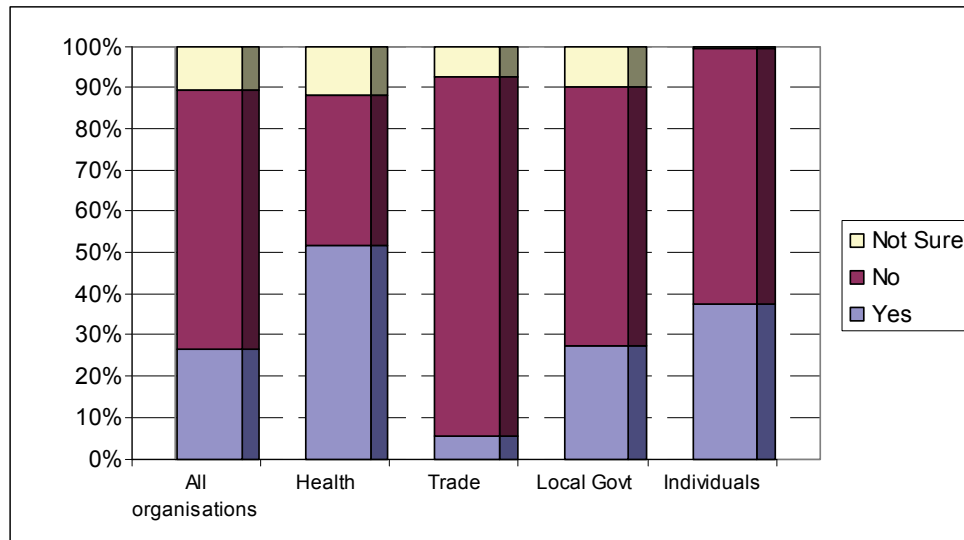
Many respondents who answered this question suggested that parents generally need more information and statistics about the harmful effects of alcohol misuse and/or the recommended guidelines for alcohol consumption. A number also said that parents should set a good example to their children by drinking sensibly and not misusing alcohol. The idea that there should be a cultural shift promoting sensible drinking was also frequently mentioned. A number of individuals suggested that there should be more effective education about alcohol and its potentially harmful effects as part of the school curriculum (this could be linked to peer education or broader 'lifestyle' education).

These broad areas were also the most common suggestions made by organisations that responded to this question. Many organisations made detailed and comprehensive contributions to this part of the consultation.

Raising the minimum purchase age to 21 in off-sales

A clear majority of individuals (62%) responding to the consultation expressed opposition to the proposal to raise the minimum age for off-sales purchases to 21. As Figure 3 shows, the proposal was also opposed by a large majority of organisations. The only sector that had a majority of respondents in favour was the health sector (52% in favour, 36% opposed). Almost all the trade and business sector respondents (87%) were against (with the notable exception of the Scottish Licensed Trade Association) as were all nine youth organisations that responded to the discussion paper.

Figure 3: Support for raising the minimum purchase age to 21 in off-sales



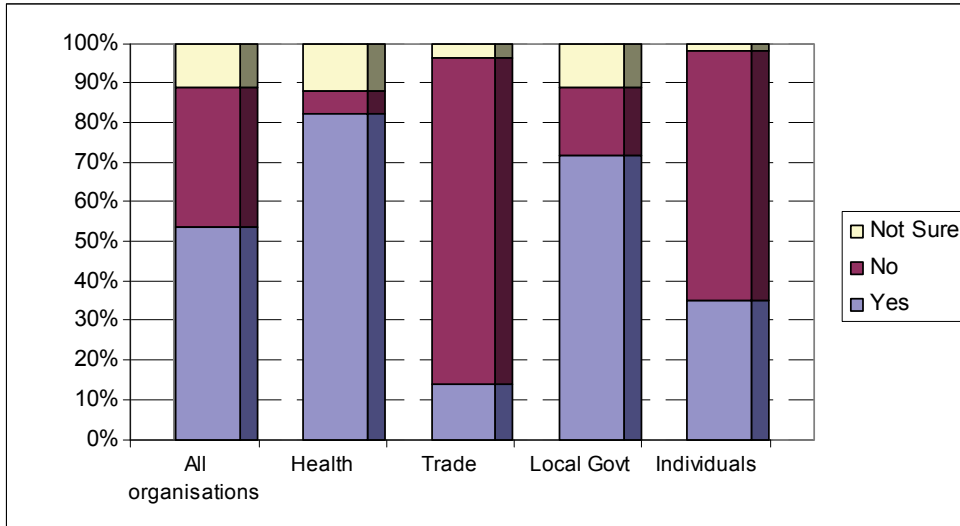
Note: 'trade' in graphs includes trade and business sector

The most common reasons that respondents gave for opposing the proposal were: that it would 'demonise' all young people, not just those who drink irresponsibly that it represented an erosion of civil liberties for young people and that the emphasis should be on enforcing current laws and using proof of age schemes to reduce under-age drinking. Most organisations that supported the proposal (such as Scottish Health Action on Alcohol Problems (SHAAP) and Scottish Association of Alcohol and Drug Action Teams (SAADAT)) expressed broad support for the rationale outlined in the discussion paper and saw this measure as one part of an overall strategy.

Social responsibility fee

Although the discussion paper sought views on the detail of how a social responsibility fee should be applied and to which license holders, most respondents expressed views on the principle of whether a fee should be introduced in the first place. As Figure 4 shows, there were clear differences in opinion across sectors, with health and local government organisations being strongly in favour (84% and 71% respectively) and the trade and business sector overwhelmingly opposed (82% against). Of the small number of organisations who commented on whether the fee should be applied to occasional license and other licensed premises, a majority thought it should.

Figure 4: Support for the principle of introducing a social responsibility fee



Note: 'trade' in graphs includes trade and business sector

Few organisations in favour of the introduction of a social responsibility fee commented in detail on the possible criteria outlined in the discussion paper. However, a majority of those who responded supported all premises being subject to paying the fee and the fee being based on alcohol sales or turnover.

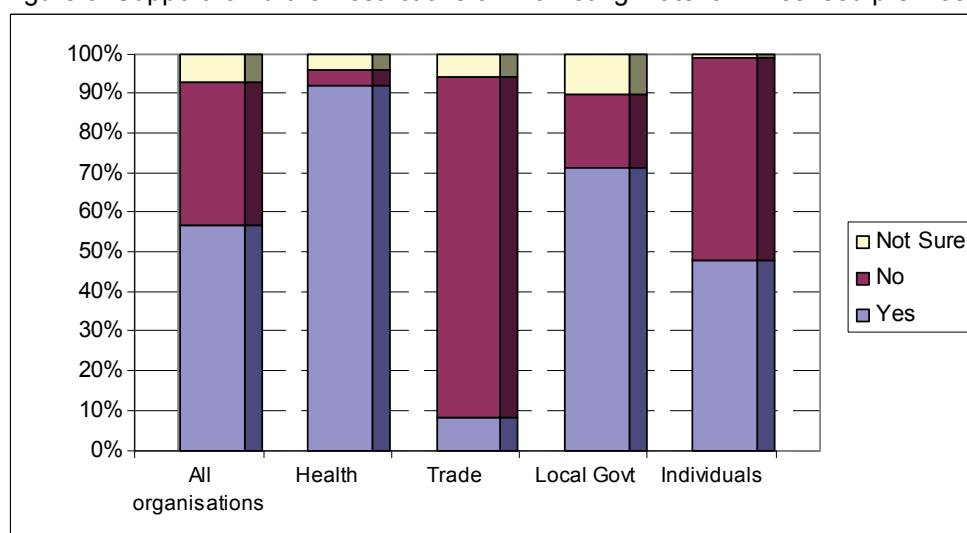
Opposition to a fee, in particular from trade and business sector organisations, mostly centred round views that it would be 'just another tax', that it would tax the supplier of alcohol rather than those who were misusing it, and that it could penalise all traders to compensate for the small number who allow alcohol misuse to take place.

Further restrictions on marketing material in licensed premises¹³

Respondents tended to comment on the principle of restricting marketing material in licensed premises rather than on the three specific proposals raised in the discussion paper. Of those who expressed an opinion, a small majority of individual respondents opposed further restrictions (52% against 48% in favour). However, as Figure 5 shows, a majority of organisations supported the principle – 56% in favour compared to 37% against. There was a clear difference in views between the health and local government sectors (respectively 92% and 71% in favour) and the trade sector (86% opposed).

¹³ Our discussion paper referred to "promotional material" rather than "marketing materials"; we have adopted the latter term simply as a means of distinguishing these proposals from those on price promotions.

Figure 5: Support for further restrictions on marketing material in licensed premises



Note: 'trade' in graphs includes trade and business sector

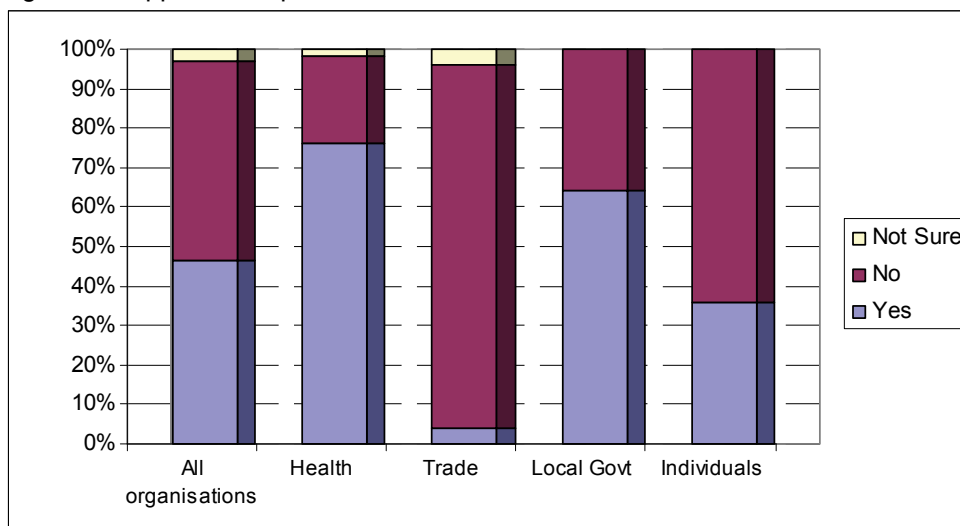
Many of those that supported this proposal did so because they felt alcohol should be treated differently from other products, or believed that restricting marketing material would discourage impulse buying and would reduce the impact of advertising on young people. Respondents who opposed the proposals gave two main reasons: restricting marketing material would restrict 'freedom of choice' and it would have little impact in reducing alcohol misuse or binge drinking.

Several producers and retailers, including whisky distilleries with visitor centres, noted that tighter restrictions on marketing material could affect their ability to market specialist products, including Scottish products.

Separate checkouts for alcohol sales

Almost two thirds (64%) of individual respondents opposed the proposal to introduce separate checkouts for alcohol sales. As Figure 6 shows, organisations were more evenly split on this proposal. While the majority of health and local government organisations who responded were in favour (76% and 64% respectively), the trade and business sector was overwhelmingly opposed (92%).

Figure 6: Support for separate checkouts for alcohol sales



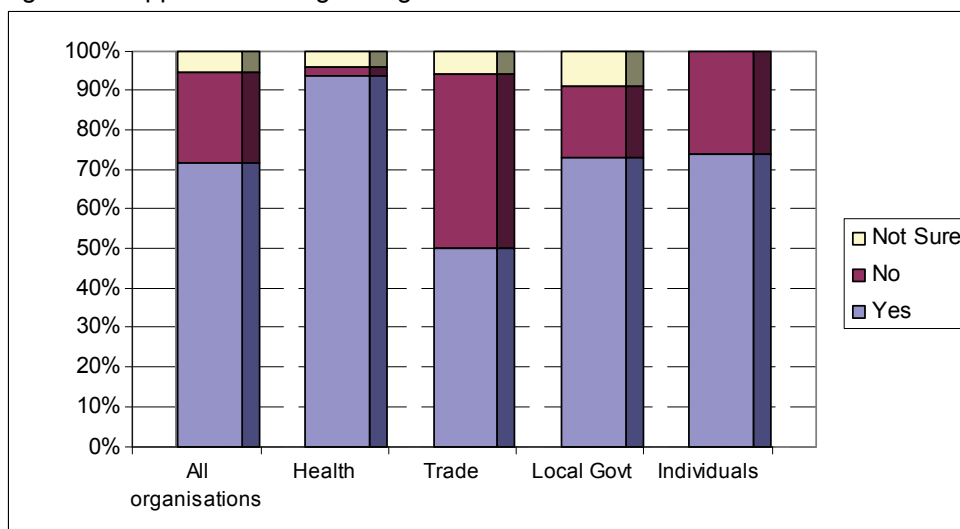
Note: 'trade' in graphs includes trade and business sector

Individuals and organisations opposed to separate checkouts were generally concerned about the inconvenience of separate checkouts for people buying alcohol along with their weekly grocery shop, the demonising of alcohol without necessarily reducing consumption, and the possible stigmatising effect on responsible drinkers. Most organisations in favour felt separate alcohol checkouts would be an important indicator that alcohol could no longer be treated as an ordinary commodity by retailers and consumers.

Raising the age of check out staff

Almost three-quarters (74%) of individual respondents who expressed an opinion were in favour of a minimum age of 18 for alcohol checkout staff (compared to 26% against). As Figure 7 shows, large majorities of health and local government sector organisations were in favour of this proposal (93% and 73% respectively) whilst the trade and business sector was almost evenly split with 50% of respondents in favour and 44% against.

Figure 7: Support for raising the age of checkout staff



Note: 'trade' in graphs includes trade and business sector

Most of the organisations that supported the proposal, including some trade and business sector organisations, agreed with the rationale for increasing the age to 18 outlined in the discussion paper. Some large retailers opposed the proposal pointed out that staff under the age of 18 can only sell alcohol if supervised by an older staff member, whilst several of the small retail stores noted that they have difficulty in recruiting staff who are over 18 for part-time sales jobs.

ANNEX B – Extract from *Independent Review of the effects of Alcohol Pricing and Promotion, based on modelling work for England, by SCHARR, University of Sheffield*¹⁴

Minimum price per unit	Effect on consumption	Minimum pricing for a bottle of wine (75cl at 13% ABV)	Minimum price for a 6 pack of standard lager (6x44cl at 4% ABV)	Minimum pricing for white cider (2l at 7.5% ABV)	Minimum price for vodka (70cl at 37.5% ABV)	Minimum pricing for Scotch Whisky (70cl at 40% ABV)
30p	-0.6%	£2.93	£3.17	£4.50	£7.88	£8.40
35p	-1.4%	£3.41	£3.70	£5.25	£9.19	£9.80
40p	-2.6%	£3.90	£4.22	£6.00	£10.50	£11.20
45p	-4.5%	£4.39	£4.75	£6.75	£11.81	£12.60

Key findings for England for a minimum price of 40p per unit:

- Overall weekly consumption reduces by -2.6%. Consumption is estimated to reduce by on average 22 units per person per year.
- Consumption changes are greatest for harmful drinkers (-3.15 units per week).
- Groups are impacted differentially:
 - 11-18 year olds (-4.0%)
 - 18-24 year old hazardous drinkers (-0.7%)
 - All-age hazardous drinkers have smaller reductions (-1.8%) but the absolute scale of reduction is much larger (-0.47 units per week).
- Moderate drinkers are affected in a small way (-0.07 units per week).
- Effects on health are estimated to be substantial with deaths estimated to reduce by 157 within the first year and a full effect after 10 years of 1,381. Again deaths are differentially distributed across the groups, with 2 saved in year 1 for 11-18 year olds but 48 for hazardous, 98 for harmful and 12 for moderate drinkers. Illness also decreased with an estimated reduction of 2,900 acute and 1,500 chronic illnesses within year 1.
- Hospital admissions are estimated to reduce by 6,300 in year 1 and a full effect after 10 years of 40,800 avoided admissions per annum.
- Healthcare service costs are estimated to change by £25m in year 1, with a Quality Adjusted Life Year (QALY) gain valued at £63 million.
- Crime is estimated to fall by 16,000 offences overall.
- The harm avoided in terms of victim quality of life is valued at £21 million.
- Criminal Justice system costs are estimated to reduce by £17 million.
- Workplace harms are reduced by 12,400 fewer unemployed people and 100,400 fewer sick days.

¹⁴ http://www.dh.gov.uk/en/PublicHealth/Healthimprovement/Alcoholmisuse/DH_4001740

ANNEX C – SUMMARY OF ACTIONS

<p>Reduced Consumption</p>	<ol style="list-style-type: none"> 1. We will draft regulations to modify Schedules 3 and 4 under the Licensing (Scotland) Act 2005 to: <ul style="list-style-type: none"> • 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. <p>We will consult with the Scottish Government and Alcohol Industry Partnership and other key stakeholders on a regulatory impact assessment before laying these regulations in Parliament.</p> 2. We will pursue the introduction of a minimum price per unit of alcohol as a mandatory condition of Premises Licence and Occasional Licences granted under the Licensing (Scotland) Act 2005. <p>We will work with economists and researchers to consider the modelling work around specific minimum prices per unit of alcohol.</p> <p>We will continue to discuss with the UK Government arrangements for controlling pricing and promotions of alcohol bought remotely and delivered to Scotland from England and Wales or beyond.</p> 3. We will regulate to make it a condition of a premises licence or occasional licence that wine sold by the glass for consumption on the premises must be available as a 125ml measure. <p>We urge the UK to change its legislation to extend 25ml and 35ml measures to all spirits and to permit both measures to be served on the same premises, and, if and when the law is changed, we would intend to make it a mandatory condition that 25ml measures be available and offered as the 'default' measure.</p>
<p>Supporting Families and Communities</p>	<ol style="list-style-type: none"> 4. Our Youth Commission will explore the issues faced by young people in relation to misuse of alcohol beginning this spring and will report back with advice on actions which might be taken to address the issues they identify. 5. Over the course of the next year we will take forward work to review current advice to parents and carers around alcohol and associated issues in the context of this early years' framework, with input from the Youth Commission on Alcohol and Young People and other key stakeholders.

	<p>6. We will legislate to:</p> <ul style="list-style-type: none"> • place a duty on Licensing Boards to consider raising the minimum age for off-sales purchases within their area, or part of their area, to 21 when they are reviewing their licensing policy statements. • enable Licensing Boards to apply such a condition without requiring a hearing in respect of every premise concerned. • give the Chief Constable and the local Licensing Forum powers to request that the Licensing Board consider the matter of an age restriction at any time. <p>7. We will establish a legislative power to apply a Social Responsibility Fee.</p> <p>We will establish in 2009 mechanisms to allow key stakeholders to assist us in developing the detail of the Social Responsibility Fee.</p> <p>8. We are taking forward plans to arrange a survey of the incidence of Fetal Alcohol Syndrome in Scotland. We have seconded fixed term project support to coordinate this work, working in collaboration with the academic sector, health professionals and other key stakeholders. We will hold a stakeholder conference in the spring to take this forward jointly with all key interests.</p> <p>9. We will continue to work with our partners at national and local level to improve substance misuse education in schools. A workplan has been developed with tasks designed to lead to better partnership working, improved support for those delivering teaching, and better awareness of the available teaching resources, to be implemented before the end of 2010.</p> <p>10. We will continue to support a number of third sector organisations to provide youth work and/or diversionary opportunities. Further funding announcements will follow.</p> <p>11. We will work through 'Promoting Citizenship through Football - A Government and Football Partnership' to identify and take forward opportunities for joint working with football on tackling alcohol misuse.</p> <p>12. A Project Board has been convened to drive forward work on improving 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 expect to make significant progress on implementing these actions over the course of the next year.</p> <p>13. We will continue to work through the Scottish Government-led Scottish Age-restricted Products Enforcement Working Group, which has representatives from all key interests including the licensed trade and hospitality sector, ACPOS, and the Crown Office and Procurator Fiscal Service, to identify any further steps which might be taken to ensure effective compliance with and enforcement of licensing laws.</p>
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	<ol style="list-style-type: none">14. We will undertake a review of how test-purchasing has been implemented in order to identify any lessons which can be learned and shared.15. We will also work with Young Scot to further promote the Young Scot National Entitlement Card and to bolster its use and recognition as a proof of age card.16. For this reason we will increase our funding for the Best Bar None scheme, to enable this to be extended more widely across Scotland.17. We are working with local partners in Fife to pilot and evaluate a package of interventions to pilot in different locales, drawing on the experience of other partnerships, as well as social norms approaches. We hope that, in due course, the experience and lessons from the Fife pilot will be able to be drawn upon by other areas and adapted for their local circumstances.18. Discussions are on-going about the scope for trading standards officers to be given a role, alongside the police, in enforcing licensing law in relation to off-sales and, specifically, in supporting test purchasing programmes.19. We will develop sustained and tough enforcement measures such as the Safer Streets initiative, where we have provided over £2 million to Community Safety Partnerships to deliver extra initiatives to tackle alcohol-related violence and disorder over the festive period. We will also continue to support education initiatives such as <i>Medics Against Violence</i>, which involves a number of senior clinicians working with the Violence Reduction Unit to raise awareness amongst young people of the dangers of carrying a knife.20. We will also focus on early intervention through the Community Initiative to Reduce Violence (CIRV), the ground-breaking gang's initiative to tackle collective violence in the East End of Glasgow.21. We will shortly publish a research report, which will set out a range of approaches that could be used across Scotland to support drunk and incapable adults. We will arrange an event for stakeholders to disseminate the findings and encourage the assessment of needs and development of appropriate approaches at a local level.22. The Scottish Government continues to press the Department for Transport to give serious consideration to a reduction in the drink driving limit and the introduction of new police powers for random breath testing.
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Positive attitudes, positive choices

23. We will bring forward regulations that will:

- restrict the display of any marketing material, or other material or activity relating to alcohol, in off-sales premises to one of the two alcohol display areas permitted by paragraph 13 of Schedule 3 of the 2005 Act (inserted by section 3 of the Licensing (Mandatory Conditions No. 2) (Scotland) Regulations 2007).
- ban any marketing material in any licensed premises that refers to any price other than the price at which the product is currently being sold (per bottle, pack, or measure and/or the price per 100ml or litre) or that makes any reference to sale at a reduced price (for example, "Was £5.99, now £2.99").

The precise detail of these measures will be set out in draft regulations and the Scottish Government and Alcohol Industry Partnership and other stakeholders will have an opportunity to comment on these before they are presented to Parliament.

24. In addition to these restrictions, we consider there is considerable scope for producers and retailers to develop, as part of a co-regulatory approach, a code of practice for promotional activity.

25. We have decided, for the time being, not to introduce alcohol only checkouts, however we may revisit this issue if retailers do not comply with the spirit of our other actions on off sales. Given this decision, the question as to whether those operating such checkouts should be at least 18 years old does not apply.

26. We will continue to work with health and industry partners, where appropriate, on the promotion of messages to help people change their behaviour, and on joint initiatives such as Alcohol Awareness Week.

27. We will continue to work with partners to develop and promote workplace alcohol policies, noting that the workplace can be a key point of connection with individuals in the promotion of a healthier relationship with alcohol. We will seek to apply more proactive management-led workplace programmes on tackling alcohol misuse, starting from within Scottish Government, with a view to rolling out action across the public sector and encouraging similar action in the private sector.

28. We continue to believe that alcohol product labelling could be significantly improved and we are discussing with the UK Government how this could be taken forward.

29. We urge the UK Government to develop a UK approach to advertising which unequivocally protects children from exposure to alcohol advertising, whether on television, on line, or in the cinema. We believe that one way of achieving this is to apply a ban on television alcohol advertising before the 9.00pm watershed.

	<p>30. We would welcome the development of a co-regulatory approach to on line alcohol advertising - working with industry, the UK Government and advertising regulatory bodies, which could address this issue effectively. This could also extend to billboard advertising.</p> <p>31. We will monitor the implementation of the Scottish Government and Alcohol Industry Partnership Sponsorship Guidelines and consider whether further action is required.</p>
<p>Improved Support and Treatment</p>	<p>32. We announced a record investment towards tackling alcohol misuse in our 2008/09 budget, totalling £120 million over the next three years. This represents an increase of over £85 million to previous allocations.</p> <p>33. We will establish a working group to update core services or alcohol treatment and support. This will re-visit the principles underpinning the Alcohol Treatment Services Framework; identify and update effective interventions; and set out guidance on development of integrated care pathways which take into consideration multiple and complex needs.</p> <p>34. We will support the evaluation of brief interventions pilots in other settings or which can contribute in other ways to the evidence base. Initially pilots already being taken forward are in NHS 24 and the area of criminal justice.</p> <p>35. We have set up a national Delivery Support Team to provide leadership to NHS Boards on the delivery of the target and to co-ordinate key support functions. This Team will work to support NHS Boards providing help, advice and guidance as necessary.</p> <p>We have begun a programme of visits to NHS Boards to hear feedback first hand on progress, identify good practice and offer further individualised support where appropriate. We will hold a conference for NHS Boards in 2009 to demonstrate distance travelled and share good practice.</p> <p>36. To support NHS Boards in achieving the new target for brief interventions we have commissioned NHS Health Scotland to develop and coordinate a 3 year national training programme to ensure that frontline staff across the country are competent and confident in the delivery of brief interventions. Thereafter we will ensure that training on brief interventions is recognised as a core aspect of workforce development in NHS Scotland.</p> <p>37. The Scottish Government is currently considering the Group's proposals on reform of Alcohol and Drug Partnerships with a view to making a statement on the way forward as soon as possible.</p> <p>38. We have commissioned NHS Health Scotland to drive forward a piece of work to create a national training and development strategy to support a competent, confident, valued and flexible workforce.</p>

	<p>39. Our forthcoming Action Plan for population mental health improvement, <i>Towards a Mentally Flourishing Scotland</i>, to be published in Spring 2009, will recognise the relationship between alcohol and mental health. Where appropriate this relationship will be a key feature of related actions and commitments.</p> <p>40. We are also keen to explore the opportunities for developing psychological therapies as a generic form of behavioural change intervention which can lead to positive outcomes not only for those with mental health issues but also for those with co-morbidities arising from alcohol and drugs misuse.</p> <p>41. In 2009, we will conduct a review of current plans and practice for the identification and treatment of offenders with alcohol problems in criminal justice settings and identify good practice.</p> <p>We will also convene a stakeholder event to disseminate the findings of this review and agree action on how best to ensure development and implementation of integrated care pathways for offenders with alcohol problems.</p>
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