

IN FOCUS



“Important update for customers in Scotland. From 1st October all retailers of alcohol in Scotland cannot offer discounts on multiple bottles of wine. Great news! All orders placed at TescoWine by the case will still qualify for these discounts as your wine is dispatched from our distribution centre in England.”

How the big supermarkets worked hard to undermine the new licensing laws.

Alcohol Focus Scotland Training Workshops

Alcohol Focus Scotland's latest workshop programme provides a range of knowledge and skills development courses essential for people working to reduce alcohol-related harm and promote recovery in Scotland. All workshops take place in Glasgow.



Service User Involvement for Frontline Services

26 October 2011, 9.30am-4.30pm

The aim of this workshop is to enable frontline service providers to competently and confidently design and deliver service user involvement within their services to improve and evidence outcomes.

Using Directive and Non-Directive Approaches with Problem Drinkers

28 October 2011, 9.30am-4.30pm

This workshop will introduce the application of a person-centred approach along with a more directive approach to working with problem drinkers.

Rory Learning Resource

3 November 2011, 9.30am-1.30pm

This training workshop will introduce participants to the Rory learning resource designed for use with children aged 5 - 11 years old to explore the issue of parental alcohol misuse.

Using Motivational Interviewing with Problem Drinkers

9 November 2011, 9.30am-4.30pm

This workshop will introduce the principles and skills of motivational interviewing (MI), an evidence-based skill that includes the active participation of the service users. The workshop will offer examples of this in practice and an opportunity to practice these skills.

Oh Lila Learning Resource

22 November 2011, 9.30am-1.30pm

This training workshop will introduce participants to the Oh Lila learning resource for use with children aged 3 – 5 years old. The learning resource is an early intervention tool and aims to build protective and resilience factors in young children.

Full day workshops cost £95 and half day workshops cost £60 per person.

Alcohol Focus Scotland can also design and deliver bespoke training packages to fit the needs of your organisation.

For more information about our workshops and training please visit our website: www.alcohol-focus-scotland.org.uk/workshops or email: training@alcohol-focus-scotland.org.uk or call 0141 572 6703.

Welcome from the Chief Executive



Welcome to the autumn edition of In Focus. Much has happened since the last edition with minimum pricing back on the agenda following the election of the SNP government in May. We expect to see the Minimum Pricing Bill introduced before the end of this year. Our progress in Scotland comes at a time when Ministers in Northern Ireland, Wales and the Republic of Ireland have publicly stated their support for minimum unit pricing. It is also timely that Professor Tim Stockwell is due to publish the first evaluation of minimum pricing schemes in two Canadian provinces later this year. Professor Stockwell shared some of his findings with politicians from all parties at a recent briefing event organised jointly by AFS, SHAAP and the BMA at the Scottish Parliament. Members of the Scottish Parliament heard that minimum pricing had resulted in a drop in alcohol consumption of between 3% and 5% in the two provinces studied.

If we need reminding of the public health case for imposing controls on price and availability to reduce the high levels of harm in Scotland, we need only read Dr Alastair McGilchrist's comments in this newsletter about the changes he has seen over the last 30 years with deaths from liver disease doubling every decade and patients being admitted to liver wards at a much younger age. We have learnt that alcohol policy can quickly turn into party political point scoring and when this happens, it is easy to forget that alcohol harm is not an abstract discussion. Quite simply – good alcohol policy saves lives, bad alcohol policy kills people. And it is even more important that we remember this simple truth when we consider our responsibility to protect the most vulnerable in our society from alcohol harm. We report in this newsletter on Westminster MP Dr Sarah Wollaston's courageous attempt to protect children and young people from harm by restricting their exposure to alcohol marketing. Dr Wollaston's Private Members Bill is due to have a second reading in Westminster later this month. We know that exposure to alcohol marketing increases the likelihood that young people will start drinking and we also know that the earlier a person starts drinking, the more they are at risk of developing alcohol problems in later life. This knowledge alone should be enough to persuade us that having our children growing up in an environment saturated with alcohol messages is not in the public interest. The news that both Heineken and Diageo will spend millions of pounds communicating directly with young people through Google and Facebook, is a development that we should be seriously concerned about. The role of the alcohol industry in seeking to influence alcohol policy is touched upon in our report of the Statement of Concern which was presented to the high level United Nations meeting on non-communicable diseases in Geneva in September. Alcohol Focus Scotland is a signatory to the statement along with around 150 NGOs and other organisations from around the world.

We also report on the publication of the report Rethinking Alcohol Licensing which we produced in conjunction with our colleagues at SHAAP. Alcohol Focus Scotland will be organising meetings across Scotland over the coming months to disseminate the findings of the report and provide support for licensing boards and other licensing stakeholders who want to ensure that they give meaningful effect to the licensing objective to protect and improve public health. Finally, we report on the implementation of the Alcohol etc. (Scotland) Act and the antics of the large supermarkets in seeking to circumvent the legislation which bans bulk discounts. The behaviour of some supermarkets in trying to get round legislation designed to restrict irresponsible pricing practices calls into question their claims to be responsible retailers. Politicians may want to reflect on this the next time they argue against government regulation in favour of voluntary self-regulation.

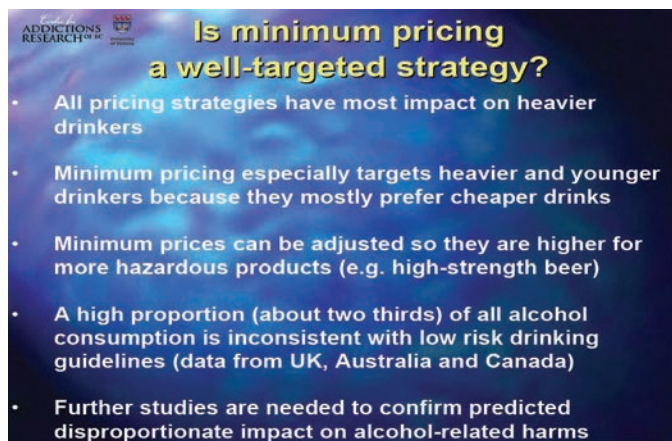
Dr Evelyn Gillan
Chief Executive
Alcohol Focus Scotland

Contents

- | | | | |
|---------------|--|----------------|--|
| Page 4 | Minimum pricing and the Canadian experience | Page 8 | Reducing children's exposure to alcohol advertising |
| Page 6 | Alcohol etc (Scotland) Act 2010
Public health levy
Scotland Bill | Page 9 | Alcohol's harm to others |
| Page 7 | Inquiry into alcohol guidelines
UN Statement of Concern | Page 10 | Licensing update |
| | | Page 12 | Alcohol brief interventions
Community action to reduce alcohol harm |

Minimum pricing and the Canadian experience

The Scottish Government will introduce the Alcohol Minimum Pricing Bill to Parliament before the end of the year. The policy objective of the Bill is to use pricing as a tool to reduce overall alcohol consumption in the population in order to reduce Scotland's high levels of alcohol harm. All the available international evidence would indicate that this approach will be effective. The Bill will be considered by the Health & Sport Committee in the coming months with written and oral submissions from a variety of stakeholders.



ADDICTIONS RESEARCH

Is minimum pricing a well-targeted strategy?

- All pricing strategies have most impact on heavier drinkers
- Minimum pricing especially targets heavier and younger drinkers because they mostly prefer cheaper drinks
- Minimum prices can be adjusted so they are higher for more hazardous products (e.g. high-strength beer)
- A high proportion (about two thirds) of all alcohol consumption is inconsistent with low risk drinking guidelines (data from UK, Australia and Canada)
- Further studies are needed to confirm predicted disproportionate impact on alcohol-related harms

When minimum pricing was previously debated in the Scottish Parliament as part of the Alcohol etc (Scotland) Bill, opposition politicians expressed the view that whilst they accepted that the evidence linking alcohol price, consumption and harm was substantial, no other country had introduced the specific policy measure of minimum unit pricing. Since this was last debated in the Parliament, an evaluation has been undertaken of minimum pricing schemes in two Canadian provinces. Alcohol Focus Scotland, Scottish Health Action on Alcohol Problems (SHAAP) and BMA Scotland recently invited the lead researcher, Professor Tim Stockwell, from the Centre for Addictions Research in Victoria, Canada to present his findings to members of the Scottish Parliament. The event was hosted by Malcolm Chisholm MSP (Labour) and Willie Rennie MSP (Lib Dems) and was attended by a number of MSPs and researchers from all the parties.

Initial findings from the three year evaluation undertaken by Professor Stockwell now give clear evidence of the effectiveness of this policy measure in reducing overall alcohol consumption in a population.

Professor Stockwell confirmed that all credible, scientific evidence shows that action on price is one of the most powerful policy levers for reducing alcohol consumption and harm. In light of this international evidence, eight out of ten Canadian provinces have implemented minimum unit pricing. There is a diversity of approach to minimum pricing across the provinces with differing impacts on consumption as a result. However, crucially, across the two provinces included in Professor

Dr Alastair MacGilchrist, liver specialist:



"As a liver specialist I see patients every day - both men and women - who should be in their prime but instead are dying as a consequence of liver failure. Alcoholic liver disease has always affected people in their middle age, rather than being a disease of the elderly which is mostly true for the other common illnesses such as heart disease, stroke and cancer. Liver disease is now the second commonest cause of death in under 65 year olds. However it is the young women who really shock you. Nowadays it is commonplace to see deeply jaundiced, emaciated women in their 30s or even younger whose alcoholic hepatitis is all-too-often fatal, something unheard of when I started in this field 30 years ago. These observations are confirmed by the statistics which show that deaths from liver disease in Scotland have been doubling every decade, at a time when the death rates are falling elsewhere in Europe, and that women in Scotland are as likely as men in England to die from cirrhosis, which is pretty shocking considering that the situation in England is also very bad.

Many of these patients don't realise the damage their drinking has done until it's too late. Although you sometimes hear cancer described as a "silent killer", that description is just as appropriate to alcoholic cirrhosis, with patients often feeling entirely well - and therefore assuming that they are going to "get away with it" despite their heavy consumption - until out of the blue they develop dramatic complications such as internal bleeding, jaundice or coma which are often fatal.

Of course the solution lies in prevention and although attempting to educate people about the dangers and influence their drinking behaviour has its place, we know from bitter experience that these measures alone are rather ineffective. Studies in many countries over many years have all shown that deaths from cirrhosis are very closely linked to the availability of alcohol, which is principally determined by cost relative to income. You might not realise it, but alcohol is currently much cheaper relative to income than it was a generation ago, and this means that to be effective, any preventative measure has to be cost-based.

Despite its critics - of whom the most vociferous are the drinks industry - all the scientific evidence points to a policy where setting a minimum price for alcohol will be the most effective. The heaviest drinkers - those at most risk of harm - favour the very cheap drinks available such as vodka and strong cider, so a minimum pricing policy very effectively targets the problem drinker.

Raising prices is never going to be popular, but something has to be done now to address this dreadful epidemic. We need to learn the lessons of history and introduce a minimum unit price for alcohol in Scotland without delay."

Stockwell's study – British Columbia and Saskatchewan - there was a reduction in consumption which was consistent with the price that had been set.

In both cases, significant drink specific and across-the-board impacts on alcohol consumption were observed. Professor Stockwell highlighted that the minimum price set in British Columbia is lower than in other provinces but has still resulted in a 3.4% reduction in consumption. By comparison, the Saskatchewan province has set a higher minimum price which has resulted in a 5.2% reduction in overall consumption.

The evidence from both provinces served to show the effectiveness of using minimum pricing to control alcohol consumption – that is, when the price of alcohol went up, consumption came down.

Other initial findings from his research included:

- A high proportion (about two thirds) of all alcohol consumption is inconsistent with low risk drinking guidelines (data from UK, Australia and Canada).
- Reductions in consumption are greater when there are across the board increases for all beverage types, especially when these match beverage strength.
- All pricing strategies have most impact on heavier drinkers.
- Minimum pricing especially targets heavier and younger drinkers because they mostly prefer cheaper drinks.
- Further studies are needed to confirm predicted disproportionate impact on alcohol-related harms.

Professor Stockwell reported that the eyes of global public health community are now on Scotland as we are seen to be at the forefront of developing ground-breaking alcohol policy to reduce alcohol related harm. He commended the Scottish Government for their proposal

to set a minimum unit price for alcohol and recommended that to ensure on-going effectiveness, the price should be index linked so the minimum price level keeps up with inflation.

Professor Stockwell's work will be published in full in a peer reviewed journal in the coming months and we will highlight this in a future edition of our E Focus newsletter.

In terms of building political consensus for minimum pricing across all parties in Scotland, it is heartening to see that there is a significant increase in support for the measure. The Scottish Liberal Democrats leader Willie Rennie MSP announced his party's support by saying: "Alcohol misuse continues to blight the whole of Scottish society, wrecking individual lives and harming families and communities. I believe that radical action is needed and will therefore support moves to introduce minimum unit pricing in Scotland".

Scottish Conservative Jackson Carlaw MSP has said he would advocate support for the SNP proposals subject to the agreement of government to both a "sunset clause" and active participation by alcohol producers and retailers in new abstinence programmes.

Ken Macintosh MSP, a candidate for the leadership of the Scottish Labour Party, has also said he would consider supporting minimum pricing if the SNP proposed a minimum price of at least 75p.

As the world looks on, Scotland is now on the brink of making a real change to begin to reduce the devastating harm caused by alcohol to many individuals, families and communities. The sooner we see the implementation of the minimum pricing legislation, the sooner we will see the benefits: more lives being saved; less alcohol-related illness and disease; fewer children and families suffering from the harm caused by drinking and less anti-social behaviour and violence in communities, villages, towns and cities right across Scotland.



Detective Chief Superintendent John Carnochan,
Co-director of the Violence Reduction Unit:

"Alcohol and violence are crippling our country. In 2008 it was estimated the annual cost to Scotland of alcohol abuse was £2.25b. The cost of violence, although impossible to estimate with accuracy, could be as high as £3bn. But there is also a cost that goes beyond economics: the personal cost to the families of both the victim and the offender of losing a child to death or to prison. That is a cost that cannot be measured in pounds and pence.

To have a real impact on this problem, we need to alter our country's attitude to alcohol. Adolescent binge drinking – drinking to get drunk - is symptomatic of adult drinking patterns in the UK. Many teenagers see adults consuming huge amounts of alcohol on a weekly basis – so it is small wonder they grow up to follow suit. We can limit the availability of alcohol, crack down on street drinking and stop people buying alcohol on behalf of under 18s, but they cannot stop young people growing up to copy what they see as normal behaviour. To break that cycle, we need to change our attitudes to drink, and that is a responsibility for all of us – parents, police, alcohol manufacturers, health professionals – everyone has a part to play."

Alcohol Act bans irresponsible promotions and introduces Challenge 25



The Alcohol etc (Scotland) Act 2010 came into force on 1 October 2011.

The new legislation makes it mandatory for all licensed premises to have a policy of checking the age of anyone buying alcohol who looks under 25. The scheme, known as 'Challenge 25', is one element of the new Act which also contains measures to ban irresponsible promotions in shops and supermarkets as well as stopping cost-based incentives which encourage bulk-buying of alcohol. Discounts such as '3 for 2' or '25% off when you buy 6' will no longer be allowed.

Dr Evelyn Gillan, Chief Executive of Alcohol Focus Scotland, said:

"The Alcohol Act contains a range of measures which will contribute to reducing harmful consumption of alcohol in Scotland. 'Challenge 25' will make it tougher for young people under the legal drinking age to buy alcohol, and ending irresponsible promotions in off-sales should discourage people from buying more alcohol than they intended.

These measures will be even more effective when minimum unit pricing is finally introduced. If we want to reduce the level of alcohol-related harm in Scotland, we need to reduce overall alcohol consumption. Evidence shows that price increases reduce consumption, and consequently harm. As well as saving lives, minimum pricing would also save the taxpayer hundreds of millions of pounds in NHS, crime and employment costs."

During the first weekend of the new legislation a number of the major supermarkets were quick to take action to undermine the spirit of the Act including encouraging online purchasing of alcohol and slashing prices as they can no longer offer incentives or discounts for multi-purchasing or bulk buying. With no minimum pricing currently in place, these moves are perfectly legal and this is further evidence that we need to introduce minimum pricing legislation as a matter of urgency to stop these irresponsible practices.

The major supermarkets have been vocal in their desire to work alongside the government to reduce alcohol harm in Scotland, however their actions paint a very different picture and it is apparent that they are more than happy to put their profits before the health of Scotland's people.

Plans for 'public health levy' on supermarkets

Alcohol Focus Scotland welcomed Finance Secretary John Swinney's announcement of a new levy on major retailers as part of the Scottish Government's spending plans for next year. The levy would apply to retailers who sell both alcohol and tobacco and would provide increased revenue for preventative spending.

Mr Swinney said Scotland's health and social problems associated with alcohol and tobacco were well documented and created additional burdens on policing, local authorities and the NHS. "As such, I propose that the business rates paid by large retailers of both tobacco and alcohol will be increased by a supplement from April 1," he said. He believes the tax, which will have to be paid by large retailers of alcohol and tobacco, will raise £110 million over the next three years.

Scotland Bill – devolving excise duty on alcohol

The Scottish Government has stated its desire for greater taxation powers and part of this would be for the control of excise duty on alcohol.

The First Minister has previously stated that he would be requesting devolved power to increase the duty on alcohol and that if this power was forthcoming, an increase in duty combined with a 45p minimum unit price could potentially deliver the reduction in consumption required to reduce harm. He stated that minimum pricing would provide a safety net to address market distortions and tackle the very cheap alcohol on sale.

Stewart Hosie SNP MP tabled an amendment to the Scotland Bill to give the Scottish Government devolved powers over duty, but it failed to make it into the final legislation that was passed in Westminster in June. Stewart Hosie said that as well as raising money for the Exchequer, "one of the key aims of the duty is to reduce excessive consumption of alcohol". Alex Salmond had said in interviews following his re-election in May that the Scotland Bill should be amended to include the devolution of alcohol duty.

Alcohol Focus Scotland supports the following:-

- Alcohol tax should be based on the amount of alcohol a product contains. This is the way that beer and spirits are currently taxed, on strength.
- The best way to reduce alcohol harm is a combination of ABV (strength) linked duty bands and minimum unit pricing.
- Reducing harm will only be achieved through a price rise which brings up the cost of the lowest priced products. Banning the sale of alcohol below the rate of duty plus VAT will not do this.
- Alcohol duty should include an element of ring fenced tax which goes directly towards the treatment of people with alcohol dependence.
- Extra profits made by supermarkets with the introduction of minimum pricing should be countered by a Social Responsibility Levy.

Inquiry into alcohol guidelines

Westminster's Science & Technology Select Committee has recently carried out an inquiry into the evidence base for the current alcohol guidelines provided by Government to the public.

Current advice from the Chief Medical Officer recommends that men should not regularly drink more than 3–4 units of alcohol a day and women should not regularly drink more than 2–3 units a day. Pregnant women or women trying to conceive are advised to avoid drinking alcohol but if they do choose to drink, they should not drink more than 1-2 units of alcohol once or twice a week. Parents are advised that children should not drink any alcohol until they're at least 15 years old.

Alcohol Focus Scotland and Scottish Health Action on Alcohol Problems (SHAAP) jointly provided written evidence to this inquiry highlighting the need for clear government advice based on new scientific evidence which has emerged since the original guidelines were introduced in 1987 and revised in 1995.

Key points included in the AFS and SHAAP submission were:

Men: No more than 3-4 units a day and no more than 21 units in a week.

Women: No more than 2-3 units a day and no more than 14 units a week.

We all need at least 2 days a week without alcohol. Doctors agree that drinking more than the sensible limit damages health in the short and long term.

How many units in a drink?

 330ml bottle standard lager/beer:	1.7 units
 700ml bottle whisky:	28 units
 275ml bottle alcopop:	1.5 units
 1 pint standard lager/beer:	2.3 units
 175ml glass standard wine:	2.1 units
 1 pint strong cider:	3.4 units
 35ml measure gin/rum/vodka/whisky:	1.4 units
 1 pint medium strength lager/beer:	2.8 units

- A substantial amount of new evidence has been accumulated in recent years quantifying the disease burden and mortality attributable to alcohol and identifying disease categories for which alcohol is a direct or contributory cause.

- Any revision of the drinking guidelines needs to be based on a comprehensive, systematic review of the scientific evidence by individuals or organisations properly qualified for the task.
- The Government must set guidelines which encourage low risk drinking and a reduction in population level consumption.
- There is no 'safe' amount of alcohol consumption. The Government should avoid the use of words such as 'sensible' and 'safe' limits and use the terms low, medium and high risk drinking.
- Unit advice should be clear e.g. 3 units maximum in one day rather than 2-3 units.
- The provision of public health information about alcohol should be the job of public health agencies alone.

All written evidence which has been received will be reported to the House of Commons on 12th October, with oral evidence sessions commencing shortly. Look out for an update in future E Focus newsletters.

Alcohol Focus Scotland signs UN statement

Alcohol Focus Scotland has joined forces with over 150 NGOs from around the world to sign a statement of concern to the UN about conflicts of interest between the commercial sector and public health policy objectives.

The statement, which was sent to the President of the UN ahead of the Civil Society Interactive Hearing in New York and UN High Level Meeting in September, calls upon the UN to recognise the difference between business interest NGOs (BINGOs) and public interest NGOs (PINGOs).

The statement also calls for the establishment of a code of conduct to manage conflicts of interest between the private sector, which clearly differentiates between policy development and implementation.

It states "...the policy development stage should be free from industry involvement to ensure a "health in all policies" approach, which is not compromised by the obvious conflicts of interests associated with the food alcohol,

beverage and other industries, who are primarily answerable to shareholders"

This Statement of Concern comes in response to the increasing involvement in particular, of the global alcohol and food industries in the development of public health policies. The issue was also highlighted in a recent edition of BBC's Panorama programme, where grave concerns were raised by leading public health bodies about the Westminster Government's excessive involvement of multi-national companies from the alcohol and food industries in the development of alcohol and food (obesity) policy for England and Wales.

Read the full statement of concern here: <http://info.babymilkaction.org/node/458>





Reducing children's exposure to alcohol advertising

Alcohol Focus Scotland, Barnardo's Scotland, ChildLine in Scotland, Children 1st and Children in Scotland joined forces to urge Scottish MPs at Westminster to support a Private Member's Bill introduced by Sarah Wollaston MP. The Bill addresses two pressing and uncontested problems: the excessive drinking of our young people and their massive exposure to alcohol advertising.

It proposes to adapt a well-established policy developed and applied in France for the last twenty years – known as the Loi Evin – to a UK context. This policy is currently protecting French children and young people by ensuring that their media and cultural exposure to alcohol is minimised.

The drinks industry spends in the region of **£800m** each year advertising and promoting their products, dwarfing health promotion budgets and campaigns. The World Health Organisation (WHO) has stated that the content of alcohol marketing and the volume of marketing that young people are exposed to are critical issues given the particular vulnerability of young people to alcohol's harmful effects.

Young people are an important target group for alcohol marketing by global producers, with a growing evidence base identifying a positive relationship

between alcohol marketing and the volume and pattern of young people's consumption of alcohol. The evidence clearly shows that alcohol marketing encourages children to drink at an earlier age and in greater quantities than they otherwise would. A recent survey funded by the Medical Research Council highlighted that almost all **(96%) of 13 year olds** in the UK were aware of alcohol advertising and on average had come across it in five different types of media.

Another recent report by Alcohol Concern highlighted that the volume of **online adverts in the UK has almost doubled** between 2007 and 2008 with online advertising expenditure now overtaking TV expenditure in the UK for the first time. The report also highlighted that almost half (49%) of children aged 8-17 years who use the internet have set up their own profile on an SNS (social networking site). With a large and increasing presence of alcohol companies on such sites the likelihood of children and young people being exposed to alcohol marketing is considerable.

A multi-million dollar deal announced in September between Facebook and drinks company Diageo will further expose increasing numbers of young people to alcohol marketing. Diageo said Smirnoff had become "the number one

beverage alcohol brand on Facebook worldwide". Its brands in the US had enjoyed a 20% increase in sales "as a result of Facebook activity". Half of Facebook users are stated to be under the age of 24 and many are under the legal drinking age of 18. Both Diageo and Facebook argue that pages set up by alcohol advertisers are "age-gated", and therefore only accessible to those who are over 18. However these moves completely fly in the face of recommendations from the Westminster Health Select Committee inquiry on alcohol which advised that more effective ways of restricting young people's access to new media which promoted alcohol were required, and specifically that alcohol promotion should not be permitted on social networking sites and expert guidance was needed to ensure age-gate controls were much more effective.

Sarah Wollaston's Private Member's Bill as proposed would permit the promotion of alcohol only in media targeted at adults, including press, radio stations and cinema and at the point of sale in licensed premises. Advertisers would also have to ensure that promotional messages about their products are factual and verifiable and they would also be required to carry explicit health information.

The Bill is due to have a second reading debate in Westminster on 21 October.

Alcohol's harm to others

"The negative effects of excessive drinking on family members, and particularly on children, remain a cause for concern and have to be considered a pertinent public health issue...Children are the most severely affected, since they can do little to protect themselves from the direct or indirect consequences of parental drinking." (WHO, 2001)



Alcohol Focus Scotland has identified harm to others as a strategic priority area of work to ensure the issue remains a high profile concern within policy, practice and public arenas. In June this year we held a very successful a Harm to Others Conference which was attended by over 90 delegates. The conference heard from a range of expert speakers, including a key note address given by Professor Robin Room from the University of Melbourne on the range and magnitude of alcohol's harm to others in Australia. His study found that if the cost of harm to others is taken into account, the overall costs of alcohol harms could be double the previous estimates. Professor Room called for alcohol policy decisions to take into account the interests of those around the drinker and suggested programmes to strengthen community responses should be tested and implemented. For further details on the conference please see the conference report on our website www.alcohol-focus-scotland.org.uk/alcohol-s-harm-to-others-conference

Since the conference there have been a number of exciting developments, including working with Children 1st to develop and produce leaflets and posters for parents and practitioners on parental drinking. The leaflets are now available to download on our website and the posters will be launched later in the year. We have also been working alongside a number of other key partners to carry out surveys and focus groups to gather information on the impact that alcohol has on teenagers, family relationships and carers. We will use the information gathered to continue to raise the profile of this critical issue in the coming months with the media, politicians, practitioners and the general public.

To support practitioners who work with children and young people who may be affected by parental drinking, Alcohol Focus Scotland has developed two learning resources. Oh Lila builds resilience and protective factors in children aged 3 – 5 years old and Rory for work with children aged 5 -11 years begins to address the issue of parental alcohol misuse in a sensitive and child friendly way. Both resources are now being used in a wide range of settings across Scotland and



the UK with training available to support practitioners to make best use of them. In addition to these resources for work with children, Alcohol Focus Scotland has also developed Harm to Others training which increases awareness of the range and magnitude of alcohol's harm to people other than the drinker.

For more information on these resources and training please contact Jane Wilson, Senior Officer – Children & Young People, 0141 572 6598 or jane.wilson@alcohol-focus-scotland.org.uk

Licensing Update

National licensing conference 2011

Around one hundred and fifty people attended Alcohol Focus Scotland's National Licensing Conference held on 15 September in Glasgow. Delegates included Licensing Board members and clerks, Licensing Forum members, police, Licensing Standards Officers, Alcohol and Drug Partnership representatives, public health officials, private practice lawyers and the licensed trade.



Shona Robison MSP

The conference was opened by Shona Robison MSP, Minister for the Commonwealth Games and Sport, formerly the Minister for Public Health. She outlined the Scottish Government's concern with Scotland's worsening record of alcohol-related harm and a determination to tackle the problem. She emphasised that licensing has an important role to play.

Sir Crispin Agnew QC spoke about how the licensing objective on public health can be promoted and the problems associated with it. He pointed out how crucial the licensing policy statement is in promoting the public health objective. The policy should have regard to health evidence and statistics that apply across the board's area. A robust policy will provide support for individual decisions taken on the grounds of supporting the public health objective. He also pointed out that the law requires the Licensing Board 'to ensure the policy statement seeks to promote the licensing

objective' therefore it must take reasonable steps to gather evidence. Such evidence could include statistics and also professional opinion such as from a Director of Public Health.

Dr James Nichols of Bath Spa University provided a very interesting presentation on the history of public health and licensing in Scotland which showed that there have been continual cycles of liberalisation followed by government intervention. In the 1930's, a period of relatively low alcohol consumption, a Royal Commission on Licensing concluded that *'a younger generation is growing up to which, as a whole, any resort to alcoholic excess as a necessary or usual practice is almost totally unknown'*. Licensing laws were



Dr James Nichols

gradually relaxed and from the 1950's onwards consumption and alcohol-related harm began to rise.

Fiona Myers of NHS Health Scotland gave an update of the first interim results from the evaluation of the implementation of the new Licensing Act. The evaluation is running over 3 years and will produce its final report in spring 2013. The first results are based on telephone interviews with Licensing Board representatives and Licensing Standards Officers from across Scotland. Some of the perceived positive impacts so far were increased dialogue between the different stakeholders and an increase in the enforcement agenda.

A perceived negative impact was that it was felt that the Act had so far had a limited impact on the off-sales sector. In terms of progress on meeting the licensing objectives, most respondents felt good progress was being made on the majority of the objectives but the protecting and improving public health objective was felt to be least successfully addressed with many unsure about what action should be taken.

Dr Evelyn Gillan of Alcohol Focus Scotland outlined the recommendations contained in a new report 'Rethinking Alcohol Licensing' which was launched at the conference. The report is based on the findings of an expert group which included experts from the fields of licensing law, history, public health, social science and local government.

Licensing laws and practice have been steadily relaxed over the past 30 years with more licences issued to a wider range of premises and for longer opening hours. Evidence summarised in the report shows that increasing the availability of alcohol is linked increased consumption and harm.

Dr Evelyn Gillan, Chief Executive of Alcohol Focus Scotland, said:

"Scotland is unique in having a licensing system which is based on protecting and improving public health. But we need to make sure that this principle is put into practice. The recommendations contained in the report would shift the focus away from individual 'problem' licensed premises, to managing the overall availability of alcohol in the interests of society's health and wellbeing. The licensing system exists because there is a consensus in society that alcohol is not an ordinary commodity. It is a substance with known toxic, intoxicating and addictive effects. As such, it needs to be carefully regulated."

The report makes a number of recommendations for licensing boards and local authorities, for other statutory bodies and to the Scottish Government including:

- Licensing policy should consider the overall effect of licensed premises on drinking behaviour and levels of alcohol harm in communities, not just the operation of individual licensed premises.
- Off-sales hours should be reduced to 10am until 8pm.
- Licensing boards should publish detailed information about the number, type and capacity of licensed premises in their area.
- Separate alcohol-only checkouts should be introduced in supermarkets.
- Licensed premises should be required to provide annual information on the volume of alcohol sold by drink type as a condition of their licence.
- Licensing fees should be applied based on volume of alcohol sold.

Copies of the presentations and report are available in the licensing section of our website www.alcohol-focus-scotland.org.uk/licensing



Next steps

- To provide a further opportunity for discussion on Rethinking Alcohol Licensing, Alcohol Focus Scotland is organising a series of five regional events to run across Scotland for key stakeholders including Licensing Boards, Licensing Forums and Alcohol and Drug Partnerships. The dates and venues are currently being agreed and will be announced shortly. Contact us for more information: licensing@alcohol-focus-scotland.org.uk

- Alcohol Focus Scotland is working with the Scottish Government to progress a review of the training specifications for the licensing board member training so that these are updated and ready for the training which will be required following the Council elections in May 2012.
- Alcohol Focus Scotland will continue to urge the Scottish Government to update the Guidance for Licensing Boards and Local Authorities on the Licensing Act so that this better supports taking a public health approach in licensing.

Alcohol Focus Scotland AGM

and guest lecture by Professor Thomas Babor

- Date:** Tuesday 15 November 2011
- Venue:** The Lighthouse, 11 Mitchell Lane, Glasgow, G1 3NU
- Time:** Tea and coffee from 1.45pm, AGM 2-2.45pm, guest lecture 2.45-4pm

We are delighted to welcome Professor Tom Babor, Head of Department, Community Medicine & Public Health, University of Connecticut to our meeting this year.

The title of Professor Babor's lecture will be:

"Problem Drinking in the UK: Public Health Implications of Defining a Drinking Epidemic as a "Corporate-born Disease."

If you would like to attend please contact Vickie Longmuir at Alcohol Focus Scotland on 0141 572 6708 or email:

vickie.longmuir@alcohol-focus-scotland.org.uk



National alcohol brief interventions

The Scottish Government held a national event in Glasgow on 6 September 2011 to review the progress made against the HEAT H4 target on Alcohol Brief Interventions (ABIs) and discuss next steps for implementation. The event provided an opportunity for key stakeholders to share learning, celebrate the success of the ABI programme to date and consider their respective roles in embedding ABIs.

Sarah Currie, Alcohol Brief Interventions Manager for the Scottish Government opened the event with a presentation on the progress against the HEAT target. The original target required NHS Scotland to deliver 149,449 ABIs nationally between April 2008 and March 2011 in three priority settings of primary care, A&E, and antenatal care. This target has been achieved, and a subsequent one year target to deliver 61,081 ABIs was introduced for April 2011 – March 2012 with the aim of supporting the long-term embedding of ABIs.

The event was used to launch the full evaluation report on the implementation of ABIs which is now available to download on the NHS Health Scotland website along with the presentations from the event. Read the full report here:

<http://www.healthscotland.com/topics/health/alcohol/alcohol-brief-interventions-communications-and-guidance.aspx>

Information on the pilot projects delivering ABIs in non HEAT settings is also available on the NHS Health Scotland website. Evidence from these pilots which include delivery in dentistry



and sexual health settings is being collated and analysed as part of the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) work being taken forward by NHS Health Scotland. This information will support the recommendation in the Quality Alcohol Treatment and Support (QATS) report from the Scottish Government to:

"Build on the current HEAT H4 target, the Scottish Government, in collaboration with Alcohol and Drug Partnerships, should support the continued delivery of alcohol brief interventions (ABIs) in evidence based settings. As the evidence develops a wider range of settings may become appropriate."

Community action to reduce alcohol related harm

The importance of involving people in helping to identify and address alcohol related harm in their own communities has been high on the agenda of local and national government for some time. Alcohol Focus Scotland has a long history of involvement in projects that range from service user involvement to the Community Action on Alcohol project in Blackburn. Alcohol Focus Scotland recently received funding from the Robertson Trust to further develop community based approaches to reducing alcohol related harm and share the learning at a national level.

The National Communities Project will work in two identified communities and develop a national resource to support sharing and dissemination of evidence-based good practice in this field throughout Scotland.

The work of the National Communities Project will contribute to Alcohol Focus Scotland's strategic priorities which are:

- Affordability and availability of alcohol
- Public health and licensing
- Harm to others
- Protecting young people from alcohol marketing
- Supporting frontline services to deliver alcohol outcomes

Work to identify the two communities is underway and the development of the national resource will begin in spring 2012.

For further information please contact Caroline Church, National Communities Officer, 0141 572 6591 or email caroline.church@alcohol-focus-scotland.org.uk

CONTACT US

Alcohol Focus Scotland, 166 Buchanan Street, Glasgow G1 2LW.

Tel: 0141 572 6700. Email: enquiries@alcohol-focus-scotland.org.uk

Alcohol Focus Scotland is a Registered Scottish Charity (SC009538) and a Company Limited by Guarantee (Scottish Company No.SC094096). The Registered Office is 166 Buchanan Street, Glasgow, G1 2LW

