

Scottish Intercollegiate Group on Alcohol

Medical Royal Colleges working together to address the problems of alcohol in society

The Scottish Intercollegiate Group on Alcohol was established by the Medical Royal Colleges and Faculties in Scotland to provide an expert and co-coordinated source of advice and action on the effect of alcohol on individual and public health.

The group's appointed members and our constituent bodies have contributed to alcohol and health policy, including alcohol licensing, in Scotland for over 30 years and we are pleased to have the opportunity to contribute to the development of the Licensing (Scotland) Bill.

The approach of outlining Licensing objectives is a feature of the Scottish approach. In particular the objective of protecting and improving public health is most welcome. This acknowledges the crucial influence of Licensing policy and practice on the levels of alcohol related harm in communities and we wish to assist the process of meeting this key objective (Chief Medical Officer 2005).

There is much in the Bill which we welcome:

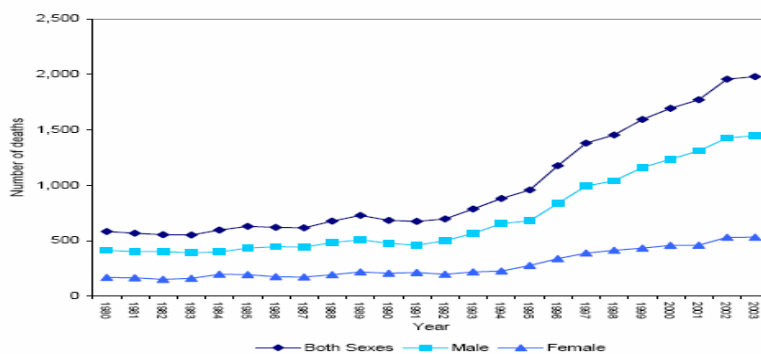
- The requirement for Boards to formulate a Licensing policy, including assessment to prevent over-provision of licenses.
- The development of licensing forums at National and Local level.
- The commitment to a more informed and responsive licensing system through improved training, the introduction of operating plans, liquor licensing standards officers and a more effective response when the law is broken.
- The introduction of a single premises license is consistent with the evidence that the contribution of different parts of the alcohol sector (what was known as the "on and off trade") to harm cannot be differentiated and this offers the opportunity for an integrated view of the whole of licensing practice.

CONTEXT

While Scotland has long had an unenviable reputation for alcohol misuse, before the 1980's we could argue that this reputation was not justified. On the standard internationally recognised indicators of alcohol related deaths and alcoholic liver disease, we had comparatively low rates. Over the past 25 years, however, the situation has changed considerably.

The graph (ISD 2005) below show the 3 fold rise in alcohol related death rates in both genders in Scotland since 1980.

Chart 5.4 Number of alcohol related deaths, by sex: Scotland, 1980-2003



[Source: NAIR, based on GRO data. Table A28]

Other reliable measures of harm, such as rates of liver disease, oral cancer rates, and hospital admission rates for alcohol dependence also show a consistently upward trend.

Harm to individuals and communities through public disorder, family disruption and immediate short term health harms related to trauma and intoxication will lead to a greater overall community burden than chronic illness. However, we wish to draw attention to trends in these well defined chronic health problems because we believe these are the most reliable measures of overall trends of alcohol related harm and because the issue has been relatively neglected in Scottish alcohol policy.

WHOLE POPULATION APPROACH

There is a high level of awareness of worrying trends in young people and children's drinking. The changes in patterns of consumption and harm in women has also had a considerable level of attention. However, the increase in alcohol related health harm has occurred at similar rates in men and women and across all age groups. The numbers of people over the age of 65 being admitted to hospital with an alcohol related diagnosis in Scotland exceeds the number under the age of 24. (NAIR Local Alcohol Profiles)

The Public Health effects of alcohol are prevalent across age, gender and social deprivation groups and the Licensing system must ensure effective measures to reduce harm across the whole population.

DRINKING STYLES

The Bill and accompanying papers make reference to problems associated with "binge drinking" which includes a consideration of duration as well as level of consumption. This reflects the importance of intoxication in much of alcohol related harm. However, by no means all of alcohol related illness is related to intoxication and an exclusive focus on "binge drinking" as defined in the Policy Memorandum will not help to tackle many of our serious alcohol related public health problems.

INTERNATIONAL LESSONS

These upward trends in Scotland have been mirrored in the rest of the British Isles. This is in contrast to many other countries where rates of alcohol related harm have fallen. In 1980 UK cirrhosis rates were 1/7th of the EU average. Trends since then suggest that UK rates will shortly overtake the EU average as rates in the rest of Europe fall. (Prime Minister's Strategy Unit 2003)

With regard to overall consumption, the UK has become one of the heaviest drinking countries in the world. (WARC 2004) Industry data show that the UK is now 9th heaviest drinking country for which data is available. In 1990 the UK was out with the top 20. Over the past 10 years we have passed Australia, New Zealand, Netherlands, Belgium, Denmark and Austria in the consumption “league table.”

Countries which have reduced consumption and alcohol related harm have employed a range of strategies and these have recently been subject to an effectiveness review by the World Health Organisation. (Babor 2003)

This showed the most powerful harm reduction effects from

- Action on low pricing
- Reducing availability by enforcing restrictions such as age limits and controlling outlet density (over-provision)

Server training and safer environment policies had a mid effect. Education only strategies and warning labels or responsibility messages had a low effect.

The Licensing (Scotland) act has thus considerable potential to reduce alcohol related harm if the opportunities for action on inappropriate promotions (in particular low price,) on overprovision and server training are utilised.

ACTIONS

The Scottish Intercollegiate Group on Alcohol recommends action in the following areas:

- 1) **Clarification of the function, powers and membership of the National and Local alcohol forums.** For instance, while we welcome the provision that Licensing Boards will take action against licensees whose conduct is inconsistent with the licensing principles, guidance on the definition of conduct which is inconsistent with the protection and improvement of public health will require to be developed and the National Forum is well placed to undertake this work. These bodies must be well informed on trends in the alcohol field. The work of the National Alcohol Information Resource (NAIR) of the Information and Statistics Division of NHS Scotland has provided valuable support to the National Plan for Action on Alcohol and should be a key source of data to the Licensing system.
- 2) There is strong international evidence to suggest that the falling relative price of alcohol has been a major factor in the increase in alcohol related harm in Scotland. Low price has a particularly powerful effect on young people and children’s drinking. Alcohol sold at low price is thus not consistent with the licensing principles and constitutes inappropriate promotion and sale of alcohol and consideration of and action on price in all sectors of the market is essential to meeting the principles. **Specifically, we recommend that the mandatory conditions tackling irresponsible promotions in Schedule 3 by applied to all licensed premises, not only those where the premises license authorises consumption on the premises.**

- 3) The focus on the protection of children is welcome in the light of Scotland's poor and deteriorating record on alcohol abuse in young people and children. The requirement for premises to meet suitability criteria in order for children to enter premises is consistent with this focus. A no proof no sale purchase policy provides an important safeguard. However, studies have shown that much of children's abuse of alcohol is through alcohol purchased by those of legal drinking age. **An important barrier to children's access to alcohol is ensuring an appropriate relative price and action on excessively cheap alcohol (see above para) is essential to the protection of children.**
- 4) We welcome the acknowledgement of the importance of identifying and preventing over-provision, which has been shown to have an important effect on alcohol related harm. This is a complex area, but is essential to an effective Licensing framework. **We encourage the examination of international evidence and practice on the issue of overprovision.**
- 5) In the words of the World Health Organisation, alcohol is "No Ordinary Commodity." This is the key principle which determines the need for effective liquor licensing. We believe this should also be a key principle governing access to alcohol. **For this reason we welcome the provision that there be separate display areas for alcohol in off sales. While we recognise the different expectations for large and small stores, we do not believe that the devising of an appropriate formula is so difficult as to mean that this can only be a voluntary condition.**
- 6) The establishment of the National Licensing Forum offers the opportunity for Health Organisations such as the Royal Colleges and Faculties to continually inform the monitoring of the effect of licensing changes and we believe that the prompt establishment of credible, effective and influential forums at local and national is of the highest priority. **We welcome the direct involvement of Ministers in leading the National Forum.**

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