BMA Scotland written response to the Scottish Government’s proposed strategy to tackle alcohol misuse in Scotland.
August 2008

Introduction
The BMA welcomes the opportunity to provide a response to the Scottish Government’s proposed strategy to tackle alcohol misuse in Scotland.

Past approaches to confront the problem have led to an increase in alcohol-related problems and demonstrate a failure to improve public health and order. A recent survey published in The Guardian revealed that voluntary measures are not effective, therefore we welcome the Scottish Government’s proposals to legislate, rather than continue to rely on the drinks industry to implement voluntary measures. This consultation document outlines a number of bold strategies that will, if developed in partnership and appropriately resourced, help to turn around Scotland’s relationship with alcohol.

Doctors see first hand how alcohol misuse destroys lives. It is related to over 60 medical conditions including heart and liver disease, diabetes, strokes and mental health problems. Binge drinking and severe intoxication can cause muscular incoordination, blurred vision, stupor, hypothermia, convulsions, depressed reflexes, respiratory depression, hypotension, and coma. Death can occur from respiratory or circulatory failure or if binge drinkers inhale their own vomit.

As well as the detrimental impact binge drinking has on the nation’s health, alcohol misuse has wider societal implications. It causes family breakdowns, is a major factor in domestic violence, ruins job prospects, is often related to crime and disorderly behaviour and it kills.

The content of this consultation document reflects some of the key recommendations in the BMA’s own publication Alcohol Misuse: tackling the UK epidemic. This response expresses BMA Scotland’s views on the Government’s proposals and we would be happy to discuss any of these issues in greater detail if required.

Question 1 Regulations should be made under the Licensing (Scotland) Act 2005 to put an end to off-sales premises supplying alcohol free of charge, at a reduced price and prevent the sale of alcohol as a loss-leader.

In recent years, the affordability of alcohol in the UK has increased and this has played a significant role in the rise of alcohol consumption. The tendency to drink quickly and to excess is often facilitated by heavily discounted alcohol prices and the use of price promotions. The BMA therefore welcomes regulations that would put an end to irresponsible promotional activities such as deep discounting, loss leading and ‘two-for-one’ offers. These practices encourage excessive drinking and retailers must be more responsible about how they market alcohol, due to the health damage excessive drinking can cause.

The relative cost of alcohol has fallen by around a third over the past 20 years. New Scottish Licensing legislation, due to come into force in 2009 has already been used to tackle irresponsible promotions of alcohol in on-trade premises. However, the heavily discounted price of alcohol in supermarkets remains a particular area of concern. The pricing practices of supermarkets are an important factor in overall consumption due to their position in the off-trade alcohol market, selling 60% of the volume of alcohol sold.
There is evidence that excessively cheap promotions are particularly likely to fuel heavy drinking and alcohol-related crime and disorder. Cheap drinks promotions which encourage people to buy more alcohol, particularly in supermarkets and off licences must therefore be controlled. Some supermarkets are running alcohol products as a 'loss leader' which in some cases has resulted in alcohol being cheaper than bottled water. These forms of promotional activity should be strictly regulated through legislation that prohibits price promotions on alcoholic beverages and establishes minimum price levels.

BMA Scotland would therefore like to see the promotions mechanism of the Licensing (Scotland) Act extended to cover all off-sales outlets in a bid to tackle the trend which encourages bulk buying and increased consumption of alcohol. This would encourage more responsible drinking and, when linked with tougher enforcement of the legal age for purchasing alcohol, would have a significant impact on teenage drinking as 13% of 13 year olds and 46% of 15 year olds report purchasing alcohol from off-licenses, shops and supermarkets.

**Question 2 Proposed principles on a minimum pricing scheme for alcohol products**

There is consistent evidence that alcohol consumption and rates of alcohol-related problems are responsive to price. Fixing minimum drinks prices can achieve health goals that raising alcohol taxes alone cannot as it prevents below cost selling and deep discounting. Almost 70% of doctors who took part in a 2006 BMA survey supported a strategy to increase the price of alcohol to discourage excessive drinking. The BMA, therefore, welcomes efforts to address the pricing of alcohol.

Increasing the price of alcohol will not only affect consumption at a population level, but there is evidence that particular types of consumers (e.g. heavy drinkers and young drinkers) are especially responsive to price. It has been estimated that a 10 per cent increase in alcohol prices in the UK would lead to a 10 per cent fall in consumption. Studies have also found that price increases have the effect of reducing rates of alcohol problems including alcohol-related violence and crime, deaths from liver cirrhosis, and drink driving deaths.

The BMA considers that any pricing strategy should increase the price in direct correlation to the alcohol content of each product. This would provide an effective and clear message on the dangers of excessive intake of high alcohol content drinks. The pricing scheme should apply equally to all premises selling alcohol and the prices should be set by Scottish Ministers, rather than people within the industry.

**Question 3 What information would parents and carers find helpful.**

Alcohol consumption in young people aged under 18 is a significant problem in the UK. In 2003, a BMA survey revealed that adolescents in the UK were found to have one of the highest European levels of alcohol use, binge drinking and getting drunk. The BMA therefore welcomes the Government's commitment to prevent young people from misusing alcohol and help them make positive choices.

Mass media campaigns and public service messages aimed at countering the extensive promotion of alcoholic beverages have only been found to raise awareness and not encourage individuals to reduce their alcohol consumption or alter their drinking behaviour. There is some evidence, however, that they may be effective in building or sustaining support for public health-oriented alcohol policies.

In a recent BMA Scotland survey, 91% of doctors called for more alcohol education to be introduced into schools, starting at primary school level. However, alongside public information and educational campaigns, parents and carers should also be armed with helpful and effective information to complement the rest of this proposed strategy.
Information on the affects of alcohol misuse, dangers of binge drinking, differences in the alcohol content of drinks, and targeted approaches that should include measures to reduce alcohol availability and consumption by young people and children should be provided. Clear advice should also be issued on alcohol consumption during pregnancy. The BMA believes women who are pregnant, or who are planning a pregnancy, should be advised not to consume any alcohol.

Labelling of alcoholic beverage containers would also be a useful method for providing explanatory guidance on recommended drinking guidelines. More than eight out of 10 doctors believe that alcoholic drinks manufacturers should be compelled to clearly label their products with the number of units of alcohol in each product. This would raise awareness of the amount of alcohol in each drink. This information should also be readily available from retailers at the point of sale, and in all printed and electronic alcohol advertisements.

It is the responsibility of the drinks industry, both producers and retailers, to ensure that their customers are fully aware of the alcoholic content of the beverages they purchase and the potential harmful consequences of excess consumption. The BMA believes that there should be a legal requirement for all containers of alcohol offered for sale and advertisements to carry a prominent common standard label which clearly outlines the alcohol content in terms of units, information on the maximum recommended daily level of alcohol consumption, and a warning of the dangers of excessive drinking.

**Question 4 Raise the minimum age for off-sales purchases to 21 in Scotland.**

The BMA does not have specific policy in this area, but we believe that action on underage sales should focus on enforcing responsible serving practices and restrictions on marketing and advertising. We welcome the debate over whether the purchase age for off-sales should be raised to 21.

The illegal purchase of alcohol by young people is a significant problem in the UK. A 2003 survey published by the Scottish Executive found that 49% of 15 year olds reported buying alcohol for their own consumption. Indeed, most purchases made by people over 18 for underage drinkers are reported to be made by those aged 18-21. However, prosecution rates for under age drinking and, more importantly, for selling alcohol to under-age children are low, despite evidence that shows the difference enforcing the age limit makes. For example, a recent six week campaign to prevent alcohol being bought for under 16s in Stirlingshire, resulted in a marked decrease in the number of calls police received relating to antisocial behaviour.

The BMA Scotland survey of members found that 97% of doctors said that stricter enforcement of age restrictions, particularly for off sales, was an important factor in reducing drinking amongst young Scots. Licensing legislation should therefore be strictly and rigorously enforced. Penalties should be used for breach of licence and enforcement agencies should be adequately funded and resourced to effectively carry out their duties.

To help combat the problem of underage drinking, the BMA believes that a statutory code of practice should be introduced on the marketing of alcoholic beverages. This should include a ban on the marketing of alcoholic soft drinks to young people, and alcohol industry sponsorship of sporting, music and other entertainment events aimed at young people.

**Question 5 Fees**

BMA Scotland does not have any comments regarding fees.

**Question 6 Should the regulations under the Licensing (Scotland) Act 2005 be extended to prevent the display on licensed premises of promotional material relating to alcohol in a way visible to persons outside the premises, induce sale of alcohol for consumption off the premises and special display designed to promote sales of alcohol for consumption off the premises.**
Alcohol advertising is a significant expenditure for the alcohol industry, the levels of which have increased substantially in recent years.\(^1\) This would suggest that it is an effective way in which to increase sales. Research suggests that repeated exposure to high-level alcohol promotion influences young people’s perceptions, encourages alcohol consumption and increases the likelihood of heavy drinking.\(^2\) The BMA supports moves to prohibit the irresponsible promotional activities in licensed premises and off-licenses. Restricting displays to promote the sales of alcohol would be welcomed by the BMA.

**Question 7** Should separate checkouts for alcohol sales be created, what particular criteria should be applied and should there be a requirement for alcohol checkout staff to be at least 18 years old?

Access to alcohol is an important determinant of alcohol use and misuse. In a BMA Scotland survey, nearly 60% of doctors agreed that alcohol should be kept in totally separate areas to other products in supermarkets. We therefore agree with the proposal to create separate checkouts for alcohol sales. We do not have any comment as to which premises should be subject to such arrangements.

The implementation of responsible training of all staff selling alcohol is essential if enforcing age restrictions is to improve. This would help reduce the number of under age children accessing alcohol. Unless enforcement is stepped up, raising the age of checkout staff to 18 will be of no value.

**Conclusion**

The BMA welcomes the Scottish Government’s commitment to addressing Scotland’s damaging relationship with alcohol. The proposals to legislate, rather than rely on voluntary measures are particularly positive.

BMA Scotland is also delighted that the Scottish Government plans to continue to press the UK Government to reduce the limit of drink driving to no more than 50mg/100mls and introduce random roadside breath tests. Drink driving continues to be a hazard on Scotland’s roads and we are pleased that this issue featured so prominently in the discussion document.

We welcome the new programme target for the delivery of brief interventions by the NHS. Doctors have a key role to play in brief interventions and would welcome involvement in the development of this. Primary care provides a useful opportunity for screening for alcohol misuse and the delivery of brief interventions. It is essential that systems are developed in order to encourage this activity on a regular basis. Effective operation of such systems requires adequate funding and resources, with comprehensive training and guidance on the use of validated screening questionnaires as well as the provision of brief interventions for healthcare professionals.

However, no single policy will solve the problem of alcohol misuse in Scotland. If the Scottish Government is serious about tackling this problem, the comprehensive strategy will need to be fully resourced. A copy of the BMA report, *Alcohol Misuse: tackling the UK epidemic*, is included with this submission.

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\(^3\) Alcohol misuse: tackling the UK epidemic. BMA Board of Science, 2008

\(^4\) Promoting responsibility, reducing harm, changing culture. Alcohol Focus Scotland, 2005
5 Alcohol Price, Policy and Public Health, Scottish Health Action on Alcohol Problems, December 2007
6 Alcohol misuse: tackling the UK epidemic. BMA Board of Science, 2008
8 Alcohol misuse: tackling the UK epidemic. BMA Board of Science, 2008
10 BMA Scotland Priorities for Health Survey, August 2006
11 Alcohol misuse: tackling the UK epidemic. BMA Board of Science, 2008
16 Adolescent health. BMA Board of Science, 2003
17 BMA Scotland Priorities for Health Survey, August 2006
21 BMA Scotland Priorities for Health Survey, August 2006
22 Alcohol misuse: tackling the UK epidemic. BMA Board of Science, 2008