

**Borders NHS Board**



**BORDERS ALCOHOL & DRUGS PARTNERSHIP (ADP) RESPONSE TO ALCOHOL (LICENSING, PUBLIC HEALTH & CRIMINAL JUSTICE) (SCOTLAND) BILL**

**Aim**

To inform the Board of the content of the joint response submitted by the ADP to the above Bill.

**Background**

Consideration of the Alcohol (Licensing, Public Health & Criminal Justice) (Scotland) Bill was introduced in the Scottish Parliament on 1 April 2015 by MSP Dr Richard Simpson and a call for written views issued. This Members Bill is at Stage 1 and may not progress to Stage 2.

The ADP Support Team drafted a response for the ADP. NHS Borders submitted this as a joint response.

**Summary**

The response supports many of the provisions in the Bill but not the Bill in its entirety. Those proposed measures supported in the response are:

- to close the 'loophole' currently in legislation and ensure that there is not a lower price for a larger multi-pack than for smaller multi-packs of same product regardless of whether the single product is sold.
- to the ban on alcohol advertising near schools and other premises primarily used by children (nurseries, play areas)
- to restrict advertising within retail premises for sales of alcohol for consumption off premises and at venues for cultural/sporting events where the audience or participants are mostly under 18 years of age

The measures not supported in the response are:

- notification of GP where an individual over 16 years of age has been convicted of an alcohol related offence
- the removal of the ability for Licensing Boards to impose a condition on an individual premise preventing them from selling alcohol to under 21yr olds

The measures which the response suggests require evidence of effectiveness are:

- container-marking schemes to restrict availability of alcohol to those under age
- court orders ('Drinking Banning Orders') which would be which could be imposed and ban individuals from entering licensed premises

- alcohol awareness training as an alternative to fixed penalty offences involving alcohol .

### Recommendation

The Board is asked to **note** the submission.

<b>Policy/Strategy Implications</b>	None at this stage in legislation
<b>Consultation</b>	Borders ADP Support Team consulted with Police Scotland Licensing Officers, Alcohol Focus Scotland, Scottish Borders Council Licensing Standards Officer and Criminal Justice Group Manager in preparing the response
<b>Consultation with Professional Committees</b>	n/a
<b>Risk Assessment</b>	n/a
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	Equality impact assessment not required to be carried out on the submission.
<b>Resource/Staffing Implications</b>	None at this stage in legislation although any associated reduction in alcohol consumption would theoretically reduce impact of alcohol related harm on NHS.

### Approved by

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Dr Tim Patterson	Interim DPH		

### Author(s)

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Fiona Doig	ADP Strategic Co-ordinator		

**Consideration of the Alcohol (Licensing, Public Health & Criminal Justice)  
(Scotland) Bill as introduced In the Scottish Parliament on 1 April 2015 by MSP Dr  
Richard Simpson**

**Response from Borders Alcohol & Drugs Partnership (ADP)**

**1 Introduction:**

In response to the call for written views on 14<sup>th</sup> May 2015 to inform the consideration by the Health and Sport Committee on the above Bill, Borders ADP has consulted with Police Scotland Licensing Officers, Alcohol Focus Scotland, Scottish Borders Council Licensing Standards Officer and Criminal Justice Group Manager.

The Committee in particular is looking for the following questions to be addressed:

- Do you support the Bill as a whole?
- Do you support particular provisions in the Bill?
- Do you have concerns about particular provisions in the Bill?
- How will the particular provisions in the Bill fit with your work, or the work of your organisation?
- Will the Bill have financial or resource implications for you or your organisation?
- Do you have any other comments or suggestions relevant to the Bill?

**1.1** The ADP supports many of the provisions in the Bill but not the Bill in its entirety. Where the ADP has concerns these have been highlighted and requests for further evidence of effectiveness is highlighted. There are no particular resource implications for the ADP however there may be impacts on partner agencies if certain provisions are accepted. These have been highlighted as 'requiring further exploration of practical implementation'. Further details are outlined below including how this will fit with the work of ADPs.

**LICENSING & PUBLIC HEALTH**

**2 Minimum price of packages containing more than one alcoholic product**

**2.1 ADP would support** this measure to close the ‘loophole’ currently in legislation and ensure that there is not a lower price for a larger multi-pack than for smaller multi-packs of same product regardless of whether the single product is sold.

**2.2** This would fit with the Licensing Objective of ‘Protecting and Improving Public Health’. The ADP recognises that affordability, availability and marketing contribute to high levels of consumption and alcohol related harm..

### **3 Alcoholic drinks containing caffeine**

**3.1 ADP would support** the prohibition of the sale of pre-packaged alcoholic drinks with caffeine levels in excess of 150mg and recognises evidence presented in the Bill where mixing alcohol and drinks with high caffeine content are of concern. We would further propose that the level of alcohol in these products is lowered. However ADP is aware that this will not prevent the ability to buying of alcohol and caffeinated products separately and mixing (within on or off-sales).

### **4 Age discrimination: off-sales**

**4.1 ADP would not support** the removal of the ability for Licensing Boards to impose a condition on an individual premise preventing them from selling alcohol to under 21yr olds. Where there is evidence around local issues, Licensing Board should have the flexibility to respond and restrict availability of alcohol which is evidenced as effective in reducing alcohol harm on a case by case basis.

### **5 Container marking: off-sales**

**5.1 ADP would suggest further consideration into effectiveness** of container-marking schemes to restrict availability of alcohol to those under age. The vast majority of alcohol is bought via someone over 18 yrs and therefore even if the alcohol could be traced back to particular premises the person who purchased the alcohol is likely to be over 18yrs.

**5.2** The most effective measures on controlling availability to reduce consumption (including in young people) has been evidenced through controlling outlet density, price and hours of sale.

## **6 Applications for, or to vary, premises licence: consultation and publicity**

**6.1 ADP would suggest further consideration** with regards to the practical implementation and effectiveness of extending the notification period to 42 days and consultation with neighbours up to 50 metres where there is no community council active.

**6.2** Under the current legislation, community involvement in the licensing process is facilitated through the Local Licensing Forums. Where applications for new licences or variations are proposed on existing licenses, notification is displayed for 21 days through various means including the local authority website, notices as and direct contact with immediate neighbours (up to 4 metres). Any person can also request a review of any licensed premise at any time. However, we recognise that expanding the direct consultation with neighbours (regardless of active/inactive community council) may have benefits to ensure communities have ample opportunity to respond and this could be done through newspapers.

## **RESTRICTIONS ON ADVERTISING OF ALCOHOL**

### **7 Ban on alcohol advertising near schools etc.**

**7.1 ADP would support** the ban on alcohol advertising near schools and other premises primarily used by children (nurseries, play areas) in an attempt to 'de-normalise' alcohol for children. Evidence has shown that alcohol marketing increases the likelihood that young people will start to use alcohol, and to drink more if they are already drinking.

**7.2** A recent survey published by Alcohol Focus Scotland found that 10 and 11 year olds were more familiar with beer brands than leading brands of biscuits, crisps and ice cream. This would be in line with the Licensing Objective 'Protecting Children From Harm'.

### **8 Advertising within licensed premises**

**8.1 ADP would support** in principle the purpose of restricting advertising within retail premises for consumption off premises except in areas licensed to sell alcohol, however, we are unclear as to whether or not this is already captured within current legislation. This would potentially reduce 'impulse' alcohol purchasing and fits with the Licensing Objective 'Protecting and Improving Public Health'.

## **9 Advertising at sporting and cultural events**

**9.1 ADP would support** restrictions in advertising of alcohol at venues used for cultural/sporting events where the audience or participants are mostly under 18yrs. We would ask however for further clarity on 'premises' and if this would include a rugby ground or other sporting venues. Similar to 7.1 this would protect children from exposure to alcohol advertising and fit with the Licensing Objective 'Protecting Children From Harm'.

## **10 Alcohol education policy statement**

**10.1 ADP does not have strong feelings about** the requirement for Scottish Ministers to produce statements of their policy on the provision of public information and education about the consumption of alcohol including evaluation. Alcohol Focus Scotland has highlighted that the weight of evidence from around the world supports the conclusion that approaches that target everyone's drinking, such as restricting the affordability and availability of alcohol, are significantly more effective in reducing alcohol related problems than measures which seek to regulate individual behaviour, such as education. There may be a role for such campaigns as part of a wider alcohol strategy.

## **OFFENCES ETC. INVOLVING ALCOHOL**

### **11 Drinking Banning Orders (DBO)**

**11.1 ADP would suggest a review of evidence for effectiveness** of 'drinking banning orders' which could be imposed and ban individuals from entering licensed premises. We would also ask for further clarity if this is the only sentence which can be imposed or would it sit in addition to other sentencing options e.g. can someone be put on a community payback order with alcohol treatment requirement and also have a 'DBO' imposed? Finally, if this is to be put through, we feel that the term 'Drinking Banning Orders' would require a more suitable term such as 'Alcohol Behaviour/Banning Order or Alcohol Restriction Order'.

**11.2** Clarification on whether a DBO will show on a criminal record and for how long would also be required as well as whether it would feature on disclosure applications.

## **12 Fixed penalty offences involving alcohol: alcohol awareness training as alternative to fixed penalty**

**12.1 ADP would suggest a further review of effectiveness** from the pilot in Fife and other areas as well as consideration into practical implementation around assessment of suitability, delivery of awareness training and monitoring of compliance. We would also query how this relates to current options already available to the Procurator Fiscal around alcohol intervention. This could potentially be additional work for agencies who may already be working with people involved.

## **13 Offences involving alcohol: notification of GP**

**13.1 ADP would not support proposal** where an individual over 16yrs has been convicted of an alcohol related offence and their GP is notified. We would be unclear as to what colleagues in Primary Care would be expected to do with this information. Also, not everyone is registered with a GP. Alcohol Brief Interventions are effective in reducing consumption in hazardous/harmful drinkers and Primary Care is a priority setting for this across Scotland.