

**RESPONSE TO SCOTTISH GOVERNMENT'S
CONSULTATION ALCOHOL PLAN –
Changing Scotland's relationship with alcohol**

Main points

- **Alcohol misuse and impact on children needs to be accorded higher priority ; we welcome SG early moves**
- **Adequate, appropriate, accessible services needed for children and families**
- **Specific guidance is required for professionals on how to address and support families more adequately**
- **Models of good practice are available and we can learn from them**

Introduction

Barnardo's Scotland is a national voluntary organisation providing 60 plus services throughout Scotland, working in partnership with almost all local authorities. We provide a wide range of services to 10,000 children and families across Scotland.

Barnardo's Scotland strongly welcomes the Scottish Government's commitment to tackle alcohol misuse and commends the recognition of 'Support for families and communities' as a key priority area. Barnardo's Scotland has specialist services that deal with alcohol misuse specifically and substance misuse more generally. The majority of all our services have to deal with the impact of alcohol misuse on children/families. So this is an area of significance for us, an area in which we have considerable experience, and an area where we have specialised expertise and services. It is from this perspective that this response is made.

Consultation Questions

Irresponsible promotions and below-cost selling

Question 1.

We invite views on our proposals to make regulations, 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*

Barnardo's Scotland agrees with the above proposals.

Barnardo's Scotland recognises the significant harm that increased alcohol consumption can have on our society. International evidence indicates that price has been shown to be a key determinant in a population's consumption levels.¹ However, whilst we acknowledge this, we also believe that regulating the price of alcohol in order to achieve a reduction in consumption should be part of a wider package of public education and information measures to improve cultural attitudes to drinking.

Since the 1950s, alcohol consumption in the UK has doubled. As alcohol consumption increases, so does alcohol related harm. The prevalence of liver cirrhosis is indicative of alcohol related harm in a population. Scotland has one of the highest liver cirrhosis mortality rates in Western Europe.² Consumption of alcohol is ranked as the third highest of twenty-six risk factors for ill-health in the EU, ahead of being overweight and behind only tobacco and high blood pressure.³ In Scotland, one in thirty deaths are attributed to alcohol; 2,372 deaths in 2005 showing an increase of 72% since 1995.⁴ The impact on children/young people therefore could be significant: excessive consumption will impact on the caring capacity of a parent or carer in the short term, as well as impacting on their own health and well-being, as well as the 'learned behaviour' children and young people may acquire.

Minimum Retail Pricing

Question 2.

We invite views on whether a minimum pricing scheme should be based on the following principles:

- *the scheme should apply equally to all premises selling alcohol;*
- *prices should be determined with reference to the alcoholic strength of the product rather than any other factors, such as type of product;*
- *minimum prices should be set independently of those connected either directly or indirectly with the manufacture, retail, supply or distribution of alcohol products or any other connected activity;*
- *it should be straightforward to vary the levels at which prices are set;*
- *arrangements should be as straightforward as possible to minimise the burden on the licensed trade and to ensure compliance.*

We agree with a policy that would be effective in reducing consumption. See answer to Q1.

Information for parents

Question 3.

What particular information do you think parents and carers would find helpful to enable them to support their children to make positive choices about alcohol?

Adults and children need to be educated about the impact of alcohol misuse on their own and other people's lives. As reflected in the review of Scottish surveys on drinking behaviour - adults and children alike- do not have a reasonable level of understanding of the alcohol units of different beverages and adults frequently underestimate their consumption levels.⁵ It is a misplaced presumption to see adults specifically as the main source of information on sensible drinking.

General information targeted at the whole population could provide improved basic facts about alcohol- the strengths, the dangers, health impacts and how to enjoy it sensibly. Such material could be presented in a user-friendly way for children/young people and accompany the 'education intervention activity' highlighted in the plan. The basic content of the material could remain the same for all but be communicated in formats and style appropriate to specific age groups. This basic material may help support adults to talk with children about 'enjoyable, sensible' drinking. Parents, who are themselves experiencing difficulties with alcohol, may find it difficult to be in an educating role on alcohol. Therefore, information needs to be reflective of this.

Targeted information for young people in particular should seek to reflect /mirror their diverse experiences of alcohol. Information needs to be presented in a way that is relevant, accessible and appropriate. For children and young people who may live in a household where alcohol is misused, it is particularly important that issues are dealt with carefully and sensitively. For example, school teachers and other professionals working alongside children should have information on the impacts of parental alcohol misuse and local and national sources of support. Where possible young people themselves could be involved in designing such information- given our service experience here, Barnardo's Scotland would be willing to advise/assist with this.

Further, we need to listen carefully to the reasons why children and young people may use and misuse alcohol and work with them to provide alternative solutions. One frequent explanation is – 'a lack of things to do in their locality'. Furthermore, there needs to be a consideration of adult's behaviour towards alcohol and how children and young people may 'mimic' these behaviours and as such a cycle of negative relationships with alcohol can be repeated.

Minimum legal purchase age for alcohol

Question 4.

Do you think that the minimum age for off-sales purchases should be raised to 21 in Scotland?

No.

This is a difficult issue that requires careful consideration and on balance, we would need a stronger evidence base to support this proposal. Barnardo's Scotland suggest the government should strengthen the legislation currently in place and focus on the prosecution of those selling alcohol to under aged drinkers rather than targeting young adults who can legally drink. There may be existing options under the Local Government in Scotland Act 2003 (power to promote well-being) or local licensing laws to achieve this.

The removal of a young person's rights (particularly when they can join the armed forces and marry at 16) must be fully justifiable and underpinned by a robust evidence base.

Barnardo's Scotland recognises that any reduction in alcohol consumption will have long term health benefits. We also acknowledge the evidence presented in the alcohol plan which points to the number of very young (13-15 years old) under-age drinkers who obtain their drink through third parties, typically via off-sales. However, many older adults consume excessive amounts of alcohol purchased through off-sales too. There may therefore be a much wider issue to address.

We are keen to see further evidence to consider this proposal, particularly from the pilot schemes in Armadale, West Lothian and Cupar, Fife for restricting the sale of alcohol to over 21s for Friday and Saturday evenings. It has been reported that this measure reduced anti social behaviour and this is encouraging. We would welcome more information on whether this measure was in conjunction with additional or targeted youth work resources to clarify whether the impact was solely due to the change in the licensing practices and what part was played by providing positive alternatives to under-aged drinking.

In the government's commitment to change the culture of Scotland's attitude to alcohol, this proposal does not challenge excessive alcohol consumption of the whole population but instead seems to penalise young adults.

Other comments

Do you have any other comments or suggestions to make on, or any addition to, the proposals set out in this consultation paper?

Yes.

The following comments relate specifically to alcohol misuse by parents/carers and the impact that this has on children/young people and families. We highlight where we think the Alcohol Plan can be improved and where we believe we can assist Scottish Government to improve practice /understanding in this area.

The Impact of parental alcohol misuse on children and families

Background Context:

Scottish Government figures estimate 65 000 children's lives are affected by a parent or carer's alcohol misuse. We understand that the 65,000 figure was calculated using the CAGE questionnaire which whilst very helpful, does rely on respondents' self-reporting. We believe that this is a considerable underestimation and that figures are likely to be significantly higher. Previous government figures, (outlined in response to Hidden Harm) estimated 100 000 children are affected by parental alcohol misuse. In addition, there are many children/young people affected by parental alcohol misuse who no longer live with the principle user, thus they may not be counted as 'living with parental alcohol misuse' but may still require support and would regard themselves as still 'affected'.

Further, given the widely acknowledged stigma, shame and secrecy associated with alcohol misuse in the family, coupled, ironically, with the wider social acceptability of alcohol use in Scottish society, it is highly likely that patterns of use and the consequent impact on children/families will be generally under-estimated. For the majority of children, parental alcohol misuse can have a negative impact on their lives, through all stages of their development and can have lasting effects on their life-chances. Therefore, specific action is required to address this hitherto hidden problem and dedicated support services are required which can deal with the negative impact that parental alcohol misuse can have on the lives and futures of Scottish children/young people.

Parental alcohol misuse can affect all aspects of children's lives: at home, at school, in the community, with the wider family. Most significantly, children talk about the emotional impact of being affected by a parent's alcohol misuse resulting in feeling hurt, worried, fearful, sad and angry. Alcohol misuse can affect the ability of the parent to care and respond appropriately to a child. Some children may have a greater responsibility for caring for themselves and for younger children in the family. Some children may be exposed to violence, verbal abuse, inappropriate behaviours or people, parental absences, financial hardship and neglect. A European study estimated that 16% of child abuse and neglect is attributable to alcohol misuse.⁶ Alcohol is commonly cited as a factor impacting on family relationships on children and family social work caseloads.⁷ Wider family, school and participating in community life can be important protective factors for children.⁸ It is equally important to recognise that families often experience multiple problems (such as domestic abuse, social deprivation, bereavement) and alcohol should not be considered in isolation.

Specifics

- We welcome the government's recognition that children affected by parental alcohol misuse as well as parental drug misuse can be some of the most vulnerable in society.⁹ The Hidden Harm and Getting it Right for Every Child (GIRFEC) policy agendas have recognised the impact of alcohol misuse on family life. However, despite this, we remain concerned that parental alcohol

misuse remains significantly overshadowed by parental drug misuse both in policy priority terms and in consequent professional practice. This concern is not abated by the introductory comments which seem to seem to confirm that parental alcohol misuse may be subsumed under general substance misuse, within which drugs misuse is accorded the higher priority.

- It is widely acknowledged by practitioners that the impact of parental alcohol misuse can be just as detrimental to children's social, emotional and physical development as drug misuse.¹⁰ A Scottish study of young adults affected by parental drug and alcohol misuse found parental alcohol misuse could be more destructive due to chaotic drinking patterns and associated violence in the home.¹¹ The greatest worry from children phoning ChildLine Scotland about concerns over parental or carer health and wellbeing, was alcohol misuse representing over a third of calls, followed by parental drug misuse (11%) and domestic abuse (7%).¹² We therefore hope that parental alcohol misuse will be accorded the attention and action that it requires.
- We welcome the commitment in the plan to arrange a Scottish survey of the incidence of Foetal Alcohol Syndrome - there is a critical requirement to ascertain the precise extent of this problem in Scotland and provide consequent medical and wider support both to the children affected and their families.
- We welcome the government's recognition that *tackling alcohol misuse requires direct and effective action*. The additional investment of £85 million for alcohol prevention and treatment services is a welcome and positive step. However, we believe that specific guidance and 'performance outcome' evaluation is required to ensure that spending is targeted at areas of greatest need or previous neglect. Presently the guidance on the new allocation of funds is unclear. In response to recent Parliamentary Questions, priority areas appear to be - primary care, A/E, and antenatal care.¹³ Whilst these are important areas, in the absence of specific guidance which would give effect to improved action in the priority areas identified in the alcohol plan- such as 'Support for families and communities' – it is questionable whether there will be improvement to services on the ground, any new innovations, and from Barnardo's perspective, any improvement to service provision/support services for children and their families.
- In the recent stock take of Alcohol and Drug Action Teams, it was widely acknowledged that alcohol misuse had been overshadowed by drug misuse despite the majority of ADAT's stating alcohol misuse was an issue where they would like to do more and one which attracted *greater local concern*.¹⁴ This again underscores the need for more specific guidance at a local level to give effect to the priorities identified in the alcohol plan and more importantly to ensure new practice can be affected which may address areas of concern hitherto not tackled- such as the impact of parental alcohol misuse on children and families.

- There is no systematic overview of services working with families affected by alcohol problems. A review of Local Alcohol Services found only four out of twenty six local alcohol councils had services for children affected by familial drinking.¹⁵ This further supports the points made above that a better understanding of what is currently out there is urgently required, coupled with clear commitment to improve upon existing structures and introduce new ones where required.
- We welcome the commitment in the plan to improve the identification and assessment of those affected by parental substance misuse (although we would have preferred to see *specific* mention /acknowledgement of the effect of parental alcohol misuse). However, there is no detail on how this will be conducted, with whom and in what time frame. We would urge improved clarity here and offer the assistance of Barnardo's Scotland staff to help if desired. Implementing the Scottish Government Alcohol Research Framework would help address issues of identification, prevalence and related commissioning of services.
- We also note the intention to improve information sharing amongst agencies and build capacity availability and quality of support services for those affected by parental substance (alcohol) misuse. This is a welcome part of the plan but requires more detail and clarification of exactly what is planned, with whom and when. We note that there will be some form of 'piloting' thru local GIRFEC partnerships- but more detail is required. This is an area where Barnardo's Scotland could assist, given our experience and expertise in providing direct services to children/young people affected by parental alcohol misuse. Providing accessible, non-stigmatising and effective support services for children /young people affected by other's drinking is paramount.
- Linked to this point- any 'piloting' and subsequent service development needs to also consider training and competence building of relevant professionals in addressing parental alcohol misuse and the impact on children and families. Anecdotal evidence available to Barnardo's via our services, suggests that professionals are unsure how to approach the issue and require more guidance and clarity- particularly in relation to judging appropriate intervention; tackling misuse of a substance which is not illegal and socially acceptable; and addressing manifest problems across all social classes.
- In the Alcohol Related Indicators-Annex D- there is no mention of children affected by parent's alcohol misuse under alcohol related harm. These indicators should include targets for access to treatment services and to support services for others affected, such as children and families.

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