

WRITTEN EVIDENCE TO THE SCOTTISH PARLIAMENT'S HEALTH AND SPORT COMMITTEE

Alcohol Etc. (Scotland) Bill (SP Bill 34)

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Children in Scotland welcomes this opportunity to submit Stage 1 written evidence about the Scottish Government's proposed legislation to begin to address our nation's serious, persistent, widespread and growing alcohol-related problems. We support the Scottish Government's goal of significantly reducing overall alcohol consumption, binge drinking and the extraordinary social, economic and health costs of alcohol use/misuse throughout our nation. The Scottish Government is correct in identifying the magnitude of alcohol-fuelled problems and the unhealthy relationship with alcohol across Scottish society.

Children in Scotland's large and diverse membership nationwide (including the voluntary, statutory and private sectors) is united by experiencing the profoundly negative effects of alcohol in the lives – and on the life chances – of children and young people. After all, our members are the ones who have to deal year after year with the major 'collateral damage' to the health, education, behaviour and well-being of children affected by adult alcohol use/misuse. The problems caused by young people's own consumption of alcohol are real, but these continue to be exceeded by the adverse impacts of alcohol use/misuse by their parents/carers, as well as by other adults in their lives and communities.

Children in Scotland's membership is keen to see alcohol consumption greatly reduced and alcohol-related problems diminished significantly now and for the long-term. We believe that doing so is one key to improving the overall health and well-being of a broad cross section of children and young people (not just those directly affected by the deepest end of the spectrum of alcohol use/misuse).

There is not unanimity within Scotland's children's sector about the exact means by which to achieve the goals of the Alcohol Bill or about its specific provisions. **However, there is widespread support among our membership for the Bill's direction of travel, as well as agreement with the basic principles of: minimum pricing of alcohol; more restricted access to alcohol for children and young people; greater penalties for those individuals and businesses that sell (or otherwise provide) alcohol to children and young people; enhanced social responsibility for the entire alcohol industry (from manufacturers to point of sales) that includes contributing a share of any increased revenues to solving alcohol-related problems; and ending the targeting of children and young people through alcohol-related marketing/advertising, sponsorships and products.**

Children in Scotland calls upon the Scottish Government to propose, and the Scottish Parliament to enact, legislation that has real – not merely symbolic – meaning, consequences and impact upon reducing alcohol consumption and alcohol-fuelled problems. Thus, for example, the minimum price for alcohol should be set high enough to demonstrably discourage/reduce consumption significantly. It is not sufficient to set a minimum price that creates the illusion of having ‘done something’, but which still allows young people cheap and easy access to unhealthy levels of drinking. To be effective as a deterrent, the price of alcohol must make unhealthy consumption out of reach as a ‘pocket money’ expense for young people.

Beyond the current Alcohol Bill

We completely agree with the Scottish Government’s call for a *holistic, comprehensive package* of legislative, policy, financial and programme responses to Scotland’s problems with alcohol. This current Alcohol Bill does not include all the elements that Children in Scotland views as being essential elements in this holistic, comprehensive package. Even as legislation intended to reduce consumption, it is missing several important elements.

In particular, we encourage consideration and inclusion of legislation -- and, subsequently, policies and resources -- that directly and powerfully address the following three issues:

1. Preventing (and reducing) foetal alcohol harm. The best way to reduce consumption of unhealthy levels of alcohol is to lower the desire/demand among consumers. One key – albeit almost entirely ignored – part of the problem is occurring among the thousands of young people and adults across Scotland whose life-long brain chemistry greatly increases the likelihood that they will consume alcohol excessively and in an unhealthy manner. These are the people in Scotland whose brains were harmed by exposure to alcohol while they were still growing in their mother’s womb.

The facial characteristics, organ damage and other visible signs of Foetal Alcohol Syndrome are not the end of the story. All across the spectrum of foetal alcohol harm – including the far higher number of people who display no visible sign of damage – exposure to alcohol *in utero* resulted in varying degrees of impairment to the brain’s ‘executive functions’. In simple terms (but backed up by extensive scientific/medical evidence internationally¹), this results in abnormal difficulties in: making plans; learning from experience and controlling impulses. This, in turn, is the behaviour profile for many people who consume alcohol excessively and have (or cause) alcohol-fuelled problems.

While foetal alcohol harm is irreversible and lasts a lifetime, its worst effects (including becoming people who misuse alcohol) can be reduced by accurate identification/diagnosis and effective treatment/support. However, the best course is to prevent foetal alcohol harm in the first place. There currently is no serious, systematic effort in Scotland to prevent such harm or to identify and assist those already experiencing the ill effects of Foetal Alcohol Spectrum Disorder (FASD).

¹ See, for example: http://www.phac-aspc.gc.ca/fasd-etcaf/pubs/fs-fi_01eng.php;
<http://www.medpagetoday.com/Psychiatry/GeneralPsychiatry/15100>;
http://www.acog.org/from_home/publications/press_releases/nr02-06-08-1.cfm;
<http://www.cdc.gov/ncbddd/fasd/index.html>

Legislation, policies, programmes and resources on foetal alcohol harm all are needed and provide an opportunity for the Scottish Parliament's Health and Sport Committee to demonstrate both leadership and cooperation with the Scottish Government. Children in Scotland encourages robust action on this matter.

While the specific focus here is on 'connecting the dots' between FASD and alcohol consumption, it is worth bearing in mind the recent point made by Scotland's Chief Medical Officer (Dr Harry Burns): *Prenatal exposure to alcohol is the leading cause of brain damage and developmental delay amongst children in industrialised countries.* This is another, often overlooked, example of the human and financial costs of alcohol misuse in Scotland.

2. Preventing and solving other problems that 'drive people to drink'. Many adults and young people who consume excessive amounts of alcohol, engage in binge drinking or otherwise misuse alcohol are doing so in order to blunt pain and/or to self-medicate as a way of coping with earlier underlying negative experiences and damage done to them. It is widely understood and documented that such damage often first took place during childhood or adolescence – e.g. sexual abuse, neglect, domestic violence or parental addiction, homelessness and poverty, bullying and mental/emotional health concerns. Reducing this damage will predictably decrease alcohol consumption and alcohol misuse throughout Scotland.

Often, these negative experiences in their young lives are directly connected to alcohol-fuelled misbehaviour by parents, carers or other adults. Others are attributable to young people's own current misuse of alcohol (whatever the roots may have been), including alcohol-fuelled teen pregnancies, alcohol-fuelled violence and alcohol-fuelled failure at school or in employment.

Again, there is much that could and should be accomplished through this Alcohol Bill to reduce consumption by preventing and ameliorating the reasons why young people and adults are choosing to drink excessively or to misuse alcohol as a convenient, immediately available and relatively cheap treatment of the deeper problems in their lives. Major increases in Scotland's investment in the Early Years Framework – as well as in effective prevention and sustained early intervention – would go a long way toward dealing positively with the roots of alcohol misuse in Scotland.

Similarly, taking seriously the need to properly recognise and support 'informal kinship carers' (most often, grandparents who are the primary carers of babies, children and teenagers because of the – often alcohol fuelled -- addiction, death or imprisonment of their birth parents) would be a big step in the right direction. The Scottish Government deserves praise for raising the profile of kinship care and taking steps to help, but their strategy only includes the tip of the proverbial iceberg (i.e. assisting the minority of kinship carers whose children are 'officially looked after'). Kinship carers (formal or informal) need and deserve far more practical, immediate assistance than they currently receive for taking on the task of raising children who otherwise would become the full-time, expensive responsibility of public agencies. This also can be an effective way of breaking the parent/child cycle of alcohol misuse.

3. Promoting healthy alternatives to alcohol misuse among children and young people. Again, the point here is that there are effective methods of reducing overall alcohol consumption, binge drinking and other aspects of alcohol misuse by reducing the desire/demand among children and young people. Some young people end up developing an unhealthy relationship with alcohol, not because of deeper problems, but rather out of boredom and a lack of meaningful activities and alternatives in their communities.

Year after year, Scottish surveys of children and, especially, of teenagers reveal that their major complaint is they “have nothing to do and nowhere safe and desirable to go” during their free time after school, at night and during weekends. Investing in a robust response to this concern/opportunity will prove to be far less expensive and far more effective than the current expenditures to deal with alcohol-fuelled damage caused by these young people. Meaningful activities and programmes developed in consultation or partnership with young people themselves should be part of a holistic, comprehensive package to improve their relationship with alcohol.

For further information or evidence, please contact:

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ⁱ See also Children in Scotland’s evidence to the House of Commons Health Committee, March 2009

http://www.childreninscotland.org.uk/docs/policy/Westminster_alcohol_inquiryCiS.pdf