



CONSULTATION RESPONSE: *CHANGING SCOTLAND'S RELATIONSHIP WITH ALCOHOL*

September 2008

Introduction and Overview

Children in Scotland welcomes the opportunity to respond to the Scottish Government's proposed strategic approach to alcohol-related harm. This is a major problem across our nation that merits robust and effective action by all relevant public bodies.

We appreciate the Scottish Government's aspiration to confront this complex problem directly and meaningfully. And, we support the Scottish Government's intentions to focus on the four broad areas of: reducing alcohol consumption; supporting families and communities; improving public attitudes and individual decision-making; and, providing support and treatment for those who require it.

While there is much to commend within the proposed strategic approach, Children in Scotland's thinks that there are several specific

ways in which this policy and its subsequent implementation should be improved. Our recommendations cover the following areas:

- Greater clarity in the distinction between 'use' and misuse'
- Stronger links between alcohol, drugs and tobacco policies
- Heightened emphasis on Fetal Alcohol Spectrum Disorder
- Explicitly connecting adult behaviours and their consequences for children and young people
- Much greater support for the active, positive involvement of children and young people as part of the solution

Greater clarity in the distinction between 'use' and 'misuse'

The proposed strategy tends to emphasise the term 'misuse' in relation to alcohol. However, this term is subject to a wide variety of definitions and interpretations. For instance, there is not consensus within Scottish society about when (and whether) drinking alcohol with their families at home constitutes 'misuse'.

Most people would agree that illegal alcohol-related behaviours are examples of 'misuse'. And yet, there are many completely legal behaviours (such as drinking alcohol during pregnancy) that can cause real and lasting harm.

Confusion or disagreement about the meaning of the term 'misuse' can be an obstacle to effective action in alcohol policy. Accordingly, we encourage the government in Scotland to refer simply to 'alcohol use' in its policies and publications.

Stronger links between alcohol, drugs and tobacco policies

There are good reasons why the Scottish Government is pursuing separate policies/strategies for tobacco, drugs and alcohol.

Nevertheless, more could and should be done to create more joined-up strategies and integrated implementation in these three areas.

We recommend stronger links among them because of three realities.

First, there is significant overlap among the ‘users’ of tobacco, alcohol and drugs – and it is not rare for the same individuals to consume a mix of these three substances during a given period.

Second, children and young people’s health and well-being are threatened by all three substances. Combined awareness, education and prevention efforts (particularly with families) may prove more efficient and effective than three separate ones.

And third, even with the best of intentions, separate policy agendas often become disconnected, bureaucratic ‘silos’ that fail to build upon available synergies. Children in Scotland recommends that the government in Scotland creates and implements a joined-up strategy for substance use, with *sub-strategies* specific to alcohol, tobacco and drugs.

Heightened emphasis on Fetal Alcohol Spectrum Disorder

Children in Scotland applauds the Scottish Government’s steps to undertake a national survey of the prevalence of Fetal Alcohol Syndrome (FAS). This will help to overcome our nation’s ‘cultural blind-spot’ about a serious medical problem that has been recognized more fully and dealt with more robustly in other developed nations.

It will be challenging to undertake a reliable survey when so few health practitioners across Scotland have the preparation or experience to diagnosis Fetal Alcohol Syndrome accurately, but this barrier can be overcome. Learning from the experience gained, and FAS work underway, internationally will help remove this barrier.

This sensible first step needs to be followed by a series of explicit next steps in Scotland's proposed alcohol strategy. We recommend the inclusion of several additional actions missing from the current consultation document, including:

- Once the prevalence of Fetal Alcohol Syndrome (FAS) has been established, there should be a similar effort to identify children and young people burdened with Fetal Alcohol Spectrum Disorder (FASD) – i.e., the broader range of negative developmental, behavioural and educational effects from alcohol exposure during gestation. Fetal Alcohol Syndrome is the most extreme version of this internationally-recognised medical condition, but the adverse effects of alcohol on some babies are less severe and less visible; thus, hard to diagnose.
- It is not sufficient to identify children and young people with FAS or FASD. They are also in need of support and treatment. Although the brain and nervous system damage to some babies because of alcohol exposure cannot be reversed, there is meaningful assistance that could, and should be provided.
- Awareness, identification and management of FAS/FASD should become a routine feature of core initial education and CPD for child-related professionals (not only for child health specialists, but also for teachers, social workers, childcare providers and other practitioners outwith health).
- Launch a major, unified, unambiguous public health campaign to promote abstinence from alcohol among women who are pregnant, trying to conceive, or at high risk of becoming pregnant unintentionally.

Based on what is currently known about our nation's drinking culture, Scotland should expect higher than average instances of fetal damage caused by alcohol consumption during pregnancy in comparison to such countries as Canada, New Zealand and the USA.

The United States' Birth Defects Monitoring Program now records 7 cases of Fetal Alcohol Syndrome for every 10,000 birthsⁱ. In Scotland this translates into 35 babies born with FAS *every year* – and a cumulative total of **560** children and young people (infants to 16-year-olds)ⁱⁱ. And yet, in 2005, there were only 5 instances of FAS recorded from Scottish hospitalsⁱⁱⁱ.

Due to its severity, FAS is more easily diagnosed than FASD. FASD statistics are, therefore, more difficult to find. However, research suggests that a reliable average estimate would be 1 in 100 live births^{iv}. This would result in a cumulative total of **8000** children and young people (infants to 16-year-olds) with FASD across Scotland. To date, no Scottish children have been diagnosed with FASD.

As a result, children across Scotland are needlessly having their life chances compromised and their quality of life harmed. Physical health problems, communication problems and behavioural issues (including a propensity for violence) are just some of the obstacles that these children have to overcome as a result of the permanent brain and nervous damage that accompanies FAS/FASD.

It is also clear, that despite positive changes in the guidance being given to pregnant women by the Chief Medical Officer, Scottish people are not aware of, or convinced about, the risks involved in exposing an unborn child to alcohol. This is, in part, due to the historical relationship Scotland has to alcohol, but it is also due to the “lack of attention given to the issue by Scottish policy makers, and health practitioners”^v. Scotland is, as a result, significantly failing a large number of children who may be currently suffering from either a misdiagnosed^{vi} or an undiagnosed and untreated medical problem.

The Scottish Government should spread the word – and the Scottish public should embrace the fact – that FAS and FASD are 100% preventable. It is largely unpredictable which mothers who drink during pregnancy will burden their babies with this life-long health problem. The only medical certainty is that there never has been a

child born with FAS/FASD whose mother abstained from drinking alcohol whilst pregnant.

Scotland remains well behind countries such as the USA, Canada, New Zealand, France and Germany in recognising, researching and addressing this threat to children's well-being. Parents and professionals do not have sufficient or correct information to make the best choices for the best outcomes for Scotland's children. The Scottish Government's alcohol strategy is the obvious place to redress this imbalance and meet this challenge.

Explicitly connecting adult behaviours and their consequences for children and young people

The proposed alcohol strategy does not fully explain the many ways in which adult drinking problems harm children and young people. This perpetuates the illusion that adults are only hurting themselves. Fetal Alcohol Spectrum Disorder is only one of many examples of children paying the price for adult use of alcohol.

There are five other key ways in which adult use of alcohol creates a burden that too many children and young people are forced to bear:

- ❖ During the early years (through the first three years of age) parental alcohol use can result in young children being abused, neglected or inadequately cared for and nurtured. This, in turn, can have significant negative effects upon their brain development; social and emotional capacities; educational success; health status and prospects; and, their ability to become productive, happy, socially responsible adults. Thus, *Children in Scotland recommends integration between the alcohol strategy and the forthcoming Early Years Framework.*
- ❖ Alcohol-fueled adults are responsible for a disproportionately high share of the cases of domestic violence across Scotland.

As the recent governmental *Delivery Plan on Domestic Violence* underscores, there are a variety of negative effects endured by children and young people who are exposed to domestic violence in their homes (even if they are never the direct or intended victims of physical abuse). Thus, *Children in Scotland recommends that the lessons and actions in the Domestic Violence Delivery Plan are reflected in, and taken forward by, the government in Scotland's final alcohol strategy.*

- ❖ Alcohol-fueled adults are responsible for a disproportionately high share of the 'accidents' and injuries that befall children and young people. Whether as passengers or pedestrians, children and young people too often are the victims of adult drink driving. They also are harmed by adult acts of non-domestic violence, as well as adult acts of negligence resulting in fires, falls, scaldings and other bad outcomes of alcohol-fueled behaviour. Thus, *Children in Scotland encourages the Scottish Government to endorse and advance -- in conjunction with its alcohol strategy -- the Child Safety Action Strategy developed recently by a coalition of statutory and voluntary sector groups.*
- ❖ The money spent on alcohol and the negative economic impacts of adult alcohol dependence are examples of the connection between Scotland's culture of drinking and the persistence of child poverty in our nation. When scarce family funds are used to pay for adult drinking habits, it means that this same money is no longer available to be spent on healthy food, adequate heating, educational materials, learning experiences and a host of other goods and services that would enhance children and young people's lives and life chances. Thus, *Children in Scotland urges the Scottish Government to treat alcohol use as a family issue (not just an individual adult one) – and to strengthen the parent education and family support aspects of the alcohol strategy.*

- ❖ With rare exceptions, children and young people do not have independent access to alcohol. Rather, their own use of alcohol during the years before it is available to them legally is aided and abetted by adults. Whatever their motivations or reasons might be, these adults are making it possible for children and young people to use alcohol to harm themselves in a variety of ways and to a variety of degrees. Thus, *Children in Scotland urges the government in Scotland to more rigorously and visibly discourage adult complicity in underage drinking -- and to more aggressively enforce the existing laws in this area. We also recommend that (as part of the 'social responsibility fee' proposal) the drinks industry should pay a significant portion of their annual advertising/marketing/sponsorship budget to the Scottish and UK governments to underwrite the costs of major alcohol-related public health advertising campaigns.*

All of the above suggests that one priority theme within the Scottish Government's proposed 'awareness raising campaigns' for adults should be: **Your Drinking Can Harm Children**. As long as adults think that their relationship with alcohol affects only themselves, then they will continue to regard it as 'nobody else's business'. That attitude might change if the negative consequences for children and young people become much better known . . . and believed.

Evidence of this point can be found in Scotland's recent success with the smoking ban. It appears that the heightened awareness of, and sensitivity toward, harming others (including children) through 'second-hand smoking' helped to turn the tide in favour of the ban. The same principle could usefully be applied in the alcohol arena.

Much greater support for the active, positive involvement of children and young people as part of the solution

Throughout the proposed alcohol strategy, children and young people are primarily portrayed as passive victims or as part of the problem. This sometimes is an accurate picture.

However, the proposed strategy thus far has missed a wonderful opportunity to view and treat children and young people as competent, clever and compassionate *partners* in improving Scotland's complex relationship with alcohol. The final strategy could and should take full advantage of this opportunity.

Three examples will help to illustrate this point and offer a glimpse of the possibilities.

First, children and young people could be recruited as full partners in the design, development and dissemination of the alcohol-related educational materials, awareness campaign and projects/innovations for which they and their peers are the intended audience.

There is a wealth of young talent across Scotland that could be tapped to produce videos, photos, posters, leaflets, radio broadcasts and podcasts within these governmental attempts to be influential. The results might be better received by the 'target groups' if these initiatives are youth-driven, not just youth-focused. And, for the children and teenagers directly involved, it would be a chance to become *de facto* peer mentors (since the best way to learn anything is to teach it) and to have a much deeper stake in the success of all these activities. The potential is there for everybody to win.

Second, children and young people could play a central role in the creation and operation of a rewards system for positive behaviour in relation to alcohol. The strategy at this point envisages only penalties for negative behaviour (apparently in line with the maxim that virtue is its own reward). It might be more effective to establish a series of carrots as well as sticks – that is, a variety of motivations beyond the purely altruistic for making positive choices in relation to alcohol.

Perhaps a scheme can be created in which young people who serve as 'designated drivers' or who safeguard their drinking friends earn points toward a desirable product, service or experience. Perhaps some children and young people could earn a modest income by

playing an active role in community research projects around alcohol issues (e.g., doing much of the actual work in delivering and collecting relevant surveys from community members – or monitoring compliance with new restrictions on advertising and promotions).

The key principle is that they could and should be actively engaged in promoting and advancing the cultural change toward a healthier relationship with alcohol that the Scottish Government is seeking.

Final Points

Through our consultations with member organizations and individuals, other worthy ideas and recommendations were voiced. While we expect many of these to be the focus of separate consultation responses, Children in Scotland thinks they merit inclusion here, too. They are:

- ✓ More attention should be given to decreasing alcohol's status as a 'default' activity for young people who perceive themselves as having nothing better to do, by increasing the number and range of positive 'things to do' throughout Scotland. There should not be such a heavy reliance on sports options, as different kinds of activities and meaningful pursuits will engage different groups of children and young people.
- ✓ The strategy should be more explicit about the link between alcohol, sexual health and teen pregnancies, as voluntary sexual activity appears to occur relatively rarely at a young age without the presence of alcohol. What the government in Scotland can do to improve this situation should also be explored more seriously within the proposed strategy.
- ✓ The government in Scotland should give higher priority to the expectation of – and the means for achieving – more and better joined-up working among education/schools, health, social work, youth justice and community safety in relation to the

alcohol strategy. Just to cite one of many examples, no emphasis is accorded in the proposed strategy to the relevance of the Additional Support for Learning Act – despite the fact most of the children and young people who are using alcohol and/or who are adversely affected by their parents/carers alcohol use are likely to need and be eligible for assistance under the ASL Act.

- ✓ The attention given to the roles of A&E units across Scotland is welcome. However, there is a need for the creation or improvement of A&E protocols for dealing with children and young people (as well as with adults who currently are active parents/carers) who present with alcohol problems.
- ✓ Specialist alcohol support services need more financial and political support at both the national and local authority levels. Child alcohol use is perceived as being ignored sometimes because of a lack of appropriate placements and services throughout the nation. There are also specific, alcohol-related concerns about the transitions from child to adult services that the proposed strategy did not adequately address.
- ✓ Scottish services exist that already are tackling many of the difficult issues around children, young people and alcohol. Some of these are in the statutory sector, whilst others can be found in the voluntary sector. The proposed strategy should more fully acknowledge their existence and commit to increasing the funding and other support for these successful services, rather than reinventing or displacing them.

Children in Scotland is Scotland's national agency for organisations and professionals working with and for children, young people and their families. It exists to identify and promote the interests of children and their families and to ensure that policies and services and other provisions are of the highest possible quality and are able to meet the needs of a diverse society. Children in Scotland represents over 470 members, including 90% of Scottish Local Authorities, all major voluntary, statutory and private children's agencies, professional organisations, as well as many other smaller community groups and children's services. It is linked with similar agencies in other parts of the UK and the European Union.

The work of Children in Scotland encompasses extensive information, policy, research and practice development programmes. The agency works closely with MSPs, the Scottish Government, local authorities and practitioners. It services a number of groups such as: the Cross Party Parliamentary Group on Children and Young People (with YouthLink Scotland) and the National Voluntary Children's Forum. Children in Scotland also hosts Enquire - the national advice service for additional support for learning, and Resolve:ASL, Scotland's largest independent education mediation service.

ⁱ Miller L, Tolliver R, Druschel C, Fox D et al, 'Fetal alcohol syndrome – Alaska, Arizona, Colorado and New York, 1995-1997'. *Journal of the American Medical Association* 2002; 288(1): 38-40.

ⁱⁱ 55,000 live births every year with nearly 1 million children under the age of 16. *For Scotland's children report: 'Better integrated children's services'* Scottish Executive.

ⁱⁱⁱ Scottish Statistics Office

^{iv} May and Gossage, 'Estimating the prevalence of fetal alcohol syndrome. A summary'. *Alcohol Research and Health* 25 (3) 2001

^v Guidance given to parents varies. Some examples are;

- 'Pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to minimise the risk to the baby, they should not drink more than 1 to 2 units of alcohol once or twice a week and should not get drunk.' infoscotland webpage
- 'Alcohol should be avoided during pregnancy. Occasional drinking – which would be a maximum of 1-2 units- once or twice during the whole of your pregnancy should not affect the developing baby, but on the whole, alcohol should be avoided.' InfoScotland publication '*Get the full bodied facts*,' 2007
- 'Some women go off alcohol when they're pregnant as they stop liking the taste. If you do drink alcohol, you need to know that while alcohol does reach your baby, the evidence is that light, occasional drinking — one or two units, once or twice a week — is not likely to do any harm. Heavy drinking is associated with miscarriage, and sometimes with serious effects on your baby's development'. '*Ready Steady Baby*' Health Scotland

^{vi} ADHD and Autistic behaviours can present as part of the package of health problems that result from drinking alcohol during pregnancy. In some children these symptoms are diagnosed but the wider condition is not, resulting in insufficient and sometimes inappropriate treatment and care.