



summary



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Introduction (Chapter 1)

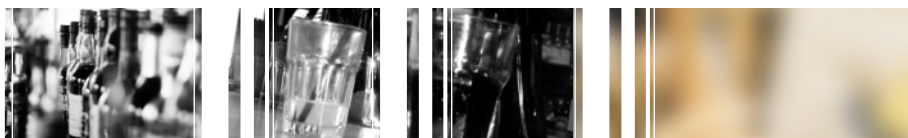
- 0.1** The Executive has produced this Plan for Action on alcohol problems after consulting widely. Evidence has also been gathered about trends and costs of alcohol problems to Scottish society and what works in addressing these problems. The Plan is inclusive, with responsibility for action falling to the Executive, NHS boards, local authorities, the police, industry and businesses, voluntary organisations and individuals.
- 0.2** There are many positive aspects to the use of alcohol within Scottish culture. The industry and associated trades benefit the economy in a number of ways. Drinking small amounts is compatible with a healthy lifestyle.
- 0.3** When alcohol is misused, however, there can be serious problems for individuals, those around them and for society as a whole. Concerns include: the range of effects on physical and mental health; accidents and injuries; harmful effects on others, for example, because of violence and crime; drink driving; harmful patterns of drinking, especially binge drinking; particular problems experienced by groups such as children and young people, people in rural areas, equality groups and homeless people.
- 0.4** The Plan estimates that alcohol problems cost Scotland at least £1 billion each year. Much of this is accounted for by reduced productivity and human costs. The rest results from costs to NHSScotland and social work and criminal justice services.

Aims, priorities and resources (Chapter 2)

- 0.5** The overall purpose of the Plan is to reduce alcohol-related harm in Scotland.
- 0.6** Within this purpose, aims in the short term include changing some attitudes to alcohol, developing support and treatment services and building capacity to deliver the Plan locally. Longer term aims include reducing consumption of alcohol by some groups within the population, reducing harmful patterns of drinking and reducing public nuisance and crime related to alcohol.
- 0.7** The Plan identifies key priorities to reduce binge drinking and reduce harmful drinking by children and young people.
- 0.8** The Executive is providing new resources centrally to implement early priority action in the Plan on communications and capacity building. Resources to address alcohol problems are also available in a range of other Executive programmes. The Plan says that a lead-in period is required, to assess properly local needs to improve or redesign services. The Executive will provide additional funding over time for services in the light of other Executive priorities and the resources available.

Culture change (Chapter 3)

- 0.9** There are positive points about use of alcohol in Scotland, for example as part of social occasions and of celebrations. There are also some negative points though. For example, problems may not be taken seriously, and people may not know when or how to seek help.
- 0.10** There is no single culture surrounding drinking in Scotland. There are differences between age groups, genders, ethnic and religious groups, urban and rural areas. This chapter of the Plan identifies action to influence culture directly. Other action will have an indirect effect.
- 0.11** The Executive will put in place a long-term communications strategy to highlight the consequences of binge drinking for individuals and society as a whole. The strategy will include a sustained mix of national and local activities and will incorporate activities of other organisations such as HEBS.
- 0.12** Local communications strategies will also be required. These will involve a range of activities, using more targeted messages and local means of dissemination.
- 0.13** The Plan recommends that the term “alcohol problems” should be used generally to describe a range of harmful patterns and levels of drinking and their consequences. References to more technical terms for types of problems should be reserved for specific purposes, for example in discussions between doctors and patients. One of the consequences of using descriptions that avoid value judgements should be that people will be willing to seek help for alcohol problems at an earlier stage than often happens now.




- 0.14** More organisations and professional bodies should adopt alcohol policies that define sensible and appropriate use of alcohol by their members, relevant to their work, or other pursuits.

Prevention and education (Chapter 4)

- 0.15** Alcohol Misuse Co-ordinating Committees (AMCCs) will make prevention, education and communications an integral part of their local strategy.
- 0.16** Prevention will make a major contribution to the priority in the Plan to reduce harmful drinking by children and young people. AMCCs will link up with Drug Action Teams (DATs) to produce combined strategies addressing all aspects of alcohol and drugs work with children: prevention, treatment and education.
- 0.17** 96% of all Scottish schools provide education about alcohol matters. This is an integral part of health education in the curriculum and part of the context of the health promoting school. A Health Promoting Schools Unit is being set up to support developments.
- 0.18** Outwith school settings, a range of detached youthwork and community education opportunities need to be used to provide information and alternative activities for young people. Sporting activities and other active leisure pursuits can play a major role here.
- 0.19** A new parents' guide on alcohol and young people will be produced, to support parents in talking with their children about alcohol.
- 0.20** The Plan promotes support for employers to develop workplace alcohol policies, through Scotland's Health at Work and guidance to small and medium sized enterprises.
- 0.21** The Scottish Road Safety Campaign published research on attitudes to drinking and driving and launched phase 1 of a 5 year strategy for drink drive publicity in December 2001.

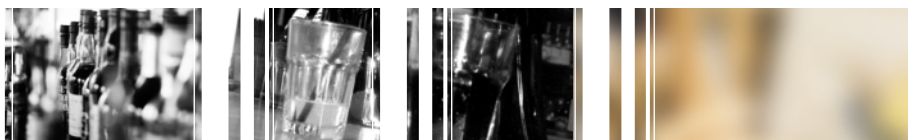
Provision of services (Chapter 5)

- 0.22** There is a range of effective services, providing support and treatment in Scotland. Gaps have been identified, however, in services for people with alcohol problems and also to support those close to them.
- 0.23** The Executive will develop a framework for alcohol problems support and treatment services. The framework will assist those who plan and commission services to assess local needs, identify service gaps and develop plans to fill these. The framework will include core principles, quality standards and guidance on providing services for specific groups and on effectiveness. It will cover services delivered by the statutory, voluntary and independent sectors.

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- 0.24** The Executive will consider whether a Scottish alcohol problems helpline is needed.
- 0.25** Children affected by alcohol problems will be one of the priority groups for the Changing Children's Services Fund from April 2003. The framework for services will cover the needs of children affected by their own and other people's alcohol problems.
- 0.26** Local strategies for addressing alcohol problems in rural communities will take into account the particular difficulties that service users may experience, for example with access and confidentiality.
- 0.27** Alcohol problems often underlie or exacerbate homelessness. Local authority homelessness strategies, to be prepared by March 2003, will indicate how homeless people with alcohol problems will be supported.

Protection and controls (Chapter 6)

- 0.28** The Executive announced a review of licensing law last year which will complement the overall approach in the Plan to addressing alcohol problems. The Committee has been asked to look at the implications of the law for health and public order. Licensing law may contribute to culture change and action to reduce binge drinking, harmful drinking by children and young people and alcohol-related violence and public disorder.
- 0.29** Various measures to prevent underage sales of alcohol are included in the Plan, such as extending current pilot youth card schemes, promoting good practice by retailers and piloting the use of children in test purchasing exercises.
- 0.30** The police and the Crown Office are responsible for enforcing the existing law. New funding arrangements for local community safety partnerships will require responses to alcohol-related crime to feature in local crime prevention strategies.
- 0.31** A range of community based criminal justice interventions are already available for people with alcohol problems, to reduce the likelihood of their reoffending. The Executive will explore use of deferred sentences and arrest referral schemes and new opportunities for offenders to be linked to support, treatment and rehabilitation services.
- 0.32** The UK Government is considering the current drink drive limit, changes to penalties for drink driving and legislation to introduce targeted breath testing and roadside testing to provide admissible evidence in court.
- 0.33** The alcohol industry and related trades operate voluntarily a number of social responsibility codes and practices. Guidance on point of sale promotions has already been issued to all licensed premises in Scotland.



- 0.34** The Executive will work with the industry and licensed trade to improve and promote training in responsible serving of drinks, for those working in licensed premises.
- 0.35** The Executive is participating in discussions on labelling alcohol containers to provide information about alcohol content and health warnings.
- 0.36** Voluntary codes regulate alcohol advertising. The effectiveness of these codes was raised in the Executive's consultation exercises. The Executive will raise concerns expressed in Scotland with the UK Government.

Delivery (Chapter 7)

- 0.37** The Executive will play a major role in delivery of the Plan, developing accountability for local action and reviewing progress by the end of 2003.
- 0.38** The local AMCCs which bring together local statutory and voluntary agencies, will be the vehicle for delivering the Plan locally. Each AMCC will publish by April 2003 a local strategy covering a period of at least three years.
- 0.39** AMCCs will be given additional support. Where AMCCs are combined with Drug Action Teams, alcohol issues will be given higher priority than at present. AMCCs will also form effective working links to other co-ordinating structures, under the broader community planning umbrella.
- 0.40** The voluntary sector will continue to play a valuable role in providing services and in other action within the Plan.
- 0.41** The Executive, through Scottish Training on Alcohol and Drug Abuse, the national training agency, will provide training for staff and managers in alcohol and generic services. Professional bodies involved in medical, nursing and social work education and in teaching will improve training on addressing alcohol issues.
- 0.42** The Executive will provide resources from January 2002 to underpin development of a national alcohol information resource, to support implementation of the Plan.
- 0.43** The Public Health Institute for Scotland will lead a review starting early in 2002 of gaps in research knowledge and evaluation practice.

glossary of terms and abbreviations

ACPOS Association of Chief Police Officers in Scotland is a professional organisation representing officers in the ranks of Chief Constable and Assistant Chief Constable.

AFS Alcohol Focus Scotland is Scotland's national voluntary organisation on alcohol.

AMCCs Alcohol Misuse Co-ordinating Committees were set up in 1989 to promote local co-ordination in the prevention and treatment of alcohol problems. There are 23 AMCCs in Scotland which cover either NHS board or local authority areas. Their membership varies according to local needs and circumstances but will generally include representatives from the health service, local authority and voluntary sector, the business community, drinks industry and trade, and the police.

British Beer and Pub Association (formerly the Brewers and Licensed Retailers Association) is a trade association made up of brewing, brewery-owned retail and independent multiple retail members representing the beer industry.

Community Planning is the process through which a local authority and other stakeholders come together to plan, provide and promote the wellbeing of their communities.

Community Safety Partnerships are partnership bodies made up of local authorities, the police and community groups which assist in drawing up and delivering community safety strategies.

CoSLA Convention of Scottish Local Authorities is a representative body of local authorities in Scotland.

CSBS Clinical Standards Board for Scotland is a statutory body which provides national quality and accreditation standards for NHS services in Scotland.

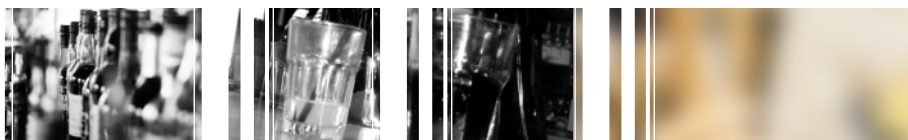
DATs Drug Action Teams comprise senior representatives from all the key local agencies involved in tackling drug misuse. They are charged with the strategic planning of drug services in their areas. Some DATs also cover alcohol and smoking.

Equality groups This term, included in the Executive's Equality Strategy, is used to describe a range of different groups, reflecting diversity in race, disability, sexual orientation, language, social origin and religion that may experience inequality or discrimination.

HEBS Health Education Board for Scotland is Scotland's statutory health education body.

HERU Health Economics Research Unit undertakes research into economic approaches to health care. The Unit is based at the University of Aberdeen.

HTBS Health Technology Board for Scotland is a statutory body which provides advice on the cost effectiveness of new and existing health technologies including drugs.



ISD Information and Statistics Division is a division of the Common Services Agency and part of NHSScotland. ISD provide a range of information services to organisations with an interest in health and community care.

LHCCs Local Health Care Co-operatives are voluntary organisations of GPs which provide support to practices in delivering care to their local communities.

LT Scotland Learning and Teaching Scotland is a national public body providing advice and information on the Scottish pre-school, primary and secondary curriculum.

PHIS Public Health Institute for Scotland is a national body which works to increase understanding of the determinates of health and ill health and improve the effectiveness of public health practice in Scotland.

SACAM Scottish Advisory Committee on Alcohol Misuse is an independent group of experts which advises the Executive on the national alcohol problems strategy.

SHAW Scotland's Health at Work is a national award scheme which promotes workplace health policies.

SIGN Scottish Intercollegiate Guidelines Network is a multi-professional group providing guidelines on aspects of clinical care.

SIPs Social Inclusion Partnerships are bodies which work to tackle deprivation. Their membership varies according to local circumstances but will generally include representatives from the local authority and community, the health service and voluntary and private sectors.

SNAP Scottish Needs Assessment Programme is a self-help network of public health specialists which produces needs assessments on a range of medical problems. A needs assessment will generally include a review of a condition's incidence and control and a guide to services available. The SNAP work programme is agreed with the Scottish Executive Health Department.


STRADA Scottish Training on Alcohol and Drug Abuse is a national training agency providing training for staff working in both the alcohol and drugs fields.

Alcohol problems – definitions

Alcohol problems This refers to a whole spectrum of harm (actual or potential) to work, relationships, social position, physical or mental health. The amounts of alcohol involved will vary from individual to individual and over time.

Alcohol misuse Liable to be based on value judgements, but objectively could refer to persisting use over safe levels.

Alcohol abuse A stronger term for alcohol misuse.



Drunkenness or (acute) intoxication A state where an individual has drunk sufficient alcohol to impair significantly functions such as speech, thinking, or ability to walk or drive.

Binge drinking Drinking an excessive amount on any one occasion. There is no commonly-accepted definition, but the Scottish Health Survey uses the criterion of drinking more than twice the recommended daily benchmark on a person's heaviest drinking day (more than 8 units for men and more than 6 units for women).

Hazardous or at risk drinking Levels of drinking, which if sustained, are likely to lead to risk of physical or psychological harm.

Harmful drinking (referring to adults) Levels of drinking at which physical or psychological harm is already occurring.

Alcohol dependence Physical dependence characterised by withdrawal symptoms when the alcohol intake comes to an end. These symptoms include physical tremor, confusion, nausea, agitation, sometimes abnormal mental experiences or epileptic-type fits.

Alcoholism In the past it was believed that alcohol dependence formed a disease entity called alcoholism. This is now not thought to be a helpful or accurate way of looking at alcohol problems.

Alcohol addiction Another way of describing an individual with alcohol dependence, who continues to drink to avoid withdrawal symptoms, and who needs to ensure continued access to supplies of alcohol.

