

A close-up photograph of three young people. In the center, a young man with dark hair and bangs is smiling, looking down at a white straw that goes into a drink. To his left, a young woman with blonde hair is also smiling, looking towards the drink. To his right, a young woman with dark skin and hair is smiling, looking towards the drink. The background is blurred.

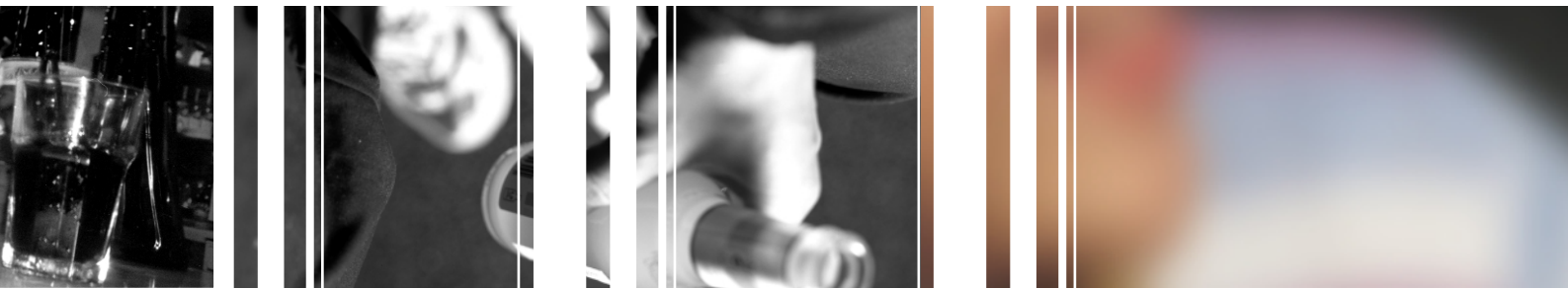
chapter two

action and resources





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introduction

2.1 This chapter:

- gives the recent history of policy on alcohol problems in Scotland;
- defines the purpose and aims of the Plan;
- describes how action will be resourced.

Recent policy on alcohol problems

- 2.2** Government policy in Scotland in the 1990s acknowledged problems with alcohol as a public health issue and targets were set in the White Paper “Towards a Healthier Scotland” in 1999.

Headline target

- To reduce the incidence of adults exceeding weekly sensible drinking levels from:
- 33% to 31% for men between 1995 and 2005 and to 29% by 2010.
- 13% to 12% for women between 1995 and 2005 and to 11% by 2010.

Second rank target

- To reduce the frequency and level of drinking from 20% of 12-15 year olds to 18% between 1995 and 2005 and to 16% by 2010.

2.3 A national conference in 1997 “Alcohol Problems: Working Together”, discussed the development of a strategic framework to tackle alcohol misuse. As a result, the independent Scottish Advisory Committee on Alcohol Misuse (SACAM) was set up to advise government on alcohol issues and an action plan to take forward key priorities was produced.

2.4 The Executive committed itself in a debate in the Scottish Parliament in December 2000 to produce, with SACAM’s advice, a national alcohol misuse strategy in the form of a Plan for Action. This document fulfils that pledge.

2.5 The Executive has also set up an independent Committee chaired by Sheriff Principal Nicholson to review licensing law. The Committee’s terms of reference are:

“To review all aspects of liquor licensing law and practice in Scotland, with particular reference to the implications for health and public order; to recommend changes in the public interest; and to report accordingly.”

The licensing review will complement the overall strategic approach in this Plan to addressing alcohol problems (see also chapter 6 below).

Overall purpose and objectives

2.6 Chapter 1 and Appendix 1 set out some of the main problems with alcohol. The action in this Plan will make a difference to all of these.

2.7 As suggested by the summary of evidence:

The overall purpose of the Plan is to reduce alcohol-related harm in Scotland.



2.8 Within the overall purpose, the Executive agrees with the specific aims also proposed in the summary of evidence. The action in this Plan is geared to meeting these aims. Alcohol problems require a long-term approach and it would be unrealistic to claim that results will be seen quickly in all aspects of the Plan. As the summary of evidence suggests:

“... this Plan [is] one stage in a long-term commitment to changing attitudes, behaviours and outcomes rather than a quick fix. Some of the action may take many years before the effects are apparent.”

In the shorter term, aims are:

- To raise awareness of alcohol problems in Scotland.
- To promote a social environment, policy context and legislative framework (acknowledging the role of the review of licensing law) which will support the overall purpose of the Plan.
- To recognise the links to other areas of work and encourage initiatives which will tackle the causes and effects of alcohol problems.
- To start to change unhelpful perceptions of, and attitudes to, alcohol in Scotland, offering realistic options and alternatives.
- To promote clear and consistent messages relating to alcohol problems.
- To improve awareness of sources of help and support with alcohol problems.
- To provide equitable, accessible and inclusive services to address the needs of those who experience problems with alcohol and those affected by others' alcohol problems.
- To develop an appropriate structure to deliver the Plan locally.
- To foster accountability for delivering results.
- To improve knowledge and information about alcohol problems.
- To develop training and support for those involved in implementing the Plan.

In the longer term, aims are:

- To reduce consumption of alcohol by some groups within the population, whose drinking gives particular cause for concern.
- To reduce harmful patterns of alcohol consumption.

- To reduce specific risks relating to alcohol consumption, such as hazards through work or sports.
- To reduce crime, nuisance and fear of crime relating to alcohol.

Priorities and targets

2.9 All the above aims are important and many are inter-related. Delivery of results in this complex area of social policy will take time, however. Priorities are needed for early action. Weighing up the evidence gathered for the Plan and the concerns expressed, the Executive considers that the key priorities in the Plan should be:

- **to reduce binge drinking, because of the harmful social and individual consequences;**
- **to reduce harmful drinking by children and young people because of the particular health and social risks.**

These will require change on the part of individuals, families, communities and society as a whole, as well as action by relevant organisations and agencies.

The key priorities are in line with the broad direction of international policies and agreements on alcohol problems, such as the recent Stockholm Declaration on young people and alcohol. The Executive believes they will meet widespread agreement in Scotland. For example, when System Three sampled attitudes among the general public for us, 92% of respondents said that “alcohol misuse is increasing among young people in Scotland”. Those aged 16-34 thought the same as other age groups.

2.10 The Executive has already adopted national targets for the proportions of adults who drink more than the weekly sensible drinking limits and children’s drinking. The percentage of men exceeding the weekly limit is currently steady, but women, particularly in younger age groups, are drinking more rather than less. Children are also drinking more. We retain the current national targets as a long-term aspiration; in the medium term we want to reverse these upward trends.

2.11 A very large number of factors influence the amounts that people drink, and their drinking patterns. Many of these factors are outwith the control of individual agencies and organisations. We do not want to set further numerical targets in this Plan, because accountability for delivering success cannot be defined clearly. We do, however, identify some key indicators where we can measure progress and where we want to see current upward trends reversed over time:



- Binge drinking.
- Harmful drinking by children and young people. Indicators include the numbers of children who drink regularly, the age at which they start doing so and the amounts they drink. Harmful drinking by children is different to harmful drinking by adults, because of their different stage of development.
- Alcohol-related deaths, many of which are due to chronic heavy drinking.

2.12 As better information is collected about trends and as understanding of what influences them improves, it may become possible to set specific targets, nationally or locally.

Areas for action

2.13 As suggested by the summary of evidence, the Plan groups action to meet priorities and objectives under some broad headings in the following chapters:

- **culture change**, with early action on a national communications strategy to be launched in the first half of 2002;
- **prevention and education**, with early action on drink driving, occupational health and school-based education;
- **providing support and treatment services**, with early action to develop a framework for services;
- **protection and controls for individuals and the wider community**, with early action to strengthen community safety;
- **delivery**, with early action to strengthen local Alcohol Misuse Co-ordinating Committees (AMCCs) and provide training, information and research to support implementation.

What works matters

2.14 Action in this Plan is based on evidence about what works in addressing alcohol-related harm. The Executive commissioned two studies to assist with this:

- “Effective and cost-effective measures to reduce alcohol misuse in Scotland” by the Health Economics Research Unit (HERU) at the University of Aberdeen and others;
- a review of international experience of what works and what is relevant to Scotland.

These are being published separately. Both studies suggest that no one type of action is likely to reduce alcohol problems on its own. A mix of action is needed to influence culture, individual attitudes and behaviour.

2.15 Policy approaches to alcohol-related harm, in various countries and at various times, can be seen as divided between efforts to address overall consumption levels within the population, and efforts to affect specific harmful drinking patterns. We are aware of the debate in policy, academic and research circles about the respective merits of these approaches. Recent analysis suggests that the relationship between overall consumption and the harm caused to individuals and to society as a whole is very complex. **This Plan sets out a responsible policy mix.** It will include some measures aimed at the whole population: for example a new national communications strategy, and specific measures aimed at harmful drinking patterns, such as the key priority areas of binge drinking and harmful drinking by children and young people. This combined approach is based on what is known about effectiveness. From the Executive's consultation exercises, we believe it will command wide support.

Equality

2.16 There were many suggestions in the consultation exercises about the particular problems and needs of equality groups. Such groups may experience inequality or discrimination because of factors such as race, disability, sexual orientation, language, social origin or religion. As in the Executive's equality strategy, this Plan follows the "mainstreaming" approach in which equality is integrated into policy making, programmes and service delivery. In some cases, action targeted at specific groups is also required and the Plan identifies examples, for instance research with minority ethnic groups, the need for mainstream services to be sensitive and accessible to a range of service users, the need for service providers to take account of the needs of rural communities.

Resourcing the Plan

2.17 In chapter 1, we identified the substantial costs of alcohol problems to Scottish society. Over time, the action in this Plan will reduce some of these costs and allow resources concerned to be used more productively.

2.18 The Executive is aware, from implementing the drugs strategy that it takes time to plan and deliver new and improved services effectively. Capacity to deliver local strategies and plans needs to be enhanced before that can happen.

2.19 The Executive's approach to resourcing this Plan is therefore:

- to provide new resources centrally now, to implement the early action that the Plan identifies as a priority. This includes £1.5m for a national communications strategy to start to change cultures and attitudes surrounding the use of alcohol; additional support for AMCCs to assess local needs and redesign services in the light of the Plan; and developing a national information resource;



- to provide resources for action in a range of other Executive programmes, for example the Health Improvement Fund, Social Inclusion Partnerships, Changing Children's Services Fund, action on homelessness, occupational health and training for staff and managers of services;

It's happening already: the Changing Children's Services Fund is providing resources for Barnardo's Hopscotch Project in Perth and Kinross for more therapeutic work with children affected by alcohol and drug problems and their families. Funding is also going to Shetland Islands Council to employ a worker to support children and young people affected by drug or alcohol use within their families.

- to provide for a framework for support and treatment services for those affected by problems with alcohol, in consultation with all involved;
- to require AMCCs to develop local strategies within the purpose, aims and priorities in the Plan;
- to assess carefully the need for new resources for services, as information about these needs emerges across Scotland;
- to provide additional funding over time for services in the light of other Executive priorities and the resources available.

The following chapters set out in more detail how all this will work.

2.20 The Executive is currently in discussion with the Lloyds TSB Foundation for Scotland about potential funding from the Foundation for a specific area within the alcohol problems services field from 2003-04.

Drugs and alcohol strategies

2.21 There were many comments in the consultation exercises that alcohol problems are a bigger issue for Scotland than drug misuse. This Plan will bring alcohol issues firmly up the agenda.

2.22 We have considered carefully both similarities and differences between drugs and alcohol problems and the strategies required to address them. Links between the two include:

- both sets of problems are influenced by a wide range of overlapping social and cultural factors;
- many children who drink or smoke also try illegal drugs;
- many adult drug users also have alcohol problems;
- some of the same approaches can be used to work with people with drug and alcohol problems.

However:

- alcohol is a legal substance and, used responsibly, is unlikely to cause harm;
- alcohol has a longstanding and valid place in Scottish culture;
- the numbers of people, both using and misusing alcohol in Scotland far exceeds the number using illegal drugs;
- many of the problems that people experience with alcohol and drugs differ considerably, in the effects on individuals and on others. For example, there is a link between problem drug misuse and acquisitive crime, which is not necessarily paralleled in the case of alcohol problems;
- people with drug and alcohol problems may need different types of services.

2.23 The Executive believes it is important that national drugs and alcohol strategies should be separate but complementary. We acknowledge that it may be right to combine local implementation of the strategies through joint Drug Action Team (DAT) and AMCC structures. We say more about this in chapter 7.

2.24 The Executive has already said that where needs do overlap, resources already announced for the drugs strategy may be used for services that address both drugs and alcohol problems.

It's happening already: NHS boards and DATs have recently been asked to include, in their priorities for drug treatment, services that also address clients' misuse of alcohol. Some addiction services run by both NHS boards and local authorities, including some rehabilitation services, address both drug and alcohol issues and will be using new drugs resources for both purposes. The same applies in programmes such as the New Futures Fund and the Changing Children's Services Fund. Drugs education in schools and health promotion and health improvement activities more generally cover all forms of substance misuse: drugs, alcohol and smoking.

