

Cross-Party Group on Substance Use

Date and Time: 18 September 2024

Minute

Present

MSPs

Monica Lennon MSP Co-convenor
Paul Sweeney MSP
Douglas Ross MSP
Gillian Mackay MSP
Carol Mochan MSP

Invited guests

David McCaig, Head of Alcohol Treatment, Scottish Government and James Wilson, Population Health Directorate, Scottish Government, presenting.

Non-MSP Group Members

Alison Douglas	Alcohol Focus Scotland
Amy Shields.	CAPS Independent Advocacy
Simon Holmes	Change, Grow, Live (CGL)
Gordon Winter	Community Pharmacy Scotland
Sarah Scott	Community Pharmacy Scotland
Meichelle Walker	Edinburgh and Lothian Council on Alcohol
Cllr. Anne Hannah	Falkirk Council
Annemarie Ward	FAVOR UK
Douglas Meikle	Scotch Whisky Association
Duncan Stewart	NHS Lothian
Heather Connolly	British Psychological Society
James Rutherford	Phoenix Futures
Justina Murray	Scottish Families Affected by Alcohol and Drugs

Marianna Marquardt Scottish Families Affected by Alcohol and Drugs
Meghan Jones` Scottish Recovery Consortium
Tom Bennet Scottish Recovery Consortium
Kirsten Horsburgh Scottish Drugs Forum
Andrea Mohan University of Dundee

Austin Smith (Secretariat) and Amanda Jane Johnstone (Secretariat and speaker support)

Apologies

Stuart McMillan MSP
Miles Briggs MSP
Jacqui Baillie MSP
Audrey Nicoll MSP
Sue Webber MSP
Sandesh Gulhane MSP
Lesley Ross Glasgow Council on Alcohol

Agenda item 1

Welcome and Housekeeping

Monica Lennon MSP convened the meeting.

Monica opened the meeting and welcomed everyone and expressed sympathies and offered condolences to all who have lost family member, friends and colleagues due to substance use in the light of the recent announcement of the number of drug-related deaths and alcohol-specific deaths in Scotland.

Monica noted that the Minister for Alcohol and Drug Policy, Christina McKelvie, is now on medical leave and that the Group wishes Christina a return to better health and recovery.

Group convenorship and membership

Monica informed the meeting that:

- Stuart McMillan MSP had indicated that he would step back from his Co-convenorship of the Group but would remain a member of the Group.
- Audrey Nicoll MSP intended to join the Cross Party Group.

The membership of James Rutherford of Phoenix Futures was proposed by Justina Murray (SFAD) and seconded by Annemarie Ward (FAVOR UK)

Agenda item 2

Presentations

David McCaig, Head of Alcohol Treatment, Scottish Government.

David's presentation set out policy interventions in response to alcohol harms aimed at preventing such harms.

The latest alcohol specific deaths data shows again the link with poverty, deaths being 4.5 times higher in areas of greater deprivation. Key issue is the underlying health inequality – as people with similar alcohol use behaviours experience different levels of alcohol related harms.

Minimum Unity Pricing – ongoing work to review this and Parliament will discuss on 30 September.

There has been work with retailers of alcohol to improve understanding of MUP and wider policy.

The Public Health Scotland evaluation has been published and is robust. The need is to continue to support evidence development and communication so as to maintain evidence – based policy.

World Health Organisation recommends three focusses for interventions as evidence-based – affordability; attractiveness and availability.

The Alcohol Framework (2018) is now dated in some respects. It had not, for example, anticipated telephone sales of alcohol and a wider shift in culture.

Agenda item 3

Questions and discussion

Monica invited questions and discussion. Douglas Ross MSP asked whether the public would agree that Minimum Unit Pricing had been a success. There were also confused messaging and policy of advertising when the Government proposes further limiting alcohol advertising but promotes Scotch whisky in other contexts.

David McCaig accepted that there were a wide range of opinions on MUP and that it was a matter of legitimate political debate but that the role of his department was to set out and share the facts and evidence that existed. Balancing public health effects of alcohol consumption and support to industry is a judgement in balancing the public health gains of the industry's economic and other contributions.

Douglas Ross also updated the group on progress of the Right To Recovery Bill before having to leave the meeting to attend other business. The Bill is due to be considered by Committee in 2025. It will be considered after the Assisted Dying for Terminally Ill Adults (Scotland) Bill.

Justina Murray, Scottish Families Affected by Alcohol and Drugs pointed out that, again, families had been portrayed as a burden or being an obstruction and that people

can be ill for a range of reasons. There is a need to work with the public re advertising of alcohol which is the focus of much of the public space. Justina noted the work on framing alcohol within public discourse by Naimh Fitzgerald at Stirling University who is working in collaboration with colleagues at London School of Hygiene and Tropical Medicine, London South Bank University, University College London and University of Sheffield and is funded by Alcohol Change. (<https://www.stir.ac.uk/research/hub/contract/1743779>)

David said he took the point of Justina's concern re the portrayal of families and the importance of language. How 'hearts and minds' are engaged in public discussion re advertising will be important in implementing policy on this and alcohol-related matters. We would welcome a discussion on that challenge.

James Wilson, Population Health Directorate, Scottish Government presentation reflected on the evaluation of Scotland's first Managed Alcohol Programme (MAP) and how it may inform future service delivery and research funded by the Chief Scientist Office. (<https://www.stir.ac.uk/research/hub/contract/1841306>)

MAP is not focussed on abstinence but about other measures including reduction in anti-social behaviour.

UK Clinical Guidelines on Alcohol Treatment are now overdue - Office for Health Improvement and Disparities

The residential rehabilitation service expansion of recent years offers a predominance of new treatment to people affected by alcohol use (rather than drug use) and this continues the pre-existing predominance of alcohol patients in these services. ADP funding letters have now been distributed.

Monica thanked James for his presentation and invited questions.

Alison Douglas, Alcohol Focus Scotland, said there had been a lack of focus on alcohol and specifically alcohol-related harms. She dismissed the suggestion sometimes proffered to explain a decrease in the presentations for treatment that people were not presenting for statutory sector treatment because they had gone directly to the third sector. She pointed out the rise in people presenting later in their alcohol use with more complex issues

James suggested that embedding wider public health approaches in preventing and addressing alcohol harms is a political question and the focus of a legitimate debate. Monica asked if the Government what level of funding would be required to reduce deaths.

David said he was unaware of this being done but would take this suggestion back to colleagues. He noted that prevention and work on cultural change was harder to cost than, for example, treatment interventions.

Heather Connolly, British Psychological Society, pointed out that 'psychological reactance' may be at play and that there will be for some people resistant to a public agenda of changing attitudes to alcohol and consumption behaviours. They may be motivated because a 'freedom' is eliminated or threatened with elimination.

The targets for Alcohol Brief Interventions (ABI) have been lost and these offered the potential for early intervention or support to that end.

Cllr. Ann Hannah, Falkirk Council pointed out that there should be a focus on prevention and the dichotomy between acute care and a prevention focus was always a challenge. A broader focus on poverty and deprivation would help. GP capacity for implementation is limited. Deaths in younger people are lower.

James responded that a focus on prevention was indeed required. The workforce, working in multi-disciplinary teams is being explored by University of Dundee (<https://www.dundee.ac.uk/iimpres/research>)

Dental professionals' non-dental contract includes alcohol advice, (due October / November).

Simon Holmes, Change Grow Live, pointed out that NHS interventions are costly and a shift of some budget to the third sector would promote prevention and early intervention agendas.

David responded that that would be a political question for the Minister and others but recognised the significant role of the third sector.

Monica thanked bit the speakers for their contributions and the Group for the wider discussion.

Monica closed the meeting.

Agenda item 4

Date of the Next Meeting

Wed 13 November 13.00-14.30

This meeting will be both the CPG's 2024 annual general meeting and a meeting of the CPG