The response of Aberlour Child Care Trust to the General Principles of the Alcohol (etc) Scotland Bill

Aberlour Child Care Trust warmly welcomes any endeavour by government or Parliament to address Scotland’s dangerous cultural relationship with Alcohol. As such we believe that the Alcohol etc. (Scotland) Bill goes some way to developing positive and workable answers to some of the issues that give rise to the abuse of alcohol in this country. In earlier iterations of the Bill or discussions around the bill, a proposed increase in the off sales purchase age limit to 21 was mooted. Had this been included in the Bill at stage 1, Aberlour would have had to oppose such an increase on the grounds that such a measure would have been difficult to reconcile with current cultural thinking around the rights of young adults in this country, caused further complications around the definition of the age of Majority in this country, and that very little evidence exists to suggest that it would have had any real impact on the levels of alcohol abuse amongst children and young people.

With the removal of a notional increase in the off sale purchase age, Aberlour can lend it’s broad support to the general principles of the bill, but believe that following its successful enactment, additional consideration must be given to a number of specific issues:

- In itself, minimum pricing is unlikely to have a significant impact but must be supported by education, enforcement, public debate, improved access to treatment resources, a focus on families affected and young people and, most significantly, a long term cross party commitment well beyond the life of a parliamentary cycle to tackling Alcohol abuse in Scotland.

- The impact of minimum pricing on the families and children of adults who suffer chronic alcohol dependency must be monitored. Whilst we do not fundamentally oppose the introduction of minimum pricing in Scotland we are concerned that some of those who are chronically dependent on alcohol may put the needs of their now more costly dependency ahead of the needs of their family.

- Action to tackle and build greater awareness of foetal Alcohol Spectrum disorder, including campaigns at purchase outlets, greater support and advice in public sector prenatal care.

- A recognition that drinking earlier in life can increase likelihood of heart disease, diabetes and other related illnesses is needed. This puts younger age groups disproportionately at risk and increases the need for greater education and alternative diversionary activities.
• A greater investment in facilities and the appointment of talented youth workers to lead activities for children and young people at who might otherwise become involved in underage drinking.

• Consideration should be given as to whether the Social Responsibility Levy imposed on Licensees in Pubs and Bars, for the clear up and policing of antisocial behaviour in and around pubs and bars should be extended to off licences, to invest in local programmes working to mitigate the effects of alcohol dependency in the home.

• Identification and replication of best practice in working with families and particularly children affected by parental alcohol misuse to mitigate the effects of chronic alcohol dependency.

We welcome the opportunity to comment on the general principles of the Bill and explore the key points of pertinence for our organisation below.

**Minimum Pricing**

Scotland’s cultural relationship with alcohol must be addressed from a range of fronts, and there is evidence from other countries that the imposition of a minimum price rated by unit of alcohol can have at least a short term impact on the overall consumption of Alcohol. From the start however it must be recognised however that this cannot work in isolation; nor should it be presupposed that any initial impact on the rate of consumption will continue in perpetuity. Instead, if it is to be deployed it must be as part of a suite of measures which address the wider social context of alcohol abuse.

Minimum pricing should not be regarded as a flagship measure in the bill, but should instead be used in conjunction with a raft of measures designed to have a more profound impact on reducing the impact of alcohol including: a real investment in education; enforcement of age verification; improved access to treatment resources and, critically, a focus on supporting and working with families affected by alcohol dependency.

There are many examples of best practice in working with families affected by alcohol dependency exemplified in case studies below. Working with those dependent on Alcohol and their families at the same time when treating the causes and symptoms of dependency can have significant long term benefits. The government should recognise this and work to identify best practice and support the roll out of such services on a national basis.

Finally the impact of minimum pricing on spending behaviours should be closely monitored. Whilst there is no real research in this area that would be applicable to Scotland, a potential impact of increasing the cost of alcohol could be an adverse impact on the disposable income of a family where dependency is so chronic, that the needs of the family are secondary to those of the dependency. In short for some, as it becomes more expensive to drink, the standard of living of the dependents around them may decrease as more
money is diverted to the purchase of alcohol. If a minimum pricing system is to be adopted then some consideration and even allocation of resources for meaningful research in this area should be considered.

**Building awareness of Foetal Alcohol Spectrum Disorder**

One of the most significantly harmful affects of alcohol consumption can be that on the unborn child. Awareness of this life long condition is still very slight within the community yet the impact on the life of a child affected and their family can be very large indeed. Arguably the Bill represents something of a missed opportunity to put the provision of education and awareness raising around this issues on a legal footing.

Much in the same way that the sale of tobacco is now universally accompanied by graphic and informative educational messages and pictures, we would contend that an argument could be made particularly in off licences, for some provision to be made for educational messages around foetal alcohol spectrum disorder in terms of posters or even bottle labelling.

Similarly there are many examples of organisations working with pregnant mothers from social backgrounds where awareness of the affects of alcohol on the unborn child is very slight. Identification of best practice and additional support for such interventions is also needed.

**Underage Drinking:**

When the Alcohol (etc) Bill was first mooted, an increase in the off sale purchase age was considered as an option to curtail underage drinking in Scotland. As we have already articulated, Aberlour had several difficulties with such a measure, due to our belief that it impinged on the rights of young adults whilst being largely unproven as a tool for significantly reducing underage drinking. As such we were gratified when it was not included in the first iteration of the Bill. Underage drinking remains a critical problem in Scotland’s cultural relationship with Alcohol and the Bill does improve provision for the verification of age in off licenses.

Arguably however, the government must also consider this particular problem in a far more sophisticated manner, looking beyond punitive measures for curtailing the purchase of alcohol by minors. The Government’s own alcohol strategy went some way to recognising the need to address the fundamental reasons why so many young people choose to spend their time drinking in the community. Aberlour actively engages with young people who engage in underage drinking in the Govan and Pollock areas of Glasgow through our Youth Point service. Primarily designed to reduce gang violence in that area of the city, our workers work with young people on the streets around they with on those evening which have been most identified as problematic when alcohol is a factor. Using conflict resolution techniques and alternative diversionary activities such as late night football, a youth café and various workshops such as animation, our workers offer those young people an
alternative to alcohol which is readily taken up and in turn leads to a marked
down turn in antisocial behaviour and violence.

The government should look to such interventions as a way forward in
addressing underage drinking and realise that provision of capital facilities
and equipment for diversionary activity is only one part of offering young
people an alternative and that actually, well trained youth workers who are
willing to work with young people in a detached or more formally organised
capacity is arguably more important to ensuring the up take of such
opportunities.

Social responsibility levy

Aberlour welcomes provision within the Bill for Ministers to introduce a Social
Responsibility Levy on certain license holders, under the terms of the Civic
Government (Scotland) Act 1982, the proceeds of which would then help to
pay for the clean up and policing of the adverse affects of the operation of
these pubs and bars, (i.e antisocial behaviour and criminal damage etc).

We would suggest that the government consider a similar levy for off licenses.
The proceeds of such could be used to invest in services which work to
mitigate the effects of alcohol misuse in the home and potentially to offer
diversionary activities to young people who might otherwise drink underage.

Identification and replication of best practice

If we are to truly address Scotland’s unhealthy cultural relationship with
alcohol then we must do so in a holistic and sophisticated manner from a
range of fronts. There are many services operating in both the public and
voluntary sector, working both to reduce consumption of Alcohol, raise
awareness around its effects and to mitigate against those effects both in
homes and in the community. The government should work with partners in all
sectors to identify what works in terms of best practice and reflect the work
that these organisations performs in national outcomes defined in any future
iterations of the concordat.

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20 January 2010
Appendix A

Case Studies:

The Case studies below are real, but anonymous, they reflect the impact of Alcohol misuse on families and particularly children and the proactive work undertaken by our organisation to offer assistance to the families in question and to obviate the effects of dependency they suffer.

Case Study 1 (Aberlour No. 1, Glasgow)

Prior to admission to the No 1 residential service, Mary had been using alcohol and drugs each day. Her children, Amy (18 months) and Peter (11), had been living with her until three months before her admission. Social Work Services removed them from Mary’s care after a neighbour reported that Amy was being left in Peter’s care.

Amy had been regularly left in her cot unattended for long periods and was frequently unfed. Mary struggled to interact with her when she was under the influence of drugs or alcohol. Amy’s language skills were underdeveloped and she was unable to walk unaided. Peter often did not attend school as he was worried something would happen to his mother or sister. When he did attend, he found being so far behind frustrating and sometimes responded aggressively. This often resulted in Peter being excluded from school. Peter had few changes of clothing and his appearance was often unkempt. He was frequently bullied by his peers and had few friends.

Mary experienced domestic abuse from the children’s father who sometimes lived there and both children were witness to this. There was often no food in the home as the benefits Mary received were spent on her substance use. Mary was also involved in prostitution and would sometimes bring men to the family home at night.

Mary moved into the No 1 Service initially by herself and the children came on contact visits. The family were allocated a Family Worker and a Children’s Worker. The Children’s Worker spent time developing supportive relationships with Amy and Peter and began to help both express their feelings. Therapeutic sessions involving both Mary and her children, supported Mary to understand her children’s behaviour and needs and helped her to interact with them. The Children’s Worker worked with Peter to develop problem solving skills and ways to cope with anger and conflict to make school easier.

The Family Worker supported Mary with the process of detoxification and then through the therapeutic programme. The use of grounding techniques were central to the early stages of Mary’s programme as these enabled her to cope with the emergence of painful feelings without resorting to illicit substances. Parenting interventions to support Mary to enhance her understanding of her children’s needs and to develop strategies to respond to these were delivered in tandem with practical parenting support. Group and individual work was
delivered in relation to dependency and Mary was supported to explore underlying issues and to identify and develop strategies to minimise the risk of future use. A central theme throughout all interventions involved supporting Mary to identify the harm caused by her substance use.

Mary had access to art therapy throughout the programme and used this therapy along with support from her allocated Family Worker to address the issue of domestic abuse on herself and her children.

The No 1 Service provided detailed comprehensive assessment reports detailing risk each month and arranged and chaired reviews which involved the children’s Social Worker and Mary’s Addiction Worker. Eventually Amy and Peter were returned to Mary’s care. The Children’s Worker was then able to work intensively with the family and arranged family sessions with the children alone and with their mother in order to address family relationships. The Family Literacy Worker also supported the family, helping Mary to develop the skills to support Peter to remain in mainstream schooling. Literacy and ICT support enabled Mary to help Peter with his homework and to read to Amy as well as encouraging her to apply for college courses. Mary was supported to identify appropriate activities for both children and her as well as community resources they could access as a family.

Mary was abstinent when she left the service and Peter was attending school each day. Amy had met all developmental milestones. The service supported the family to return to the community and worked in partnership with Social Work Services and the Outreach Team to ensure adequate supports were in place to ensure that Mary was able to sustain the positive changes she had made.

Case Study 2 (Aberlour Outreach Glasgow)

Cathy self-referred to Aberlour Outreach when her son Paul was 5 months old. She had a leaflet for our service that had been given to her during her ante-natal care.

Cathy was an alcohol user, who had problematic periods of binge drinking. Cathy and Louise, her Aberlour worker, developed a care plan working together on dependency, parenting and accessing local resources for Cathy and Paul. Cathy engaged well and did not use alcohol for months, until returning from visiting a relative in England. An incident occurred while Cathy was under the influence of alcohol while with Paul. This resulted in the police alerting Social Work. Cathy had no Social Work involvement at the time, so a Social Worker from the local area team was allocated to complete a background report for the Children's Hearing System. On receiving the report, the Children’s Reporter decided no further action was necessary as Cathy was by now working well with services to improve her and Paul’s lifestyle. It was at this time that Cathy decided to refer to Aberlour’s residential rehabilitation service to address her drinking problem.
Louise and Cathy commenced a pre-admission care plan and worked towards admission for Cathy and Paul; however, after visiting the Project and an admission date was established, Cathy decided to withdraw her referral and to continue using community-based supports instead. Louise and Cathy secured a nursery place for Paul, accessed groups and college courses for Cathy and continued to work on dependency issues, until the case was closed late last summer.

Cathy sent a Christmas card to the project with a letter enclosed stating she had not used alcohol for over a year and after completing a college course is now providing training on Confidence Building and Self Esteem through a Women’s Development Project. The letter also stated that Paul, who is now nearly 2 years old, is walking and talking and generally thriving at nursery.

**Case Study 4 (Aberlour Outreach Dundee)**

Mother of five children aged 48 (three of whom stayed at the parental home), the two eldest had accommodation of their own. Family was referred in July 2009 from an Education Welfare Officer and the issues upon referral were as follows:

- Caring responsibilities for eldest sibling (living in the family home)
- Recent sudden loss of Father/Husband, he had died very suddenly in January 2007.
- Bereavement issues for all the family (they were a very close family).
- Mother’s alcohol use had become problematic and was having an increasingly negative impact upon all of the children and her.
- Mother was very vulnerable in local community due to large amounts of money coming into her possession and she was taken advantage off from unscrupulous neighbours, especially while using alcohol.

Between July and December 2007 the situation within the family home deteriorated and the mother’s alcohol use increased to a problematic level.

The mother’s alcohol use was daily and ranged from 1 bottle of vodka per day to 1 litre per day. The family were at increasing risk from fire within the family home and when their mother was at her lowest ebb the children were verbally and emotionally abused.

The mother came into a substantial amount of money which paid off the mortgage and other debts. Within a few months almost £20,000 was spent with a total of £12,000 being loaned to neighbours in the local community.

The family home become more chaotic and the overall conditions within deteriorated. The physical and emotional health of the mother became concerning and this was distressing for the children.

We tried to support the mother to access local alcohol services and she was placed on a waiting list for almost six months. The mother also attended some AA meetings which she initially found supportive.
In January 2008 the two youngest children aged 10 and 12 were placed in voluntary care with a neighbour and this placement lasted April 2008.

One of the main reasons they were moved was that the neighbour’s home was very close to the family home. It was difficult for the children and their mother to stick to agreed boundaries regarding contact. It also gave the mother an excuse at times to continue drinking knowing that her neighbour would take charge of the situation, thereby absolving her of any responsibilities to begin addressing her alcohol problem.

A children’s hearing took place on the 20th of February and they were placed on a Section 70 order making them subject to compulsory measures of supervision from the Social Work Department.

The eldest sibling living in the family home was aged 15 at the time and she was not placed under compulsory measures of supervision. It was agreed to provide Social Work support under Section 22 (voluntary measures).

During this period supervised contact was twice weekly at a local centre and at times the mother did not attend due to being under the influence of alcohol or feeling too depressed to see her children.

This caused additional distress for the children who felt constantly let down by their mother’s lack of motivation to see them.

The children were then moved to SWISS Foster Carers which is a highly thought of private foster care firm.

After the children were placed with SWISS foster carers there was a gradual shift in the mother’s motivation to address her alcohol problems. However, there were also concerns raised by the Social Work Department about the amount on young people coming into the family home. Parties were held in the family home organised by the eldest sibling and with the blessing of her mother.

This was upsetting for the children who were concerned about who was entering their home and sleeping in their bedrooms. The mother, with support had to agree this was not acceptable behaviour and was advised this behaviour would impact upon any rehabilitation plan.

By the summer of 2008 the mother had decided to stop drinking and this came about through a variety of reasons. Bereavement hit the family in June with the loss of the maternal grandfather. The mother had a very good relationship with her Dad and she wanted to try and change out of respect for him. The mother also felt her children had lost enough and she became determined to stop drinking and work towards getting her children returned to her care.
In July 2008 the Tayside Alcohol Problems Service offered an appointment and we had referred the mother to specialist counselling. These services came on board and alongside Aberlour, supported the mother to sustain the changes she had begun.

The family had initially been offered bereavement counselling together prior to Aberlour being brought in although due to the mother’s alcohol use the family did not attend.

For the next few months the mother’s motivation and determination grew as did her confidence. We continued to offer weekly support and encouraged the mother to keep up the good work.

The mother also began to take real control of her health and sought appropriate support from her G.P. A major turn around came when some genuine health fears were dealt with and the mother felt she had been given a second chance.

This level of commitment to address health issues has continued and a recent scare regarding breast cancer was dealt with.

A major source of frustration for the mother was the lengthy delays regarding the rehabilitation plan drawn up by the Social Work Department. It did take a long time for contact arrangements to be changed and this was despite the clear evidence that this mother had made and sustained effective positive changes.

However, throughout all of these frustrations the mother did not lapse back into using alcohol to cope and she demonstrated insight into her difficulties.

The mother entered an in-patient treatment programme prior to Christmas 2008 provided by the Alcohol Problems Service. However, this was of no benefit to her as she had already made changes regarding her use of alcohol and was utilising her own coping strategies regarding cravings and triggers to use.

Once the mother began to take control and responsibility for her alcohol use she was able to open up about her past relationships and use of alcohol.

The counselling enabled the mother to come to terms with her feelings regarding her late husband who was controlling and abusive. She also came to terms with her previous husband/partners all of whom had controlled her in some fashion.

The children were returned to their mothers care in February 2009 and this has been going well. There are sufficient supports in place for the family and the children remain under Section 70.
There were many times when supporting this family that I genuinely believed the mother’s alcohol use would cause her death by liver failure or an accidental trauma.

The emotional pain and guilt this mother endured was profound and despite the darkest moments this family experienced there was never any doubt of the love they had for each other.

The mother had to re-learn certain aspects of parenting and this is still ongoing. The children were supported to have a voice and to let their mother know what they wanted in a safe and secure manner.

The family received a variety of supports from a dedicated array of professionals whose main goal was to have this family back together again.

It has been an absolute pleasure working with this family and supporting them through many difficult times. It is great to see them back together and as a service there is nothing more we can do for them. Aberlour Outreach will be looking to close the family soon as it is time for them to move on.