



Tackling harm from alcohol

Alcohol policy priorities
for the next Parliament

March 2021

ALCOHOL
FOCUS
SCOTLAND

**“ It’s all around
you all the time. ”**

Member of Children’s Parliament

CONTENTS

The unjust and unacceptable cost of alcohol	2
Prevention is possible	3
Restrict alcohol marketing	4
Mandate alcohol labelling	6
Increase the price	8
Control availability	10
Provide Support that saves lives and promotes recovery	12
References	14

THE UNJUST AND UNACCEPTABLE COST OF ALCOHOL

Every day in Scotland, 10 people die and over 100 people are hospitalised due to alcohol.¹

Around a quarter of adults in Scotland drink more than the Chief Medical Officers' low-risk guidelines, meaning that at least one million of us are putting our health at risk due to our drinking.²



Alcohol harm costs Scotland an estimated £3.6 billion a year, including £267 million in costs to the NHS.

Alcohol is a leading risk factor for death, disability, and ill health in Scotland.³ It causes over 200 health conditions and diseases such as liver cirrhosis, cancer, heart disease and stroke,⁴ can affect our mental health and contributes to the breakdown of families and relationships. Parental drinking was a concern identified for 22% of children on the child protection register in Scotland in 2019⁵ and 17% of children live with a parent who drinks at harmful levels.⁶

It is unjust and unacceptable that those of us who experience the greatest inequalities suffer the most. People in our poorest communities are seven times more likely to be admitted to hospital⁷ and over four times more likely to die due to alcohol than those in our most affluent areas.⁸

Our problems with alcohol mean that we did not go into the COVID-19 crisis fighting fit. Alcohol's effect on the immune system also increases the risk of contracting the virus and of adverse health outcomes.⁹ The pandemic and the associated restrictions have polarised drinking patterns; around one million people in Scotland reported drinking more than usual during lockdown, with those who were already drinking at heavier levels more likely to have increased.¹⁰

Throughout 2020 we have been encouraged to alleviate pressure on the NHS. Alcohol has been estimated to cost NHS Scotland £267 million every year.¹¹ Around a quarter of major trauma injuries in men involve alcohol¹² and alcohol was a factor in nearly 90,000 ambulance call-outs over the past five years.¹³

PREVENTION IS POSSIBLE

Legislation approved by previous Parliaments has had a positive effect on reducing alcohol consumption and harm, but as we prepare for recovery from the pandemic we need to renew our efforts.

Scotland can continue to lead the way with our progressive whole population approach to alcohol, founded on protecting and promoting the right to health. The evidence to date from the evaluation of minimum unit pricing (MUP) shows that the right policies can help change Scotland's drinking culture. As we approach the 10th anniversary of the Christie Commission, prevention and reducing inequalities must be at the heart of Scotland's recovery.

Addressing the price, availability and marketing of unhealthy products is essential to reducing the harm they cause. This has been accepted for decades on tobacco,

with significant success. Minimum unit pricing and multi-buy restrictions have shown regulation works for alcohol too. For those who need it, easy access to treatment and support is an essential part of their recovery. However, more than ever we need preventative alcohol policies that save and improve lives and reduce demand on our NHS.



**Minimum unit pricing
reduced off-sales by
3.5% in the first year of
operation.**

We are calling on all candidates and parties to commit to

- Take action to restrict alcohol marketing**
- Mandate nutrition and health information on alcohol labels**
- Address the low-cost of alcohol**
- Tackle the easy availability of alcohol**
- Provide support that saves lives and promotes recovery**

RESTRICT ALCOHOL MARKETING

open your
world...




RECOMMENDATION

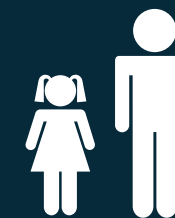
Introduce an independent system of marketing regulation to protect the vulnerable, particularly children and young people. This should include restrictions on outdoor advertising, sport and event sponsorship and digital media.

The United Nations (UN) Convention on the Rights of the Child means that every child has the right to be treated fairly, to be heard and to be as healthy as possible. The UN Committee on the Rights of the Child also affirms that corporations hold duties to respect and protect children's right to health. However, the way alcohol is marketed currently prevents these rights from being fully realised in Scotland.

Children have told us they see alcohol all around them, all the time. They notice alcohol in advertising campaigns, the

media, sponsorship of sporting and other events, as well as on TV and online. Work from Alcohol Focus Scotland and Children's Parliament found that 9-11 year olds had extensive awareness and knowledge of alcohol branding and advertising.¹⁴ This is hugely concerning as growing evidence shows that exposure to alcohol marketing is a cause of drinking onset and binge drinking among young people.¹⁵ Our children have the right to play, learn and socialise in places that are free from commercial pressure to drink but weak regulatory systems are failing to protect them.

Alcohol companies invest billions of pounds a year in marketing their products,¹⁶ aiming not only to increase market share but also to increase consumption, target heavy drinkers and recruit new drinkers.^{17 18} To counter this, the World Health Organization (WHO) has encouraged countries to implement comprehensive controls on alcohol marketing.



Children were more familiar with certain beer brands than leading brands of biscuits, crisps and ice cream.¹⁹

“ The Champions League sponsor is [brand name]. The logo is green and black. At the start of the match, they announce the sponsor and you can see the adverts all over the stadium. ”

Member of Children's Parliament

MANDATE ALCOHOL LABELLING





RECOMMENDATION

Mandate nutrition and health information on alcohol labels to enable people to make informed and healthier choices.

Only 17% of people in Scotland are aware of the Chief Medical Officers' low-risk drinking guidelines²⁰ and most people (55%) are not aware that alcohol can cause cancer.²¹ Providing information via labels is a key way for people to access health information and advice at the point of sale.

Recent research showed that more than 70% of labels did not include the low-risk drinking guidelines despite the industry reaching a voluntary agreement with the UK Government to do so.²²

The same study showed only one out of 424 products displayed a health warning. Drinks were also unlikely to provide other key information, such as ingredients and calories – information which is mandatory for all other food and non-alcoholic drinks.

Continuing to allow the alcohol industry to decide what goes on alcohol labels will only keep people in the dark about what is in their drink and the risks of drinking. Labelling requirements for alcoholic drinks must be set out in law and compliance monitored and enforced.

70% of labels did not include the low-risk drinking guidelines.



“ I think [health warnings are] more effective than asking people to please drink responsibly. It's outright saying this can damage your health, and if it can break through to people I think it's worth it. ”

Focus Group Participant²³

INCREASE THE PRICE



 **RECOMMENDATION**

Raise the minimum unit price for alcohol to reflect price inflation and to optimise the effect of the policy in reducing alcohol harm. Link future price increases to inflation or the retail price index.

Scotland led the world with the introduction of minimum unit pricing (MUP) in 2018. The independent evaluation so far shows that the pioneering policy is delivering the intended effect with a reduction of 3.5% of total off-trade alcohol sales in Scotland in the first year of operation.²⁴ It is particularly encouraging that it is poorer, heavier drinkers – who are more likely to become ill or die due to alcohol use – that have cut down most. In addition to having the intended effect on consumption, it looks like we are starting to see this translate into health benefits with 10% fewer deaths from alcohol in 2019 – the first full year of data – than in 2018.²⁵

However, the benefits of the 50p per unit minimum price are likely to have been eroded due to inflation during the eight years that have elapsed since Parliament passed the Alcohol (Minimum Pricing) (Scotland) Act 2012. Now is the time to review and raise the minimum unit price, and to commit to index-linking going forward, to ensure we maximise the benefits of this life-saving policy.

 **RECOMMENDATION**

Establish an alcohol harm prevention supplement on alcohol sold in the off-trade, to offset the costs of alcohol to our communities.

When MUP was approved it was estimated that off-trade revenue would increase by over £40m per annum as a result.²⁶ The Parliament agreed that rather than retailers retaining any increased profits these should help offset the significant costs faced by our NHS, police and local authorities in dealing with alcohol-related harm.



Over 70% of the public are either neutral or in favour of MUP, with support for the policy having grown over time.

Public attitudes to Minimum Unit Pricing for alcohol in Scotland²⁷

The increase in off-sales during lockdown with the closure of pubs, bars and restaurants is likely to have resulted in higher retailer revenue. A new alcohol harm prevention supplement should be established so that retailers who profit from the sale of alcohol contribute to the costs of prevention, treatment, and enforcement.

CONTROL AVAILABILITY





RECOMMENDATION

Hold a national conversation to inform the development of a national availability strategy to reduce health and social harm.

The widespread availability of alcohol in Scotland makes it easy to obtain and gives the message that drinking is a normal part of everyday life. Licensing boards currently approve around 97% of licence applications each year,²⁸ and with enough alcohol sold for every drinker to exceed the Chief Medical Officers' low-risk guidelines by 63% on every week of the year,²⁹ more clearly needs to be done to limit the availability of alcohol in Scotland.

The vast majority of alcohol currently purchased in Scotland is sold in the off trade, with 73% of alcohol sold in shops and supermarkets prior to the pandemic.³⁰ Cheap, off-trade alcohol has helped to drive the significant increase in total

alcohol consumption in Scotland seen since the 1980s. Emerging trends such as online purchase and one-hour, chilled delivery, are likely to increase impulse purchase. We need to understand what people think about the role of alcohol in their communities. We also need licensed premises to be required to provide alcohol sales data as a condition of their licence. This will inform a national strategy on alcohol availability that is focused on building safer and healthier environments.



RECOMMENDATION

Review and improve public participation in the licensing system to ensure it better meets the needs of local communities.

The licensing system ultimately exists to serve the public interest, and therefore must be accountable to local communities. In practice people find the system opaque and difficult to access. An evaluation of the implementation of the Licensing (Scotland) Act 2005 found a lack of compliance with the provisions that aim to provide accountability and transparency in the licensing system.³¹ Local licensing forums, which could play an important role, have faced numerous challenges including a lack of support and resources. A review of public participation in licensing is required, including the role of forums.

“ The public are not present or talking at licensing boards, there is a lack of representation ”

Community Member,
Licensing Consultation Event³²

**PROVIDE SUPPORT
THAT SAVES LIVES AND
PROMOTES RECOVERY**




RECOMMENDATION

Ensure people have timely access to quality, rights-based treatment, which is informed by research into the level of need and evidence of effectiveness in supporting people in their recovery.

Everyone has the right to health, and effective healthcare, and support for alcohol problems is a key part of this. In a country with a long, unhealthy relationship with alcohol, we need to ensure that people can get effective support that facilitates their recovery, wherever they live in the country.

Before the COVID-19 crisis, alcohol services were already stretched, with a 2014 report suggesting fewer than one of four people with alcohol dependence were accessing treatment.³³ Increases in high levels of drinking during the pandemic are likely to increase the need for support.

It is vital that anyone with an alcohol problem, or at risk of developing one, has good access to treatment and recovery services, wherever they live and whatever their circumstances. Up-to-date and accurate understanding of the need and the demand for alcohol services, along with increased and improved data on outcomes for those receiving treatment and support, is essential to inform planning and investment in support services.



People living in our most deprived communities are 7 times more likely to need hospital treatment and over 4 times more likely to die because of alcohol.


RECOMMENDATION

Encourage investment in preventative, early-identification services as part of a whole systems approach to alcohol treatment and care.

Scotland has a significantly higher alcohol death rate than England or Wales.³⁴ These deaths are preventable.

The earlier people are identified and offered support, the less likely they are to develop a serious alcohol problem that could damage their health or cost their life.

Local areas should systematically analyse the circumstances and contributory factors leading to alcohol deaths to identify key opportunities to offer help earlier to those at risk. This intelligence should be used to inform planning and investment in preventative, early identification and joined-up alcohol services, to help support people into recovery sooner.

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ALCOHOL FOCUS SCOTLAND

 166 Buchanan Street, Glasgow G1 2LW

 0141 572 6700

 enquiries@alcohol-focus-scotland.org.uk

 www.alcohol-focus-scotland.org.uk

 [@alcoholfocus](https://twitter.com/alcoholfocus)

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