

Scottish Parliament Debate *S4M-13358: Making Progress on Changing Scotland's Relationship with Alcohol

Key points:

- A continued strategic approach to changing Scotland's relationship with alcohol is necessary to achieve a long-term reduction in alcohol harm.
- The current alcohol strategy 'Changing Scotland's Relationship with Alcohol' is to be commended for its strong emphasis on evidence-based policies, and in particular on preventative interventions. Such interventions are likely to have a beneficial impact on health and wellbeing right across the population, but in particular will be of benefit to those impacted by health inequalities.
- To achieve a vision for Scotland where alcohol is no longer a major cause of health or social harm, continued implementation of the alcohol strategy must focus on:
 - ❖ Evidence-based measures that support early intervention and prevention, in particular action on price and availability.
 - ❖ Creating health-promoting communities where citizens play an active role, through ensuring the licensing system supports meaningful community involvement and is accountable and responsive to the communities it serves.
 - ❖ Creating a Scotland where all children experience an alcohol-free childhood, including taking action to address young people's exposure to alcohol marketing.
 - ❖ Achieving health equity, through prioritising measures likely to have most benefit on the most disadvantaged communities.
 - ❖ Embedding Scotland's alcohol strategy across national and local structures and priorities.

1. Background: why Scotland needs an alcohol strategy.

Over the past few decades Scotland has experienced a rapid rise in health, social and economic harm linked to alcohol use. As alcohol has become more affordable, available and promoted, more people are drinking greater amounts of alcohol and more often. Levels of harm have increased significantly as the amount of alcohol drunk by the population has gone up.

Despite recent declines, alcohol consumption and harm remain at historically high levels, with alcohol sales 17% higher and alcohol-related mortality 75% higher than in England and Wales.ⁱ The negative impacts of risky and harmful drinking are felt across our families, communities, public services and economy:

- 300% increase in alcoholic liver disease mortality over the past 30 years in Scotland.ⁱⁱ
- 1 in 2 people in Scotland report having been harmed by someone else's drinking.ⁱⁱⁱ
- Up to 51,000 children in Scotland live with a problem drinker.^{iv}
- 45% of prisoners in Scottish jails were drunk at the time of the offence.^v
- Alcohol costs £3.6 billion a year in health, social care, crime, productive capacity and wider societal costs, more than the entire education budget.^{vi}

Reducing alcohol harm in the long-term requires a wide range of actions involving many organisations, professionals and individuals, working at both national and local level. An alcohol strategy, with clear aims and objectives, is vital to ensuring our efforts are coherent, coordinated and evidence-based. A national alcohol strategy, drawn up in consultation between the legislature and broader civic society, also acknowledges the primary responsibility of governments and policy-makers in protecting their populations from alcohol-related harm. Many of the key drivers of excessive alcohol consumption and

harm arise from the environment in which people live and are outwith the control of any one individual. Government and public authorities have a critical role in implementing public policies to minimise alcohol harm in the collective interests of society; and particularly in respect of vulnerable groups including children and young people, people who have become dependent on alcohol, and the many people who are harmed by someone else's drinking.

2. Progress on Changing Scotland's Relationship with Alcohol

Alcohol Focus Scotland welcomed the introduction in 2009 of the Scottish Government's alcohol strategy 'Changing Scotland's Relationship with Alcohol – a Framework for Action'. The strategy adopted a multi-faceted approach and incorporated evidence-based interventions with the highest level of effectiveness for reducing alcohol harm, including regulation of price and availability, drink-driving laws, and brief interventions for harmful and hazardous drinkers.

Considerable progress has been achieved since 2009, including: Scotland has passed legislation introducing a minimum unit price for alcohol; banned irresponsible multi-buy off-sales promotions; reduced the drink drive limit from 80mg to 50mg per 100ml of blood; and delivered over 300,000 brief interventions in a range of settings.

The pursuit of such approaches has positioned Scotland as a world leader in the promotion of evidence-based, public health-orientated alcohol policies. In recognition of this, Scotland has been selected as the venue for the next Global Alcohol Policy Conference in October 2015, co-hosted by Global Alcohol Policy Alliance (GAPA) and Alcohol Focus Scotland.

Evaluation of Scotland's alcohol strategy (undertaken by NHS Scotland)^{vii} has documented a welcome drop in alcohol consumption and morbidity and mortality over the past few years. Although the economic downturn and loss of disposable income are attributed as accounting for a significant proportion of the reduction in consumption levels and harm, elements of Scotland's alcohol strategy, such as the ban on multi-buy discounts, have been demonstrated to have contributed to the improved situation.

Nevertheless, there is a critical need for continued action to maintain momentum and ensure the gains achieved so far are built upon.

3. Future action – towards a Scotland where alcohol is no longer a major cause of harm

For Scotland to become a country where alcohol is no longer a major cause of health or social harm, Scotland's alcohol strategy should focus on the following priority areas:

(a) Reducing alcohol harm through early intervention and prevention: As in other areas of health and social policy, an early intervention and prevention approach is far more effective and cost-effective in the long-term reduction of harm. Scotland's alcohol strategy should continue to prioritise effective, preventative interventions to reduce and minimise alcohol harm in the long-term. The weight of evidence from around the world supports the conclusion that approaches that target everyone's drinking, such as restricting the affordability and availability of alcohol, are significantly more effective in reducing alcohol-related problems than measures which seek to regulate individual behaviour, such as education. We fully support the implementation of a minimum unit price for alcohol. Making alcohol more expensive is the most effective way of reducing the harm caused by alcohol and we call on the Scotch Whisky Association to drop its legal challenge which is delaying the implementation of this life saving piece of legislation. There should also be continued emphasis on controlling the availability of alcohol through ensuring effective implementation and enforcement of licensing regulation.

(b) Creating health-promoting environments where communities play an active role: The conditions and social circumstances in which people live, work and age have a determining impact on whether they will live long and healthy lives or not. Physical environments as well as individual factors shape health behaviours such as alcohol consumption. To be successful, any alcohol strategy must address the way in which local environments can enable or constrain drinking behaviour.

Local environments should exert a positive rather than negative influence on health and wellbeing and community members should be to play an active role in shaping the environment in which they live. Recent changes in licensing legislation have given communities a greater say in licensing decisions. However, to enable communities to become meaningfully involved, action needs to be taken to make the licensing process and structures more accessible and transparent. Licensing boards must become more accessible, accountable and responsive to the communities they serve.

Further, there is a significant relationship between density of alcohol outlets and alcohol-related deaths, hospitalisations and other alcohol problems. Scottish neighbourhoods with the highest number of licensed premises have been found to have alcohol-related death rates more than double those areas with the fewest outlets.^{viii} In deprived areas there are 40% more places to buy alcohol than in more affluent areas. Licensing boards should acknowledge their primary role in managing the availability of alcohol to promote the licensing objectives, and give proper deference to public health in relation to competing economic interests. The commitment from the Scottish Government to introduce a Stage 3 amendment to the Air Weapons and Licensing (Scotland) Bill on annual reporting by licensing boards is to be welcomed. To ensure licensing boards are fulfilling their public interest purpose and meeting their statutory obligations, action should be taken to review how accountability in the licensing process can be further improved.

(c) Ensuring all children in Scotland experience an alcohol-free childhood

An alcohol-free childhood is the healthiest and best option for children and is key to protecting their future health and wellbeing. Achieving this aim requires the implementation of policies that will protect children and young people from a range of risk factors, including alcohol marketing and other people's drinking.

Effective alcohol policies should be put in place to restrict the amount of alcohol marketing children are exposed to. These policies should apply not only to a few hundred metres radius around schools, but across all public places that children and young people inhabit.

Our children and young people should have the right to play, learn and socialise in places that are free from commercial pressures to drink alcohol. The current regulatory system and voluntary codes of conduct have been heavily criticised and are failing to protect children and young people from excessive exposure to alcohol marketing. A recent survey published by Alcohol Focus Scotland found that 10 and 11 year olds were more familiar with beer brands than leading brands of biscuits, crisps and ice cream.^{ix} Marketing influences knowledge and attitudes to alcohol, provides cues for drinking and attempts to make regular alcohol consumption central to a successful social life. Children are particularly susceptible to these messages. Alcohol marketing reduces the age at which young people start to drink, increases the likelihood that they will drink, and increases the amount of alcohol they consume if they already drink.^x

Action is also needed to protect children from the consequences of other people's drinking. Up to 51,000 children in Scotland are estimated to be living with a problem drinker, and action must be taken to ensure the design and delivery of alcohol treatment services provide support across the whole family.

(d) Achieving health equity: Those living in more deprived communities in Scotland experience a disproportionately high level of alcohol-attributable harm. There is a strong social gradient to alcohol-related morbidity and mortality in Scotland and adults in the lowest income decile are six times more likely to die an alcohol-related death than those in the highest income decile.^{xi} This unjust health disparity has persisted over many years. The reasons why alcohol has a more harmful effect on people living in deprived communities are complex. Eradication of health inequalities, including those related to alcohol, will require Scotland to tackle the root causes of inequalities in income, wealth and power. However, risky and harmful alcohol use is both a product and a driver of social deprivation and marginalisation. A progressive alcohol strategy can therefore make a valuable contribution to achieving health equity by reducing alcohol-related health inequalities. Preventative interventions that have a beneficial impact on health and wellbeing right across the population, such as action on price and availability, will be of particular benefit to those impacted by health inequalities.

(e) Embedding Scotland's alcohol strategy into all national and local policies and structures

If Scotland's national alcohol strategy is to achieve its potential, its aims and objectives need to be fully embedded in policy and practice at both a national and local level. The detrimental impact of alcohol use extends across every area of society. Policies to reduce alcohol harm must consequently reach beyond health and justice, to economic development, trade, employment, social welfare, transport and education. Efforts should be taken to ensure greater policy coherence between national and local government structures, as well as between the position advanced by the Scottish Government and Parliament and the strategy adopted by the UK Government. In order to achieve this coherence, there should be an increased emphasis within the single outcome agreement guidance for Community Planning Partnerships on addressing alcohol misuse. The Scottish Government and other political parties should also seek to influence at a UK level on relevant reserved issues, such as alcohol advertising.

About Alcohol Focus Scotland:

Alcohol Focus Scotland (AFS) is Scotland's national alcohol charity, working to reduce alcohol harm to individuals, families, communities and Scotland as a whole through the implementation of effective alcohol policies and legislation. We recognise that to reduce harm, a significant reduction in population-level consumption of alcohol is required and we prioritise our efforts in those areas where the evidence is strongest - reduced affordability and availability, and regulated marketing of alcohol.

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ⁱ Beeston C et al (on behalf of the MESAS project team) *Monitoring and Evaluating Scotland's Alcohol Strategy. Fourth Annual Report*. Edinburgh: NHS Health Scotland; 2014

ⁱⁱ *ibid*

ⁱⁱⁱ *Unrecognised and under-reported: the impact of alcohol on people other than the drinker in Scotland*, Alcohol Focus Scotland, 2013

^{iv} *Scottish Health Survey 2013*, Scottish Government, 2014

^v *Prisoner Survey 2013*, Scottish Prison Service, 2014

^{vi} York Health Economics Consortium (2010) *The Societal Cost of Alcohol Misuse in Scotland for 2007*, Edinburgh: Scottish Government

^{vii} Beeston C et al (on behalf of the MESAS project team) *Monitoring and Evaluating Scotland's Alcohol Strategy. Fourth Annual Report*. Edinburgh: NHS Health Scotland; 2014

^{viii} *Relationship between alcohol outlet density and alcohol related harm: Scotland Factsheet*, Alcohol Focus Scotland 2014

^{ix} *Children's Recognition of Alcohol Marketing Factsheet*, Alcohol Focus Scotland et al, 2015

^x Anderson, P. et al (2009) Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies, *Alcohol and Alcoholism*, 44 (3) pp.229-243

^{xi} Beeston C et al (on behalf of the MESAS project team) *Monitoring and Evaluating Scotland's Alcohol Strategy. Fourth Annual Report*. Edinburgh: NHS Health Scotland; 2014