

A manifesto for a healthier, safer, fairer Scotland



Alcohol Focus
SCOTLAND



The scale of the alcohol problem in Scotland

22 Scots die every week from alcohol.¹

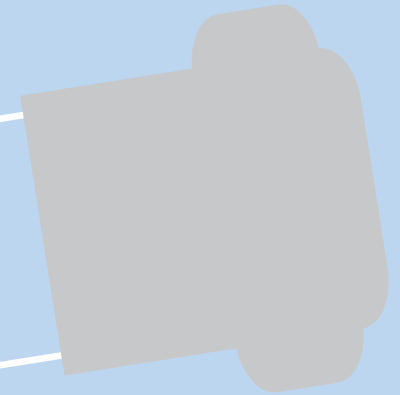
People living in the most deprived areas are **8 times** more likely to need hospital treatment and **6 times** more likely to die because of alcohol.²

1 in 2 people report being harmed by someone else's drinking.³

6 in 10 violent crimes involve alcohol.⁴

51,000 children live with a parent who has an alcohol problem.⁵

Alcohol harm costs Scotland at least **£3.6 billion** every year.⁶



Drinking less is good for Scotland



Reducing how much alcohol Scotland drinks will benefit everyone: drinkers and non-drinkers, children and families, communities, the NHS and emergency services, employers and the economy.

People in our poorest communities will benefit the most; harmful drinking can be both a consequence and a driver of social marginalisation and deprivation.

Closing Scotland's health gap in the long term means tackling the root causes of inequalities in income, wealth and power. However, reducing alcohol consumption and harm will make a valuable contribution to improving public health and reducing health inequalities.

The policies we want to see adopted are effective and cost-effective, in fact they are cost-saving since it is cheaper to prevent excessive drinking than deal with the consequences.

Prevent chronic diseases



Alcohol is a risk factor for 7 types of cancer yet less than half (46%) of Scots are aware of this link.⁷

Drinking alcohol is one of the leading risk factors for chronic diseases along with smoking, poor diet and physical inactivity. Alcohol causes more than 60 conditions including oral, breast and bowel cancers, liver disease and cardiovascular disease.

These are largely preventable illnesses which reduce healthy life expectancy and put the NHS under immense strain. There is a clear link between price, consumption and harm – as alcohol has become more affordable, consumption and harm have increased. This has been driven by supermarkets and corner shops selling alcohol for as little as 15p per unit.

solutions

Implement a 50p minimum unit price.

Increase alcohol taxes, particularly on high strength cider and spirits.

Introduce mandatory unit, calorie and ingredient labelling and prominent health warnings on all alcohol products.

Public support:

54%

of Scots support minimum pricing.

Public support:

87%

of Scots want to see more informative alcohol labelling.



Protect children and young people



Children are exposed to alcohol marketing every single day through advertising campaigns, the media, sponsorship and social networking sites. This means our children are growing up surrounded by positive messages about drinking. Research shows the more alcohol marketing they are exposed to, the more likely they are to drink at an earlier age and to drink more. Existing advertising codes fail to protect under 18s from alcohol advertising.

95% of 10 and 11 year olds in Scotland recognised the brand Foster's, higher than their recognition of leading brands of biscuits, crisps and ice cream.⁸

solutions

Remove alcohol adverts from cinemas for non-18 certificate films and before 9pm on television.

Remove alcohol advertising in public places including billboards and public transport.

Phased removal of alcohol sponsorship of sports, music and cultural events.

Establish an independent body to regulate alcohol marketing.

Public support:

65%

of Scots think that campaigns advertising alcohol appeal to under 18s.

Public support:

74%

of Scots think alcohol advertising should be banned on TV before 9pm.

Public support:

86%

of Scots think cinemas should only show alcohol advertising if a film has an 18 certificate.



Create healthier, safer neighbourhoods



There are over 16,500 places to buy alcohol in Scotland – 16 times more alcohol outlets than GP practices.⁹

Each year, licensing boards approve over 95% of licence applications. The more easily available alcohol is, the more will be consumed. Research shows that areas of Scotland with the highest number of licensed premises have alcohol-related death rates more than double those with the lowest. The majority of Scots want licensing boards to take the quality of life and health of local residents into account when making licensing decisions. However, many people feel their opinion is not valued or acted upon. We need to make it easier for the people whose lives are affected by licensing decisions to have a say.

Public support:

91%

of Scots think there are already enough or too many places selling alcohol.

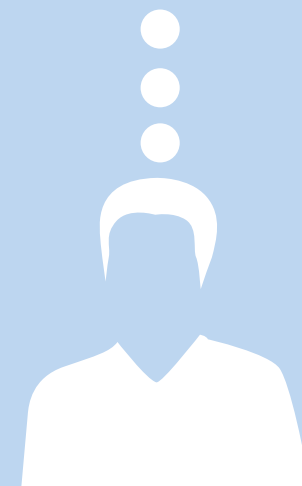
solutions

Make the licensing system more transparent, accessible and accountable to local people, starting with user-friendly reporting.

Develop a national policy on reducing the availability of alcohol, including the role of licensing.

Introduce a social responsibility levy so alcohol retailers contribute to the wider cost of their activities on the community.

Create health promoting communities and encourage alternative business models that rely less on the sale of health-damaging products.



references

- ¹ Alcohol-related deaths in Scotland, 1979-2014. National Records of Scotland, 2015.
 - ² Monitoring and Evaluating Scotland's Alcohol Strategy Fourth Annual Report. NHS Health Scotland, 2014.
 - ³ Scottish Crime and Justice Survey 2010-11. Scottish Government, 2011
 - ⁴ Unrecognised and under-reported: the impact of alcohol on people other than the drinker in Scotland, Alcohol Focus Scotland, 2013.
 - ⁵ Scottish Health Survey 2013. Scottish Government, 2014.
 - ⁶ The Societal Cost of Alcohol Misuse in Scotland for 2007. York Health Economics Consortium, 2010.
 - ⁷ UK Alcohol Behaviour & Attitudes Survey. Bluegrass Research for Alcohol Health Alliance UK, 2014.
 - ⁸ Children's recognition of alcohol marketing. Cogent Research & Analysis Ltd, 2014.
 - ⁹ Scottish liquor licensing statistics 2014-15. Scottish Government, 2015.
- All public support figures from: UK Alcohol Behaviour & Attitudes Survey. Bluegrass Research for Alcohol Health Alliance UK, 2014.

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