

ALCOHOL ALERT

NOVEMBER 2018

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SCOTLAND'S NEW FRAMEWORK

IAS

Institute of
Alcohol Studies

JOE FITZPATRICK MSP LAUNCHES 20-POINT STRATEGY
AT EIGHTH EUROPEAN ALCOHOL POLICY CONFERENCE

NOVEMBER 2018

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ASA crackdown on online ads

... whilst Snapchat invites alcohol brands back to its platform

The Advertising Standards Agency (ASA) has unveiled a plan to stop alcohol ads appearing on children's devices, as part of its five-year ad regulation strategy.

The watchdog's chief executive also called on social media firms to do more to protect children from the anticipated rise of personalised online adverts using viewers names, locations and interests for a tailored advertising experience.

Point 3.10 of its Corporate Strategy 2019-2023, titled *More Impact Online*, says: 'We will deliver the highest quality proactive regulatory projects on ads that cause the most detriment to people, including focusing on protecting particularly vulnerable people and on appropriately limiting children and young people's exposure to age-restricted ads in sectors like food, gambling and alcohol. Our intelligence-gathering, our own primary research and our expert analysis will be key to determining where and how we should act.'

Speaking to the *Daily Telegraph*, ASA Chief Executive Guy Parker said: 'Everyone's talking about online harms that I and everyone else thinks needs sorting out. We've been regulating online and this strategy is about getting better at regulating online.'

'The other part of it is making sure that the adverts children see are properly targeted, because often kids when they're 11 or 12 will provide an inaccurate age to get on platforms like Instagram and Snapchat. And so the platform then thinks they're older than they are, and then the danger is they're then served ads for products that aren't appropriate. It's obvious that advertisers moving in this direction will need to be particularly careful about how they are targeting their adverts. We really need advertisers and social media providers to do the right thing.'

According to the *Daily Mail*, the ASA can no longer rely on physical checks and reports from the public to police online marketing content due to its sheer volume, and that it may adopt artificial intelligence (AI) to cope with the deluge.

Last year the ASA introduced a new requirement for online advertisers to go further than relying on people's declared age on social media. In addition they must now prove they are also taking into account analysis of their likes and dislikes obtained via their profile data, which may indicate if they are lying about their age.

The ASA strategy came as social media giant Snapchat was reported to be luring alcohol brands back to its platform under the promise of enhanced age verification protection (otherwise known as age-gating) to detect underage account users. According to *DigiDay*, Snapchat said it no longer serves age-restricted ads to users with improbable birthdates that would barely qualify someone as either 18-years-old or 21-years-old, depending on the country. Instead, it accounts for user activity (how long someone has been on the platform), the age of their closest friends and the type of content they view. A Snapchat spokesperson also said that the platform has used Nielsen data to verify 180 Snapchat campaigns over the past three months, and found they were targeted to the correct demographic with 94% average accuracy.

As a result, several alcohol companies – including beer company Heineken, owner of 250 brands, and spirits companies Mast-Jägermeister and Campari Group, maker of 50 brands like Campari, Aperol and SKYY Vodka – are 'bringing their ad dollars back to Snapchat'.

It remains to be seen whether this prevents children from exposure to inappropriate adverts – ASA has previously banned a sponsored Captain Morgan rum filter on Snapchat, which allowed users to see themselves as a pirate. ■■■

Government launches airside alcohol consultation

Home Office calls for evidence on legislation over drunk and disruptive airline passengers

The UK Government has launched a call for evidence on whether the *Licensing Act*, which regulates the sale of alcohol in England and Wales, [should apply to airports](#). Currently premises after security in airports are exempt from current legislation.

In its [Fit To Fly report published in August](#), the Institute of Alcohol Studies found that 6 in 10 people have encountered drunk passengers and that the majority (51%) of Brits believe there is a serious problem with excessive alcohol consumption in air travel.

The report also found widespread support for revoking the airports loophole – suggested in a [House of Lords Select Committee paper in 2017](#) – among the British public (86%) and a number of prominent stakeholders, including the National Police Chiefs' Council, local councils, Airlines UK (the trade body for registered airlines), and low-cost airline carrier Ryanair.

Jennifer Keen, head of policy at the Institute of Alcohol Studies, welcomed the call. She said:

'Drunk and disruptive passengers, though a small minority, can have a major impact on their fellow passengers and cabin crew. They have led to instances of flights being diverted and of cabin crew being kicked, punched and headbutted.'

'We are pleased that the government has launched a call for evidence on this issue as it's important to protect ordinary passengers from people who get drunk and aggressive in the air.' ■■■

Alcohol treatment in 2018: PHE inquiry explores continued falls

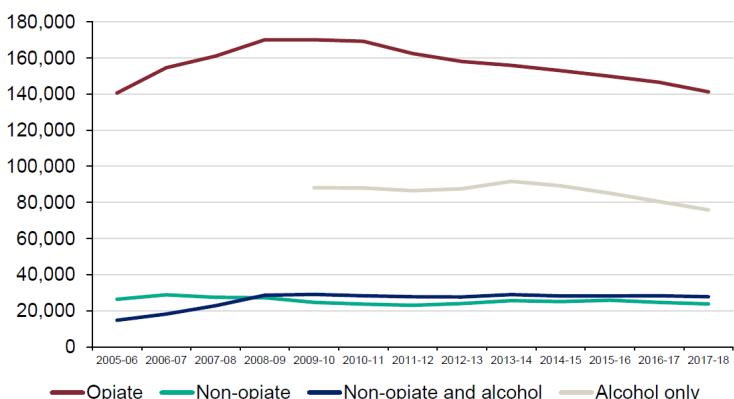
From *Alcohol Policy UK*

Public Health England (PHE) have released the latest national statistics for substance misuse, confirming a further fall in the number of people receiving alcohol treatment despite no significant change in estimated prevalence.

The new 2017/18 figures show 75,787 people received alcohol only treatment in England, down 6% from 80,454 on the previous year and down 17% from the peak of 91,651 in 2013/14. An additional PHE release also updates the estimated number of people with alcohol dependency deemed in need of treatment, indicating little change in national prevalence of 589,101 (illustrated).

New figures on mental health needs are also contained within the report, with those in treatment for combined alcohol and non-opiate drug use having the highest level of mental health support need (47%) followed by those with alcohol only substance use (41%). The release also now includes figures on parental status, with 49% of alcohol only service users being parents, 20% (10,060) currently living with children. The number of children living with parents currently receiving alcohol treatment was 20,904, with 7,453 children living with parents receiving alcohol and non-opiate drug use treatment. Currently an innovation fund to support up to eight local authorities in addressing the needs of children of dependent drinkers is underway.

Figure 7.1.1 Trends in numbers in treatment



Source: Public Health England

PHE inquiry: insights into changes in treatment

PHE say four out of five alcohol-dependent adults are not getting the treatment they need and have also published results from a recent inquiry to investigate possible causes behind the fall. Some in the field may feel the answer is obvious - continued cuts to treatment budgets (put at 26% for adult and 41% for youth services) have inevitably led to less resources and a changing landscape with very few alcohol only services remaining, described as a 'crisis' in alcohol treatment. Indeed PHE's inquiry identifies 'financial pressures and service reconfiguration' as its main finding, meaning substance services in the majority of areas had been reconfigured from having separate drug and alcohol services into single integrated systems.

As part of the inquiry, fourteen local areas were selected for a 'deep dive' to explore significant changes in alcohol treatment including focus groups with a range of stakeholders. Nine of the selected areas had seen falls in alcohol treatment, eight of which saw budget reductions between 15% and 35% and seven of which had seen alcohol services integrated into a wider treatment system.

PHE state that because some areas had seen rises in alcohol treatment numbers, the integration of services 'can improve cost effectiveness, streamline commissioning and service delivery, and improve treatment pathways'. Areas that had achieved increases identified a number of factors thought to underlie this, including leadership commitment to alcohol service improvement, improving the accessibility of services, attention to the promotion of and pathways into alcohol support and effective local partnerships.

However in areas where numbers had fallen, stakeholders identified a number of issues and unintended consequences, including:

- a loss of focus on the specific needs of alcohol users
- a prioritisation of limited resources on opioid substitute treatment
- barriers to alcohol users approaching the service, including a perception that the service focused on the needs of drug users
- barriers to alcohol users engaging in treatment after initial contact, including a lack of alcohol specific treatment pathways within integrated services and a loss of alcohol treatment expertise among staff
- referral pathways and multi-agency working had become less effective

PHE's conclusion states the commissioning and delivery of alcohol and drug treatment is 'changing rapidly and further service reconfigurations are likely to take place over the next few years, aiming to improve cost effectiveness'. Further falls are also expected 'unless local areas ensure that their strategic and commissioning plans, service specifications and referral pathways meet alcohol-specific treatment needs'.

PHE indeed appear to be treading cautiously around the extent to which falls in alcohol treatment are being driven by funding cuts. As a government body, it is no doubt under some degree of political pressure not to draw attention to the impacts of austerity on such issues. At the same time, commissioning and delivery of services will still impact on the scope of treatment services irrespective of what is happening to budgets, and indeed a small minority of areas have managed to increase numbers against the tide albeit there may be other factors at play.

Earlier this year Alcohol Concern/Alcohol Research UK released a report [*The hardest hit: addressing the crisis in alcohol treatment services*](#), calling for action to address the many issues arising from funding cuts and other challenges facing the sector. A number of recommendations included calls for an independent review of alcohol commissioning, and that government partners 'establish effective systems for transparently monitoring the scale of ongoing investment.' Health groups were recently disappointed by the latest [budget](#) having called for rises to alcohol duties to fund treatment. Hopes for further investment now rest on the release of the forthcoming new [national alcohol strategy](#) expected next year, will calls made in a [recent charter](#) for it to reflect a the [PHE evidence review](#). 

Alcohol most misjudged drug when it comes to harm

Adapted from Brunel University

People young and old underestimate the dangers of alcohol more than any other drug, shows a new study from Brunel University London.

Researchers looked at how people rate the level of harm caused by different legal and illegal drugs and whether older people think drugs are more dangerous than younger people do.

The study, *Does perception of drug related harm change with age? A cross-sectional on-line survey of young and older people*, gives the first clear picture of how much harm people from two different age groups think 11 commonly used drugs do to the user and to the community.

Younger and older people both rate heroin, crystal meth and cocaine as the most harmful illegal drugs, it found, which matches legal classification. But among both age groups, the greatest gap in knowledge was on alcohol-related harm.

'The misperception of alcohol-related harms among the young and older participants is concerning,' said study leader Dr Surjat Cheeta, 'given that it is the most regularly used drug and thus carries the highest risk to health.'

The online survey asked 275 people in two age groups, 18–24 and 45–51, to rate 11 drugs on five types of harm: physical, psychological and social harm to users, plus physical and social harm to society. Using a drug harm scale designed by Prof David Nutt, who was an advisor to the government on drugs, people gave their perceptions about heroin, cocaine, crack cocaine, ecstasy, crystal meth, LSD, amphetamine, cannabis, ketamine, alcohol and tobacco.

Asked about their own experiences, people were most likely to have used alcohol (63.2%), followed by cannabis (45.3%) and tobacco (44.2%). Some 29.5% said they regularly use alcohol, 7.4% regularly use tobacco and 5.3% use cannabis regularly. Just over 24% of young people said they'd tried ecstasy, and 1% called themselves poly-drug users, which means they take two or more together.

'In young people, it is necessary to increase awareness of the lethal effects of large amount of alcohol. It stops the part of our brain working that controls our breathing, which can lead to death' said Dr Cheeta.

'The harmful effects of drunk and disorderly behaviour at airports has recently been highlighted, prompting a government review of the ways in which alcohol is sold at airports. Altogether, there is a growing need for a better understanding of what constitutes the best policy approach to the growing health issue of drug use and related harm.'

'What we do know is that any successful policy on alcohol has to acknowledge the normative nature of alcohol in society, and that for many people this is their main form of intoxication, source of pleasure and recreation.'

Ireland: All I want for Christmas is MUP

Health minister sets out timetable for implementing *Public Health (Alcohol) Bill*

Far from discounting, supermarkets are gearing up to raise prices of their loss-leader beverages in the run-up to Christmas, in light of the Irish Government's plans to implement minimum unit pricing.

According to the *Irish Daily Mail*, the government fears that some retailers will be selling alcohol for as little as €1 during the festive season, but if the bill is introduced, it means the price of a 12-pack of cans would hike up from €12 to more than €20, the *Irish Sun* reports.

The *Public Health (Alcohol) Bill* will be phased in over a three-year period. Irish Health Minister Simon Harris has signed 23 sections that will see a range of measures come into effect next year (November 2019), including a ban on advertisements on public service vehicles, at public transport stops and stations, on children's clothing, in cinemas showing films rated 15 or below, and within 200m of a school, crèche or local authority playground.

Starting November 2020, alcoholic drinks and product advertisements will only be permitted at mixed retail outlets that feature either an area separated by a 1.2m barrier or units where alcohol products are not visible up to 1.5m.

Starting November 2021, alcohol advertising will not be permitted during sporting events, at events aimed at children, or at events involving driving and racing motor vehicles.

Other regulations to allow for cancer warnings on alcohol products must also pass approval by the European Union and be phased in within an allowed three-year period.

Store owners who fail to comply with the regulations, and those who breach the orders for advertising, could face fines of up to €2,000 or a compliance notice.

The Fine Gael minister for health said: 'This is the first time in the history of our State that we have endeavoured to use public health legislation to address issues in respect of alcohol. It is, therefore, a groundbreaking measure.'

'For the very first time in our history, we are legislating for alcohol as it affects our health and it is right and proper that we do so.'

Minimum unit pricing sinks Frosty Jack's sales in Scotland

Commentators raise fears Buckfast will become the 'go to' for cheap booze

According to the *Scottish Sun*, a report has found that [sales of Frosty Jack's have plummeted 70% in Scotland since the introduction of minimum unit pricing for alcohol](#), a report reveals.

The Retail Data Partnership (RDP) found the retail sales of the super-strength cider, which contains 22.5 units per three-litre bottle, fell from £148,605 between May and September 2017 to £46,289 in the same period this year.

It comes after a threefold increase in price (from £3.69 to £11.25) when the new measure of 50 pence per unit was introduced on 1 May.

In its report, RDP said: 'The low price and large pack size of white cider made it a target for concerned legislators.'

A Scottish Government spokesperson said: 'We introduced a minimum unit pricing policy, specifically targeting cheap, high strength products.'

'As we see with the 70% reduction in sales, it is clearly delivering positive results.'

But a spokesman for Aston Manor Cider, which makes Frosty Jack's, claimed drinkers on low incomes are being "penalised" by the "regressive measure".

He said: 'When we reviewed the data, what struck us most was the steep decline in own-label drinks.'

'These are products enjoyed by low-income households so it seems people on lower incomes are being priced out of enjoying a drink.'

The call also comes amidst a reported surge in sales of Buckfast, leading to some papers making a connection between both drinks.

Colin Angus, a researcher at Sheffield University's Alcohol Research Group, which modelled the health, social and crime impacts of minimum unit pricing, warned against drawing conclusions from sales data only a few months into its implementation.

Angus told *Herald Scotland*: ‘As tempting as it is to look for immediate impacts of the policy, this volatility means that the real test of MUP will be in how drinking in Scotland changes over the next few years.

‘This new data doesn’t mean that MUP isn’t working by any means – we just can’t tell that yet.’

He added that despite Buckfast’s toxic reputation in the west of Scotland – where it has long been associated with crime and antisocial behaviour – it was less commonly consumed among those struggling with alcoholism.

He said: ‘The increase in Buckfast sales is striking, but we cannot tell if this is as a result of dependent drinkers switching, or simply increasing popularity of Buckfast in other groups.

‘Although commonly associated with problematic youth drinking in the public perception, Buckfast has not historically been drunk in large volumes by dependent drinkers.’

Angus’s sentiment was supported by the makers of the beverage, J Chandler & Co, whose spokesperson said it was [too early to say what impact MUP has had on Buckfast’s sales](#).

‘Our sales have been increasing over the last two to three years, but we can’t attribute that to MUP’ he said. 

Scotland: Motorists in north-east most likely to drink drive

Adapted from the *Aberdeen Press & Journal*

More motorists have been caught drink-driving in the north-east than anywhere else in Scotland since the new lower limits were brought in.

New figures reveal that 1,377 motorists in Grampian have been caught drink-driving between December 5, 2014 and April 1 this year.

Over the same period, 988 motorists in the Highlands were caught with a blood alcohol content higher than the limit. The figures for the north-east are worse than Lothian, Greater Glasgow and Edinburgh. In total, 10,853 offenders across Scotland have been caught using blood tests since the drink drive limit was lowered (illustrated).



DETECTED DRINK DRIVING OFFENCES IN SCOTLAND DECEMBER 5 2014 - APRIL 1 2015							
Police division	Driving motor vehicle while unfit through drink or drugs	In charge of motor vehicle while unfit through drink or drugs	Driving motor vehicle with blood alcohol content above prescribed limit	In charge of motor vehicle with blood alcohol content above prescribed limit	Failure to provide breath specimen at the roadside	Failure to provide breath, blood or urine specimen at police station	
North East	215	28	1,377	142	150	211	
Tayside	240	41	735	87	198	330	
Highland and Islands	110	9	988	93	91	196	
Forth Valley	85	27	607	68	120	127	
Edinburgh	78	64	721	92	71	127	
The Lothians and Scottish Borders	110	76	1,069	63	109	186	
Fife	119	13	668	80	109	141	
Greater Glasgow	322	32	1,293	160	306	368	
Ayrshire	124	9	712	62	130	172	
Lanarkshire	305	20	1,376	145	286	325	
Argyll and West Dunbartonshire	101	8	473	34	74	117	
Renfrewshire and Inverclyde	143	7	479	73	121	132	
Dumfries and Galloway	58	3	355	38	36	59	
TOTAL	2,011	337	10,853	1,137	1,801	2,491	

Source: Aberdeen Press & Journal

Police officers started to enforce the new legal alcohol limit for drivers on December 5, 2014. It was reduced from 80mg in every 100ml of blood to 50mg. As a result of the changes, it became significantly easier for drivers to break the law with just one drink compared to England, Wales and Northern Ireland, where the blood alcohol limit remained the same. However, police have repeatedly insisted that the only safe number of drinks you can have before getting in the driver seat is none at all.

North East MSP Lewis Macdonald said the high frequency of drink-driving recorded by police across Aberdeen, Aberdeenshire and Moray was alarming when compared to the population levels in the Central Belt.

He said: 'The obvious standout figure here is that drink seems to be substantially above average in the north-east police division.'

'However, if it was in line with population share, it should be a lot lower – and this suggests that it really is a serious issue in the region, and should be a cause of concern for a lot of people as drink driving can cause so much harm, not least the danger to life.'

'More must be done to prevent people deciding to use their vehicles after they've had a drink in the north-east, because the consequences can be extremely dire.'

Aberdeenshire East MSP Gillian Martin added: "It is the responsibility of road users in the north-east to make sure when they get behind the wheel of a vehicle they are teetotal."

'It is incredibly disappointing to see these figures. A decision to drink and drive is incredibly reckless as it puts not only your own life at risk, but it also puts the lives of others at risk too.'

David Stewart, MSP for the Highlands and Islands region, added: 'In general the change in drinking culture has resulted in people being more thoughtful when going out for a drink and being more aware of the implications of drinking and driving.'

'But according to the figures, clearly not everyone has got the message.' ■■■

Will consumers be left wondering forever?

Adapted from *Eurocare*

At the European Parliament, MEPs and health campaigners together with industry representatives yet again called for [the alignment of alcoholic beverages with other food products](#).

In 2011 the European institutions passed *Regulation (EU) No 1169/2011* that requires food and soft drinks, including fruit juice and milk, to label nutritional information and ingredients. However, after heated debates alcoholic beverages were exempted from this obligation. Currently, when a consumer drinks alcohol it is highly unlikely that they know exactly what they are drinking.

In March 2017, the European Commission published a report clearly stating that no objective grounds were identified which would justify the absence of information on ingredients and nutritional information on alcoholic beverages.

The European Commission gave the alcohol producers one year to deliver a self-regulatory proposal that would cover the entire sector of alcoholic beverages. In March this year (2018), the industry produced a self-regulatory proposal. The European Commission is taking now more than half a year to assess that self-regulatory proposal. In the meantime, consumers are still being left to wonder what they are really drinking.

'Given the limited timeframe for work in the current European Commission mandate, we urge the European Commission, to address the issue and align requirements for alcoholic beverages with those for other food and drinks producers,' said Member of the European Parliament Biljana Borzan.

She added: 'The current situation created disparities in the internal market, where a milk producer has a higher administrative burden than a vodka producer. We believe that the EU should allow a level playing field for all economic operators and not favour producers of one category of goods.'

Industry failed to produce a uniform approach for the whole sector, instead presenting sector specific annexes. Additionally, the proposal leaves it up to the food business operators responsible for the food information to decide how to display the information. Discrepancies in implementation and interpretation of the *EU Reg 1169/2011* could create a mosaic of styles and forms instead of following the already existing framework (set out in *EU Reg 1169/2011*) to which consumers are accustomed to.

Whilst the brewing sector reports that three-quarters of beers will be labelling ingredients and half will be labelling energy per 100ml by the end of this year, some sectors of the industry suggest providing information online, in form of weblinks, QR codes, bar codes etc. As stated in the European Commission's report on alcohol labels from 2017, the majority of consumers 'never or rarely' use off-label information sources to access information on nutrition values and ingredients of alcoholic beverages. According to the Digital Economy and Society Index (2017) 44% of Europeans (169 million) between 16 and 74 years of age do not have basic digital skills. 'Off-label' information would exclude millions of Europeans of their right to know what they consume.

'On labelling, the alcohol industry has enjoyed preferential treatment dating back to 1978. It's about time that the consumer came first. There is no reason that alcohol should be treated differently to any other foodstuff. It is utterly bizarre in 2018 that we even have to have this discussion. It should be obvious for any decent company to provide information to their consumers about their products at the point of sale. It really puzzles me why some sectors of the alcohol industry are so reluctant,' said Mariann Skar, Secretary General of European Alcohol Policy Alliance.

Listing ingredients contained in a beverage alerts the consumer to the presence of any potentially harmful substances. More importantly, providing nutritional information such as energy content allows consumers to monitor their diets better, and makes it easier to keep a healthy lifestyle. ■■■

All change for alcohol charity

Merger marks Alcohol Awareness Week

This year's Alcohol Awareness Week kicked off with the joining of forces of two major non governmental organisations (NGOs) – Alcohol Concern and Alcohol Research UK have come together to form [Alcohol Change UK](#).

And 'change' was the theme of the AAW 2018, with a new website showcasing the release of the new organisation's flagship report, setting out Alcohol Change UK's approach to alcohol harm and it will work with Government, public bodies, organisations, charities and individuals to reduce it.

The release was announced at a meeting of the All-Party Parliamentary Group on Alcohol Harm about the how best for alcohol policy to tackle social and health inequalities.

Writing on the [Alcohol Change UK blogpage](#), Director of Research and Policy Development Dr James Nicholls said: 'We know that people living in deprived areas are many times more likely to experience health harms directly related to alcohol, despite average consumption in those areas often being lower than in more affluent neighbourhoods. Understanding this so-called "harm paradox" is absolutely critical to reducing the suffering linked to alcohol.'

'The inequalities associated with alcohol spread much further than just the "harm paradox", however. Not only are there disparities in the harms people experience, but also in access to support.'

Alcohol Change UK's mission will be to 'significantly reduce serious alcohol harm in the UK', it states, with an aim of creating 'five key changes' of improved knowledge, improved drinking behaviours, shifted cultural norms, better policies and regulation, and more and better support and treatment. ■■■

New campaign advises parents about an alcohol-free childhood

What's the Harm campaign launched by Balance

North East parents are being warned about the risks to their children from alcohol as a new campaign encourages them to delay the moment when their child first starts to drink.

It comes as new figures suggest parenting tactics aimed at creating a safer relationship with alcohol and introducing drinking at a younger age could actually be giving our children a taste for booze.

Launching the [What's the Harm](#) campaign in Alcohol Awareness Week (19–25 November), Balance aimed to raise awareness of Chief Medical Officer (CMO) guidance that an alcohol-free childhood up to 18 is the healthiest and best option, and that if children do drink this should not be before age 15.

Many parents know drinking increases the risks of accidents, injuries, smoking and drug taking. But many are less aware of the damage alcohol can do to children's developing brains, liver, bones and hormones, affecting their mood, their mental health and risking them falling behind at school.

A new survey of North East parents shows nearly eight out of ten (78%) would first talk to their children about alcohol before the age of 15, but almost half (43%) think children should have their first taste of alcohol before 15 – despite evidence showing children who start drinking at an early age are more likely to become heavy drinkers when they're older.

Colin Shevills, Director of Balance, said: 'Parents have a right to know about all of the alcohol harms which children face if they drink. Every parent wants the best for their child and we know it can be hard knowing what is the right thing to do around alcohol.'

'However, we know from speaking to North East parents there's a myth that providing alcohol at a young age makes children less curious, when in fact it can be a trigger for drinking. People mention the French way of giving children alcohol - but France actually has twice the rate of alcohol dependence than the UK.'

'We found that a lot of parents were not aware of official guidance around children, and were more likely to call on their own experiences growing up when making decisions about alcohol.'

'It is also interesting that fewer children are drinking regularly than they did 15 years ago, which we hope will empower more parents not to provide it if they are pressured to. But it is very worrying that those children who do drink regularly are drinking the equivalent of 9 shots of vodka a week – too many children are on the path to becoming dependent drinkers.'

Parents are encouraged to visit www.whatstheharm.co.uk to find out about the facts and the myths about children and alcohol, and how best to have a conversation about alcohol with their child.

COVER STORY: Scottish Government announces new alcohol policy framework



Health minister launches plan at eighth European Alcohol Policy Conference

The Scottish Government has pledged to ban pre-watershed alcohol advertising on TV, double down on producers to include health warnings on labelling, and review the minimum unit price of 50p, as part of its plans to curb alcohol abuse.

The measures form part of a 20-point plan aimed at reducing drinking, unveiled by Health Minister Joe FitzPatrick at the [eighth European Alcohol Policy Conference](#), while the number (and rate) of patients admitted to hospitals in Scotland for alcohol-related reasons continues to plateau at levels last seen since before the turn of the century, according to newly published official data.

The Member of Scottish Parliament for Dundee City West told public health experts that while not unique, Scotland is unusual among western European countries in the extent and severity of its relationship with alcohol – Scots still buy on average nearly 20 units of alcohol a week per person, the equivalent of 40 bottles of vodka or 100 bottles of wine a year, and six units more than the weekly lower risk guidelines set by the UK's chief medical officers (14 units).

FitzPatrick acknowledged the importance of minimum unit pricing in attempting to address the nation's alcohol-related harms: 'Prior to implementation [1 May 2018], it was possible to buy the lower risk weekly drinking guideline amount of 14 units of alcohol for about £2.50 (roughly €3). Thank goodness this can't be legally sold for less than £7 now.'

But as his foreword to the document states, the Scottish Government has always been clear that the measure is not a "silver bullet". 'Rather, we have a comprehensive package of measures delivered under the 2009 strategy, which I am refocusing in this updated *Framework*', he said.

For minimum unit pricing, this means preventing the most damaging high strength alcohol products from becoming more affordable in the more immediate term – therefore the minister promised to review the 50 pence rate 'after two years in May 2020 to ensure that we [the Scottish Government] are continuing to meet that affordability challenge.'

Industry in last chance saloon

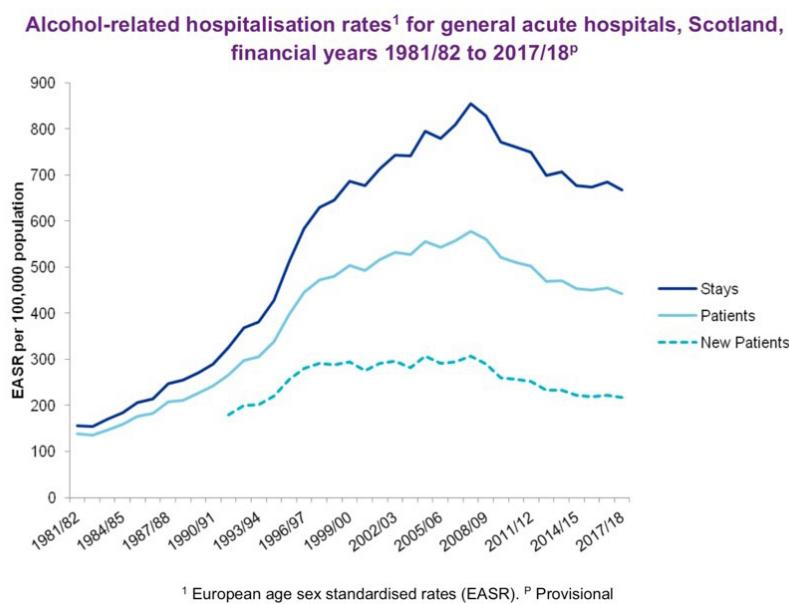
Furthermore, in addition to banning multi-buy discounts and irresponsible promotions, reducing the drink-driving limit, supporting a nationwide alcohol brief interventions programme, and investing over £746 million on addressing higher-risk alcohol and problematic drug use since 2008/09, the health minister pledged 'an additional £20 million each year for frontline alcohol and drugs services for the lifetime of this parliament'.

FitzPatrick told delegates at the conference in Edinburgh that the Holyrood administration would press to extend the UK Government's commitment to introducing a 9pm watershed for unhealthy food product advertising to alcohol as well. Marketing regulation is reserved to Westminster, so the Scottish Government must either ask the UK Government to act or devolve powers to itself.

He also warned that the Scottish Government would be prepared to consider pursuing a mandatory approach to placing health information on physical product and packaging labels in Scotland if the UK Government's deadline of September 2019 is not met.

Alcohol-related harm: a poor person's game

The publication of *Alcohol Framework 2018: Preventing Harm* came as new figures found that there were 35,499 alcohol-related hospital admissions among 23,494 Scottish residents in 2017/18. The alcohol-related stay rate per 100,000 population in general acute hospitals was 668.3, a 2.5% decrease compared to the previous year (685.4), part of a general decline over the last decade, and the lowest rates since the mid-late 1990s (1998/99 for stays, 1995/96 for patients, illustrated below).



Source: Scottish Government, *Alcohol Framework 2018*

Conversely, at 139.8 stays per 100,000 population, 2017/18 alcohol liver disease rates remain similar to the previous year (140.1 per 100,000 population), which equals the highest recorded since 1997/98.

The figures also exposed the stark health inequalities that persist in the face of across-the-board improvements in alcohol-related morbidity in Scotland. In 2017/18, there were seven times as many people (per 100,000 population) admitted to general acute hospitals from the most deprived areas compared to the least deprived areas. In the psychiatric setting, in 2016/17, just over fourteen times as many people (per 100,000 population) were admitted from the most deprived areas compared to the least deprived areas.

FitzPatrick said: 'We need to keep challenging our relationship with alcohol to save lives. Behind each statistic is a person, a family, a community struggling with the impact of alcohol harms.'

'These new measures build on progress of our 2009 Framework which has made an impact by tackling higher risk drinking, but we want to go further.'

'We can't stand back and ignore the fact that right now, every day, someone who grew up in a more deprived area is far more likely to be affected by alcohol harm.'

You can hear Joe FitzPatrick MSP's full speech, delivered at 8th European Alcohol Policy Conference, on our *Alcohol Alert* podcast.

Gathering momentum for the way ahead

Fifth report of the Lancet Standing Commission on Liver Disease in the UK

From *The Lancet* website

This report presents further evidence on the escalating alcohol consumption in the UK and the burden of liver disease associated with this major risk factor, as well as the effects on hospital and primary care.

We reiterate the need for fiscal regulation by the UK Government if overall alcohol consumption is to be reduced sufficiently to improve health outcomes. We also draw attention to the effects of drastic cuts in public services for alcohol treatment, the repeated failures of voluntary agreements with the drinks industry, and the influence of the industry through its lobbying activities.

We continue to press for reintroduction of the alcohol duty escalator, which was highly effective during the five years it was in place, and the introduction of minimum unit pricing in England, targeted at the heaviest drinkers. Results from the introduction of minimum unit pricing in Scotland, with results from Wales to follow, are likely to seriously expose the weakness of England's position.

The increasing prevalence of obesity-related liver disease, the rising number of people diagnosed with type 2 diabetes and its complications, and increasing number of cases of end-stage liver disease and primary liver cancers from non-alcoholic fatty liver disease make apparent the need for an obesity strategy for adults. We also discuss the important effects of obesity and alcohol on disease progression, and the increased risk of the ten most common cancers (including breast and colon cancers).

A new in-depth analysis of the UK National Health Service (NHS) and total societal costs shows the extraordinarily large expenditures that could be saved or redeployed elsewhere in the NHS. Excellent results have been reported for new antiviral drugs for hepatitis C virus infection, making elimination of chronic infection a real possibility ahead of the WHO 2030 target. However, the extent of unidentified cases remains a problem, and will also apply when new curative drugs for hepatitis B virus become available.

We also describe efforts to improve standards of hospital care for liver disease with better understanding of current service deficiencies and a new accreditation process for hospitals providing liver services. New commissioning arrangements for primary and community care represent progress, in terms of effective screening of high-risk subjects and the early detection of liver disease.

You can read a [summary of the report](#) from their Twitter account. 

AHA UK finds out what we think about how we drink

Major new report reveals the public wants the government to act on alcohol harm

Medical experts and alcohol campaigners are urging the government to introduce a minimum unit price for alcohol in England as a new report reveals the public thinks the government isn't doing enough to tackle alcohol harm.

According to a new report released today by the Alcohol Health Alliance UK (AHA), the majority of the public (55%) wants the UK Government to do more to address the harms caused by alcohol to society, such as ill health, violent crime, domestic abuse and anti-social behaviour. Only 3% think the government is doing too much.

The report – *How We Drink, What We Think* – shows that there is support among the public across political affiliations for a range of policy measures to reduce alcohol harm, including:

- policies to decrease the affordability of alcohol, such as minimum unit pricing and, in some circumstances, alcohol tax increases;
- regulations for more and better information on alcohol product labels; and
- greater alcohol advertising restrictions to protect children, such as a ban on alcohol TV advertising from 6am–11pm.

The data also shows that awareness of the low-risk drinking guidelines and health risks connected to alcohol remains low: four in five people do not know that the recommended low-risk guideline is not to drink more than 14 units a week. While awareness of the link between alcohol and cancer has increased compared to previous years, the large majority of the public still do not link cancer and alcohol spontaneously.

With a new Alcohol Strategy being prepared in England, the UK Government has the opportunity to step up and introduce a comprehensive, evidence-based strategy to make alcohol less affordable, less available, less desirable and increase consumers' awareness of the risks related to it. If it does so, it will have the support of most people in the UK. Professor Sir Ian Gilmore, chair of the Alcohol Health Alliance, commented:

'This report shows that the public recognises that the UK has a problematic relationship with alcohol, and that they want the government to do more to address this. The UK Government is currently preparing a new alcohol strategy for England, and this data is a clear call to action: the public wants the government to introduce policies that decrease the affordability and availability of alcohol and will make a real difference to the people's lives.'

How we drink,
what we think

Public views on alcohol and
alcohol policies in the UK



alcohol
health alliance uk

ALCOHOL SNAPSHOT

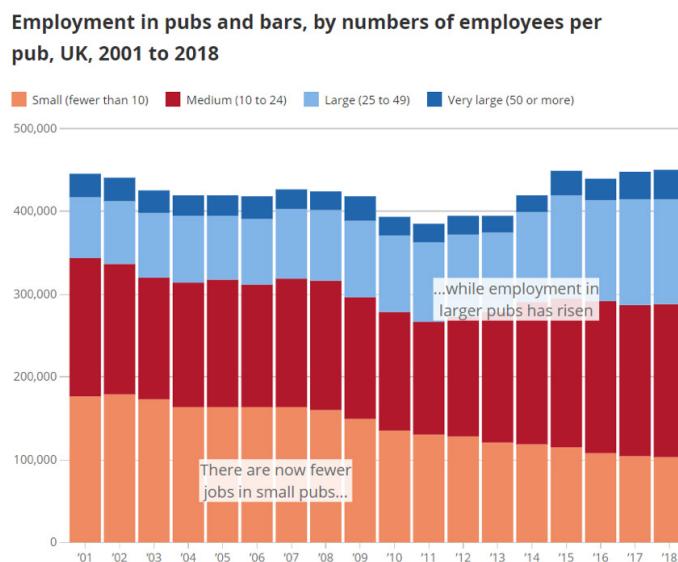
Is the pub sector really declining, or just consolidating?

Pub closures are one of the biggest concerns in UK alcohol policy. To take a couple of recent examples, the alcohol industry's [£9 million campaign](#) against beer duty has focused heavily on the supposed necessity of tax cuts to prevent further pub closures. An [Early Day Motion](#) calling on the government to do more to support pubs was tabled in parliament in May, and signed by 112 MPs.

Recent analysis from the Office for National Statistics (ONS) explores pub closures in more detail, and unearths some surprising findings. Data from the ONS' Inter-Departmental Business Register confirms that the number of pubs and bars has fallen dramatically in recent years, from over 50,000 in 2008 to just under 39,000 today. Yet despite these closures, the ONS' figures show that total spending in pubs and bars is little changed since 2009. In fact, spending in pubs and bars declined by much more between 2004 and 2009, a period when there were far fewer closures.

What this indicates is that recent closures have been less the consequence of demand-side pressures (things like alcohol tax and the smoking ban which discourage consumers from going to pubs) and more about supply-side factors. As the ONS authors put it, "The remaining pubs and bars appear to have soaked up the custom from those pubs that have closed down".

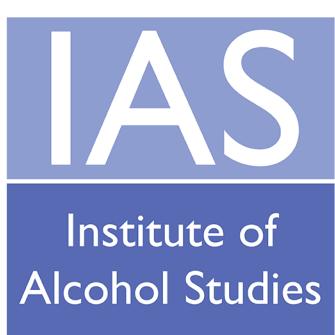
The trend is best illustrated by the chart below, again compiled from the Inter-Departmental Business Register:



First of all (and this may be surprising to some), it shows that employment in pubs has actually increased in recent years, and is in fact higher than before the recession. But it also shows that there are many fewer people working in small pubs (less than 10 employees) and a lot more in large pubs (over 25 employees).

What this suggests, then, is an industry that is consolidating, not declining: it is not that people are spending much less in pubs, but that smaller pubs are being out-competed by bigger ones. This fits with [anecdotal evidence](#) about the impact of large pub chains moving into new areas and undercutting established smaller pubs. It also suggests that policies that aim to support pubs by trying to increase consumer spending may fail to address the root causes of pub closures.

An Institute of Alcohol Studies publication



Alliance House
12 Caxton Street
London SW1H 0QS

Telephone | 0207 222 4001
Email | info@ias.org.uk
Twitter | [@InstAlcStud](https://twitter.com/InstAlcStud)
Web | www.ias.org.uk

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