

ALCOHOL ALERT

SEPTEMBER 2019

WWW.IAS.ORG.UK



**MIDWIVES CALL FOR MORE SUPPORT
TO DELIVER ALCOHOL ADVICE**

IAS

Institute of
Alcohol Studies

- 3 Airport alcohol arrests plummet
- 3 YouTuber escapes punishment for promoting alcohol
- 4 WHO Europe: Prevalence of alcohol consumption 'detrimental'
- 6 Use Brexit to shake up "irrational" alcohol duty system, think-tank says
- 7 Irish HSE: no alcohol is safe during pregnancy
- 7 Cabinet row over duty-free alcohol
- COVER STORY
- 8 Midwives call for more support to deliver alcohol advice 
- 9 Irish to ban discount deals
- 10 Alcohol should neither be seen nor heard, say pupils
- 11 Drug intake rises under the influence of alcohol
- 12 Glasgow biggest beneficiary of MUP so far
- 13 New study to explore impact of MUP on homeless
- 14 Depression and binge-drinking more common among military partners
- Middle-aged Scots booziest drinkers
- 15 Minimum unit pricing cuts spending on alcohol in Scotland
- ALCOHOL SNAPSHOT
- 17 How the consequences of harmful drinking vary by age

Airport alcohol arrests plummet

SEPTEMBER
3

25% down on last year at UK's busiest airports

Airports have clamped down on drunken passengers who cause disruption before flying, as new figures reported in the *Telegraph* reveal [arrests of unruly travellers are falling](#).

Freedom of information requests were sent to 16 police forces which cover Britain's 20 busiest airports. They show that police arrested 87 people in 2018/19, 25% down on the previous financial year, when there were 117 arrests. Among the biggest reductions were at Gatwick and Glasgow, where arrests made almost halved in that period.

Drunk travellers who sexually abused staff, urinated in public and were too intoxicated to fasten their seatbelts were among those prevented from continuing their journeys.

It comes after the Home Office opened a consultation on whether alcohol licensing laws at airports should be amended to tackle disruptive behaviour. The decision is yet to be announced. Sales of alcohol beyond the security gates at international airports in England and Wales are not currently regulated by licensing laws, which means rules intended to stop drunk individuals being served do not apply.

Passengers convicted of being drunk on an aircraft face a maximum fine of £5,000 or up to two years' imprisonment.

Airlines UK Chief Executive Tim Alderslade said: 'There is no credible reason we've heard – other than commercial gain – why airport bars and duty free are not licensed in the same way as any pub or restaurant on the high street.

'Likewise, why are duty-free shops still able to sell miniature bottles of alcohol, including at the airport gate? We know miniatures are sold for one reason only – to encourage immediate consumption, including on the plane.'



YouTuber escapes punishment for promoting alcohol

SEPTEMBER
4

Advertising watchdog dismisses complaints – draws criticism from charities

The Advertising Standards Authority (ASA) have been accused of giving the "green light" to alcohol brands to "blast" children with social media promotion, following a [groundbreaking ruling](#) which dismissed complaints against the YouTuber Tanya Burr.

The Instagram posts appearing on Tanya Burr's Instagram story in question were:

- a. A post, on 5 April 2019, which featured an image of a Heineken beer.
- b. A post, on 24 April 2019, which featured an image of a Heineken being poured with the text 'Swipe up to get 40% off all Subs using the code INSTA40'.

Six complainants, who believed that Tanya Burr was popular with people under 18 years of age, challenged whether the ads had been appropriately targeted.

In what was the ASA's first ruling involving social media influencers and alcohol promotions, the regulator set a precedent in equating the scrutiny of social media posts promoting alcohol with that of television adverts. Both Heineken and Tanya Burr provided the ASA with information that stated no more than 11% of Burr's Instagram audience were under the age of 18, below the limit set for television ads of 25% in [CAP Code rule 18.15](#).

However, alcohol charities have questioned the ruling, arguing that the ruling could open the door to more influencers – who are looked up to by young people – cashing in on promotions with alcohol brands.

Institute of Alcohol Studies Chief Executive Katherine Severi told the *Telegraph*: 'At a time when there's increased concern about our children being subjected to harmful adult content online, [the ASA has given the green light for big alcohol companies](#) to blast marketing at underage drinkers.

'We need regulation on alcohol marketing that takes into account what teenagers do online in the real world, not a blank cheque for alcohol companies and social media influencers who target teenagers.'

They also pointed out that, like most social networks, Instagram has no effective method of age verifying its users, implying that data provided of audience demographics may not be accurate.

Ms Burr rose to prominence as a make-up and fashion vlogger on YouTube and now commands an audience almost 10 million followers across various platforms.

A spokesman for Heineken told the *Telegraph*: 'We have strict controls in place across all communications channels – including digital media. With the ASA Council concluding that this ad did not breach the *CAP Code* in the UK, we can feel confident that our robust processes are ensuring we reach age-appropriate audiences.'



WHO Europe: Prevalence of alcohol consumption 'detrimental'

Europe remains heaviest drinking region in the world

Status report on alcohol consumption, harm and policy responses in 30 European countries 2019, which uses data gathered from 2010 to 2016, shows that over 290,000 people lose their life in Europe per year from alcohol-attributable causes, and urges stronger policy action by countries to help reduce the numbers.

Reductions in alcohol consumption have stalled

On average, adults (aged 15 years and over) in European Union countries plus Norway and Switzerland (EU+) drink the equivalent of more than two bottles of wine per week. But when the life-time abstainers and former drinkers are removed from the data sample, it reveals that adults drink more than three bottles of wine a week – a level of consumption which leads to serious health consequences.

Heavy episodic drinking is also a problem. Across the population, 30.4% of people report having consumed more than 60g of pure alcohol on a single occasion in the last 30 days – this is equivalent to more than five drinks on one occasion. This harmful pattern of drinking is particularly an issue among men (47.4%), as compared to women (14.4%) and is most prevalent in the Baltic countries, Czechia and Luxembourg.

'Alcohol consumption has decreased in many European countries, but progress is grinding to a halt. Policy-makers need to implement the strategies we know are effective, such as increasing prices, limiting availability and banning advertising. With as many as 800 people dying every day in parts of the Region due to alcohol-attributable harm, we must do more to continue the fight,' said Dr Zsuzsanna Jakab, WHO regional director for Europe.

Alcohol-attributable deaths disproportionately affect young people

Alcohol is a psychoactive substance which can diminish the physical and mental health of an individual. Of all alcohol-attributable deaths in the EU+ region, 76.4% are due to noncommunicable diseases, such as cancer, liver cirrhosis and cardiovascular disease, and 18.3% are caused by alcohol-attributable injuries, such as those resulting from road traffic accidents, suicides and homicides.

These deaths are preventable and place a huge health burden on countries.

While there has been an overall decrease in deaths, shockingly, the report reveals that across the EU+ region alcohol is still responsible for 5.5% of all deaths. In absolute numbers, 291,100 people died in 2016 due to alcohol-attributable diseases, and 7.6 million years of life were lost due to either premature mortality or disability.

The level of alcohol-attributable deaths in adolescents and young adults has remained unacceptably high throughout Europe. The majority of those deaths are preventable, according to the report, which underscores that society must understand that alcohol is a leading cause of working years of life lost and also of lost economic productivity and development.

The impact of alcohol use varies depending on risk factors such as tobacco, diet and poverty, as well as on health-care systems, and it is very important to reduce inequities to alleviate the societal costs attributable to alcohol consumption. Across Europe, negative health outcomes disproportionately affect young adults. The report shows that one in every four deaths among young adults is caused by alcohol – especially due to injury.

‘When alcohol is one of the biggest killers of our young people, we cannot afford to be complacent. This is a product that is repeatedly marketed and made available to youth despite evidence that alcohol consumption has a detrimental effect on brain development and physical health. This is the next generation of leaders and we must protect them. The plan only has one year left, so efforts need to be seriously stepped up,’ said Dr Carina Ferreira-Borges, programme manager for Alcohol and Illicit Drugs, WHO Regional Office for Europe.

Most effective policies not implemented

This report urges countries to further improve policy response, using the areas defined in the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 to maintain and accelerate progress.

The low implementation of marketing and pricing policies is of particular concern, as these are proven to be among the most effective policy measures. Countries were found to be most successful at implementing awareness-raising, drink-driving policies and surveillance policies, which are the easiest to implement and are perceived to face the least resistance.

Some improvements made, but not fast enough

The latest status report comes as a study published in *Alcohol and Alcoholism* found that [the detrimental effects of alcohol consumption and alcohol dependence](#) remain a considerable burden of disease within Europe, even though age-standardised death rates due to selected alcohol-related causes decreased significantly for both sexes throughout the WHO European region, between 1979 and 2015.



Use Brexit to shake up “irrational” alcohol duty system, think tank says



SMF / IAS report suggests overhaul of duty framework

Duty on alcohol should be dramatically overhauled so that the stronger a drink is, the more tax it incurs, according to a new report from the Social Market Foundation (SMF), a cross-party think tank. *Pour decisions? The case for reforming alcohol duty* suggests that existing duty rules are inconsistent and unfair, and make some drinks such as high-strength cider unjustifiably cheap.

To resolve such inconsistencies and discourage harmful heavy drinking, the SMF propose a shift in the burden of taxation towards high-strength drinks bought for consumption at home, and away from weaker products bought in pubs and bars. A new ‘strength duty escalator’ would mean that the duty per unit of alcohol rises with the strength of the product, and a Pub Relief scheme would focus taxes on the off-trade, which is particularly reliant on sales to hazardous and harmful drinkers.

The report also calls for alcohol taxation to be ‘depoliticised’ and guided by regular expert reviews of the harms caused by excessive drinking.

SMF further highlighted EU rules that currently limit UK ministers’ scope to implement a more rational alcohol duty policy, suggesting that Brexit might make it easier make reforms. For example, the proposed Pub Relief scheme is not currently possible under EU law.

The SMF report was sponsored by the Institute for Alcohol Studies. SMF retained full editorial independence.

Scott Corfe, SMF research director and author of the report, said: ‘The way we tax alcohol today is a mess. Inconsistent, irrational duty rates based on politics and special pleading mean drinks closely associated with serious medical and social harm are unjustifiably cheap.

‘A consistent, well-planned duty regime could discourage the riskiest drinking, support the pub trade and reward manufacturers who reduce the strength of their products. Alcohol should be taxed on the basis of evidence, not politics.’

Katherine Severi, chief executive of the Institute of Alcohol Studies said:

‘This new report from SMF highlights the illogicality, loopholes and perverse incentives that pervade the way we tax alcohol. For too long, politicians have set alcohol duty with more concern for newspaper headlines than the health and welfare of the country. We therefore welcome SMF’s proposal that alcohol taxes should be set on the basis of a rigorous independent evidence review every five to ten years.

‘Post-Brexit, if the UK is no longer bound by EU Directives on alcohol taxation, the government should restructure the duty system to ensure that stronger products are taxed at a proportionately higher rate. At the same time, SMF demonstrate that Brexit should not be an excuse for inaction. Even under the current rules, the government can take a common sense approach to taxing alcohol by ending the favourable treatment of cider. This would save lives and protect some of the most vulnerable groups in society.’



Irish HSE: no alcohol is safe during pregnancy



Abridged from *The Irish Mirror*

To mark this year's [International FASD Awareness Day](#), Ireland's Health and Safety Executive (HSE) have launched a campaign urging people to think again about drinking during pregnancy, and that no alcohol is safest during this period.

HSE research revealed that despite half of Irish people claiming they are aware of illnesses that affect babies exposed to alcohol, just one in ten have a good understanding of FASD.

Foetal alcohol syndrome is more serious and can happen when a pregnant woman drinks heavily. Babies who are affected by FAS are often small and suffer from problems with their organs. And while there are no cures for FASD and FAS, diagnosing and treating the symptoms early can help a child to manage better.

An HSE spokesman said: "The fact is that no amount of alcohol at any stage of pregnancy is safe for your baby.

'Alcohol passes from the mother's blood into the baby's blood via the placenta and can damage a baby's developing brain and body.'

Please [click on the link](#) to access the full article.



Cabinet row over duty-free alcohol



Health Secretary not briefed about Treasury move

Matt Hancock MP has criticised HM Treasury for promoting the return of cheap duty-free cigarettes and alcohol in the event of a no-deal Brexit, *The Times* reports.

The Member of Parliament for West Suffolk was responding to the Chancellor Sajid Javid's announcement two days earlier, which, it was claimed, would see a bottle of wine purchased at Heathrow airport duty-free on the way to a European Union (EU) Member State could become £2.23 cheaper, and a £12 saving on two crates of beer. Javid said: 'As we prepare to leave the EU, I'm pleased to be able to back British levies on any goods bought while bound for European countries.'

However, the plans are estimated to cost the Treasury between £150m and £200 a year, and speaking at Public Health England's annual conference at Warwick University, Hancock told delegates that the proposal had not been 'seen from a public health context'. That's because he had not been informed in advance about the move.

Public health experts expressed their alarm at the announcement – Institute of Alcohol Studies Chief Executive [Katherine Severi told *The Times*](#): 'Encouraging UK citizens to avoid paying taxes and increase their consumption of health-harming products would effectively tear up existing government policy on public health and hasn't been thought through.

'With alcohol-related deaths increasing in the UK and the health service struggling to cope, government action should be focused on saving lives and promoting good health.'

The Treasury's [social media post](#) also led to a number of official complaints being made to the Advertising Standards Authority (ASA), who tweeted that they were assessing concerns over the ad's accuracy and bias 'carefully against our rules'.

The EU Council of Ministers [decided unanimously back in 1991](#) to abolish duty-free sales for travellers within the region, as part of the taxation and excise measures to make the Single Market a reality, with a seven and a half year transitional period (up to 30 June 1999) granted for affected retailers.



COVER STORY

Midwives call for more support to deliver alcohol advice

SEPTEMBER
16

42% unaware of 2016 guidelines on drinking in pregnancy

A new study funded by the Institute of Alcohol Studies – *'Alcohol guidelines for pregnant women: Barriers and enablers for midwives to deliver advice'* – highlights the inconsistency in official guidance that led to midwives giving different advice on alcohol consumption in pregnancy. Nine out of ten midwives reported alcohol abstinence was advised within the guidelines, however four out of ten midwives were not aware of the actual content of the 2016 alcohol guidelines on pregnancy.

August 2019

ALCOHOL GUIDELINES FOR PREGNANT WOMEN
Barriers and enablers for midwives to deliver advice



Lisa Schölin, Julie Watson, Judith Byson and Lesley Smith



The study included a survey and qualitative interviews with UK-based midwives. The study showed that 58% of respondents were aware of the chief medical officers' (CMO) guidelines, almost all of whom (91%) advised abstaining from alcohol. 19% reported that a limit of 1-2 units once or twice per week was part of the guidelines, which was in line with the National Institute for Health and Care Excellence (NICE) guidance that was only updated to reflect the CMO guidelines in December 2018. Almost all midwives (99%) referred women who they believed may have an alcohol problem to an appropriate agency.

The study highlights that there is no standardised approach to screening for alcohol consumption during antenatal appointments. Many midwives were adopting a non-judgemental approach of encouraging disclosure through open conversations.

Although nearly all midwives (97%) 'always' or 'usually' advised all women to abstain from alcohol during pregnancy at the booking appointment (the first appointment), the proportion of who did so at later appointments fell to 38%. The survey also found that two thirds (65%) of midwives 'always' or 'usually' reported discussing the effects of drinking on the woman and her baby at booking, but this fell by half for subsequent appointments (to 31%).

Most also reported having little formal alcohol training: 69% of midwives had received fewer than four hours of alcohol training pre-qualification and 19% had received none. After qualifying, 33% of midwives had not received

any alcohol-related training, and only 25% were offered this within annual training updates.

Royal College of Midwives Professional Policy Advisor Clare Livingstone welcomed the report's findings for highlighting these important aspects of antenatal care.

'Midwives are responsible for communicating vital health messages to women during pregnancy and rely on official guidance to ensure their advice is evidence based and up to date. This study shows the consequences of the CMO and NICE being out of step, resulting in mixed messaging around alcohol consumption in pregnancy.'

'A standardised approach to alcohol screening and advice would eliminate these discrepancies and support midwives in their role.

'Effective communication of official guidance and appropriate training is essential in ensuring that health professionals are giving consistent advice to women on such an important issue as alcohol abstinence in pregnancy.'

Analysis of survey results showed three areas that midwives scored as barriers to advising abstinence at appointments other than booking: women disliking being advised; midwives not feeling confident; and not feeling the advice will have any impact. On the other hand, midwives' scores indicated several facilitators to advising abstinence: desire to give the advice; seeing it as part of their role; and feeling that it's expected of them.

Ultimately, the researchers concluded that midwives were supportive of advising complete abstinence, agreeing with the underpinning rationale of the 'precautionary principle'. However, there is room for improvement on the communication of the CMO guidelines to midwives, and on the amount of alcohol training midwives receive.

Lead author Lisa Schölin said: 'Our findings that 42% midwives were not aware of the CMO guidelines suggests that the government did not effectively communicate the introduction of these updated recommendations. The CMO guidelines were introduced almost three years before the NICE guidelines were updated in line with them, meaning that during that time both guidelines were live, and no coherent message was given from all sources midwives may refer to.'

'We also found that approaches varied greatly across the UK and whilst adaptation and tailoring is important, more needs to be done to standardise approaches to assessment and recording of alcohol consumption and associated care pathways. That would allow us to better compare and understand the impact of services across the UK.'

Honest conversations produce honest answers

The study's findings came as another piece of research suggested that a ['conversational approach'](#) is the most successful way of eliciting an honest disclosure of drinking habits from pregnant women.

Dr Niamh Fitzgerald of Stirling's Institute for Social Marketing, who led the study, told *BBC News*: 'Midwives used several strategies to facilitate honest disclosures, including taking a positive tone in conversations and exploring drinking habits prior to pregnancy or prior to when women realised they were pregnant.'

'It was felt that these approaches helped build a trusting relationship between pregnant women and midwives and improved disclosure rates.'

The study's results contrasted with previous research recommending midwives to use formal screening tools, such as structured questionnaires.

On several occasions, midwives found reported alcohol use elicited through standard questions was lower than expected given the known levels of alcohol use in their local area.

Click on the microphone icon to hear one of the co-authors, Lesley Smith, talk about the project in our Alcohol Alert podcast.



Irish to ban discount deals

Crackdown comes amid fierce debate between industry and public health

Ireland's Health Minister Simon Harris has [vowed to end special offers for supermarket shoppers](#) from September 2020, as part of the *Public Health (Alcohol) Act 2018*.

The *Irish Independent* reports that the move will form part of a range of measures, including minimum unit pricing, designed to shift consumers away from the cheapest alcohol. Simon Harris said:

'Alcohol is not an ordinary grocery product. By restricting access, to alcohol products through promotions or loyalty card programmes, the regulations align with the objectives of the *Public Health (Alcohol) Act 2018*, which are to reduce alcohol consumption and reduce the harms caused by the misuse of alcohol.'

'Alcohol is a drug and one which has real risks and harms associated with it and as such, should not be subject of promotional activity.'

Alcohol Action Ireland (AAI) welcomed the new rules, with spokesperson Eunan McKinney saying that Harris's remarks were a 'small, but significant step in reinforcing the principle that alcohol is not an ordinary commodity.'

AAI's pre-Budget submission to the Irish Government states that [the price of alcohol in Ireland is so cheap](#) that a man can drink his whiskey safe limit for as little as €7.48, while a woman needs to spend only €4.84.

However, the Drinks Industry Group of Ireland (DIGI) has called for excise tax on alcohol to be lowered by 15% over the next two budgets, citing the cross border trade disadvantage from Brexit as a reason for adopting a more competitive tax rate.

DIGI claim that reducing excise tax 'will [discourage cross border shopping for cheaper products](#) and for individual businesses, particularly those in rural Ireland, to trade more competitively and better protect themselves for any Brexit-induced downturn'. This is opposition to the AAI's advice to 'maintain current excise duties on alcohol products and fix current rates to a cost-of-living index'.

On Harris's proposal, a spokesperson for Ireland's Department of Health said: 'The health minister wishes to implement the minimum unit pricing of alcohol products in order to reduce as soon as possible the significant health harms and financial costs of the way alcohol is consumed in Ireland.'



Alcohol should neither be seen nor heard, say pupils



Cathy McCulloch, co-director of the Children's Parliament, said: 'Children have the right to have their voices heard in matters that affect them and we, as adults, have a responsibility to listen and respond.'

Children's Parliament publish results of workshops in schools

Members of Scotland's Children's Parliament have called for alcohol to be made less visible and for tougher measures to stop people drinking in public spaces.

Inviting the opinions of 90 Edinburgh primary school pupils aged nine to eleven years in workshop sessions over a six-month period, [the report produced from the consultation](#) found participants describing alcohol as being 'highly visible' throughout their day, with one ten-year-old noting: 'No one asks us about alcohol and suddenly when you think about it, you realise it's all around you all the time.'

The children also told researchers that alcohol was portrayed in adverts as being 'desirable and cool'.

The report concluded alcohol should be made less visible in shops and on TV, as well as calling for the removal of adverts from billboards. The Children's Parliament also called for an end to alcohol firms sponsoring events at which children will be present.

Ultimately, the document – and [accompanying film](#) – aims to bring the perspective of primary-school-age children into emerging discussion and action on an alcohol-free childhood, as part of a commitment – expressed in the Scottish Government's [Alcohol Framework 2018: Preventing Harm](#) – to put the voices of children and young people at the heart of developing preventative measures on alcohol-related harm.

Alison Douglas, chief executive of Alcohol Focus Scotland, which aided in the research, said: 'As adults we tend to assume that as an age-restricted product, children don't really notice alcohol advertising or people drinking.'

'What this work has shown us for the first time is how often children are seeing alcohol – from opening the fridge at breakfast time, throughout the day in shops and on billboards to in their homes and on TV at night – and the negative effects it can have on their wellbeing.'

Douglas said Scotland had a chance to make a difference in how alcohol was presented. 'The Scottish Government's forthcoming consultation on alcohol marketing provides a real opportunity to show we are listening to children and will take action to protect and promote their right to grow up healthy and happy, free from alcohol harm,' she said.

'Throughout this process, children have been clear about the impact that alcohol has on their lives and what needs to happen to ensure that children's rights to be happy, healthy and safe are realised. This report sends a clear message to all of Scotland's adults.'

Public Health Minister Joe FitzPatrick also supported the work, saying the voice of children should be heard on this issue.

He said: 'It is crucial that we seek and listen to the views of children and young people in determining how best to prevent and reduce the impact of alcohol on them.'

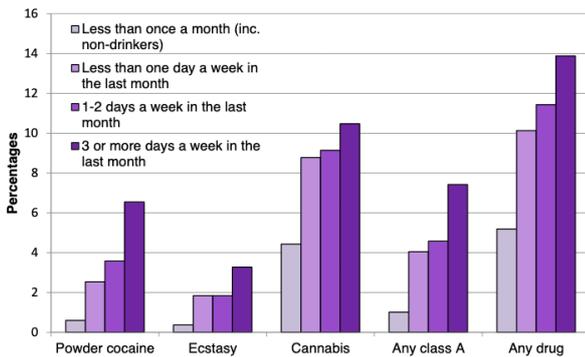


Drug intake rises under the influence of alcohol

Crime survey shows more drinking more likely to lead to more drug use

New findings from the *Crime Survey for England and Wales* (CSEW) highlight the influence of drinking on drug taking. The 2018/19 edition of the Home Office dataset found that more drugs were taken the more people drank.

Adults aged 16 to 59 who reported drinking alcohol three or more days per week in the last month were more than twice as likely (13.9%) than those drinking less than once a month (including non-drinkers) to have used any drug (5.2%). The difference was over seven times more likely for Class A drugs, at 7.4% compared with 1.0% for the same categories.



Source: Home Office; Appendix Table 3.01.

16 to 59-year-olds reporting use of selected drugs in the last year, by frequency of alcohol consumption

The 2018/19 CSEW also showed that new psychoactive substance (NPS) use in the last year was higher among adults aged 16-59 who had consumed alcohol once or more in the last month (0.6%), compared with those who had not consumed any alcohol (0.2%). This was even more evident among 16 to 24-year-olds (2.3% compared with 0.2% respectively) and was particularly pronounced among those aged 16 to 24 who had consumed alcohol three or more days a week in the last month (5.1%, illustrated). Compared with last year's survey, there was no significant change in last year NPS use for those who had consumed alcohol once or more in the last month, for both those aged 16 to 24 and 16 to 59.

Percentages who used NPS in the last year*	Adults aged 16 to 59	Unweighted base	Adults aged 16 to 24	Unweighted base
Did not consume alcohol in the last month	0.2	7,406	0.2	913
Consumed alcohol once or more in the last month	0.6	12,861	2.3	1,151
Less than a day a week in the last month	0.6	3,092	1.9	374
1-2 days a week in the last month	0.5	5,892	1.4	580
3 or more days a week in the last month	0.9	3,877	5.1	197

Source: Home Office; Appendix Table 4.04.

*Percentages who took NPS in the last year, among each population subgroup shown in the table.

NPS use in the last year, by frequency of alcohol consumption in the last month, 2018/19 CSEW

However, the use of prescription-only painkillers for medical reasons did not increase with higher levels of alcohol consumption. Those who drank less than once a month recorded 6.5% (including non-drinkers) compared with 6.7% of those who drank three or more days in a week during the last month.

It is important to note that these factors are not necessarily independently associated with, or the cause of, higher drug use.



Glasgow biggest beneficiary of MUP so far



Pamela Healy, chief executive of the British Liver Trust, said: 'We are facing a liver disease epidemic in the UK and a major reason for this is that as a nation we are drinking too much alcohol.'

Research presented at liver conference on drinking patterns

Evidence released today at the UK's largest conference for liver experts shows that minimum unit pricing (MUP), introduced in Scotland in May 2018, may have had a significant impact amongst Scotland's heaviest drinkers in Glasgow where there has been a reduction in alcohol-related deaths.

'There is good evidence that interventions such as minimum unit pricing, targeted taxes and marketing regulations reduce alcohol harm. Alcohol taxes have been cut repeatedly in real terms. The government needs to look carefully at the outcomes from Scotland on MUP so that more lives can be saved.'

The research being presented at the [British Association for the Study of the Liver \(BASL\) conference in Glasgow](#) has important implications for MUP in England and the rest of the UK. The key findings are:

- Glasgow City has seen a 21.5% reduction in alcohol-related deaths from 2017 to 2018: 186 to 146
- Almost half (44%) of the alcohol-related deaths in 2018 in Glasgow occurred before May 2018 when MUP was introduced.

Speaking at the BASL event, Dr Ewan Forrest, said when presenting the results:

'Glasgow has always had much higher levels of alcohol-related deaths than other parts of Scotland. This latest information suggests that MUP may be reducing alcohol-related harm in those at highest risk. More time is needed to assess the effect on MUP on the rest of Scotland and to get a clearer idea as to how MUP might affect the rest of the UK.'

Professor Matthew Cramp, President of BASL adds: 'This early evidence suggests that implementing MUP does exactly what it is supposed to - it is a highly targeted measure that improves the health of the heaviest drinkers and those experiencing the most harm from alcohol whilst those who drink in moderation continue much as before.'

Scotland was the first country in the world to implement a minimum unit price for alcohol, following a ten-year campaign by health bodies including the British Liver Trust.

The [Alcohol \(Minimum Pricing\) \(Scotland\) Act 2012](#) states that all alcohol sold through licensed premises in Scotland cannot be sold below a set minimum unit price (MUP). The MUP depends on the amount of alcohol contained in the product and is currently set at 50p per unit of alcohol.

New study to explore impact of MUP on homeless



'However, we don't know this, nor do we know about any unintended consequences of the legislation for example switching to illicit alcohol or drugs. We are extremely pleased to be working with our partners [The Homeless Network](#) and grateful for the funding provided by the Chief Scientist Office.'

From Glasgow Caledonian University

Scientists at Glasgow Caledonian University (GCU) are leading the first study into the impact of minimum unit pricing for alcohol on homeless drinkers.

They will be working with researchers from the University of Victoria in Canada, University of Stirling, Heriot-Watt University, and experts from NHS Greater Glasgow and Clyde and The Homeless Network.

The study will explore homeless people and street drinkers' experiences of minimum unit pricing, as well as talking to organisations which provide support to homeless people.

Alcohol minimum unit pricing (MUP) is a high-profile Scottish Government policy which requires all licensed premises to set a floor price of 50 pence per unit of alcohol, below which alcohol cannot be sold. It is designed to target the heaviest drinkers who buy most of the cheapest, strongest alcohol.

Researchers say that while worldwide evidence suggests the legislation will be effective for the general population, there has never been a study into the impact on the most vulnerable in our communities such as homeless people in Scotland.

The findings of this important study will help to inform the Scottish Parliament's consideration of the impacts of this flagship alcohol policy.

[Professor Carol Emslie, who will lead the project](#), said: 'Scotland is the first country in the world to implement alcohol minimum unit pricing. We need to explore the potential benefits of this policy for homeless people but we also need to understand any potential negative consequences.

'We do not know how vulnerable groups such as people experiencing homeless have adapted to the higher price of alcohol such as vodka and strong white cider. Our study will inform decisions about minimum unit pricing in Scotland and provide guidance for other countries planning to introduce the policy.'

Project co-lead, Professor Lawrie Elliott, added: 'You might think MUP would affect homeless people and street drinkers the most, given they represent the poorest groups in society and tend to consume cheap alcohol.

Depression and binge-drinking more common among military partners

SEPTEMBER
24

From King's College London

New research from King's College London suggests that depression and binge-drinking are more common among the female partners of UK military personnel than among comparable women outside the military community.

Researchers from the [King's Centre for Military Health Research](#) at the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) collected data from 405 women in military families with at least one child, representing around a third of the military population.

The researchers used a screening tool for depression, rather than a diagnosis from a psychiatrist, and women reporting frequent symptoms were considered to have probable depression. Drinking behaviours were also recorded through a self-reported screening tool.

- 7% of military partners met criteria for probable depression, compared to 3% of women from the general population
- 9.7% of military partners reported episodes of weekly, daily or almost daily binge-drinking, compared to 8.9% from the general population.

After controlling for other factors linked to poor alcohol behaviours, the researchers found military partners were twice as likely to binge-drink as women in the general population.

Overall, military partners reported consuming alcohol less frequently than women in the general population but reported binge-drinking more often. Binge-drinking was significantly higher when families were separated for more than two months due to deployment.

Military families experience various unique challenges, such as frequently moving location and the stress and separation caused by deployment. The researchers say binge-drinking may reflect poor coping strategies used by military partners during the long absences of serving personnel from the family home.

Lead researcher Dr Rachael Gribble from the IoPPN says: 'While the majority of families cope well with the added pressures of military life, the additional challenges faced by military families may explain the additional mental health needs and higher rates of binge-drinking we found among military partners.

More research is needed to help find out more about what contributes to depression and problematic drinking in this population.'

The researchers say that binge-drinking represents an important public health issue for the military community. They urge development of campaigns to reduce alcohol use in military families, suggesting that programmes which successfully tackle dangerous drinking among Service personnel could be extended to their partners.

Senior researcher Professor Nicola Fear from the IoPPN says: 'Our results indicate that healthcare professionals should be attuned to the impact military life can have on the mental health and wellbeing of family members. There are lots of support options available for military families out there, but these are not always easily accessible.'

This research was published in the [European Journal of Psychotraumatology](#) and is funded by the Economic and Social Research Council and the Army Families Federation. It is the first UK-based study to look at the mental health and well-being of women in relationships with members of the UK Armed Forces.

A spokesperson for the Army Families Federation, the independent voice of Army families, said: 'Isolation, separation and mobility can all impact on Service families' mental health and emotional wellbeing.'

Research in these areas helps organisations working with Service families to better understand how they can be supported. We welcome the conclusion of this research by King's College London that available support could be better signposted for military partners.'



Middle-aged Scots booziest drinkers

Health survey also shows poorest Scots half as likely to abstain as richest

Middle-aged drinkers remain the group most likely to drink to hazardous or harmful levels, according to the *2018 Scottish Health Survey*.

Published by Scottish Government, the dataset found that hazardous or harmful drinking (over 14 units a week) has remained at similar levels for the last five years, fluctuating between 24% and 26% (24% in 2018), as has non-drinking, fluctuating between 16% and 17% (16% in 2018).

But the highest prevalence of hazardous or harmful drinking was found among those the middle-aged, with prevalence peaking among men aged 55-64 (36%) and women aged 45-54 (22%).

When split by wealth, the disparity in consumption levels was most stark: Scots in the wealthiest quintile were half as likely to abstain from alcohol as those in the poorest (12% vs 24%), and just over a quarter of Scots in the wealthiest bracket admitted to drinking at hazardous or harmful levels compared with 18% of those from the nation's most deprived areas.

Speaking to *The Herald*, Dr Eric Carlin, director of Scottish Health Action on Alcohol Problems (SHAAP), said research has repeatedly shown that **wealthier people tend to be the heaviest drinkers** but are partially insulated by factors such as security, better diet and lower smoking rates.

Dr Carlin said: 'If you are in the poorest section of society then you are likely to have a whole load of other stressors and health conditions that make you more vulnerable. If you then drink to a hazardous level, you're more likely to have your health affected.

'If you're affluent, the likelihood is that you have better general health. You probably have better access to healthcare, or better housing, better employment, less stress, and fewer long-term health conditions. 'As a result, they are more able to sustain, in effect, an "unhealthy" lifestyle.'



Minimum unit pricing cuts spending on alcohol in Scotland

SEPTEMBER
25

The rest of the UK should follow Scotland's lead, say experts

The introduction of minimum unit pricing (MUP) in Scotland appears to have been successful in **reducing the amount of alcohol purchased and, by inference, consumption by households**, finds a study published by *The BMJ*.

The effects were greatest in households who bought the most alcohol, suggesting that the policy 'has achieved its ambition to make relatively cheap and strong alcohol less affordable, which in turn should positively impact public health over time,' say the researchers.

In May 2018, Scotland became the first country in the world to introduce a national minimum pricing policy, setting a limit of 50p (\$0.62; €0.56) per unit below which alcohol cannot be sold.

In the UK, one unit contains 10ml/8g of alcohol and is about equal to half a pint of ordinary strength beer or cider, or a small pub measure (25ml) of spirits. A small (125ml) glass of wine contains around 1.5 units (15ml/12g) alcohol.

To test whether the policy is already having an effect, researchers led by Peter Anderson at Newcastle University set out to assess the impact of MUP on alcohol purchases in Scotland in the eight months immediately after implementation.

Their findings are based on shopping data for 2015-18 from 5,325 Scottish households, compared with 54,807 English households as controls, and 10,040 households in northern England to control for potential cross border effects.

After adjusting for number of adults in each household, the introduction of MUP was followed by a price increase of 0.64p per gram (5.1p per UK unit; 7.9%) and a reduction of 9.5 g (1.2 UK units; 7.6%) in weekly 'off-trade' (shop) purchases of alcohol per adult per household. Reductions were most notable for beer, spirits, and cider, including the own-brand spirits and high strength ciders that the policy sought to target.

What's more, the price increases were greatest in households that bought the largest amount of alcohol (just under £3 per adult per week) and among the lower income groups, supporting the idea that MUP effectively targets those most at risk of harm from alcohol with a minimal impact on household budgets.

This is an observational study, and as such, can't establish cause, and analyses were restricted to off-trade sales. But the authors point out that heavier drinkers are more likely to buy alcohol from shops than 'on-trade' in bars and restaurants.

They also acknowledge that heavy drinkers, particularly male drinkers or those with no fixed address, are likely to be under-represented in their study, and they did not include any health outcome data.

Nevertheless, they say their analyses indicate that MUP 'is an effective policy option to reduce alcohol purchases, particularly affecting higher purchasers, and with no evidence of a significant differential negative impact on expenditure by lower income groups.

'Our data supports the introduction of MUP as an effective policy option in other jurisdictions,' they conclude.

This view is supported by [public health experts in a linked editorial](#), who say the rest of the UK should follow Scotland's lead.

John Mooney from the University of Sunderland and Eric Carlin from the Royal College of Physicians of Edinburgh, point out that, in an age when complex public health issues such as harm from alcohol require whole system approaches, 'no single policy lever should be seen as a panacea, and MUP is still regarded in Scotland as one component of the overall strategy.'

Nevertheless, they say the observed reductions of up to 7.6% in purchases were more than double previous modelling estimates, indicating that real health benefits could be substantially greater.

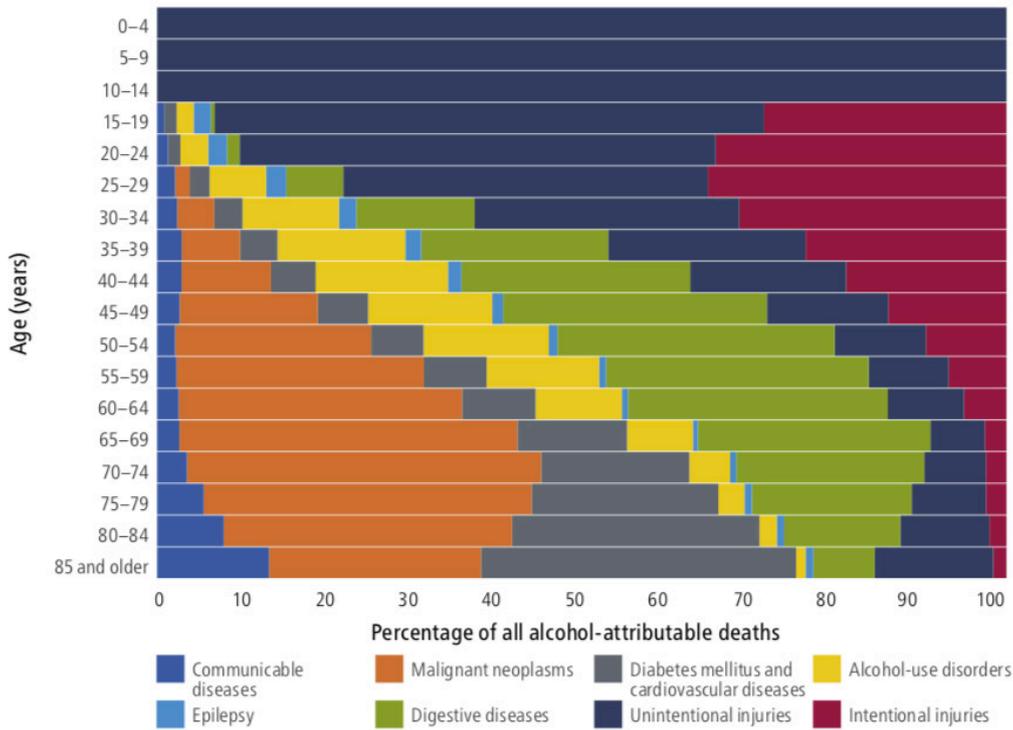
'Surely it is time to follow Scotland's lead and implement MUP across the rest of the UK,' they write. 'Action is especially pressing for those regions, such as north east England, with comparable levels of harm from alcohol.'



ALCOHOL SNAPSHOT

How the consequences of harmful drinking vary by age

Although alcohol is a potentially dangerous and toxic substance for people of all ages, the specific risks people face from drinking are different at different points in the life course. That is demonstrated by the chart below, taken from the World Health Organization's *Status report on alcohol consumption, harm and policy responses in 30 European countries 2019*.



Causes of alcohol-attributable deaths in 30 European countries

The chart shows the different causes of alcohol-attributable deaths by age group, aggregated across the EU member states, Norway and Switzerland. It shows that alcohol-attributable deaths among children are almost always due to accidents (typically drink driving) – that is represented by the darkest blue block. Accidents remain the main source of death among young adults, but intentional injuries (violence and suicide – the red block) are increasingly prominent in this group, accounting for around a third of alcohol-attributable deaths of people in their 20s. Digestive diseases (most notably liver cirrhosis – the green block) emerge as a significant source of deaths from the age of around 30, and peak at around a third of deaths for those in late middle age. Malignant neoplasms (cancer – the orange block) take an increasing share of alcohol-attributable deaths from the age of 45, and are the most important source of death for people in their 60s and 70s. Diabetes and cardiovascular diseases (grey) only account for a small minority of alcohol-attributable deaths until old age, and then are the leading source for over 85s.

The chart is just one of a number of a number of interesting figures in a report that provides a good overview of differences in the level and trends of alcohol consumption and harm and between different European countries. The report also highlights wide variation in the implementation of effective policies to reduce alcohol harm.

Read the full report [here](#).



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

The Institute of Alcohol Studies is a registered charity (no. 1112671)