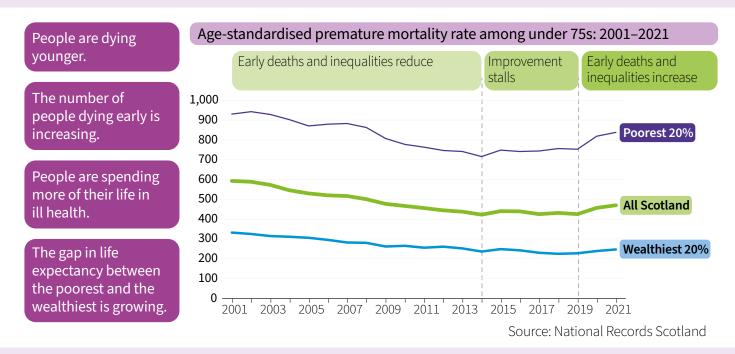
Policy briefing: alcohol



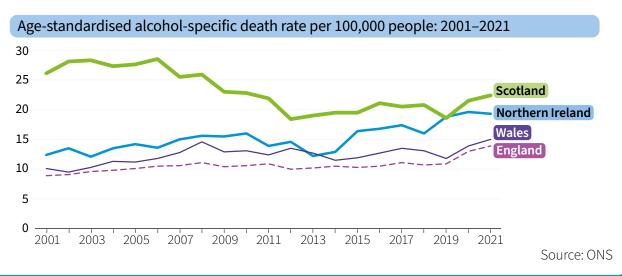
As Scotland's public health agency, our vision is to create a Scotland where everybody thrives. However, after decades of improvement, Scotland's health is worsening.



Long-term success in reducing health inequalities will not be achieved by the health service alone. We will work with public health partners to support investment in prevention and deliver policy actions across the building blocks of a healthy society.

(🔍)) Alcohol

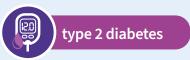
Delivering our vision means we need to address the adverse health and social consequences from alcohol consumption. Alcohol deaths are rising across the UK. Deaths are highest in Scotland, despite the estimated number of lives saved by the introduction of **minimum unit pricing** (MUP).

















To reduce alcohol harm, the **World Health Organization** (WHO) proposes the need for concerted action and stronger political commitment. There needs to be urgent, collective, evidence-based action now to help harmful alcohol use. By reducing exposure to alcohol from an early age, and supporting those affected by alcohol issues, we can improve the quality of people's lives. However, tackling harmful alcohol use will require action across a range of areas, including social and economic factors, health services and the places where we live, play and work.

Why we need to act



Health impact

Each week in Scotland, 23 people die because of alcohol. Source: MESAS

The more alcohol we drink, the higher the health risks. 24% of adults drink more than 14 units a week, increasing their risk of breast cancer, mouth cancer, stroke, heart disease and type 2 diabetes. Source: Scottish Health Survey 2021

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Social impact

People in our **poorest areas** are **five times more likely to die** from **alcohol** than those in the **wealthiest areas**, and **eight times more likely** to be **hospitalised**. Source: **MESAS**

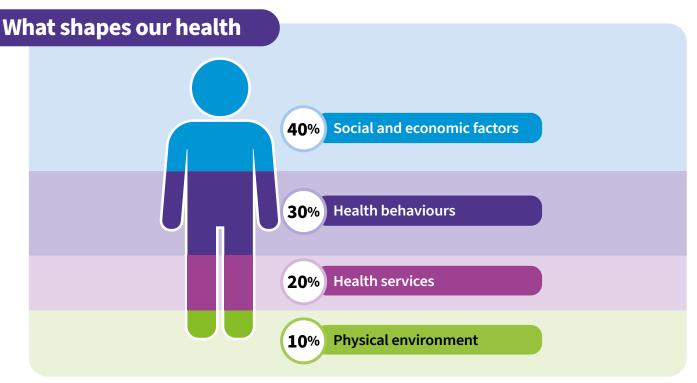
Early teenage binge drinking can lead to bullying, lower levels of mental wellbeing and difficulties at school. Source OECD

41% of **women** are estimated **to drink alcohol while pregnant**. This **increases the risk** of miscarriage and premature birth, and can have lifelong effects on the development and wellbeing of the child. Source: **Lancet**



Future impact

If current alcohol consumption trends continue, life expectancy will be 0.8 years lower by 2050. At the same time, healthcare expenditure will need to rise by at least 3%, or £209 per person per year, to cover the additional burden attributable to alcohol. Source: OECD



Adapted from The Kings Fund.

Policy proposals

Social and economic factors

- Develop and implement a Regulatory Code for marketing of alcohol. This will help to protect children, young people and those affected by alcohol dependence from prolonged exposure to alcohol advertising.
- Identify and implement evidence-based measures to reduce at-home alcohol consumption.
- Continue with policy on MUP on alcohol. MUP is estimated to have reduced deaths directly caused by alcohol consumption by 13.4% and hospital admissions by 4.1%.

Health behaviours

- Introduce a standardised health warning to alcohol containers. This would give people information about the contents of alcoholic drinks and the associated risks.
- Develop public health policy to reduce alcohol harms with communities, free from the influence of those with vested economic interests in alcohol production and its sales.

Health services

• Invest in alcohol treatment services to increase the availability and resourcing of appropriate treatment pathways. People with alcohol dependence need timely and high-quality treatment.

Physical environment

• Strengthen the existing powers available to licensing boards to use public health considerations to inform decisions, particularly in areas of high deprivation.

The role of PHS

Scotland has made progress in reducing alcohol harm but can **learn from other countries**. To reduce alcohol deaths, we need innovative and progressive action, accompanied by a clear commitment to monitoring and evaluation. Evidence of impact will become clear as policies are implemented.

Any agreed interventions on alcohol need to sit alongside a wider programme of work to improve the building blocks of a healthy society. This will include action on other health-harming substances, together with action to address poverty.

Given the key role of data and evidence to drive policy, we, along with our public health partners, can make a positive contribution.

Enabling action

We support the Scottish Government and local government to take bold decisions by providing evidence and guidance on effective policy interventions to reduce alcohol harm. This includes:

- delivering a review of alcohol brief interventions as part of the Scottish Government's alcohol framework
- progressing work to understand the decline in referrals to specialist treatment services and inform national and local policy improvements
- supporting Alcohol and Drug Partnerships to review alcohol-related deaths and carrying out needs assessments to help direct the commissioning of alcohol services

Intelligence

We develop evidence and data to support wellbeing and protect people from harm. We provide intelligence on the best ways of reducing alcohol harm. This includes:

- the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) monitoring report,
 which presents all the latest available data on key alcohol indicators in Scotland
- the **Scottish burden of disease study**, which provides estimates of the impact of alcohol on our health and its contribution to health inequalities
- a new alcohol surveillance dashboard, which will allow local areas to understand alcohol harms and trends in their areas
- completing the first national profile of people in contact with specialist treatment services to help services and local partnerships continuously improve

Evaluation

We evaluate the delivery of major policies to better inform what works and help policy makers and services make positive decisions. This includes the:

- five-year evaluation of MUP for alcohol
- residential rehabilitation placements report

