The politics of alcohol policy

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Figure 2.1 Alcohol-related deaths per 100,000 population in the UK, 1992-2011 (ONS)

Deaths per 100,000 population
- males
- females
- all
Liver Cirrhosis Death Rates 1950-2010

[Leon and McCambridge Lancet 2006 updated]
Per capita (litres per head per year) consumption of pure alcohol in the UK population, 1900–2010

Sources: BBPA Statistical Handbook; Cancer Research UK
The Cost: Scotland

‘The Societal Cost of Alcohol Misuse in Scotland for 2007’

£3.6bn

- Health care: £268m
- Social care: £230m
- Crime: £727m
- Productive capacity: £866m
- Wider social costs: £1,465m
Two Competing Frames

Industry Frame

- Promotes the business interests of the alcohol beverage industry.
- Key messages are that alcohol consumption is normal, fun and healthy and that the majority of people drink responsibly with the damage caused by alcohol affecting only a small group of people who drink irresponsibly.
- Alcohol is not the problem - it's the irresponsible behaviour of a minority of drinkers.
- The policy solutions are education, self-regulation and partnership working.

Public Health Frame

- Concerned with promoting the public health interest and protecting people from the risks associated with the consumption of a harmful and addictive product.
- Key messages are that alcohol is linked to over 60 diseases and health conditions, 2nd only to tobacco in the developed world as the key risk factor for death and disability.
- Alcohol harms innocent victims and is linked to crime, violence, child neglect, road traffic accidents, fire fatalities and lost productivity.
- Policy solutions based on evidence of effectiveness and most require legislation to implement.
Effective Policy Responses

• Controls on price and availability
• Drink driving measures
• Age restrictions on alcohol purchasing
• Brief interventions in health care settings
• Reduced exposure to alcohol marketing
Tactics of Big Alcohol: Exposing vested interests

• Industry influencing presence in public policy process.
• Industry-funded research which seeks to cast doubt on the evidence base.
• Partnerships which focus on ineffective policies.
• Role of Big Alcohol in sustaining consumption and consequent problems.
Policy Developments in Scotland

Changing Scotland’s relationship with alcohol: a discussion paper on our strategic approach

ALCOHOL
Price, Policy and Public Health

REPORT ON THE FINDINGS OF THE EXPERT WORKSHOP ON PRICE CONVENED BY SHAAP

www.alcohol-focus-scotland.org.uk
Minimum Unit Pricing (MUP) Scotland

• Minimum retail price for a unit of alcohol, linked to alcohol content, price set in regulation by Scottish Parliament.

• Policy aims to reduce consumption and specifically targets alcohol which is cheap relative to strength.

• MUP affects the whole population but the effect is greater for those who drink the most.

• Heaviest drinkers buy more of the cheapest alcohol. Harmful drinkers account for 64% of low cost alcohol (below 40p/unit) sold in UK.
Minimum Unit Pricing (MUP) Scotland

Research published in April 2013 by LSHTM examined industry submissions made to the Scottish Government’s consultation on MUP:

• Industry actors consistently oppose the approaches found in research to be most likely to be effective at population level without actually engaging with the research literature in any depth.

• Strong evidence is misrepresented and weak evidence is promoted.

• Unsubstantiated claims are made about the adverse effects of unfavoured policy proposals and advocacy of policies favoured by industry is not supported by the presentation of evidence.
Public Interest Purpose of Licensing

• Licensing exists because there is a consensus in society that alcohol is not an ordinary commodity. Alcohol is a substance with known toxic, intoxicating and addictive effects. Controlling the availability of alcohol has been a strategy employed by public authorities over many centuries to limit the risk of harm to individuals and society from its use. [Rethinking Alcohol Licensing 2011]

• The licensing system exists to regulate the sale of alcohol for the primary purpose of minimising the harm to individuals and to society arising from the consumption of alcohol – that purpose should guide all decision-making.
In Summary

• Significant evidence base documenting increased attempts by the global alcohol industry to influence policy in ways that favour their business interests at the expense of public health and well-being.

• In the same way, business interests are likely to oppose any meaningful policy decisions which seek to reduce the availability of alcohol at a local level.

• The public health community needs to collaborate and mobilize in the same way that the tobacco control movement did in order to support the implementation of evidence-based, effective alcohol policies which protect our health and wellbeing.
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