Alcohol Health Alliance UK (AHA)

Alcohol (Licensing, Public Health and Criminal Justice) (Scotland) Bill

The Alcohol Health Alliance UK (AHA) is a group of more than 40 organisations whose mission is to reduce the damage caused to health by alcohol misuse. The AHA works together to:

- highlight the rising levels of alcohol-related health harm
- propose evidence-based solutions to reduce this harm
- influence decision makers to take positive action to address the damage caused by alcohol misuse.

The AHA is pleased to endorse the response submitted by Alcohol Focus Scotland, a copy of which is attached.

In addition to Alcohol Focus Scotland’s response, the AHA would recommend that action is taken on the following key areas highlighted in the consultation:

- **Action on price**

  In the long term, it is not the price but the affordability of alcohol that shapes consumer behaviour. Over the last 30 years the affordability of alcohol in the UK has increased despite rises in alcohol taxes\(^1\). In 2010, alcohol was 48% more affordable than in 1980\(^2\) – the heaviest drinkers currently pay only 33p/unit of alcohol, with some high-strength ciders costing the equivalent of only 6p/unit.\(^3\) The Alcohol Health Alliance strongly supports a minimum unit price for alcohol.

  International evidence demonstrates that this is an effective and cost effective intervention. In Canada it has been shown that a 10% increase in average price results in approximate an 8% reduction in consumption, a 9% reduction in hospital admissions and a 32% reduction in deaths which are wholly attributable to alcohol.\(^4\) Research from the AHA demonstrates that the majority of people in Scotland (65\%) believe that there is a link between pricing and consumption. The majority of people in Scotland (54\%) also support minimum unit pricing\(^5\). However when further information was given about the impact of alcohol misuse on hospital admissions and alcohol-related crime, this figure rose to 62%.

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\(^3\) Sheron, N, Eisenstein, K. Minimum unit price — how the evidence stacks up. BMJ 2004;348:g67


\(^5\) The AHA commissioned a survey of UK residents to obtain information on alcohol behaviour, attitudes and perceptions. Fieldwork was undertaken between the 23\(^{st}\) October and the 9\(^{th}\) November 2014, with a final sample of 3077 respondents. All UK countries were represented and data was weighted by age, gender and socio-economic classification and is representative of the resident population.
• **Restrictions on alcohol advertising**

There is significant evidence demonstrating a link between advertising and consumption. Alcohol advertising increases the likelihood that young people will start to use alcohol and will drink more if they are already using alcohol. Current regulation is failing to adequately curb the activities of the alcohol industry both in terms of the volume of young people’s exposure to alcohol advertising and the appeal of content. No regulation exists to tackle the volume of advertising to which audiences are exposed; the weak wording of the self-regulated codes and a failure by the Advertising Standards Authority to apply the codes in full, including the spirit behind the codes, means content frequently makes associations with prohibited themes. Evidence from the AHA shows that the public in Scotland overwhelmingly support restrictions on alcohol advertising. 82% of people in Scotland support a ban on alcohol advertising before the 9pm watershed and 86% of people in Scotland support alcohol advertising only being shown in the cinema during films rated 18.

Further information and evidence for each of these proposals can be found in ‘Health First: An evidence-based alcohol strategy for the UK’, published by the University of Stirling in 2013 and supported by the Alcohol Health Alliance. The document is accessible at: [http://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf](http://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf)

**Alcohol Health Alliance**

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