



## MINUTES OF THE MEETING OF THE EAST LoTHIAN LICENSING FORUM

WEDNESDAY 24 MAY 2023  
MERCAT GRILL

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### **Forum Members Present:**

Mr G Blaikie  
Mr S Baxter  
Ms K Harling  
Mr J Thayers  
Ms C Glen  
PC I Anderson

### **Council Officials Present:**

Ms M Scott

### **Elected Members Present:**

Councillor C Cassini  
Councillor F Dugdale  
Councillor McGuire

### **Visitors Present:**

Mr N Findley  
Mr A Russell  
Mr S Holligan

### **Apologies:**

PC C Tait  
Councillor L Bruce

**Declarations of Interest:** There were no Declarations of Interest recorded at the meeting.

**1. MINUTES OF THE MEETING OF THE EAST LOTHIAN LOCAL LICENSING FORUM HELD ON 22 FEBRUARY 2023 AND MATTERS ARISING**

The minute was agreed as an accurate recording of the meeting.

**2. POLICE REPORT (VERBAL)**

PC Iain Anderson attended the Forum in place of his colleague PC Cameron Tait who is currently off sick. PC Anderson gave an update of incidents since the last meeting detailing all reported on and off sales incidents within Musselburgh, Wallyford, Whitecraig, Tranent, Prestonpans, Port Seton, Dunbar and North Berwick. He added that most of the incidents related to off sales were thefts and none of these were committed by underage young people. PC Anderson compared this year's data to last years over the same dates which showed less than half the recorded incidents from last year. PC Anderson stated this could be due to numerous premises having to close post-covid or due to the cost of living crisis and people not being able to go out as often or only attending large organised events instead. PC Anderson reported most of the incidents within licensed premises were due to customers refusing to leave after being asked by staff which has resulted in a call to the police so most of these take place in the late evening as expected. He noted that the trade is still struggling with establishments mostly seeing regulars instead of new customers.

Mr Nigel Findlay asked what measures were being put in place for Ladies Day at Musselburgh Race Course. PC Anderson stated Musselburgh are proactive and pay for a police presence on Ladies Day and have been mindful this year of incidents that have taken place at other race meetings from Just Stop Oil protesters. He explained there will be disruption officers out on the day some plain clothed and some in uniform as well as drug dogs and amnesty bins. Mr Findlay said he will have a staff member outside of his establishment to keep an eye on what customers are looking to come in and if they seem extremely under the influence they will be told the pub is full. He added he has done this for numerous years as he knows people begin drinking before the event starts and by finishing time people could become very disruptive, Ms Karen Harling, LSO stated she could do visits prior to big events to give premises advice on the best way to manage them as this was done in Haddington recently to let premises know of the possible influx of customers and to have on extra staff and this worked well. Mr Findlay reported his pub was at capacity last weekend after an event at Musselburgh Harbour but there was no trouble at all. Ms Harling explained this was a family event and due to decisions made at the Licensing Board there was no bar at the event and anyone who wished for an alcoholic drink had to attend a licensed premises. She explained this is favourable as there is less exposure to children and it is positive for the trade in the surrounding area where trained staff can be in charge of the sale of alcohol as opposed to voluntary organisations with a lack of knowledge and understanding. Ms Harling added it was nice to have Board members attending the Forum today to hear about the positives that have come from decisions they have made.

Ms Harling asked if there had been any trends on drug and alcohol use relating to incidents at home. Unfortunately PC Anderson was unable to give this information as his main focus was on on and off sales and if this was information the Forum would like then a Freedom of Information Request would have to be made. Mr Thayers confirmed he was told the same information when he contacted the Police and queried this due to the Police and the Forum being in partnership but was advised the annual Chief Constables report is accessible to the public. PC Anderson noted this report was due out at the end of the month and would be sent to local authorities so this could be brought to the next meeting of the Forum. PC Anderson explained that "theft SL" meant shop lifting and explained these were not all from small village

shops but also large named supermarkets. He added some shops are able to identify what items have been taken quickly but larger stores may need to complete a stock check to provide this information. PC Anderson stated that a lot of staff will challenge thieves verbally, not physically and then report to Police but some larger stores have security, especially ones which are frequently visited by school age children. PC Anderson explained “theft HB” meant house breaking and the “medical” noted on his report was a heart attack within a licensed premises which was not alcohol related.

Mr Findlay asked if there was a domestic within his premises is it still his responsibility to call the police in case this was to escalate further after they left. PC Anderson said he had heard of his being the advice but he was not sure on the current policy but that training was available to licensed premises. Mr Findlay confirmed at the moment he has told staff to check in with customers if they are involved in a domestic incident within the premises and tell them if it was to escalate that the Police would need to be called. Ms Harling confirmed to uphold licensing objectives that a call should be made to the Police so there is a line of investigation should anything further happen. PC Anderson explained that any establishment calling the Police does not cause a black mark against them and is instead seen as being proactive. PC Anderson explained to Forum members that less spot checks are being done at premises now as there are less officers available but they are still always allocated for larger events.

### **3. LICENSING STANDARDS OFFICER REPORT**

Ms Harling spoke to her report and explained the following outcomes from the February, March and April Board meetings:

- S28 Premises License ceased at Dunglass Estate, Cockburnspath
- Provisional Premises Licence granted to Humble Hub
- Major Variation granted to Levenhall Village store
- Occasional License refused to Ormiston Gala Committee
- Occasional License granted with conditions to Gosford House
- Occasional License granted with conditions to Haddington Rugby Football Club
- Provisional Premise License granted to Buck and Birch, Macmerry
- Major Variation granted to The Main Course, Gullane
- Occasional License granted to Aberlady Committee for Aberlady Gala Day
- Major Variation granted to Luffness New Golf Club, Gullane
- Major Variation granted to Glenkinchie Distillery
- Occasional License granted to Stewart Brewing, Edinburgh Marathon Festival
- Occasional License granted with conditions to Michael Spink, Annual Football Festival Gullane
- Occasional License refused to Douglas Forsyth, Blair Halls in Tranent

Ms Harling pointed out there was a theme of major variations to add deliveries to their license as this now needs to be on the operating plan. Children’s events have also been brought to the Boards attention to discuss if there is a need for alcohol to be sold there as well as any new events, such as Goatfest which will be decided by the Board and not on delegated powers. Ms Harling reported the alcohol management plan is now in place and will be available at all events for people to look at. Ms Harling reported there have been a number of voluntary organisations requesting licenses but they have actually just been friend groups with no proof of their organisation or a committee. She noted that voluntary organisations are limited to how many occasional licenses they can have within a 12 month period. Ms Harling gave an overview of all licenses and variations between January 23 and April 23 including provisional licenses outstanding confirmation.

### **Marketing the Forum**

Ms Harling was pleased to see new faces joining the meeting who were representatives of the trade and also to have three Board members in attendance.

### **Forum Training**

Ms Harling made members aware that training was taking place on Friday 9<sup>th</sup> June in Glasgow City Chambers and if anyone would like to attend they need to respond to the email that was sent out by the 26<sup>th</sup> May.

### **Statement of Licensing Policy Review**

Ms Harling explained a first draft is close to being released and it is hoped a public consultation will take place in June after which the Board would like to invite the Forum to consult on the proposed policy.

Mr Graham Blaikie stated that people building their own bars and having their own beer kegs is causing a huge issue for trade especially when they are paying large amounts to have Sky packages within their establishment and people.

Mr Findlay asked if the consumption of alcohol in the streets in East Lothian was permitted. Ms Harling explained that there are bylaws which are different for each village and these are all listed with boundary maps on the East Lothian Council website. Mr Findlay asked if the Council would be able to provide signage in Musselburgh to explain people would be fined for drinking in public as there have been issues around the Brunton Hall and Fishers Wynd areas. Mr Findlay also raised concerns about the type of people being drawn to these areas and asked the Police to keep an eye on this. Ms Harling agreed to look into signage.

### **Decisions**

The Forum agreed:

- PC Anderson to provide the Chief Constables report at the next Forum meeting
- Ms Harling to contact legal and roads to look into signage on alcohol rules
- Ms Harling to send application forms to the three new Forum members
- For Forum meeting invites to be sent to all Board members
- For minutes of the Forum to be sent to Board members if no one is able to attend
- Members to send any contacts of youth organisations or persons involved in youth work to Miss Scott to collate and send on to Ms Harling to contact
- Ms Harling to draft a letter to send to youth organisations about hosting an event to recruit or involve young people in the Forum
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## **4. UPDATE TO SCHEME OF ADMINISTRATION**

Ms Harling explained there have been minor updates made to the Scheme of Administration including new email addresses added. All members were happy to approve the changes so this will be added to the Council website.

## **5. COMMUNICATION WITH EAST LOTHIAN LICENSING BOARD & DISCUSSION OF WORK PLAN**

Ms Harling explained information was added in relation to Forums and how they are working with a work plan and better communication with the Board. Councillors have told Ms Harling having dates set for the Forum in advance would make it easier for them to attend and discuss what topics can be taken to the Board for discussion. Councillor Fiona Dugdale stated it would be helpful to have members of the Board at the Forum each time and if dates

were set in advance they could perhaps have a schedule to ensure attendance from at least one member. Ms Harling and other Forum members were happy to do this and Ms Harling also explained that they would like to try and change locations throughout East Lothian to encourage more people to join.

Ms Harling stated the joint meeting of the Forum and the Board has been hindered due to the current set up and Forum members having to wait until Board business has been concluded. Ms Harling suggested it would be best to have the joint meeting in the current format of the Forum, with Board members joining and this could be planned in advance to formulate a proper agenda. All members were in agreement with this and dates were set for future Forum meetings and the joint meeting with the Board. It was also agreed that if no Board members are able to attend Forum meetings then a copy of the minutes would be sent to them.

Councillor Dugdale asked if the Forum was still interested in recruiting young people and although everyone agreed this would be beneficial they feel this formal setting would not appeal to young people. Councillor Dugdale referenced a previous event for young people which was held at the Brunton Hall which may be more productive than having just one young person as a member on the Forum. Councillor Cher Cassini added that members could market that joining the Forum would be beneficial to have on their CV and also suggested contacting the new secondary school at Wallyford. Ms Harling asked if any members had any suggestions of organisations already involved with youth work who would be good to reach out to then to send any contacts to the clerk. Ms Harling agreed to draft a letter to organisations and contact and look at organising an event to recruit or get the views of young people in East Lothian.

## **6. EAST Lothian LICENSING BOARD STATEMENT OF LICENSING POLICY – WORKING GROUP**

Already discussed in body of the meeting.

## **7. ANY OTHER BUSINESS**

### Contact Service

Mr Thayers made members aware of the contact service which is a telephone service for East and Midlothian that gives advice on drugs and alcoholic and directs callers to appropriate services. Mr Thayers would be able to provide a breakdown of male or female callers, which postcode they are calling from and what service they are calling about. He noted that there are around 50% more calls in relation to alcohol than drugs.

### Forum Website

Ms Harling made members aware of the new Forum website and all the signage that was available on there to be printed off and put in with their premises. She asked if anyone receives any new signage to send her a copy so this can also be made available on the Forum website.

### Bottle Return Scheme

The return scheme has been on hold for the time being and it has been announced trade might not be partaking initially. Mr Findlay stated he was relieved about this and felt if a premises could prove they were already recycling appropriately especially as he already pays the Council directly for this.

## **8. AGREEMENT OF NEXT MEETING DATES/TIMES/VENUES**

The following dates were agreed for future Forum meetings:

- 23<sup>rd</sup> August 2023 at 10am - Mercat Grill, Whitecraig
- (Joint meeting with Licensing Board) 22<sup>nd</sup> November 2023 at 10am – venue TBC
- 21<sup>st</sup> February 2024 at 10am – venue TBC
- 22<sup>nd</sup> May 2024 at 10am – venue TBC

DRAFT

# LSO – Licensing Forum Notes

## May 2023 – July 2023

### Board Meetings

As Licensing Standards Officer, I have been involved in the following applications etc. as presented at the Licensing Board:

- **May Licensing Board 2022**
  - **Major variation – Musselburgh Racecourse**  
Request to add funfairs to operating plan as part of events. Granted by the Board.
  - **Major Variation – Bonnie Badger, Gullane**  
Application was received to alter the on sales hours to commence from 0900 hours in order for the service of alcohol to non-residents with breakfast. Granted by the Board.
  - **Occasional Licence – EH32 Live - Craig Hodgson**  
Application for occasional licences back to back from June – September for a weekly music event called EH32. Granted by Board with altered times for alcohol sales and music.
  - **Occasional Licence – Carfrae House – Eric Linklater**  
Application for 5 occasional licences for Farm Shop. Premises had been running on occasional licence since September 2022. Sent to Board for determination. Granted however requested a premises licence application be submitted.
- **June Licensing Board 2023**
  - **Major Variation – Carberry Tower**  
Application to increase licensed area, add films out with core hours, add markets and Santa's Grotto as activities and increase capacity. Granted by the Board
  - **Major Variation – Co-op Tranent and Co-op Ormiston**  
Application to add deliveries to both premises. Granted by the Board
  - **Occasional Licences – Castle Hotel, Dunbar – Outside area**  
Application for occasional licences for outside area. Granted by Board with conditions
  - **Occasional Licence – Scottish Open – Scott Dodds**  
Application for occasional licence for Scottish Open, on sales to commence at 1000hours. Granted by the Board
  - **Occasional Extension – Eskmills Venue (Event Space) – Hickory**  
Application for two extended hours' applications for weddings. LSO questioned if the events were special and the repeat nature of the applications. Granted by the Board.

- **July Licensing Board 2023 – None, summer recess.**



## Overview of 2023

Month	Premises licences	Provisional Licence	Major Variations	Minor Variations	Premises Reviews	Personal Reviews	Premises Surrendered	Premises Revoked	Personal Revoked	Occasional	Occasional Ext	Transfers	Complaints
Jan-23	0	1	1	9	0	0	0	0	0	89	2	1	1
Feb-23	0	1	2	8	0	0	0	0	0	46	5	3	3
Mar-23	0	0	3	12	0	0	0	0	0	96	1	0	0
Apr-23	0	0	0	7	0	0	0	0	0	132	1	1	2
May-23	0	0	2	3	0	0	0	0	0	102	0	0	7
Jun-23	0	0	3	3	0	0	0	0	0	60	0	0	12
Jul-23	0	0	0	4	0	0	0	0	0	85	0	0	10
Total	0	2	11	46	0	0	0	0	0	610	9	5	35

## Provisional Licences Outstanding confirmation

Provisional Grant Date	Premises	Comments re Section 50 Certs.	Confirmed
29/08/2019	Thomson's of Tranent High Street, Tranent	Building standards issues to be resolved.	<b>Expires Aug 2023 – Extension requested for Aug Board</b>
26/09/2019	Whitekirk Hill	Issues in relation to activities missing	<b>Expires Sep 2023</b>
23/01/2020	Beer Zoo	No update	Expires Jan 2024
07/07/2020	Chip Shop, 57 Eskview Terrace	No update	Expires Jul 2024
22/04/2021	Wine Wednesday, North Berwick	No update	Expires Apr 2025
03/05/2021	Carlyle House	No update	Expires May 2025
28/10/2021	Monktonhall Service Station	No update	Expires Oct 2025
26/11/2021	The Topsy Truffle	No update	Expires Nov 2025
31/03/2022	Broxmouth Courtyard	No update	Expires Mar 2026
25/08/2022	The Mart, East Linton	No update	Expires Aug 2026
27/10/2022	The Tap Room, Haddington	No update	Expires Oct 2026
30/03/2023	Buck and Birch	No update	Expires Mar 2027
Section 50 Certs	Outstanding	11	

### Topics for Forum Discussion:

The Forum may wish to discuss the following topics.

### Update - Work plan for engagement and relationship with the Licensing Board

Agreed dates – next meeting is joint meeting with the Board in Nov

### Marketing the Forum

The LSO has been promoting the forum whilst on visits and it is hoped that the new website for 2023 will attract more traffic.

### National Licensing Forum

An email was circulated to all members with details of the potential establishment of a National Licensing Forum Group. Was anyone able to attend?

### Policy

A Statement of Licensing Policy review now concluded. A working group has drafted a response to be agreed at this meeting for submission by 25<sup>th</sup> August. To be discussed and finalised at this meeting.

If time – MUP discussion?

Karen Harling  
Licensing Standards Officer  
[kharling1@eastlothian.gov.uk](mailto:kharling1@eastlothian.gov.uk)  
01620 827478



**We need**

## **Treatment and Prevention**

✓ Increase investment in recovery-oriented alcohol services

✓ Improve identification of patients at risk of liver disease

✓ Establish Alcohol Care Teams in hospitals

✓ Increase the MUP to at least 65p per unit

✓ Restrict alcohol marketing

✓ Develop a national strategy on the availability of alcohol

✓ Introduce an alcohol harm prevention levy to help fund the above

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**We support**

**Increasing the minimum  
unit price to at least 65p  
to save more lives**



**#MUPSavesLives**

**MUP works.**

**The Scottish Parliament must:**



**Vote to  
retain MUP**



**Uprate to at least  
65p per unit**

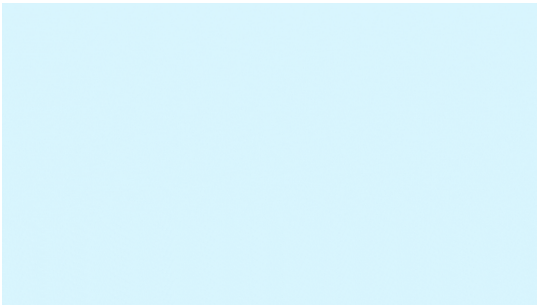


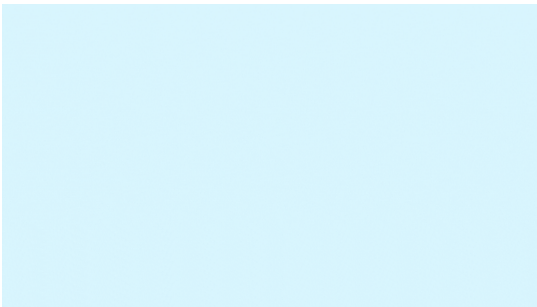
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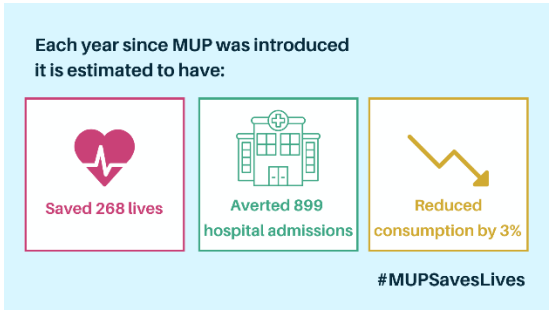
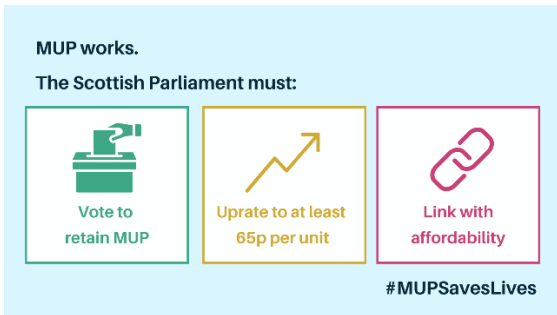
**#MUPSavesLives**



## MUP and Emergency Response

Tweet to tag spokespeople	Content
<p>Independent @P_H_S_Official evaluation found #MUPSavesLives</p> <p>✔ To optimise the policy, it should be updated</p> <p>⚠ MUP alone is not enough</p> <p>🔍 We need increased focus on both treatment and prevention</p> <p>Find out how to address the #AlcoholDeathsEmergency <input type="checkbox"/></p> <p><a href="https://www.alcohol-focus-scotland.org.uk/media/440283/briefing-emergency-response-required-to-prevent-deaths-from-alcohol-2404.pdf">https://www.alcohol-focus-scotland.org.uk/media/440283/briefing-emergency-response-required-to-prevent-deaths-from-alcohol-2404.pdf</a></p>	<p>Treatment and Prevention GIF</p>  <p><b>Please tag the following people:</b>            @Sandeshgulhane @TessWhite4NE            @GillianMacMSP @jackiebmsp @Cmochan            @agcolehamilton @ElenaWhitham            @MathesonMichael</p>

General Tweets	Content								
<p>'@P_H_S_Official evaluation finds MUP has:</p> <ul style="list-style-type: none"> <li>✔ Saved lives</li> <li>✔ Averted hospital admissions</li> <li>✔ Decreased how much we drink</li> </ul> <p>We must do more – Scotland needs a focus on both alcohol treatment and prevention to save lives</p> <p>More on the #AlcoholDeathsEmergency <input type="checkbox"/></p> <p><a href="https://www.alcohol-focus-scotland.org.uk/media/440283/briefing-emergency-response-required-to-prevent-deaths-from-alcohol-2404.pdf">https://www.alcohol-focus-scotland.org.uk/media/440283/briefing-emergency-response-required-to-prevent-deaths-from-alcohol-2404.pdf</a></p>	<p>Treatment and Prevention GIF</p> 								
<p>In 2021, 1,245 people lost their lives due to alcohol in Scotland</p> <p>To reduce alcohol harms we need increased focus on both treatment and prevention</p> <p>@AlcoholFocus and over 30 organisations support action on the #AlcoholDeathsEmergency <input type="checkbox"/></p> <p><a href="https://www.alcohol-focus-scotland.org.uk/media/440283/briefing-emergency-response-required-to-prevent-deaths-from-alcohol-2404.pdf">https://www.alcohol-focus-scotland.org.uk/media/440283/briefing-emergency-response-required-to-prevent-deaths-from-alcohol-2404.pdf</a></p>	<p>1. Treatment and Prevention</p> <div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center; background-color: #e0ffe0;"><b>We need</b></p> <p style="text-align: center; background-color: #e0ffe0;"><b>Treatment and Prevention</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">✔ Increase investment in recovery-oriented alcohol services</td> <td style="padding: 5px;">✔ Increase the MUP to at least 65p per unit</td> </tr> <tr> <td style="padding: 5px;">✔ Improve identification of patients at risk of liver disease</td> <td style="padding: 5px;">✔ Restrict alcohol marketing</td> </tr> <tr> <td style="padding: 5px;">✔ Establish Alcohol Care Teams in hospitals</td> <td style="padding: 5px;">✔ Develop a national strategy on the availability of alcohol</td> </tr> <tr> <td colspan="2" style="padding: 5px;">✔ Introduce an alcohol harm prevention levy to help fund the above</td> </tr> </table> </div>	✔ Increase investment in recovery-oriented alcohol services	✔ Increase the MUP to at least 65p per unit	✔ Improve identification of patients at risk of liver disease	✔ Restrict alcohol marketing	✔ Establish Alcohol Care Teams in hospitals	✔ Develop a national strategy on the availability of alcohol	✔ Introduce an alcohol harm prevention levy to help fund the above	
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<p>MUP achieved its intended aim #MUPSavesLives</p>									

<p>📢 Independent @P_H_S_ Official evaluation says MUP should be maintained</p> <p>📖 We support increasing MUP alongside other policies to tackle Scotland's high levels of consumption and related problems</p> <p>More info <input type="checkbox"/></p> <p><a href="https://www.alcohol-focus-scotland.org.uk/media/440283/briefing-emergency-response-required-to-prevent-deaths-from-alcohol-2404.pdf">https://www.alcohol-focus-scotland.org.uk/media/440283/briefing-emergency-response-required-to-prevent-deaths-from-alcohol-2404.pdf</a></p>	<p>2. MUP support</p> 
<p>MUP has saved lives, averted hospital admissions, and reduced consumption says independent @P_H_S_ Official evaluation</p> <p>MUP must be:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Retained</li> <li><input checked="" type="checkbox"/> Uprated to at least 65p per unit</li> <li><input checked="" type="checkbox"/> Linked with affordability</li> </ul> <p>Read the latest evidence <input type="checkbox"/> #MUPSavesLives</p> <p><a href="https://www.alcohol-focus-scotland.org.uk/campaigns-policy/minimum-pricing/">https://www.alcohol-focus-scotland.org.uk/campaigns-policy/minimum-pricing/</a></p>	<p>3. MUP effects</p> 
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# Alcohol Advertising in Outdoor and Public Spaces

April 2023

## Summary

- Alcohol harm in Scotland is a public health emergency.
- Restricting alcohol marketing is one of the most effective ways of reducing consumption and related problems, with outdoor and public space advertising a key form of alcohol marketing.
- Alcohol marketing causes youth drinking and the inescapable nature of outdoor alcohol advertising causes difficulties to people in recovery.
- Other countries have banned alcohol companies from advertising in public spaces, such as Estonia, Finland, Lithuania and Sweden. Advertising restrictions in public spaces, such as on public transport, have been successful in reducing the consumption of other unhealthy products.
- The Alcohol Marketing Expert Network recommends restricting alcohol advertising in outdoor and public spaces as part of comprehensive alcohol marketing restrictions.

## Background

One in four people in Scotland drink at levels that put their health at risk,<sup>1</sup> and it is estimated that **alcohol causes nearly 1 in 15 of all deaths.**<sup>2</sup> The pandemic has added to existing problems, with a 22% increase in alcohol-specific deaths in the last two years.<sup>3</sup> In 2021, **the Scottish Government rightly recognised alcohol harm in Scotland as a public health emergency.**<sup>4</sup> Our high levels of drinking and alcohol problems have wider repercussions, with alcohol costing an estimated £5-10 billion to Scottish society per year, including up to £500 million in health and social care costs.<sup>5</sup>

Restricting alcohol marketing is one of the **most effective ways of preventing alcohol harms.**<sup>6</sup> The **World Health Organization has identified restricting alcohol marketing** as one of their three ‘best buys’ for alcohol policy.<sup>7,8</sup>



**Advertising in outdoor and public spaces, also known as out-of-home advertising, is a key form of alcohol marketing.** It includes **billboards, street furniture, transport, and place-based media, such as within cinemas or sports grounds.** Out-of-home advertising reaches an incredible 98% of the UK population at least once a week,<sup>9</sup> promotes engagement with digital advertising more than any other media<sup>10</sup> and encourages impulse purchasing when people are on the move.<sup>11</sup> **Advertising on public transport is particularly attractive to marketers, who consider passengers to be a captive audience.**<sup>12</sup>

**Alcohol brands rely heavily on out-of-home advertising,** to which they allocate around a fifth of their advertising budget – **nearly four times as much as the average brand.**<sup>13</sup> Alcohol brands’ spending on this type of advertising is predicted to grow over the coming years, despite the reduced foot and road traffic from the pandemic.<sup>14</sup>

## The impact of alcohol advertising

**Alcohol marketing causes us to drink more.** It encourages positive attitudes towards alcohol, creating and sustaining social norms that alcohol consumption is normal and desirable.

The evidence is clear that **exposure to alcohol marketing is a cause of youth drinking.**<sup>15</sup> Reviews of decades of evidence have shown that alcohol marketing leads young people to **start drinking earlier, to drink more** if they are already drinking, and to **drink at heavy or problematic levels.**<sup>16,17</sup>

Children and young people are **regularly exposed to alcohol marketing in public places.**<sup>18,19</sup> In a UK survey, **45% of young people reported having seen alcohol advertising on a billboard in the last month.**<sup>20</sup> The transport network is also a key source of exposure, as children in Scotland spend a significant amount of time around bus stops and roads,<sup>21</sup> particularly those from more deprived areas.<sup>22</sup>

*“In Edinburgh, they have billboards everywhere. The one I saw most was...on a main bus route...I saw it practically every day.”*  
Young Person

**Restrictions should go beyond focusing on places specific to children, as they live, play, and grow up in spaces not limited to parks and schools.** Research has shown that alcohol adverts are already unlikely to be located around schools.<sup>23</sup>

*“It makes it harder to maintain recovery when visually seeing alcohol marketed and promoted on public transport. A visual trigger.”*

*Person in recovery*

Alcohol marketing also **affects people with or in recovery from an alcohol problem.**<sup>24</sup> It encourages consumption and risk-taking behaviour among heavier drinkers,<sup>25</sup> causes higher craving levels,<sup>26</sup> and fosters positive alcohol-related thoughts and feelings which may make it difficult for heavy drinkers to reduce consumption.<sup>27</sup>

People in recovery from an alcohol problem **tell us that alcohol marketing is a risk to their recovery.** They have **highlighted the inescapable nature of alcohol advertising in public spaces, such as on public transport.**

### Other countries have acted

Many countries in Europe already have restrictions on alcohol advertising in outdoor and public spaces. For example, **Estonia, Finland, Lithuania and Sweden have all implemented an outright ban on outdoor alcohol advertising,** while France, Ireland and Sweden have introduced partial bans.<sup>28</sup> Several Australian states have restricted alcohol advertising on public transport and government-owned infrastructure,<sup>29</sup> and alcohol advertising was banned on New York City buses, subway cars and stations in 2017.<sup>30</sup>

### Advertising restrictions are effective

Restricting alcohol advertising in outdoor and public spaces has successfully reduced **awareness of alcohol advertising in Ireland,** where past-month awareness of public transport advertising among adults declined from 53% before restrictions were implemented to 40% two years after their introduction.<sup>31</sup>

**Advertising restrictions in public spaces, such as on public transport, have also been successful in reducing the consumption of other unhealthy products.** For example, the introduction of restrictions on the advertising of foods high in fat, sugar or salt (HFSS) across the Transport for London network in 2019 was associated with significant reductions in energy, sugar, and fat purchased from these products,<sup>32</sup> with no impact on advertising income.<sup>33</sup> A ban on tobacco advertising on posters and billboards in the UK was found to reduce awareness of such advertising among both adults and young people.<sup>34 35</sup>

### Recommendations for Action

The [Alcohol Marketing Expert Network](#) – a group of international experts in alcohol marketing research, law, and policy as they relate to the protection of public health – has recommended that **the Scottish Government should introduce statutory restrictions on alcohol advertising in outdoor and public spaces as part of comprehensive alcohol marketing restrictions.**<sup>36</sup>

This would most effectively prevent exposure of vulnerable groups, such as children and people in recovery, from intrusive alcohol adverts in outdoor and public spaces, and reduce the volume of alcohol marketing messages experienced by everyone. In turn, this would reduce purchases, consumption, and alcohol harms.

A 2022 survey suggests there is **majority support in Scotland for a ban on advertising in outdoor and public spaces such as streets, parks and public transport;** 51% supported a ban, 18% opposed and 31% either did not know or neither supported nor opposed a ban.<sup>37</sup>

Restricting alcohol marketing in outdoor and public spaces would be aligned with the wishes of children and young people in Scotland. **Children’s Parliament Investigators,** aged 9-11, felt that billboards and adverts promoting drinking should not be displayed in areas where children may see them.<sup>38</sup> Similarly, the **Young Scot Health Panel** of children and young people aged 14-25 years recommended prohibiting alcohol marketing on billboards and posters near to schools, nurseries and playgrounds, and on public transport vehicles, stops and stations.<sup>39</sup>



## About Alcohol Focus Scotland

[Alcohol Focus Scotland](#) (AFS) is the national charity working to prevent and reduce alcohol harm. We want to see fewer people have their health damaged or lives cut short due to alcohol, fewer children and families suffering as a result of other people's drinking, and communities free from alcohol-related crime. Our work involves gathering and sharing evidence of the harm caused by alcohol; promoting effective policies to prevent and reduce this harm; and developing learning opportunities and resources to support best practice.

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*Quotations derive from focus groups with children, young people and people in recovery facilitated and supported by AFS in late 2021 and 2022.*

*The picture featured was drawn by a member of Children’s Parliament as part of their project investigating an alcohol-free childhood in 2019.*

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## Minimum Unit Pricing (MUP): The Story So Far - May 2023

### Summary

Minimum unit pricing for alcohol (MUP) was implemented in May 2018 at a rate of 50p per unit. The policy is subject to a sunset clause, which means it will lapse unless renewed by the Scottish Parliament by end of April 2024.

Evaluation so far shows that by reducing alcohol consumption, **MUP has delivered its overall purpose of reducing alcohol-related harm.**

- It is estimated that **MUP has saved 268 lives and averted 899 hospital admissions** each year, on average.
- This is because MUP **reduced alcohol consumption in Scotland by 3%**, and targeted consumption by those drinking at higher levels.

MUP is **reducing inequalities** in alcohol harm as most of the lives saved are among the 40% of people living in Scotland's most deprived areas.

**MUP may have mitigated some of the pandemic's negative effects**, as the rise in deaths since the pandemic in Scotland was not as sharp as in England.

MUP remains an essential component of Scotland's alcohol strategy to reduce our high levels of alcohol consumption and harm. However, **the effect of 50p per unit has been significantly eroded by inflation** since the legislation was passed in 2012.

SHAAP and AFS recommend that the MUP is **uprated to at least 65p per unit**, and a **mechanism is introduced to automatically uprate the price in the future**, to ensure alcohol does not become more affordable. This will optimise the effectiveness of MUP in saving and improving lives.

### MUP's aims

As stated by the Scottish Government<sup>1</sup>: *"The policy aim of minimum pricing is to reduce alcohol-related harm by acting in two ways: to reduce, in a targeted way, the consumption of alcohol by consumers whose consumption is hazardous or harmful, and also to reduce the overall population level of consumption of alcohol."*

The policy was introduced in response to Scotland's high levels of alcohol consumption and related problems. In 2016, enough alcohol was bought in Scotland for every adult to substantially exceed the weekly low risk drinking guideline on every week of the year, with 17% more alcohol sold per adult than in England and Wales.<sup>2</sup>

Pricing policies have been identified by the World Health Organization as having the strongest evidence of success in impacting on alcohol consumption and alcohol-related harm.<sup>3</sup> There is extensive evidence on the relationship between price and consumption, showing that when prices go up, consumption decreases and when prices go down, consumption goes up.<sup>4</sup>

MUP was never intended to tackle Scotland's unhealthy relationship with alcohol on its own, however it is a vital cornerstone of the Scottish Government's alcohol strategy which contains forty actions to reduce alcohol consumption and related harm in Scotland.

### ✓ MUP has reduced alcohol-related harm

It is estimated that MUP has saved 268 lives and averted 899 hospital admissions per year on average, between its introduction in May 2018 and December 2020, compared to if the policy had not been introduced.<sup>5</sup> This represents a 13.4% reduction in deaths and a 4.1% reduction in hospital admissions for conditions that are only ever caused by alcohol (such as alcohol-related liver disease and alcohol dependence), plus an 8.4% reduction in deaths and a 3.4% reduction in hospital admissions due to alcohol from conditions where alcohol is not the sole cause (such as cancers and heart disease).<sup>55</sup>

The effect of MUP on alcohol mortality has been around three times greater than was expected. The modelling studies, which informed the Parliament's decision to approve MUP, predicted that a 50p MUP would result in around 80 fewer deaths each year by year 3.<sup>6</sup> The evaluation findings estimate that, in practice, MUP has delivered an average of 268 fewer deaths each year.<sup>7</sup>

This effect was seen in annual deaths statistics with a 10% reduction in alcohol-specific deaths and a small reduction in hospital admissions from liver disease<sup>8 9</sup> in the first full year after MUP was implemented. Sadly, increases in alcohol consumption among heavier drinkers and reduced access to services during the COVID-19 pandemic led alcohol-related deaths to rise again. However, MUP may have mitigated some of the pandemic's negative effects, as the rise in deaths since the pandemic in Scotland was not as sharp as in England.<sup>10</sup>

The effects of MUP in reducing alcohol-related deaths and hospitalisations are expected to build over time.<sup>11</sup> This is because it takes years for changes in consumption to impact on the development of chronic diseases such as breast and bowel cancer.

### ✓ MUP has reduced inequalities in alcohol harm

Alcohol harm is experienced very unequally. People in our most deprived communities are five times more likely to die from alcohol<sup>12</sup> and six times more likely to be hospitalised<sup>13</sup> than people in our least deprived communities. However, most of the lives saved by MUP have been among the 40% of people living in the most deprived areas, meaning that the policy is reducing inequalities in alcohol harm.<sup>5</sup>

### ✓ MUP has reduced overall population consumption

These positive health outcomes are because MUP has reduced how much we drink as a nation. MUP led to a 3% reduction in alcohol sales (the number of units of alcohol sold per adult per year), driven by a 3.6% reduction in off-trade sales.<sup>14</sup> There is no evidence to suggest that MUP has affected on-trade sales.<sup>14</sup> This is because the average price in the on trade is around four times the current MUP of 50p per unit.<sup>15</sup>

### ✓ MUP has targeted the consumption of people who drink at higher levels

MUP has successfully reduced the consumption of cheap, strong products,<sup>14 16</sup> which were disproportionately consumed by people drinking above the low risk drinking guidelines (referred to as 'hazardous and harmful' consumption).<sup>17</sup> Strong ciders have been particularly affected, with a clear shift away from their consumption.<sup>14 16</sup>

Drops in alcohol purchases following MUP were largely confined to the largest purchasing group (mostly hazardous and harmful drinkers).<sup>18 19</sup> The proportion of people drinking at hazardous levels has decreased by 3.5%.<sup>20</sup> The evidence around harmful drinking is more mixed, but some harmful drinkers have reported cutting down their consumption due to MUP.<sup>20</sup> The significant impact of MUP on alcohol deaths also suggests that consumption by heavier drinkers has been affected, given they are at higher risk.



## Conclusion

As predicted, MUP has delivered significant reductions in alcohol consumption, deaths and hospital admissions. Despite this, around 1 in 4 adults in Scotland regularly drink over the Chief Medical Officers' low-risk guidelines<sup>21</sup> and deaths are rising due to the effects of the pandemic. Now that we have evidence that MUP works, we need to renew the policy and to optimise it.

MUP remains an essential component of Scotland's alcohol strategy to reduce our high levels of alcohol consumption and harm. However, as highlighted by the World Health Organization, pricing policies must be regularly reviewed and revised to maintain and maximise their effectiveness.<sup>22</sup>

The effect of 50p per unit has been significantly eroded by inflation since the legislation was passed in 2012. SHAAP and AFS recommend that the MUP is uprated to at least 65p per unit, and a mechanism is introduced to automatically uprate the price in the future, to ensure alcohol does not become more affordable. This will increase the effectiveness of MUP in saving and improving lives.

## What's next?

MUP was introduced with a 'sunset clause', meaning that it will expire by 30th April 2024 unless the Scottish Parliament votes in favour of the policy remaining in place. MUP is being thoroughly evaluated by Public Health Scotland (PHS) which will publish a final report in June 2023. This will inform the Scottish Government's review report which will also draw on updated modelling of varying MUP levels by the University of Sheffield, and on stakeholder roundtables. The government's report will be laid before Parliament before the end of 2023 and is likely to be the subject of a public consultation.

If the Scottish Government's overall evaluation supports a continuation of MUP, it will lay Orders in Parliament to continue MUP beyond the initial six-year period and, if the evidence supports a change in price, to set a new unit price. If Parliament approves both of those Orders, it is intended that any new price would take effect from 1 May 2024.

Separate primary legislation would be required to introduce an automatic uprating mechanism for MUP.

## About SHAAP

[Scottish Health Action on Alcohol Problems](#) (SHAAP) is a partnership of the Medical Royal Colleges in Scotland and the Faculty of Public Health and is based at the Royal College of Physicians of Edinburgh (RCPE). SHAAP provides the authoritative medical and clinical voice on the need to reduce the impact of alcohol-related harm on the health and wellbeing of people in Scotland and the evidence-based approaches to achieve this.

## About Alcohol Focus Scotland

[Alcohol Focus Scotland](#) (AFS) is the national charity working to prevent and reduce alcohol harm. We want to see fewer people have their health damaged or lives cut short due to alcohol, fewer children and families suffering as a result of other people's drinking, and communities free from alcohol-related crime. Our work involves gathering and sharing evidence of the harm caused by alcohol; promoting effective policies to prevent and reduce this harm; and developing learning opportunities and resources to support best practice.

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# Alcohol Display and Promotion in Shops

May 2023

## Summary

- Alcohol harm in Scotland is a public health emergency, causing 1 in 15 of all deaths.
- The visibility of alcohol in the retail environment influences shoppers to impulse purchase and normalises alcohol as an everyday product.
- Children and young people have identified shops as a key source of exposure to alcohol marketing, which causes youth drinking.
- People in recovery also say that how alcohol is displayed in the retail environment can cause them difficulties.
- Other countries have limited the visibility of alcohol in shops, such as Ireland, Northern Ireland and Estonia. Similar interventions have been successful in reducing the visibility and consumption of other health harming products.
- The international Alcohol Marketing Expert Network recommends introducing further restrictions in mixed retail environments to ensure that alcohol display and promotion is only visible to adults intending to browse or purchase alcohol.

## Background

One in four people in Scotland drink at levels that put their health at risk,<sup>1</sup> and it is estimated that **alcohol causes nearly 1 in 15 of all deaths.**<sup>2</sup> The pandemic has added to existing problems, with a 22% increase in alcohol-specific deaths between 2019 and 2021.<sup>3</sup> **The Scottish Government has rightly recognised alcohol harm in Scotland as a public health emergency.**<sup>4</sup> Our high levels of drinking and alcohol problems have wider repercussions, with alcohol costing an estimated £5-10 billion to Scottish society per year, including up to £500 million in health and social care costs.<sup>5</sup>

Restricting alcohol marketing is one of the **most effective ways of preventing alcohol harms.**<sup>6</sup> The **World Health Organization has identified restricting alcohol marketing** as one of their three ‘best buys’ for alcohol policy.<sup>7,8</sup>

## Alcohol display and promotion in shops

The high visibility of alcohol displays and promotions in the retail environment is a **key form of marketing activity**, influencing shoppers to purchase more and normalising alcohol as an everyday product.



**Strategic placement of alcohol products** - locating alcohol in high traffic areas of a shop, such as beside essential items or near the checkouts – **increases the visibility of alcohol and drives impulse purchases.** For example, displaying alcoholic drinks at the end of aisles has been shown to **uplift sales in supermarkets by up to 46%.**<sup>9</sup> In small shops, such as local convenience stores, alcohol is very often located behind the till and may be visible in or through the window, making it inevitable that every customer will see it.

This leads to **increased exposure to alcohol packaging and point-of-sale promotions**, such as price discounts, giveaways and competitions. A recent Scottish study has shown that **alcohol packaging influences purchasing decisions and encourages purchase.**<sup>10</sup> Research also shows that **point-of-sale promotions** can influence the type and range of alcohol purchased and lead to the purchase of substantially **more alcohol than originally intended.**<sup>11, 12</sup>

The Licensing (Scotland) Act 2005 **currently restrict the display and promotion of alcohol in shops to a single display area** with the stated intention of ensuring that shoppers only encounter alcohol displays or promotions when they have a conscious intention to browse or select an alcohol product.<sup>13</sup> In practice, evidence suggests that when **single display areas are located near high-traffic areas**, this **results in frequent exposure of shoppers**, including children, to **alcohol products and marketing messages.**<sup>14, 15</sup>



## Children and young people



**Children and young people regularly see alcohol products and promotional activity in shops and supermarkets.** In New Zealand, over 90% of 11–13-year-olds making trips to supermarkets were exposed to alcohol marketing. **Error! Bookmark not defined.** Nearly three quarters (73%) of 11-19-year-olds in Scotland reported having seen special price offers for alcohol in the past month,<sup>16</sup> which is most likely to have occurred in the retail environment.

*"The alcohol aisle is in the same aisle as like the crisps and the biscuits and those kind of snacks."*

*– Young person*

Exposure to alcohol displays in shops has been shown to **predict the age of drinking onset** for 13-year-olds.<sup>17</sup> The evidence is clear that **exposure to alcohol marketing is a cause of youth drinking.**<sup>18</sup> Reviews of decades of evidence have shown that alcohol marketing leads young people to start drinking earlier, to drink more if they are already drinking, and to drink at heavy or problematic levels.<sup>19 20</sup>

## People in recovery

People recovering from an alcohol problem have noted how **difficult it is to go shopping for food and essential items when most shops sell alcohol**, often placed in areas that are clearly **visible and unavoidable.**<sup>21 22</sup> A Scottish study has highlighted the high visibility of alcohol and advertising in shops as one of the **biggest barriers to recovery**, with people actively avoiding the alcohol aisles in bigger stores as well as small shops where alcohol is often located in full view behind the till.<sup>23</sup>

*"I have relapsed a couple of times because of queuing next to it."*

*– Person in recovery*

## Action has been taken in other countries

- ✓ **Canada, Finland and Sweden** have a government monopoly over elements of alcohol retail, with alcohol sold in separate shops.
- ✓ **South Australia** has a 'shop within a shop' model whereby alcohol is kept separate to the rest of the store.
- ✓ **Estonia** requires alcoholic drinks to be placed separately from other goods within mixed retail outlets, not visible from the rest of the store or from outside. This resulted in a 15% decrease in the visibility of alcohol and halved the proportion of impulse buyers.<sup>24</sup>
- ✓ **Ireland** has required all mixed-trade retailers to physically separate alcohol products from other grocery items since November 2020.<sup>25</sup>
- ✓ **Northern Ireland** requires alcohol to only be displayed in specified areas, separated by a gate or turnstile.<sup>26</sup>

Similar interventions have been successful in reducing the visibility and consumption of **other health harming products.** English supermarkets with a policy not to locate confectionery, chocolate and crisps at checkouts saw a **17% reduction in purchase** of these items in the four weeks after implementation, with a **15% reduction still present after a year.**<sup>27</sup> The Irish tobacco display ban had an immediate **impact on young people's attitudes** towards smoking<sup>28</sup> and the UK tobacco display ban was followed by a **reduction in smoking susceptibility** among adolescents, potentially driven by decreases in brand awareness.<sup>29</sup>

## Recommendations for action

The [Alcohol Marketing Expert Network](#) – a group of international experts in alcohol marketing research, law, and policy as they relate to the protection of public health – recommends that, as part of comprehensive restrictions on alcohol marketing, **the Scottish Government should introduce further restrictions in mixed retail environments to ensure that alcohol display and promotion is only visible to adults intending to browse or purchase alcohol.**<sup>30</sup> This would realise the Scottish Government's original intention when introducing single display areas in 2008.

For larger shops, this could be done via a 'shop within a shop', or by limiting alcohol display and promotion to a **designated area separated from the rest of the store by an appropriate physical barrier.** For smaller shops, where options such as separate alcohol areas may be impractical, **alcohol could be kept behind the counter but concealed**, as is the case with tobacco products. In all cases, **alcohol should not be visible from other areas of the shop or from outside.**

There is public support for such measures. **Children’s Parliament Investigators**, aged 9-11, felt that alcohol should not be advertised or displayed in shops and called for alcohol to be sold in adult-only sections of shops, separate rooms in regular shops, and supermarkets dedicated to alcohol sales.<sup>31</sup> Calls have been made by people within **the recovery community** to separate alcohol from other products in shops.<sup>21</sup> Among the public, more than half of those who expressed a view supported restricting the display of alcohol in shops and supermarkets to reduce the visibility of alcohol.<sup>32</sup>

This would also align with the introduction of similar restrictions for foods high in fat, salt and sugar (HFSS). The Scottish Government consulted in 2022 on restricting the location of food and drink high in fat, sugar or salt within shops,<sup>33</sup> and have committed to bringing forward legislation within 2022-23.<sup>34</sup>

## About Alcohol Focus Scotland

[Alcohol Focus Scotland](#) (AFS) is the national charity working to prevent and reduce alcohol harm. We want to see fewer people have their health damaged or lives cut short due to alcohol, fewer children and families suffering as a result of other people’s drinking, and communities free from alcohol-related crime. Our work involves gathering and sharing evidence of the harm caused by alcohol; promoting effective policies to prevent and reduce this harm; and developing learning opportunities and resources to support best practice.

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*Quotations derive from focus groups with children, young people and people in recovery facilitated and supported by AFS in late 2021 and 2022.*

*The picture featured was drawn by a member of Children's Parliament as part of their project investigating an alcohol-free childhood in 2019.*



**Evaluating the impact of  
minimum unit pricing for  
alcohol in Scotland: A  
synthesis of the evidence**

**Briefing paper**

27 June 2023



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## Introduction

Minimum unit pricing (MUP) sets a minimum price below which alcohol cannot be sold in licensed premises in Scotland. MUP was implemented on 1 May 2018 at £0.50 per unit,<sup>1</sup> with the aim of reducing alcohol-related harm in Scotland by targeting low-cost, high-strength alcohol. MUP has been and continues to be an important component in the Scottish Government's strategy to tackle alcohol-related harm. The strategy was developed in recognition of the well-documented harm alcohol causes in Scotland. It aims to reduce population levels of alcohol consumption while targeting those that drink at hazardous and harmful levels and, in turn, reduce associated levels of health and social harm.

The legislation by which MUP was implemented includes a sunset clause, requiring MUP to cease after six years of operation unless the Scottish Parliament votes for it to continue. The legislation also includes a review clause, requiring Ministers to lay before the Scottish Parliament a report on the operation and effects of MUP after five years of being in place. The Scottish Government commissioned Public Health Scotland (PHS) to lead the evaluation of MUP that will form the basis of the Scottish Government review report, and inform the Scottish Parliament vote on whether MUP will continue beyond 30 April 2024.

## Aim of the evaluation

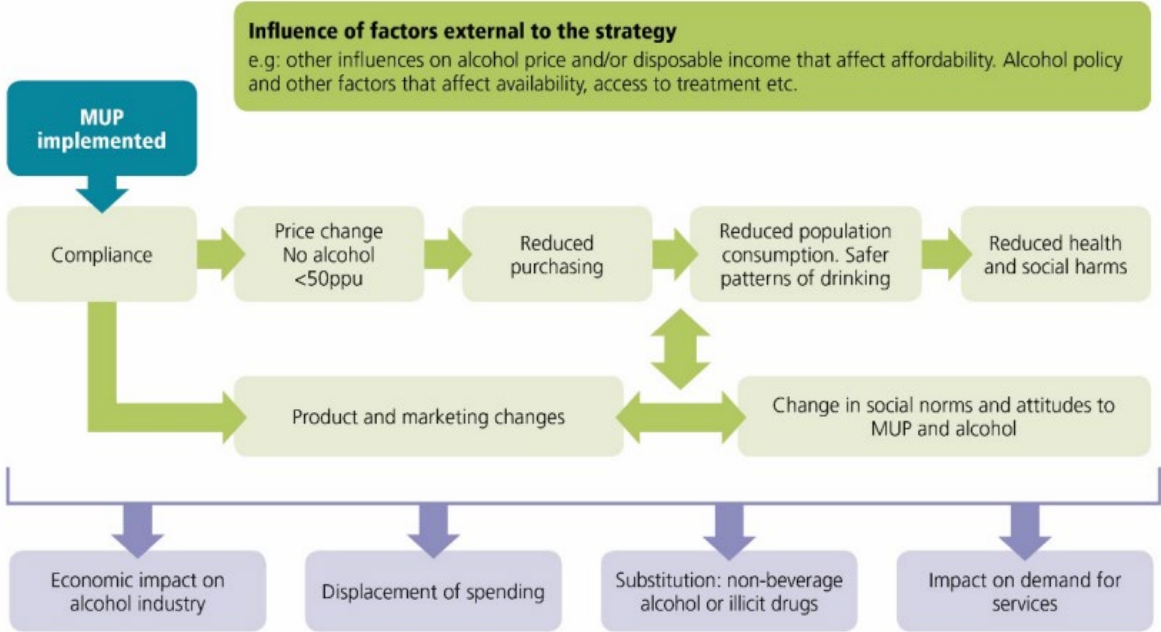
The evaluation sought to answer two overarching questions:

1. To what extent has implementing MUP in Scotland contributed to reducing alcohol-related health and social harms?
2. Are some people and businesses more affected (positively or negatively) than others?

The evaluation was planned around a theory of change (**Figure 1**). The theory of change presents a plausible chain of outcomes whereby successful implementation of MUP would result in increasing the price of low-cost, high-strength alcohol which in turn would have the intended outcome of reducing alcohol consumption, thus reducing alcohol-related health and social harm. The theory of change also

demonstrates how a number of other factors might interact with the main chain of events, including external influences on population-level alcohol consumption, impacts on the alcoholic drinks industry,<sup>2</sup> and potential adverse consequences such as substitution of alcohol with other harmful substances.

**Figure 1: Theory of change for minimum unit pricing for alcohol**



The evaluation comprised a portfolio of quantitative and qualitative studies, designed to provide robust evidence on whether or not the steps in the theory of change occurred as intended after the introduction of MUP. The findings from each of these studies have been published on the [PHS website](#).

In producing the final report on the impact of MUP, PHS conducted a comprehensive evidence synthesis which pulls together the findings of the PHS evaluation in addition to work on the impact of MUP conducted by others, primarily academic institutions. Following a quality appraisal process, 40 research publications were identified and rated as of sufficient quality for inclusion in the evidence synthesis.

This briefing summarises the main findings and conclusions of the full evidence synthesis report. For full details on the methods used and all of the evidence that was included in the synthesis please refer to the [main report](#).

## What we found

### Alcohol-related health outcomes

There is strong quantitative evidence that MUP was associated with a reduction in deaths wholly attributable<sup>3</sup> to alcohol consumption, relative to England where MUP was not implemented. A smaller, and less certain, relative decrease was seen in hospital admissions wholly attributable to alcohol. The estimated reductions in deaths and hospital admissions were largest among men and those living in the 40% most deprived areas in Scotland. Strong evidence was found that MUP was associated with reductions in deaths and hospitalisations due to chronic conditions,<sup>4</sup> with less certain evidence that MUP was associated with an increase in deaths and hospitalisations due to acute conditions.<sup>5</sup>

There is no consistent evidence of a population-level effect, either positive or negative, on alcohol-related ambulance call-outs, prescriptions for treatment of alcohol dependence,<sup>6</sup> emergency department attendance or the level of alcohol dependence or self-reported health status in drinkers recruited through alcohol treatment services in Scotland, relative to England.

There is some qualitative evidence that MUP may have had some negative health consequences, particularly for those with alcohol dependence. These included increased withdrawal in homeless and street drinkers, an increase in the consumption of stronger alcohol types, and concern about switching from weaker to stronger alcohol drinks. Some professionals reflected that reduced affordability was driving individuals to seek treatment.

### Compliance

There is strong quantitative evidence that sales of alcohol below £0.50 per unit largely disappeared following the implementation of MUP. There is qualitative evidence that retailer compliance with the legislation was high and had become standard practice. There is qualitative evidence of some individual instances where

alcohol was reported to be available at below £0.50 per unit, but these were not typical of the evidence on compliance overall.

## Price

There is strong and consistent quantitative evidence, from a range of sources, of an immediate increase in the average price per unit of alcohol sold through the off-trade<sup>7</sup> in Scotland, relative to other areas in Great Britain, following the implementation of MUP. Changes in price driven by MUP differed by drink type, with those products sold below the MUP prior to implementation, such as cider, perry<sup>8</sup> and own-brand spirits, seeing the greatest price increases. Following MUP implementation, prices tended to be clustered at between £0.50 to £0.649 per unit; approximately double the volume of alcohol was sold in this price range in Scotland compared to England & Wales in the year following implementation. There was little evidence of impact on the price of products at or above £0.65 per unit.

## Consumption

There is strong and consistent quantitative evidence of a reduction in alcohol consumption, as measured by alcohol sales or purchasing data, in Scotland relative to other areas in Great Britain. The overall reduction in consumption was driven by a reduction in consumption of alcohol sold through the off-trade. The evidence consistently shows that the greatest reductions were seen for cider and spirits with mixed evidence of the impact on beer and wine.

There is consistent quantitative evidence that the greatest reductions in alcohol purchases were seen among those households purchasing the most alcohol prior to MUP implementation, with negligible impact on those that typically purchase less.

Some evidence of cross-border purchasing was identified, but its extent was observed to be minimal, most likely to occur among those living near the Scotland–England border and unlikely to undermine the overall impact of MUP on consumption.

Qualitative evidence identified a range of effects of MUP on consumption behaviour including changes in the quantity and type of alcohol consumed. Those working with families affected by alcohol reported that they thought MUP helped reduce consumption in those drinking at hazardous or harmful levels but not those with alcohol dependence.

## **Social outcomes**

Overall, there is a lack of evidence of MUP having an impact on social outcomes at a population level. For people who already used illicit drugs before MUP was implemented, quantitative analyses from four studies found no effect of MUP on illicit drug behaviours and, while there were qualitative reports of increased illicit drug use, these were often difficult to attribute to MUP. There was no evidence that participants who did not use illicit drugs prior to MUP began using them after implementation, meaning there was no suggestion that people started to use illicit drugs because alcohol increased in price.

There was little indication of increased use of non-beverage or illicit alcohol. Quantitative studies on crime (including drug crime), switching to non-beverage alcohol, spend on food and the nutritional value of food all found no positive or negative impact, and quantitative evidence on the impact of road traffic accidents was mixed.

There were some qualitative insights that suggest that for some drinkers, especially those with probable alcohol dependence and particularly the financially vulnerable, existing social harms, particularly those related to financial pressures, may have been exacerbated, but there is no evidence of those experiences being prevalent or typical. It is not possible to say whether children and young people in families affected by alcohol use were positively or negatively affected.

## **Alcoholic drinks industry**

Overall, there is no consistent evidence that MUP impacted either positively or negatively on the alcoholic drinks industry as a whole. Sales data identified that an

overall increase in the value of off-trade alcohol sales was seen, with increases in retail price offsetting declines in volume sales. While a reduction in producers' revenues was observed, this was considered in qualitative interviews to be minor. Little evidence was found of MUP having had an impact on key business performance metrics.<sup>9</sup> There is some evidence that the industry responded to MUP by introducing new formats and packaging sizes.

## **Attitudes to MUP**

Quantitative evidence shows that, at a population level, the public were more supportive of MUP than not, with attitudes towards the policy becoming more favourable over time. The most common reason cited for supporting the policy was based on the belief that MUP would help to address alcohol-related harm while concerns about the effectiveness of MUP, potential negative impacts on the most deprived and the legitimacy of state intervention on individual behaviour were all cited as reasons for not supporting the policy. These views were largely echoed in the qualitative evidence. The view from the alcoholic drinks industry was typically, but not uniformly, opposed to MUP.

## **What the findings mean**

Overall, the evaluation provides strong evidence that MUP has averted a number of deaths related to alcohol consumption. There is also evidence that there has been a reduction in hospital admissions wholly attributable to alcohol consumption, although the presence of this effect was more uncertain. There is strong evidence that some groups experienced greater improvements than others, with the largest reductions in deaths and hospital admissions wholly attributable to alcohol consumption being observed for men, and those living in the 40% most deprived areas. There was no evidence of impact on other health outcomes measured. There is no evidence of widespread health or wider harms, or significant costs to the alcohol industry or society in general. However, there is evidence that some people, particularly those with established alcohol dependence with limited financial or social support, may have experienced harm, such as reduced expenditure on food, as a consequence of MUP.

It is reasonable to conclude that MUP contributed to the observed decrease in alcohol-related deaths and hospital admissions, relative to England. Our confidence to make this assertion is increased because the reductions in deaths and hospitalisations were specific to the timing of MUP implementation and were preceded by the necessary high levels of compliance, increases in price and reductions in consumption, as summarised in **Figure 2**.

We have also considered a number of external factors that could have influenced the outcomes in addition to MUP. We have found that these are either unlikely to offer a plausible alternative explanation or that there is insufficient evidence to conclude what impact they have had.

The evaluation has demonstrated that MUP has reduced the number of deaths and hospital admissions in Scotland, compared to what would have happened had MUP not been implemented. When valued in monetary terms, this represents a substantial benefit to society in Scotland. The main costs associated with MUP relate to initial implementation and would not be incurred again should the policy continue. Overall, the evidence from this evaluation, as well as previous theory and evidence, suggest that the balance of costs and benefits are favourable.

## **Considerations for policy makers**

- The evaluation of MUP was conducted with MUP set at a consistent rate of £0.50 per unit of alcohol. It is likely that any beneficial impacts of MUP realised to date will only continue if the value of MUP compared to other prices and incomes is maintained. Increasing the value of MUP could potentially increase the positive impact on alcohol consumption and related harms, but would need to be balanced against the potential for any harmful consequences to also increase.
- There is limited evidence to suggest that MUP was effective in reducing consumption for those people with alcohol dependence. Those with alcohol dependence are a particular sub-group of those who drink at harmful levels and have specific needs. People with alcohol dependence need timely and

evidence-based treatment and wider support that addresses the root cause of their dependence.

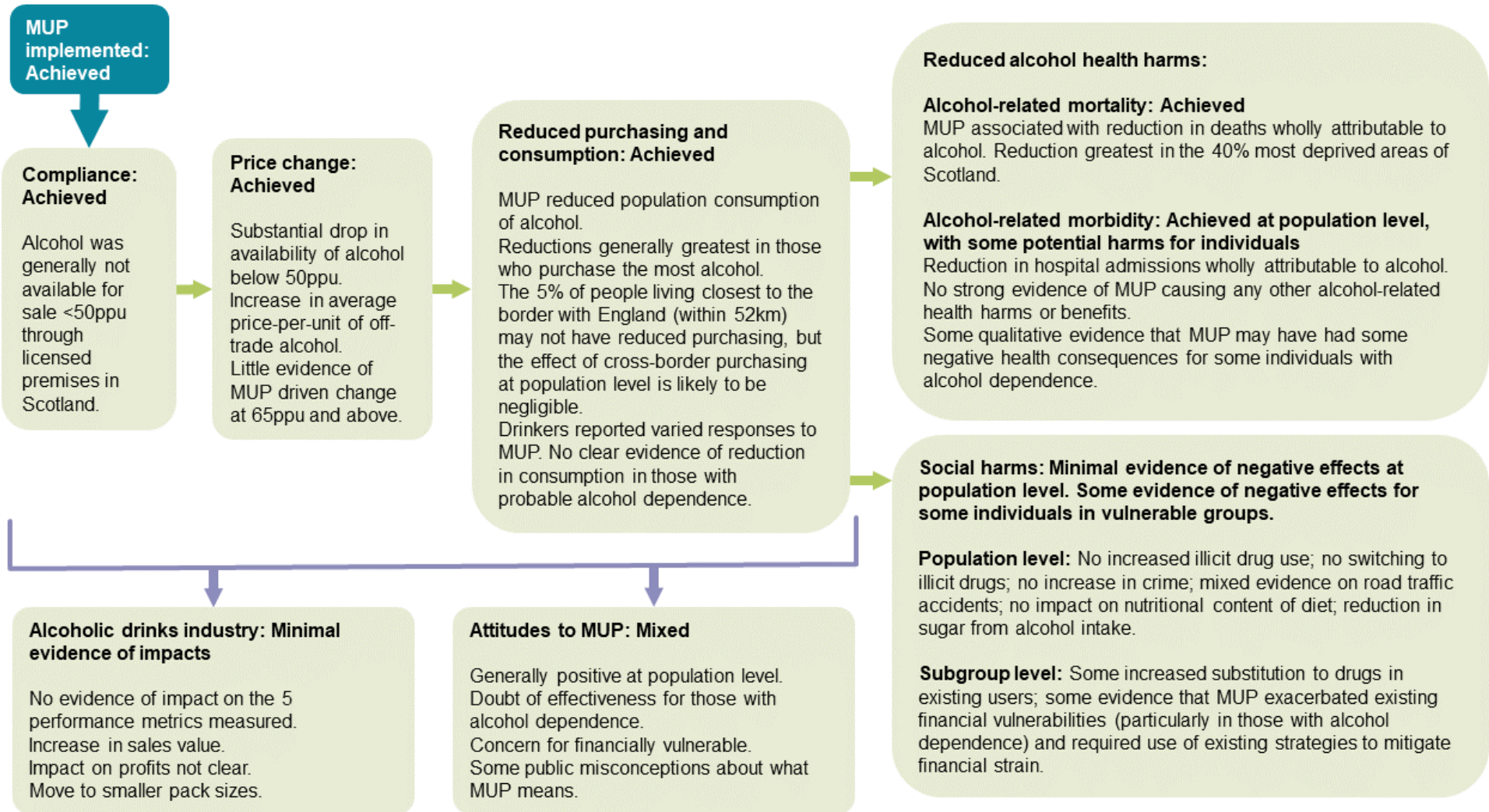
- The evaluation has demonstrated that some people with alcohol dependence who have limited financial support may experience increased financial pressure as a result of MUP. Consideration needs to be given on how best to monitor the needs and provide services for those in this group to minimise the negative impacts of MUP. This would be particularly important if increases to the level of MUP are introduced. Strategies to do this should be informed by the evidence.
- Those under 18 years of age generally reported that MUP had not affected their alcohol consumption, largely because price was a relatively minor factor in their decision to drink alcohol. Alternative evidence-based approaches should be considered to reach drinkers below the legal age for purchasing alcohol.
- Policymakers should consider how new policies, such as the proposed Deposit Return Scheme,<sup>10</sup> might interact with the MUP pricing structure.

## Conclusion

Taken together, the evidence supports that MUP has had a positive impact on health outcomes, namely a reduction in alcohol-attributable deaths and hospital admissions, particularly in men and those living in the most deprived areas, and therefore contributes to addressing alcohol-related health inequalities. There was no clear evidence of substantial negative impacts on the alcoholic drinks industry, or of social harms at the population level.



**Figure 2: Theory of change populated with main findings**



## Notes and definitions

- <sup>1</sup> An alcohol unit is equal to 10ml (or 8g) of pure alcohol. A unit is a way of expressing the alcohol content of an alcoholic drink.
- <sup>2</sup> Producers, wholesalers and retailers of alcoholic drink products.
- <sup>3</sup> A health outcome that may be attributed, at least in part, to the consumption of alcohol. A **wholly alcohol-attributable** condition is one that is caused directly by alcohol consumption and would not have occurred in the complete absence of alcohol. A **partially alcohol-attributable** condition is one where alcohol is known to contribute to the cause of the condition but is not the sole cause.
- <sup>4</sup> A chronic condition or cause is one that develops slowly and may worsen over time. A chronic alcohol-attributable condition is one that develops due to long-term alcohol consumption, such as alcoholic liver disease.
- <sup>5</sup> An acute condition or cause is one that develops suddenly and occurs over a short duration. An acute alcohol-attributable condition is one likely to be associated with an episode of excessive alcohol consumption, such as alcohol intoxication.
- <sup>6</sup> Alcohol dependence is characterised by craving, tolerance, a preoccupation with alcohol, and continued drinking in spite of harmful consequences (for example, liver disease or depression caused by drinking).
- <sup>7</sup> Licensed premises where alcohol is sold for consumption off the premises, such as convenience stores, supermarkets and specialist alcohol retailers.
- <sup>8</sup> An alcoholic beverage similar to cider but made from pears rather than apples.
- <sup>9</sup> These metrics included: Number of enterprises and business units; employment; turnover; GVA; and output value.
- <sup>10</sup> The **Deposit Return Scheme** (DRS) as it is currently proposed would add a deposit of £0.20 on to every single-use drinks container, including each single item within a multipack and regardless of item size. The deposit would be refunded when the container is returned for recycling through an approved channel. DRS thus has the potential to interact with the MUP pricing structure at the point of

purchase. Lower-strength alcohol, such as beer and cider, are more likely to be sold in multipacks while higher-strength alcohol, such as spirits and wine, tend to be sold in single containers. There is a risk that DRS incentivises a move towards larger, single containers and higher-strength alcoholic products. The extent to which this will influence consumers' purchasing decisions and industry packaging is unknown.

# Minimum unit pricing (MUP) for alcohol: Evaluation findings at a glance

Alcohol is a leading cause of early death and poor health in Scotland. Around 23 people die from alcohol use every week, while people in our poorest areas are five times more likely to die from alcohol consumption than those in the wealthiest.

In 2018 a minimum unit price (MUP) of £0.50 per unit of alcohol was introduced in Scotland. Public Health Scotland has led a robust and independent evaluation to see whether MUP has helped reduce alcohol-related harm.

## What we looked at



### Evaluation questions

- 1 Has MUP contributed to reducing alcohol-related health and social harms?
- 2 Are some people and businesses more affected (positively or negatively) than others?

## What we found



### Health

- MUP reduced deaths directly caused by alcohol consumption by 13.4% and hospital admissions by 4.1%.
- Reductions were greatest for men and those living in the most deprived areas of Scotland.
- There is no consistent evidence of impact, positive or negative, on other health outcomes.



### Alcohol consumption

- MUP reduced alcohol consumption by 3%.
- The greatest reductions in sales were seen for products that increased the most in price.
- Households that bought the most alcohol before MUP reduced their purchasing the most after MUP was introduced.



### Social harms

- There is no consistent evidence of impact, positive or negative, on wider social harm due to alcohol.
- There is some evidence of negative consequences, particularly for those with alcohol dependence on low incomes.



### Business

- There is no consistent evidence that MUP impacted either positively or negatively on the alcoholic drinks industry in Scotland as a whole.



## Conclusion

Overall, the evidence supports that MUP has had a positive impact on health outcomes, including alcohol-related health inequalities. There was no clear evidence of substantial negative impacts on the alcoholic drinks industry or social harms at the population level.

## Five considerations for the future of MUP

- 1** The level at which MUP is set should take into account the balance of benefits and risks. Increasing the level could increase the positive impact on alcohol consumption and related harms but may also increase any harmful consequences.
- 2** People with alcohol dependence still need timely and high-quality treatment and wider support. MUP alone is not enough.
- 3** Consideration needs to be given on how best to monitor the needs and provide services for those on low incomes with alcohol dependence to minimise the negative impacts of MUP.
- 4** There is no evidence to suggest that MUP reduced underage drinking. Other evidence-based approaches should be considered to reach drinkers in this group.
- 5** The impact of new policies on the MUP pricing structure should be considered.



The final MUP evaluation report and all the study reports are available from [www.publichealthscotland.scot](http://www.publichealthscotland.scot)

First Minister, Humza Yousaf MSP  
By email: [firstminister@gov.scot](mailto:firstminister@gov.scot)

9 May 2023

Dear First Minister,

As you will be aware more than 30 medical organisations, charities and local alcohol and drug partnerships are calling for urgent action to address the highest number of alcohol deaths since 2008 (see attached). While we welcome the fact that Scottish Government has recognised alcohol harm as a public health emergency, alongside drug deaths, there has not been a proportionate response to it in the intervening 16 months.

The campaign, led by our organisations - Alcohol Focus Scotland, Scottish Health Action on Alcohol Problems (SHAAP), Scottish Families Affected by Alcohol and Drugs, Scottish Recovery Consortium and the Scottish Alcohol Counselling Consortium - is calling for increased and sustained investment in alcohol services and recovery support, in combination with a renewed commitment to preventative policies like minimum price and alcohol marketing restrictions.

Without a significant change in our response to the alcohol emergency there is reason to believe that the increase in alcohol-specific deaths – up by 22% in the last two years – will continue. The levels of harm we are experiencing are despite the beneficial effects of minimum unit pricing, without which they would be even greater. This is undermining people's right to health, causing misery to thousands, and the societal cost of alcohol - estimated at between £5-£10 billion per annum – is one Scotland can ill afford if we are to deliver a Wellbeing Economy.

As First Minister we urge you to continue the Scottish Government's legacy of bold action to reduce harm from alcohol, including by:

- Providing investment for a range of recovery-oriented alcohol services, including: specialist services, counselling, residential and community-based rehabilitation provision and peer-led and mutual aid options
- Improving identification and testing of patients at risk of liver disease, in primary care
- Establishing Alcohol Care Teams in hospitals to identify people with underlying alcohol problems earlier.
- Introducing an Alcohol Harm Prevention Levy on alcohol retailers to help fund local prevention, treatment, and care services.
- Increasing the minimum unit price for alcohol to at least 65p per unit to save more lives.
- Delivering restrictions that will reduce children and young people's exposure to alcohol marketing.

The Scottish Government must made good on its existing commitments but given the increasing harm we need a response which is proportionate to the scale of the challenge we face.

With exposure to alcohol marketing now a proven cause of youth drinking, we welcome your recognition that action is required to protect children and young people from it. However, we have concerns about any further delay in delivering such protection, given the Scottish Government's commitment to consult was made nearly 5 years ago. We seek your assurance that you intend to consult on specific legislative proposals to restrict alcohol marketing within the lifetime of this parliament.

Whilst we recognise the need to consider the potential impact of any restrictions on businesses, it is vital that public health policy is protected from alcohol industry interference, as per the Government's commitment in the Alcohol Framework: "The Scottish Government will not work with the alcohol industry on health policy development, on health messaging campaigns or on provision of education in schools and beyond the school setting." This stance is in line with the World Health Organization's Global Action Plan on Alcohol, which identifies "the inherent contradiction between the interests of alcohol producers and public health" and goes on to state that "Strong international leadership is needed to counter interference from commercial interests in alcohol policy development and implementation in order to prioritize the public health agenda for alcohol in the face of the strong commercial interests associated with alcohol beverage production and trade."

Recent experience from minimum unit pricing (MUP), clearly demonstrates how the industry has sought to prevent the implementation of evidence-based alcohol policies in Scotland. Industry bodies made exaggerated claims about the effects of the policy – rather as they are now doing on marketing restrictions. For example, the former Scotch Whisky Association (SWA) CEO "guaranteed" that whisky profits would drop by £500m within a few years, yet the MUP evaluation shows "minimal impact" on industry. Having lost the political argument, the SWA and others took legal challenges which resulted in a delay of more than 5 years in the implementation of this life-saving policy. The evaluation of MUP estimates it has averted around 268 deaths a year in total, so it seems reasonable to assume that more than 1,500 additional lives could have been saved to-date had the policy been implemented when Parliament intended.

As well as interfering in national health policy development, feedback from colleagues at local level is that alcohol industry-funded organisations such as Community Alcohol Partnerships, Drinkaware and the Alcohol Education Trust are increasingly active in Scotland. This despite research that has found activities by such organisations are, at best, of limited effectiveness in reducing harm and at worst misleading in how they present alcohol information.

In order to ensure that the development of alcohol policies to reduce consumption and harm, are protected from the vested interests of the industry we would strongly encourage you to develop a conflict of interest policy that enables you to manage such conflicts in practice. We believe such an approach would be helpful across all health-harming commodities, not only in relation to alcohol.

We would welcome the opportunity to meet with you to discuss how we can work together to tackle alcohol harm. By taking action now, we can save and improve thousands of lives, protect and promote human rights, and help achieve the transition to a Wellbeing Economy.

Yours sincerely,

 signed on behalf of

Alison Douglas  
Chief Executive  
Alcohol Focus Scotland

Jardine Simpson  
Chief Executive  
Scottish Recovery Consortium

Alastair Mc Gilchrist  
Chair  
SHAAP

Justina Murray  
Chief Executive  
Scottish Families Affected by  
Alcohol and Drugs

Gary Meek  
Chair  
Scottish Alcohol  
Counselling Consortium