

Proposals to Restrict Alcohol Advertising and Promotion

A Submission from Scotland Food & Drink

Scotland Food & Drink is a leadership and membership body. We aim to work towards a clean, green, prosperous, and healthy nation recognised worldwide for producing the highest quality food and drink which is enjoyed across the country and abroad, and which attracts visitors here.

Our soon-to-be-launched industry strategy will, with the help of government, provide a strong framework for securing short-term resilience and enabling long-term growth, ensuring that together we can build a strong economy with vibrant businesses providing quality jobs resulting in resilient, prosperous communities across Scotland. We recognise that our long-term success, and the profile of Scotland on the international stage, depends on our ability to tackle environmental and social challenges, as well as delivering economic growth.

We have explored the proposals by considering three issues:

1. Are the proposals likely to tackle the problems they are intended to solve?
2. What are the potential economic impacts and do the social benefits outweigh them?
3. Are existing regulations adequate?

We have outlined our response to each of these issues below. We recognise the Scottish Government's good intentions in attempting to tackle some of the very real harms in our society. This is not an easy thing to achieve, and many factors are at play.

We value the opportunity to input to the process, and the ongoing constructive discussions with government, which has so far included a roundtable meeting and follow up meetings with officials. Ongoing dialogue is vital, and we shall continue to seek this in good faith.

Issue One: Are the proposals likely to tackle the problem they are intended to solve?

To answer this, it is necessary to understand exactly what the problem is. In discussions with government, it was agreed that alcohol consumption per se is not the problem, which may seem obvious to anyone except those advocating temperance, but it is important that we were able to gain clarity on this.

To be clear, were alcohol itself considered a problem, and safe and enjoyable alcohol consumption not thought to be possible, then it is almost inevitable that Scotland would seek to adopt the types of measures that have been applied to tobacco, some of which are outlined within this consultation.

In our view such an approach would be wrong and wholly disproportionate, not least because alcohol is enjoyed safely by most people. It would also directly contradict Scotland's hard fought and celebrated role as a world class alcohol producer on the international stage, and our ongoing efforts to create drinks for people to enjoy responsibly across the globe.

The Problem

Alcohol becomes a problem for individuals, those around them and wider society when consumed to excess. Harms arise in two forms:

1. **Acute** - one off excess and the increased risk of negative outcomes.
2. **Chronic** – long term excessive consumption over an extended period.

Regarding acute harms, such as antisocial/criminal behaviour or accidents, the proposals do not focus on this, and no strong evidence is provided to show that marketing or promotion is connected to such incidents. We believe the relevant authorities are best placed to tackle such incidents through existing laws.

As such, for the purposes of this response, we have focussed on chronic harms caused by long-term excessive consumption.

Alcohol Framework

We support the efforts of government to try and tackle these long-term harms and to do so in part through its Alcohol Framework, which was launched in 2018 and noted in its [introduction](#):

“There is a stark inequalities gradient to alcohol harm. Tackling poverty and inequality, as well as providing good quality and accessible support on mental health, is paramount to reducing recourse to alcohol and drugs.”

Given this clear direction of travel, is therefore concerning that the proposals outlined within this consultation appear to suggest that “all alcohol” is the problem. This is implied in the “why do we need to take action?” section which highlights the *average* consumption of alcohol in Scotland, 18 units per week, which is said to be “too high”. It suggests that we, *as a nation*, drink too much and that a “whole population approach” is considered the best way to tackle the harms this causes.

This seems to us to ignore the reality of consumption patterns across Scotland, which are highly uneven, making an average (or total) irrelevant. Around eight out of ten people (79%) drink within the UK’s safety guidelines. In contrast, as [this report](#) shows (page 18), around 3% of drinkers in Scotland drink to levels that are considered high risk (a further 18% are at varying levels of increased risk). In a proportionate regulatory landscape, the need for which is enshrined in existing [government policy](#), the focus must be on those at the highest risk of harm, rather than the responsible majority.

Deaths linked to Alcohol

The consultation outlines that 1,245 people died from causes directly attributable to alcohol in 2021. This equates to 24 people per week which is described as “tragic and entirely preventable”. It is certainly tragic that 24 people die each week due to drinking to excess over an extended period. The evidence though, as set out in the consultation papers, shows that these deaths are located, by a factor of 5.6 to 1, within areas of higher deprivation. This means, out of the 24 people tragically dying each week, around 20 live in deprived areas and will be “experiencing disadvantage across different aspects of their lives” such as “income, employment, health, education, skills and training, housing, access to services and crime.”

We consider it an oversimplification to call 20 deaths each week of people experiencing multiple deprivation “entirely preventable” in the context of proposals around marketing and promotion of alcohol. We have seen no evidence that these proposals would prevent this problem.

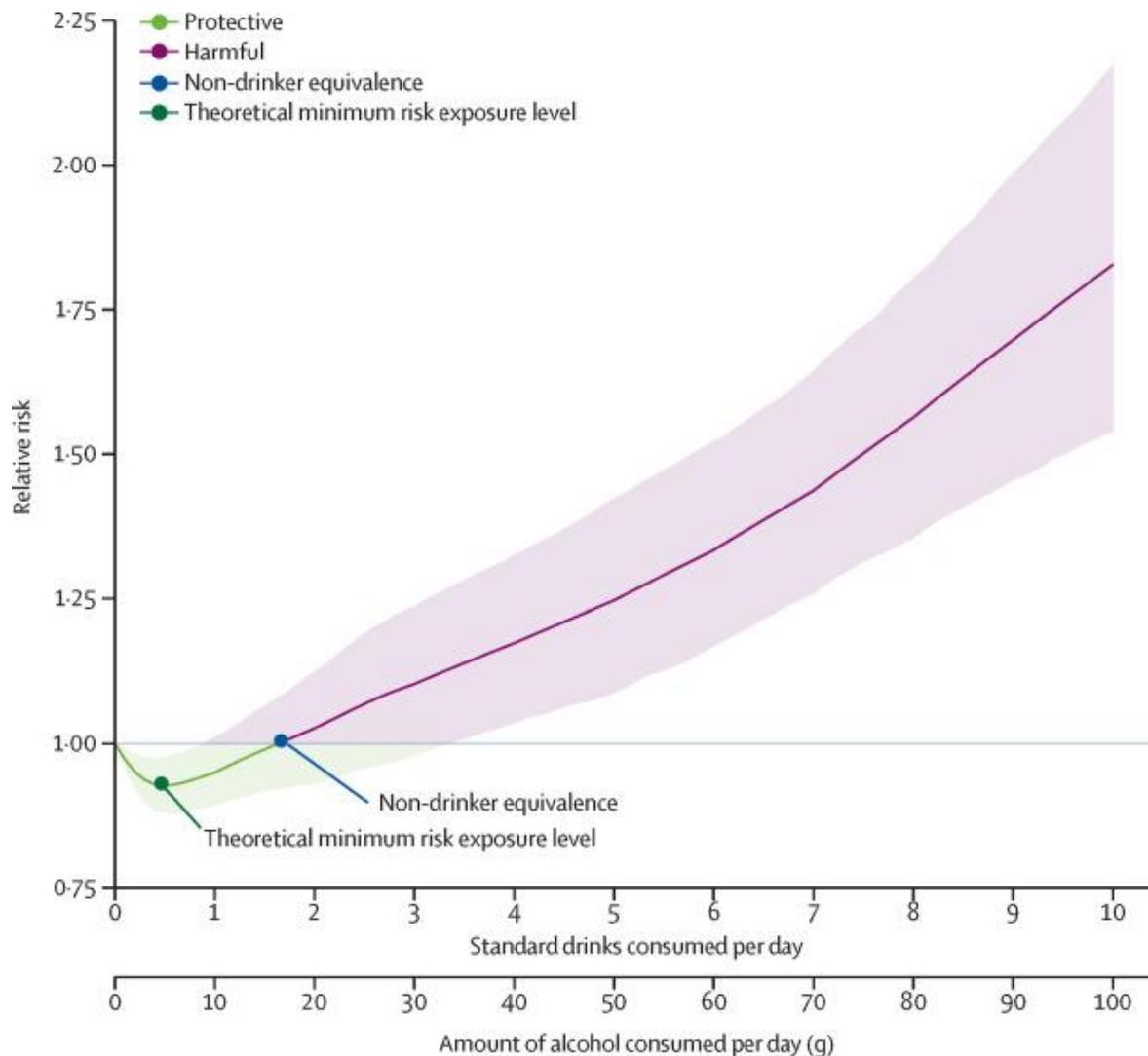
Exploring the connection with deprivation further, there appears to be strong evidence, including [a cohort study](#) by the Glasgow Alcohol and Drug Partnership, that people in deprivation who sadly die as a direct result of excessive alcohol consumption can reasonably be characterised as follows:

“This research reveals that an individual who will die of an alcohol related death in Glasgow City will most likely be a white Scottish male between the ages of 45 – 54 years. He will be single or divorced and will live in his own home (council rented accommodation), alone, in one of the most deprived areas of Glasgow City. He may have adult children but it is unlikely that he will be in contact with them. He will be unemployed at the time of death and in the years leading to it, but he will have previously worked within a skilled industry and may have lost his job as a result of his alcohol use. It is likely that he will have had his first drink at around 13/14 years of age and will have developed a problem with drinking alcohol before he reaches the age of 25 years. He will be a dependent drinker, drinking alcohol daily. He will consume on average 233 units of alcohol weekly which equates to 9 bottles of vodka per week. He will have experienced acute withdrawal symptoms and attended EDS services as a result. His GP will most likely be aware that he has had a long standing alcohol problem and he will carry the physical biomarkers of this, such as abnormal liver function tests, low platelet levels and elevated mean cell volume. He will most likely have been prescribed thiamine and omeprazole by his GP.”

This tale of desperation encapsulates the real problem we face, which has persisted through generations.

Spectrum of Harm

Of course, we must not assume that problems with excess alcohol consumption *only* exist among this cohort of Scotland’s population. Long term harms exist on a spectrum and the relative risks of dying or being hospitalised from drink-related causes increase in proportion with consumption levels. [This 2022 report](#) in The Lancet suggests there is no increase at up to three drinks a day, rising to around double the risk at 10 drinks per day. The report includes this diagram:



The report appears to support the notion of targeted interventions, stating that: “These findings highlight the need for tailored guidelines that discourage alcohol consumption among young people, as well as alcohol control policies and interventions that are targeted especially towards young males.”

[Another report](#), from the Institute of Cancer Research, suggests the lifetime risk of cancer from drinking a bottle of wine (or equivalent) per week rises by 1.4% for women and 1% for men, with three bottles (30 units) increasing the risk to 3.6% for women, and 1.9% for men. This gradient of harm means that for most people, including for almost all those who drink to safe levels (which is around 4/5^{ths} of the population) alcohol consumption is extremely unlikely to cause harm or be the cause of an untimely death.

Focussing on the Epicentre of Harm

The epicentre of Scotland's problem with alcohol, made especially clear when we compare statistics with other countries, is in no small part due to having too many people in Scotland experiencing disadvantage, of which the causes are complex and nuanced and which, again supported by evidence, marketing and promotion is not a material factor.

Considering this further, it is relevant (and equally tragic) that, in 2021, almost the same number of women died from drug use (397 lives lost) as from consuming alcohol (409 lives lost). Can we reasonably claim that marketing and advertising drive harmful levels of consumption when the substance of choice for many, causing almost as many deaths, is an illegal drug which is never advertised, carries inherent risks from dubious production methods and is considerably more expensive?

Evidence, including this recent report "[Leave no one behind](#)" by the Health Foundation covers this in more detail, stating that:

"...health outcomes are worse in more deprived areas, suggesting that other exposures and multiple factors mean people are less protected from worse health outcomes than other groups. This implies policies and interventions that focus only on health behaviour change (such as reducing alcohol consumption or increasing physical activity) are unlikely to have a meaningful impact on health inequalities."

Given that the problems/deaths caused by alcohol are firmly centred in the most deprived areas, there is a clear principle at stake when it comes to the proposed advertising restrictions vs. a targeted approach that attempts to deal with the underlying causes, which the government's own Alcohol Framework previously recognised yet which is absent from these proposals.

We are in complete agreement that drug and alcohol related deaths are a tragedy for the individuals, their families and loved ones, as well as for Scotland. These deaths though, and the pyramid of harms which sit underneath them, are not principally *caused by* alcohol or drugs. Drinking alcohol to excess, taking drugs, or any other form of escapism that leads to harming yourself and/or others, are a symptom (often of underlying despair) which extend far beyond the limited impact from being exposed to advertising by brands, however pervasive these are thought to be.

"Behaviours of despair" are receiving more attention from our public health professionals, as well as becoming better understood by society more generally, as this [article](#) shows.

As another example which hints at the likely ineffectiveness of the proposals, certain tonic wine brands are often referenced in relation to youth binge drinking and anti-social behaviour. One brand was the second most commonly identifiable litter type identified, according to [this study](#) (see pages 79-80). Yet tonic wine is not commonly advertised.

The trends linked to drug taking across society, in young and old alike, mirror the excess use of alcohol so closely that it is impossible to escape the conclusion that the root cause of consumption is the same: how people feel about their lives and what causes those feelings including their community, life-prospects, cultural and social norms, social, environmental (i.e. greenspace), education and employment. These social determinants are linked to health inequalities as well as behaviours of despair which are, again, deep rooted, and highly unlikely to be disrupted by a ban on advertising, given its limited impact on behaviours.

International Example – The Loi Évin

It is also useful to consider the impact of similar restrictions which have already been introduced elsewhere, and which are referenced in the proposals. One example is the “Loi Évin” which was introduced in France in 1991 and introduced a wide a range of comprehensive restrictions, similar to those proposed.

Yet, since Loi Évin was introduced, problem drinking rates in France have remained consistently above that of Scotland and, as [this evidence](#) shows, remain high to this day. This illustrates that restricting responsible advertising and promotion does not resolve problem level drinking.

Evidence Provided in the Proposals

Some of the evidence provided in the proposals to support restrictions is based on theoretical studies looking at questions such as “how many times were people exposed to an alcohol brand” when watching sports, such as a rugby game, then makes a connection with harm from that exposure.

It is unreasonable, and unfounded, to suggest that this becomes the focus of younger people watching sport and that this is connected to a negative outcome linked to alcohol consumption.

It is also a significant leap to attribute the “cumulative exposure” of marketing and advertising, or evidence of children having seen and become aware of alcohol brands, to the harms we need to tackle.

The proposals also reference a Children's Parliament investigation which was led by Alcohol Focus Scotland. It was "co-delivered" by Alcohol Focus Scotland alongside nine children with further 75 attending workshops where "educational materials developed by Alcohol Focus Scotland", including those involving a fictional dog called Rory, were used to determine findings.

Whilst no doubt educational for the children involved, it would be entirely unreasonable to use these findings as the basis for putting in place restrictions on the marketing or promotion of alcohol.

Issue Two: What are the potential economic impacts and do the social benefits outweigh them?

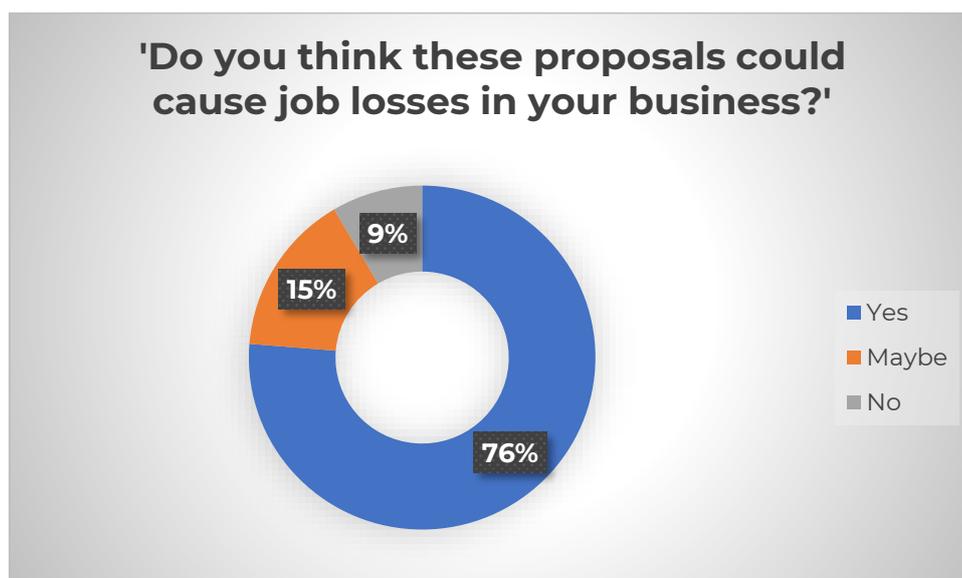
A comprehensive impact assessment will be needed to understand the impacts of any proposals on alcohol producers and the ecosystem of businesses that rely on their activity. We trust that this would be done in the event of seeking to take forward any proposals. We felt it would be useful to gather an initial sense of impacts, using real life examples, so issued an industry survey which was filled in by 59 drink producers in Scotland.

The results show, in summary, that the impacts from restricting advertising and marketing are likely to lead to extensive harms to businesses. This includes:

- **Lost revenue** – likely to be many millions of pounds per year.
- **Job losses** – several hundred job losses were identified just from those who responded. The impact is likely to be at least tenfold across the wider industry.
- **Losses to communities, groups, clubs, and events** which rely on support from alcohol producers.
- **Far reaching impact on tourism** - including a loss of visitors to Scotland.

Key Survey Findings

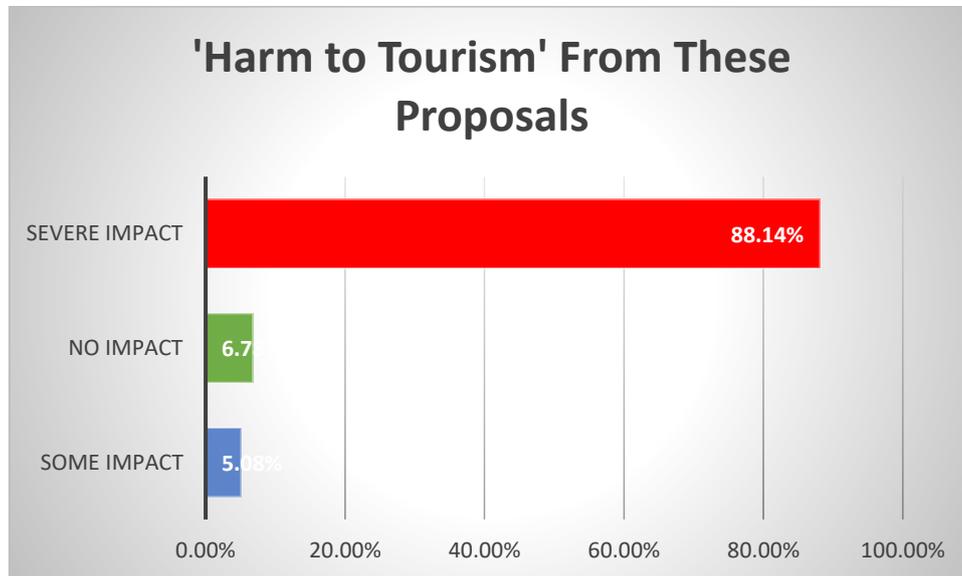
- **91%** of businesses said the proposals could lead directly to job losses.



- **Zero** respondents thought the proposals would reduce consumption significantly among younger or vulnerable people, whereas 9% thought

the proposals would reduce consumption significantly among moderate drinkers.

- **88%** thought the proposals would have a severe impact on Scotland's international reputation as a tourist destination for drinks such as whisky.



- **77%** said that the events, sporting and community activities they sponsored across Scotland, including in many rural areas, will be put at risk.

Activities which could be affected are detailed in the attached report and offer a flavour from a small pool of businesses. In our view the range of events and activities supported by these businesses demonstrates a deep connection between producers and their communities. It is sad to see this connection tarnished by being cynically described as “particularly potent” – in essence they are being labelled a purely commercial exercise rather than an attempt to give something back to society and to support and enrich our local communities, as well as to differentiate product in a competitive market.

Issue Three: Are existing regulations adequate?

When considering this, it is notable that the World Health Organisation's "SAFER" initiative is mentioned in the consultation documents as being one of the major reasons for acting in order to *"prevent influence on social norms relating to consumption in general, given the negative public health, economic and social consequences of alcohol use"*.

However, [the document](#) in question makes no mention of preventing influence on social norms through marketing restrictions. In fact, WHO do not connect marketing and social norms in any documentation we can find. In their most recent [fact sheet](#), from May 2022, they talk about social norms in a wider context:

"Societal factors include level of economic development, culture, social norms, availability of alcohol, and implementation and enforcement of alcohol policies. Adverse health impacts and social harm from a given level and pattern of drinking are greater for poorer societies."

This aside, when they do refer to the impacts of marketing, it is true that they recommend "regulating the marketing of alcoholic beverages (in particular to younger people)"

Specific recommendations are then outlined on page 16 of their SAFER report:

"Reducing the impact of marketing – particularly on young people, adolescents and children – is an important consideration in preventing and reducing the harmful use of alcohol."

It is very apparent that WHO are predominantly concerned with the risk to younger people, which is also a stated priority of government and something the industry wholeheartedly supports.

WHO also reference the need to adapt to different contexts in different countries, an approach supported by [this article](#) in The Lancet which concludes:

"Alcohol control policies need to be targeted at socially disadvantaged groups in U-MICs [upper middle-income countries]".

Given the rightful focus on younger people, it is worth considering the [existing rules](#) which are, in our view, clear, extensive and well enforced. To be clear, we and all responsible alcohol producers share the view that

children should not be targeted, even unintentionally, for sales of alcohol in any way, across any media.

Current rules include that “no alcohol producer can: market to “under 25s” (this was voluntarily extended beyond 18) *including on social media* in a way to encourage excessive drinking, make health or nutrition claims, link alcohol to sexual success, or suggest it has any therapeutic qualities.

Specifically, regarding sponsorship, “drinks companies must not sponsor individuals, activities, teams, events, tournaments, competitions, bands or celebrities which have a particular appeal to, or are primarily aimed at, under-18s.”

It is unfortunate that the consultation documents do not recognise the Advertising Standards Authority’s international reputation as a strong and effective regulator which is outlined on page 45 of [this independent review](#). Further examples of their regulations and enforcement action can be found [here](#).

In Scotland we also have other restrictions, which are referenced by Alcohol Focus Scotland themselves in [their report](#) from June 2022:

“The introduction in 2018 of the world-leading policy of minimum unit pricing for alcohol followed several other progressive alcohol policies, such as a reduction in the drink driving limit; a ban on quantity discounts (e.g. ‘3 for 2’); restrictions on where alcohol and associated marketing can be displayed by retailers; limiting hours of sale for licensed shops; and including ‘protecting and improving public health’ as a licensing objective.”

Acknowledging that harms persist despite such a wide range of policies (well beyond the approach in England) is important. Other stakeholders use this to suggest that further restrictions are needed. To us it demonstrates something quite different which is that we are failing to address the real problem.

We are essentially treating symptom as cause. In a medical context this means the disease never goes away, and the patient is trapped taking an ever-increasing cocktail of medication to address their symptoms indefinitely.

This approach risks tarring all alcohol producers (and users) with the same brush, ignoring the positives, and not putting enough focus on the social determinants of health-related behaviours, despite this being a stated priority of the Alcohol Framework. We believe we must do more to address root causes first, before looking to further restrict the supply side which will

impact on responsible businesses unfairly and do little, if anything, to benefit society.

As a final point on existing rules vis a vis these proposals, it is important to consider “better regulation” principles which require regulations to be proportional and targeted.

The Scottish Government’s Regulatory Reform (Scotland) Act was specifically designed to ensure proportionate regulation aligned to “better regulation” principles which are enshrined in UK law. It is hard to see how blanket restrictions would meet these requirements when alternative solutions exist – such as support for vulnerable drinkers in the community.

Also relevant is our involvement in the ongoing [Joint Taskforce](#) on regulation and how these proposals would meet the stated aims of that taskforce, led by the Deputy First Minister, who said recently:

“We want to look at ways to reduce costs on business and so help them create and sustain jobs. I have listened to business organisations and the Joint Taskforce will initially examine new regulations and identify actions that could reduce any additional burdens they might impose.”

Conclusion

Across the three issues we considered, these proposals appear unlikely to achieve their intended aims (to reduce harm); are likely to cause significant impacts on the businesses involved and those they employ and sponsor; and furthermore, are not necessary in the context of the well-established and effective regulatory regime that already exists and can be improved.

It is clear that the root determinants of problem drinking are not associated with advertising or marketing and any impact on drinking levels arising from these proposals will be on those who already drink at safe levels, which is not addressing the problem and will negatively impact responsible business activity, costing many millions of pounds, thousands of jobs, along with our international reputation and the carefully developed and accurate image of Scotland as a land of high quality food and drink.

We are in no doubt that international perception contributes significantly to the record turnover for drinks such as Scotch Whisky, which achieved export sales of more than £6 billion in the last year. We will destroy that hard earned, and well-justified reputation and all that goes with it very quickly with proposals such as these, and for what benefit?

Recent statistics around alcohol use, especially among younger people, suggest our current, responsible approach is working. We question the desire to do more at this point, when we may be past the peak of overall consumption (trends are broadly downwards since 2006) and businesses are making strides to ensure that people in Scotland who do drink legally, do so responsibly and can choose from the best quality drink on the planet.

A thriving alcohol industry can and should be part of our national fabric, portraying a responsible message for moderate drinkers and collectively, alongside regulators, taking a zero-tolerance approach to anyone found to be breaching existing guidance or targeting young people who must of course be protected and encouraged not to drink.

Moderate drinkers are the industry's target market. This is enshrined in existing regulation and protected by the UK's world leading self-regulatory system for advertising, the Advertising Standards Authority. As things stand, no alcohol brand can legally market their products to Scotland's young people, and we are happy to support any efforts to enhance how we enforce this if there is evidence to the contrary.

To conclude, the industry is ready and willing to work together, as we do successfully in other areas, to secure a positive future for all.