SHAAP's Top Twenty

A Manifesto for Action on Alcohol

Scotland has one of the highest liver cirrhosis mortality rates (a marker for alcohol-related harm) in Western Europe.

Alcohol death rates in Scotland are almost twice the level they were in the early 1980s.

Twenty Scots die every week because of alcohol.

Hospital admissions for alcoholic liver disease have more than quadrupled in the past 30 years

These are SHAAP's Top Twenty recommendations for action on alcohol. They mark our renewed commitment to work with partners to prevent and reduce alcohol-related harms.

Alcohol Policy

1	Scottish alcohol policy should be explicitly evidence-based, with a focus on the approaches that have most potential to prevent and reduce harm to individuals and communities. The policy should continue to be aligned to the WHO's ten 'Best Buy" recommendations[1], with a specific focus on Price, Availability and Marketing.
2	Policy should take into consideration the links between alcohol-related harm and social and economic disadvantage. As part of this approach, all Government policy proposals should include an 'alcohol check', to assess opportunities where alcohol harms might be reduced by non-alcohol specific activities.
3	Advocacy bodies, representing the medical and nursing professions, service user and recovery groups and family support organisations, should be regarded as key and integral players in the development, implementation and evaluation of all alcohol policy and practice.
4	The WHO position that, *Alcohol industry activities should be restricted to their core roles as developers, producers, distributors, marketers, and sellers of alcoholic beverages and that they should have no role in formulation of alcohol policies, which must be protected from distortion by commercial or vested interests[2],* should be maintained. In line with this, the alcohol industry should be strongly encouraged to contribute to reducing alcohol harm by sharing their knowledge of sales volumes and patterns and the influence of marketing campaigns.
5	As well as engaging people recovering from alcohol-related problems in policy development and implementation, support should be given to individuals and communities to build and maintain their recovery, including addressing causes of marginalisation.
6	Regulating the price of alcohol is one of the most effective ways to reduce alcohol harms. Therefore the legislation for Minimum Unit Pricing (MUP), which sets a floor price per unit of alcohol targets cheap, strong alcohol, should be implemented as soon as possible.
7	Alcohol excise duties should at least keep pace with retail prices and the Scottish Government should campaign for the reintroduction of the UK alcohol duty escalator.
8	The Scottish Government should support a UK review of alcohol duty rates, with the first priority being to change the current low rates of duty on cider and perry.

Availability

9	A national licensing authority should be established, with powers to monitor and enforce the Public Health licensing requirement, including regulating the number, type and operating hours of alcohol selling outlets.
10	Legally binding mechanisms should be established to ensure that authorities have access to relevant information about levels and patterns of sales in order to exercise the licensing principles.

11 Alcohol-only check-outs should be established by law in all licensed retail outlets.

Marketing

12 The Scottish Government should seek devolution of powers from Westminster over all alcohol advertising, including over broadcast and social media and the internet.

13 All advertising of alcohol should be controlled by an independent regulatory body with responsibility to oversee, monitor and regulate all advertising activity. This body should have statutory power to sanction companies that do not comply with the rules that it sets.

14 The World Health Organisation's position that,

All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages[3],

should be vigorously asserted. In line with this, alcohol advertising should be tightly controlled to minimise exposure and targeting to vulnerable groups, including though not limited to minors. Regulation, similar to the Loi Evin in France, should be used as a minimum standard[4].

15 A target date should be set and an action plan established for the prohibition of all alcohol advertising, except in licensed premises. This should include immediate action to ban alcohol advertising and sponsorship in sports-related settings.

16 Mandatory labels on all products containing alcohol should contain a full list of ingredients, nutritional information, including calories and evidence-based information about health risks of consumption of the product.

Interventions

17 As well as 'whole population' approaches, the Scottish Government should identify priority groups for targeted prevention and intervention measures. Services should strive to ensure access across all gender and age groups. Where evidence indicates this would be appropriate, specialist services should be developed for specific populations and groups such as those with liver disease and those in contact with the criminal justice system.

18 Evidence-based advice, in line with the Scottish Chief Medical Officer's guidance, and non-judgemental support to women around risks related to drinking in pregnancy should be made widely available.

19 The national Alcohol Screening and Brief Intervention programme should continue to be prioritised. Evaluation should consider the quality of interventions, their adherence to Scottish quality standards and NICE guidance and the impact on retention in services and recovery.

20 Effective monitoring and surveillance is one of the World Health Organisation's "Best Buys." Scotland has had high quality monitoring of alcohol sales, consumption, attitudes and alcohol-related harms. This must continue as a top priority.

[1] WHO (2011) First Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow 28-29 April 2011) Discussion Paper Prevention and Control of NCDs: Priorities for Investment

[2] House of Lords European Union Committee (2015) A new EU Alcohol Strategy? 8th Report of Session 2014-15, London: The Stationery Office, p56. **http://www.publications.parliament.uk/pa/ld201415/ldselect/ldeucom/123/123.pdf#**

[3] Eurocare (2013) Initial NGO recommendations for the new EU Action Plan on Alcohol, p5

[4] House of Lords European Union Committee (2015) A new EU Alcohol Strategy? 8th Report of Session 2014-15, London: The Stationery Office, p47. **http://www.publications.parliament.uk/pa/ld201415/ldselect/ldeucom/123/123.pdf**

Scottish Health Action on Alcohol Problems (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. SHAAP was set up by the Scottish Medical Royal Colleges through their Scottish Intercollegiate Group (SIGA). As a partnership, it is governed by an Executive Committee made up of members of the Royal Colleges, including the Royal College of Nursing.

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