



## **Alcohol Focus Scotland paper for Food Standards Scotland Board**

Alison Douglas, Chief Executive, Alcohol Focus Scotland

21 October 2020

### **Summary**

In May 2018, Scotland became the first country in the world to implement a minimum unit price (MUP) for alcohol. The early signs are that MUP reduced alcohol off-sales by 4-5% compared to England and Wales,<sup>1</sup> in its first year of operation. However, the stark truth is that alcohol consumption remains far too high, with enough alcohol sold in Scotland in 2019 for every drinker to exceed the UK Chief Medical Officers' low risk guidelines by over 60% on every week of the year.<sup>2</sup>

The consequences of such high levels of consumption are clear: in 2018, 1,136 Scots lost their lives as a direct consequence of their drinking<sup>3</sup> and on average nearly 100 people were admitted to hospital every day.<sup>4</sup>

Early signs are that that alcohol is a risk factor for poorer outcomes from COVID-19.<sup>5</sup> At the same time the pandemic appears to driving a polarisation in drinking habits, with those who were already more likely to be drinking heavily being more likely to have increased.<sup>6</sup>

Public awareness of alcohol harm is limited with over half of people unaware that alcohol causes cancer.<sup>7</sup> Similarly, awareness of the CMOs' low risk drinking guidelines is low with 80% of people unaware that both men and women should consume no more than 14 units per week.<sup>8</sup>

Alcohol - like soft drinks, sweets and crisps - is an entirely discretionary product which cannot be recommended as part of a healthy diet. It provides 'empty' calories that can contribute to obesity.

Alcohol continues to be treated in an anomalous way by regulators, for example, products labelling requirements for alcohol are less stringent than for other food and drink products, and alcoholic drinks are not covered by the sugar levy or proposals for out of home labelling.

Food Standards Scotland (FSS) is a trusted and independent provider of consumer information and advice on food and drink, as well as an important influencer of decision makers and professionals. FSS can play an important role in protecting and promoting the consumer's right to know about the impact of alcohol consumption on health and in supporting people to make healthier choices, both individually and through population measures. We welcome FSS's inclusion of the CMOs' low risk drinking guidelines in the updated Situation Report, to be published on 21 October.

Specific ways in which FSS might strengthen its contribution to protecting the rights of consumers in relation to alcohol are:

1. Work with Scottish Government to **ensure effective and well-aligned policies on alcohol and diet/obesity** which seek to reduce consumption of alcohol and HFSS (high in fat, salt or sugar) foods, and improve health. This should include the three WHO 'best buys' to tackle the affordability, availability and attractiveness of alcohol.
2. Protect and promote the interests of consumers by working with the Scottish Government to develop a **comprehensive approach to alcohol labelling which mandates, monitors and enforces** requirements to include ingredients, nutrition information, alcohol units, low-risk drinking guidelines and health warnings. Such information should also be required in the out of home sector.

## Full paper

### 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 and violence. 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.

### Alcohol consumption in Scotland

The majority (83%) of adults in Scotland drink alcohol and around one in four (24%) report drinking at hazardous or harmful levels, defined as exceeding the recommended weekly guideline of 14 units per week.<sup>9</sup> Men are more likely than women to drink at hazardous or harmful levels; around 1 in 3 men and 1 in 6 women report drinking above the guidelines.<sup>10</sup> This means at least one million adults in Scotland are putting themselves at increased risk of health damage due to their drinking.

As surveys consistently under-estimate consumption, due to individuals under-reporting and under-representation of heavier drinking groups, numbers are likely to be even higher. For example, adults in Scotland reported drinking an average of 12.1 units per week in 2019,<sup>11</sup> but sales figures suggest a much higher level of 19.1 units per week.<sup>12</sup>

Despite an increasing prevalence of non-drinkers, this means that enough alcohol is sold in Scotland for every adult to substantially exceed the weekly guideline (36% more); this is equivalent to 106 bottles of wine, 38 bottles of vodka or 389 pints of beer a year.<sup>13</sup> When calculated for only those who drink, this increases to over 22 units per week (the equivalent to 45 bottles of vodka a year), which means drinkers in Scotland are, on average, exceeding the low-risk drinking guidelines by over 60%.<sup>14</sup>

Scotland's alcohol consumption is higher than many other European countries, including our UK neighbours, with 9% more alcohol sold in Scotland than in England and Wales.<sup>15</sup>

Although regular underage drinking has been falling in the past fifteen years, underage drinking remains a concern in Scotland. Two thirds (71%) of 15 year olds and a third (36%) of 13 year olds have ever had an alcoholic drink, and of those who have ever had alcohol, over half (53%) of 13 year olds and 70% have been drunk at least once.<sup>16</sup>

The pandemic and the social restrictions which have accompanied it, appear to be polarising drinking habits in Scotland. From surveys conducted by Opinium on behalf of Alcohol Focus Scotland and Alcohol Change UK in April and in June/July this year, around one third of drinkers have cut down or stopped drinking while around one third have increased.<sup>17</sup> Those that have increased tend to be those who were already drinking more heavily. Anecdotal evidence from frontline organisations suggests significant increases in demand for support both from those worried about their own drinking as well as those concerned about a family member or friend's drinking.

## Alcohol harm in Scotland

Alcohol is a psychoactive, carcinogenic and teratogenic substance with dependence-producing properties. There are around 25 diseases and conditions caused by alcohol alone, such as alcoholic liver disease, pancreatitis, gastritis and alcohol poisoning. The impact of alcohol is determined by the volume of alcohol consumed and the pattern of drinking.

In 2018, 1,136 people in Scotland died from a cause wholly attributable to alcohol ('alcohol-specific'); that is an average of 22 people every week.<sup>18</sup> Scotland's alcohol-specific death rate is more than 2.5 times higher than in 1981<sup>19</sup> and remains the highest of all the UK nations.<sup>20</sup> Male deaths are approximately double female deaths, and they are highest in the 55-64 age group.<sup>21</sup> In 2018/19, there were over 38,000 alcohol-related hospital stays in Scotland, the vast majority (94%) of which resulted from emergency admissions.<sup>22</sup>

There are significant inequalities in alcohol-related harm, with higher levels seen in less affluent groups. Those living in the most deprived communities are 4.5 times more likely to die<sup>23</sup> and six times more likely to be hospitalised than those in the least deprived communities.<sup>24</sup>

However, these official statistics do not capture even half of the alcohol health harm experienced in Scotland. In addition to health outcomes caused by alcohol alone, alcohol is a causal factor in a further 200 diseases and conditions,<sup>25</sup> accounting for 2.2% of female deaths and 6.8% of male deaths across the world.<sup>26</sup> Globally and in the UK, the harmful use of alcohol is the leading risk factor for death, ill health and disability for those aged 15-49 years.<sup>27, 28</sup>

In Scotland, alcohol consumption accounted for 8% of the burden of disease in 2015 (a measure that combines lives lost from early death and from living in ill health).<sup>29</sup> There were an estimated 3,705 deaths attributable to alcohol consumption, equating to 6.5% of the total deaths in Scotland.<sup>30</sup> This is over 3 times the number of alcohol-related deaths that were reported in 2015.

Alcohol harm costs individuals, families and communities dear, is a drain on our hard-pressed public services and a brake on economic growth; with an annual cost of £3.6 billion.<sup>31</sup> Harm from alcohol not only affects the drinker, but also affects others around the drinker including children and other family members, friends, co-workers and the wider community.

### *Alcohol and cancer*

***Alcohol can cause seven types of cancer, increase the toxicity of tobacco smoke, and increase risk of cancer recurrence. Alcohol-related cancers cause over 1,000 deaths in Scotland each year.***

Experts have known since the late 1980s that alcohol can cause cancer, with alcohol classified as a group 1 carcinogen by the International Agency for Research into Cancer since 1988.<sup>32</sup> There is

strong evidence to suggest that alcohol increases your risk of developing cancer of the mouth, throat, larynx, oesophagus, female breast, liver, and bowel. There is also probable evidence that it increases the risk of stomach cancer.<sup>33</sup>

People who drink even low levels of alcohol have a greater risk of getting a range of cancers.<sup>34</sup> The greater the consumption, the higher the risk.<sup>35</sup> For some cancers, the risk becomes apparent from a higher level of consumption, of 30-35 grams (around 4-6 UK units) per day.<sup>36</sup>

Alcohol consumption can increase the toxicity of cigarette smoke, by activating carcinogens in tobacco and helping increase their uptake.<sup>37</sup> It is also a risk factor for cancer survivors. One meta-analysis of a large cohort of over 200,000 cancer survivors showed an 8% increase in overall mortality and a 17% increased risk for cancer recurrence among the highest alcohol consumers as compared to the lowest.<sup>38</sup>

In 2015, alcohol-related cancers were the cause of over 1000 deaths in Scotland. This was more than 1 in 4 (28%) of all deaths caused by alcohol, and more than from any other cause, including liver disease.<sup>39</sup> The proportion of cancer cases caused by alcohol consumption is highest in Scotland of all the UK countries (3.5% of cases).<sup>40</sup>

#### *Alcohol and overweight and obesity*

***Alcohol is high in calories, and contributes to almost a tenth of the calorie intake of adult drinkers in Scotland. As a discretionary food, over-consumption of alcohol needs to be addressed to help improve dietary health in Scotland. Alcohol consumption is a risk factor for overweight and obesity in some individuals.***

Alcohol is high in calories, at 7 calories per gram (almost as many as a gram of fat). One unit of alcohol (8g or 10ml of alcohol) provides 56kcal. Other ingredients in alcoholic drinks, such as sugar, cream and fruit juice, can add more calories. A pint of 5% lager is 239kcal (equivalent to 1 standard Mars Bar) and a 175ml glass of 12% wine is 133 kcal (equivalent to three Jaffa cake biscuits).<sup>41</sup>

Alcoholic drinks were in the top ten foods and drinks categories for calorie purchase into the home in 2014/15 in Scotland.<sup>42</sup> Total alcohol made up 4.3% of the total calorie purchase, more than cakes and pastries (3.9%) and crisps and savoury snacks (3.4%).<sup>43</sup> When calorie intake is considered for only adults who drink, the contribution of alcohol to calorie intake consumed is estimated to rise to 9.1%.<sup>44</sup> Alcoholic drinks also provided 2.5% of non-milk extrinsic sugars (NMES) consumed in Scotland between 2011 and 2015.<sup>45</sup>

In 2019, Action on Sugar commissioned laboratory testing of 21 ready-to-drink (RTD) products.<sup>46</sup> This exposed an alarming and unnecessary variation of sugar and calories in these products. Many premixed cocktails were exceedingly high in sugar; for example, one 500ml can contained over 12 teaspoons of sugar (49.1g), the same as drinking nearly two cans of Red Bull. For fruit based drinks (sometimes known as 'alcopops'), a large 700ml bottle would provide a staggering 59g sugar – the same as eating over 4 iced doughnuts in one sitting.

Despite its significant impact on diet, alcohol is not needed for a healthy diet. It is therefore considered a discretionary food, overconsumption of which should to be addressed to help improve dietary health in Scotland.<sup>47, 48</sup>

It is reasonable to say that alcohol intake may be a risk factor for obesity in some individuals. According to a 2015 study on the link between alcohol and body weight<sup>49</sup>:

- The effects of alcohol on body weight may be more pronounced in overweight and obese people
- Alcohol consumption can lead to an increase in food intake
- Heavy and binge drinkers seem to be at higher risk of obesity than moderate drinkers
- Adolescents and older people's alcohol intake is more likely to promote overweight and obesity

Over time, regular drinking can easily contribute to weight gain which brings with it more health risks including high blood pressure, diabetes and fatty liver disease. Conversely, being overweight or obese can increase the chances of developing alcohol-related liver disease.<sup>50</sup>

#### *Alcohol and diabetes*

***Drinking at heavier levels is associated with increased risk of diabetes, and drinking risks hypoglycaemia in those with diabetes. Nearly 200 hospitalisations and 6 deaths result from alcohol-related diabetes each year in Scotland.***

The relationship between alcohol consumption and diabetes is complex. Men and women drinking at harmful levels (defined as over 50 and 35 units per week respectively) are at increased risk of diabetes.<sup>51</sup> For example, a systematic review of 32 studies found that, compared with no alcohol use, non-moderate alcohol consumption may be associated with up to a 43% increased incidence of diabetes.<sup>52</sup> Below this level, alcohol consumption has a protective effect, particularly for women; however, this is offset by risks associated with other diseases such as cancers.<sup>53</sup>

Alcohol consumption can also present health risks for people who already have diabetes. Drinking alcohol can increase the risks of hypoglycaemia (low blood sugar) because it reduces the body's ability to recover when blood sugar levels are dropping, by preventing the liver from releasing stored glucose back into the body.<sup>54</sup> Abstinence from alcohol in moderate to heavy drinkers has been found to improve insulin resistance, weight, and blood pressure (associated with increased risk of developing diabetes, or difficulty in treating the condition).<sup>55</sup>

It is estimated that alcohol caused the hospitalisation of 176 men and the death of 6 men from diabetes in Scotland in 2015.<sup>56</sup>

#### *Alcohol and cardiovascular disease*

***Alcohol consumption is associated with increased risk of cardiovascular disease, such as heart disease and stroke. Alcohol-related cardiovascular disease causes over 500 deaths each year in Scotland.***

Regularly drinking too much can raise blood pressure over time. This in turn increases the risk of heart disease and stroke. Heavy consumption either during a single occasion or over a long period can cause and aggravate heart conditions such as cardiomyopathy (stretching and drooping of heart muscle) and arrhythmias (irregular heart beat), and may also lead to strokes and high blood pressure.

The latest SIGN guideline on risk estimation and prevention of cardiovascular disease states<sup>57</sup>:  
*"Patients with or without evidence of cardiovascular disease should be advised to reduce alcohol*

*consumption and that even light to moderate alcohol consumption may increase cardiovascular risk.”*

It is estimated that in 2015, alcohol-related cardiovascular disease resulted in over 7,700 hospitalisations and the death of over 500 people in Scotland.<sup>58</sup>

### *Alcohol and pregnancy*

***Drinking when pregnancy can cause Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorders (FASD). Prevalence has been estimated at 3.2% of Scotland’s young people, however recent research suggests it could be much higher.***

Heavy drinking during pregnancy can cause Fetal Alcohol Syndrome (FAS). Children with FAS have restricted growth, distinctive facial features, and lifelong learning and behaviour problems. Regularly drinking in pregnancy and binge drinking can lead to less severe forms of FAS, known as Fetal Alcohol Spectrum Disorders (FASD). FASD affects people’s physical and mental health, and capacity to learn, throughout their lives and people with FASD have a shortened life expectancy of only 34 years.<sup>59</sup>

It has been estimated that around 3.2% of Scotland’s young people are living with FASD.<sup>60</sup> However, a 2017 study in the West of Scotland found as many as 40% of babies showed signs of exposure to alcohol in the second trimester, suggesting higher prevalence than previously thought.<sup>61</sup>

### *Alcohol and COVID-19*

***Heavy alcohol consumption is likely to increase the risk of poor outcomes from COVID-19.***

According to WHO: “alcohol consumption is associated with a range of communicable, noncommunicable and mental health disorders, which can make a person more vulnerable to COVID-19. In particular, as alcohol compromises the body’s immune system, there is an increased likelihood of being infected by the virus and of adverse health outcomes. Heavy alcohol use is also a risk factor for pneumonia and other lung infections and the development of acute respiratory distress syndrome (ARDS), which is one of the main complications of COVID-19. There is preliminary evidence suggesting that chronic alcohol consumption is a probable risk factor for the severity of COVID-19, but information is currently not systematically collected from patients.”<sup>62</sup>

### *Low-risk drinking guidelines*

In January 2016, the UK Chief Medical Officers published revised alcohol consumption guidelines<sup>63</sup> to reflect new evidence about the health risks associated with drinking, and cancer in particular.

To keep health risks from drinking alcohol to a low level, men and women should not regularly drink more than 14 units per week; the equivalent of:

- 6 pints of beer or
- a bottle and a half of wine or
- 14 single shots of spirits

It is best to spread this evenly across the week rather than drinking all at once. Having several alcohol-free days each week is a good way for heavy drinkers to cut down. Women who are trying to become pregnant or are pregnant should avoid drinking alcohol.



The expert group advising the CMOs was clear that there are a number of serious diseases, including certain cancers, which can occur even when drinking within the weekly guideline. Whilst they judge the risks to be low, this means there is no level of regular drinking that can be considered as completely safe in relation to some cancers. People can reduce these risks by drinking less than the guidelines or by not drinking at all.

## Asks for Food Standards Scotland

FSS can have both a direct and influencing role in addressing alcohol consumption and harm in Scotland. A food and drink environment that benefits, protects and is trusted by consumers (as per the Food Standards Scotland vision) should acknowledge that alcohol is a significant driver of ill health, overweight and obesity in Scotland. It is welcome that FSS has included the CMOs' low risk drinking guidelines in the updated Situation Report, published on the 21st Oct.

Specific ways in which FSS might strengthen its contribution to protecting the rights of consumers in relation to alcohol are:

1. Work with Scottish Government to **ensure effective and well-aligned policies on alcohol and diet/obesity** which seek to reduce consumption of alcohol and HFSS (high in fat, salt or sugar) foods, and improve health. This should include the three WHO 'best buys' to tackle the affordability, availability and attractiveness of alcohol.
2. Protect and promote the interests of consumers by working with the Scottish Government to develop a **comprehensive approach to alcohol labelling which mandates, monitors and enforces** requirements to include ingredients, nutrition information, alcohol units, low-risk drinking guidelines and health warnings. Such information should also be required in the out of home sector.

Further background on each of these recommendations is provided below:

### *1. Effective and aligned alcohol and diet/obesity policies*

The World Health Organization (WHO) recommends a range of interventions to reduce the harmful use of alcohol.<sup>64</sup> These include to:

- Raise taxes on alcohol
- Establish minimum prices for alcohol where applicable, and carry out regular reviews of prices in relation to level of inflation and income
- Enact and enforce restrictions on the physical availability of retailed alcohol, and reduce density of retail outlets.
- Enact and enforce bans or restrictions on alcohol advertising, across multiple types of media, and restrict or ban promotions of alcoholic beverages in connection with sponsorships and activities targeting young people
- Provide prevention, treatment and care for alcohol use disorders and comorbid conditions in health and social services
- Provide consumer information about, and label, alcoholic beverages to indicate, the harm related to alcohol

The most cost-effective measures (the 'best buys') are those that tackle the affordability, attractiveness and availability of alcohol.<sup>65</sup>

The Scottish Government is aligned with the WHO's approach to reducing the harmful use of alcohol. Its 2018 Alcohol Prevention Framework<sup>66</sup> set out commitments to:

- Review the minimum unit price for alcohol after two years of operation and evaluate the policy to inform the decision of the Scottish Parliament in 2023 as to its continuation
- Update the statutory guidance on the Licensing (Scotland) Act 2005 to provide clarity on implementing the five licensing objectives, and keep the licensing system under review to ensure it can deliver for public health
- Consult on measures to protect children and young people from alcohol marketing, and press the UK Government to take action in reserved areas of cinema and TV advertising
- Promote the messages of the UK CMOs' lower-risk drinking guidelines
- Consider pursuing a mandatory approach to alcohol labelling if the UK Government's deadline of September 2019 is not met

Alcohol Focus Scotland will shortly be setting out our recommendations for the next Scottish Parliament. These will include calls to:

- Review and raise the minimum unit price for alcohol to take account of price inflation and optimise the effect of the policy in reducing alcohol harm. In the longer term, the price should be linked to inflation or retail price index.
- Strengthen the licensing regime's role in controlling availability by providing support and guidance to local stakeholders regarding their roles and overprovision.
- Develop a national strategy on the availability of alcohol in order to reduce harm.
- Introduce marketing restrictions through an independently regulated system to protect children and young people and other vulnerable populations. This would include restrictions on outdoor advertising, sport and event sponsorship and digital media.
- Mandate, monitor and enforce alcohol labelling to ensure consumers are able to make informed choices.
- Invest in alcohol prevention, treatment and support services.

There are many similarities in the alcohol and obesity strategies which require a coordinated approach to reduce population consumption of unhealthy commodities. Both strategies seek to protect children, support healthy choices and reduce health inequalities. Both also recognise the importance of the food and drink environment is shaping the choices we make and the need to tackle how cheap, readily available and heavily marketed unhealthy products are. More specifically, they identify tackling advertising and promotions of alcohol and HFSS foods and improving labelling on packs and out of home as important areas where action is required.

## *2. Alcohol labelling*

Improved alcohol labelling would contribute to the achievement of all of the Food Standards Scotland objectives, as laid out in the Food (Scotland) Act 2015:

- To protect the public from risks to health which may arise in connection with the consumption of food;
- To improve the extent to which members of the public have diets which are conducive to good health;
- To protect the other interests of consumers in relation to food



Alcohol labelling is a key consumer rights issue. The UN Guidelines for Consumer Protection identify access to information as one of eleven 'legitimate needs' of consumers.<sup>67</sup> This need was also recognised by the UK CMOs in the development of their 2016 low-risk drinking guidelines, which are founded on the following principles:

- People have a right to accurate information and clear advice about alcohol and its health risks.
- Government has a responsibility to ensure this information is provided for the public in a clear and open way, so they can make informed choices.

Providing information via labels, as recommended by the CMOs' alcohol guidelines development group,<sup>68</sup> is a key way for people to access health information and advice at the point of purchase and consumption, as is the case with food and non-alcoholic drinks. Such information could also play a key role in tackling Scotland's high level of alcohol consumption, consumers' poor awareness of the alcohol-related health risks:

- Most people in Scotland are unable to correctly identify the number of units in drinks.<sup>69</sup>
- Only 1 in 6 people in Scotland know the drinking guidelines.<sup>70</sup>
- Most people are unaware of the link between alcohol and a number of health problems, such as cancer, heart disease, diabetes and mental health issues.<sup>71</sup>
- Over 80% of people did not know or underestimated the number of calories in a glass of wine.<sup>72</sup>

A recent AFS-commissioned review of the evidence on the labelling of alcohol and other unhealthy products suggests that, if well designed, alcohol labelling can be effective.<sup>73</sup> The evidence indicates that:

- unit content and drinking guidelines can help people know how much they are drinking;
- health messaging can increase knowledge of alcohol-related health risks, and reduce consumption; and
- nutrition labelling may help increase the accuracy of energy content estimates.

A clear example of the potential impact of improved alcohol labelling comes from a Canadian intervention that applied labels with national drinking guidelines, a cancer warning, and standard drink information to alcoholic drinks. These prominent health messages led to increased awareness and knowledge of drinking guidelines,<sup>74</sup> increased awareness and knowledge that alcohol can cause cancer,<sup>75</sup> and reduced consumption of 6.3%.<sup>76</sup>

Alcohol labelling currently relies on guidance from UK Government and industry, with alcohol producers deciding what information to provide on packaging themselves. This is in stark contrast to the mandatory labelling requirements for all other food and drink products, which are independently regulated.<sup>77</sup> The only requirements for alcohol labelling are the volume of the container, the % ABV (alcohol content), and whether common allergens are present.

Recent research has revealed how this voluntary approach is failing consumers:

Action on Sugar surveyed 154 ready-to-drink (RTD) in-store products in August/September 2019. Only 41% had some form of nutrition information on pack, and just 9% had 'sugar' information on pack. They also found a lack of consistency in portion sizes across these drinks; for example, some manufacturers suggested that one small 250ml can would contain two portions.<sup>78</sup>

The Alcohol Health Alliance UK (AHA) reviewed 424 alcohol labels (324 products) in the UK in October 2019,<sup>79</sup> and found alcohol labels rarely display health-related information. When information is provided, it is often too small to be read clearly.

**AHA 'Drinking in the Dark' Alcohol Label Review, Key Findings:**

**Nutritional content**

- Just over half (56%) of products provided no nutrition information, with 37% providing calorie content only, and the remaining 7% providing full nutrition information.

**Ingredients**

- Almost three quarters (72%) of products did not provide ingredients.

**Alcohol units**

- Almost all labels (95%) provided alcohol units per container, but around half (52%) of multi-serve containers did not provide units per serving. On average, the text was too small to read clearly.

**Low-risk drinking guidelines**

- Only 29% displayed the current low-risk drinking guidelines. This decreased to 2% for Portman Group funder-member products.
- Around a quarter (24%) gave incorrect or misleading information, such as the old drinking guidelines, or the Republic of Ireland guidelines.
- On average, the text was too small to read clearly (1.7mm, almost half of font size 10pt).

**Health warnings**

- Only 1 (0.2%) product warned that consuming alcohol is harmful to health.
- The vast majority (97%) had a pregnancy warning but only 15% provided a written explanation. All pregnancy text warnings, and 30% of pictorial warnings, were too small to read clearly.
- Less than 1 in 10 (7%) warned that alcohol should not be consumed by those below legal purchase age.

Alcohol Focus Scotland and the AHA recommend that the UK and devolved governments should mandate, monitor and enforce alcohol labelling (in the interest of public health and consumer rights, free from industry influence). In line with WHO recommendations,<sup>80</sup> the content and design of information should be specified, with the following information included on labels:

- Units (per container and per serving)
- Low-risk drinking guidelines
- Health warning
- Pregnancy warning
- Nutritional content
- Ingredients
- Age and driving warnings

The Scottish Government's Alcohol Prevention Framework states their longstanding preference for mandating alcohol labelling and that they will consider pursuing such an approach if industry progress (by September 2019) is not satisfactory. The forthcoming Scottish Government

consultation on alcohol marketing and UK Government consultation on calorie labelling for alcoholic drinks are key opportunities to encourage action on alcohol labelling to ensure information is provided on product packaging, at point of sale and on menus in the out of home sector.

A coordinated approach by the Scottish Government and FSS to ensure a comprehensive approach to alcohol labelling would enable consumers to make more informed choices about their alcohol intake as part of their wider management of their diet and health.

### **Contact**

Alison Douglas  
Alcohol Focus Scotland  
0141 572 6705  
[alison.douglas@alcohol-focus-scotland.org.uk](mailto:alison.douglas@alcohol-focus-scotland.org.uk)  
[www.alcohol-focus-scotland.org.uk](http://www.alcohol-focus-scotland.org.uk)  
@AlcoholFocus  
@alisondouglas18

## References

- 
- <sup>1</sup> Robinson M, Mackay D, Giles L et al. Evaluating the impact of Minimum Unit Pricing (MUP) on sales-based alcohol consumption in Scotland: controlled interrupted time series analyses. Edinburgh: Public Health Scotland; 2020: <http://www.healthscotland.scot/media/3097/evaluating-the-impact-of-mup-on-sales-based-alcohol-consumption-in-scotland-controlled-interrupted-time-series-analyses.pdf>
- <sup>2</sup> Giles, L. & Richardson, E. (2020). *Monitoring and Evaluating Scotland's Alcohol Strategy: Monitoring Report 2020*. Edinburgh: Public Health Scotland.
- <sup>3</sup> [National Records of Scotland](#), Alcohol Deaths, June 2019.
- <sup>4</sup> Information Services Division, NHS National Services Scotland, November 2019, [Alcohol-related Hospital Statistics Scotland 2018/19](#)
- <sup>5</sup> World Health Organization Office for Europe, 2020, [Frequently Asked Questions About Alcohol and COVID-19](#)
- <sup>6</sup> Research conducted by Opinium on behalf of Alcohol Focus Scotland and Alcohol Change UK in April 2020 and in June/July 2020.
- <sup>7</sup> YouGov polling conducted November 2018 for Alcohol Focus Scotland.
- <sup>8</sup> Alcohol Health Alliance UK, November 2018, [How we drink, what we think: Public views on alcohol and alcohol policies in the UK](#), based on YouGov polling.
- <sup>9</sup> McLean, J. & Wilson, V. (2020). *The Scottish Health Survey 2019 Edition, Volume 1, Main Report*. Edinburgh: Scottish Government.
- <sup>10</sup> 32% of men and 16% of women drink above the CMOs' low-risk drinking guidelines. Op cit, *The Scottish Health Survey 2019*.
- <sup>11</sup> Ibid
- <sup>12</sup> Op cit, Giles, L. & Richardson, E. (2020).
- <sup>13</sup> Calculated on the basis of 750ml bottle of 12.5% wine (9.4 units), a 700ml bottle of 37.5% vodka (26.25 units) and a pint of 4.5% beer (2.6 units)
- <sup>14</sup> Op cit, Giles, L. & Richardson, E. (2020).
- <sup>15</sup> Ibid.
- <sup>16</sup> Scottish Government (2019). [Scottish Schools Adolescent Lifestyle and Substance Use Survey \(SALSUS\) 2018: Alcohol Summary Report](#). Edinburgh: Scottish Government.
- <sup>17</sup> Op cit, Opinium research.
- <sup>18</sup> Op cit, Giles, L. & Richardson, E. (2020).
- <sup>19</sup> Ibid.
- <sup>20</sup> Office for National Statistics (2019). [Alcohol-specific deaths in the UK: registered in 2018](#). London: ONS.
- <sup>21</sup> Op cit, Giles, L. & Richardson, E. (2020).
- <sup>22</sup> Information Services Division (2019). [Alcohol-Related Hospital Statistics Scotland 2018/19](#). NHS National Services Scotland.
- <sup>23</sup> Ibid.
- <sup>24</sup> Op cit, Giles, L. & Richardson, E. (2020).
- <sup>25</sup> Shield, K. D., Parry, C., & Rehm, J. (2014). Chronic diseases and conditions related to alcohol use. *Alcohol research: current reviews*, 35(2), 155.
- <sup>26</sup> Global Burden of Disease 2016 Alcohol Collaborators (2018). Alcohol use and burden for 195 countries and territories, 1990-2016: A systematic analysis for the global burden of disease study 2016. *The Lancet*, 392, 1015–1035.
- <sup>27</sup> Ibid.
- <sup>28</sup> Institute for Health Metrics and Evaluation (IHME) (2017) GBD Results Tool. Seattle: University of Washington
- <sup>29</sup> Tod, E. et al. (2018). [Hospital admissions, deaths and overall burden of disease attributable to alcohol consumption in Scotland](#). Edinburgh: NHS Health Scotland.
- <sup>30</sup> Ibid.
- <sup>31</sup> York Health Economics Consortium, University of York (2010). *The Societal Cost of Alcohol Misuse in Scotland for 2007*. Edinburgh: Scottish Government Social Research.
- <sup>32</sup> IARC (1988). Alcohol drinking. *IARC Monogr Eval Carcinog Risks Hum*, 44:1–378. PMID:3236394
- <sup>33</sup> World Cancer Research Fund/American Institute for Cancer Research (2018). *Continuous Update Project Expert Report 2018. Alcoholic Drinks and the Risk of Cancer*. Available at <https://www.wcrf.org/dietandcancer>

- <sup>34</sup> UK Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment (COC) (2015). Statement on consumption of alcoholic beverages and risk of cancer, Statement 2015/S2. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/490584/COC\\_2015\\_S2\\_Alcohol\\_and\\_Cancer\\_statement\\_Final\\_version.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/490584/COC_2015_S2_Alcohol_and_Cancer_statement_Final_version.pdf)
- <sup>35</sup> Ibid
- <sup>36</sup> Op cit, World Cancer Research Fund/American Institute for Cancer Research (2018).
- <sup>37</sup> Wright, G., & Morgan, M. Y. (2013). Alcohol and tobacco misuse: reducing aerodigestive cancer risk. *World journal of hepatology*, 5(8), 452.
- <sup>38</sup> Schwedhelm, C., Boeing, H., Hoffmann, G., Aleksandrova, K., & Schwingshackl, L. (2016). Effect of diet on mortality and cancer recurrence among cancer survivors: a systematic review and meta-analysis of cohort studies. *Nutrition reviews*, 74(12), 737-748.
- <sup>39</sup> Op cit, Tod, E. et al. (2018).
- <sup>40</sup> Brown, K. F., Rungay, H., Dunlop, C., Ryan, M., Quartly, F., Cox, A., ... & Huws, D. (2018). The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. *British journal of cancer*, 118(8), 1130-1141.
- <sup>41</sup> NHS (13 January 2020). Calories in alcohol-Alcohol support. NHS. Retrieved 01/10/2020 from <https://www.nhs.uk/live-well/alcohol-support/calories-in-alcohol/>
- <sup>42</sup> Food Standards Scotland (2018). *Foods and drinks purchased into the home in Scotland using data from Kantar WorldPanel*. Aberdeen: Food Standards Scotland.
- <sup>43</sup> Ibid.
- <sup>44</sup> Bates et al. (2017). *National Diet and Nutrition Survey Rolling Programme (NDNS RP) Results from Years 1–4 (combined) for Scotland (2008/09–2011/12)*. London: Food Standards Agency in Scotland and Public Health England.
- <sup>45</sup> Food Standards Scotland (2018). *Briefing paper on Discretionary foods*. Aberdeen: Food Standards Scotland Nutrition Science and Policy Branch
- <sup>46</sup> Action on Sugar (2020). *Sugar content of ready-to-drink alcoholic beverages*. Action on Sugar.
- <sup>47</sup> Food Standards Scotland (2018). *Situation Report: The Scottish Diet: It needs to change 2018 update*. Aberdeen: Food Standards Scotland.
- <sup>48</sup> Op cit, Food Standards Scotland (2018). *Briefing paper on Discretionary foods*.
- <sup>49</sup> Traversy, G., & Chaput, J. P. (2015). Alcohol consumption and obesity: an update. *Current obesity reports*, 4(1), 122-130.
- <sup>50</sup> NHS (10 August 2018). Causes -Alcohol-related liver disease. NHS. Retrieved 01/10/2020 from <https://www.nhs.uk/conditions/alcohol-related-liver-disease-arld/causes/>
- <sup>51</sup> Global Burden of Disease 2016 Alcohol Collaborators (2018). Alcohol use and burden for 195 countries and territories, 1990-2016: A systematic analysis for the global burden of disease study 2016. *The Lancet*, 392, 1015–1035.
- <sup>52</sup> Howard, A. A., Arnsten, J. H., & Gourevitch, M. N. (2004). Effect of alcohol consumption on diabetes mellitus: a systematic review. *Annals of internal medicine*, 140(3), 211-219.
- <sup>53</sup> Op cit, Global Burden of Disease 2016 Alcohol Collaborators (2018).
- <sup>54</sup> Diabetes UK (no date). Alcohol and diabetes. *Diabetes UK*. Retrieved 01/10/2020 from <https://www.diabetes.org.uk/guide-to-diabetes/enjoy-food/what-to-drink-with-diabetes/alcohol-and-diabetes>
- <sup>55</sup> Mehta, G., Macdonald, S., Cronberg, A., Rosselli, M., Khera-Butler, T., Sumpter, C., ... & Gander, A. (2018). Short-term abstinence from alcohol and changes in cardiovascular risk factors, liver function tests and cancer-related growth factors: a prospective observational study. *BMJ open*, 8(5), e020673.
- <sup>56</sup> Op cit, Tod, E. et al. (2018).
- <sup>57</sup> SIGN and Healthcare Improvement Scotland (2017). *SIGN 149 Risk estimation and the prevention of cardiovascular disease*
- <sup>58</sup> Op cit. Tod, E. et al. (2018).
- <sup>59</sup> Thanh, N. X., & Jonsson, E. (2016). Life expectancy of people with fetal alcohol syndrome. *Journal of Population Therapeutics and Clinical Pharmacology*, 23(1).
- <sup>60</sup> Scottish Intercollegiate Guideline Network (2017) SIGN 156: <https://www.sign.ac.uk/media/1092/sign156.pdf> p1
- <sup>61</sup> Abernethy, C., McCall, K. E., Cooper, G., Favretto, D., Vaiano, F., Bertol, E., & Mactier, H. (2018). Determining the pattern and prevalence of alcohol consumption in pregnancy by measuring biomarkers in meconium. *Archives of Disease in Childhood-Fetal and Neonatal Edition*, 103(3), F216-F220.
- <sup>62</sup> Op cit, World Health Organization Office for Europe, 2020.

- 
- <sup>63</sup> UK Chief Medical Officers (2017). *UK Chief Medical Officers' Low Risk Drinking Guidelines 2016* [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/545937/UK\\_CMOs\\_report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf)
- <sup>64</sup> World Health Organization (2017). *Updated Appendix 3 of the WHO Global NCD Action Plan 2013-2020*. Geneva: WHO.
- <sup>65</sup> Ibid.
- <sup>66</sup> Scottish Government (2018). *Alcohol Framework 2018: Preventing Harm. Next steps on changing our relationship with alcohol*. Edinburgh: Scottish Government.
- <sup>67</sup> Consumers International (2016). *Consumer Protection: Why it matters to you. Practical Guide to the United Nations Guidelines for Consumer Protection*. London: Consumers International.
- <sup>68</sup> Department of Health. (2016). *Alcohol guidelines review—Report from the Guidelines development group to the UK Chief Medical Officers*.
- <sup>69</sup> The National (20 April 2019). Research shows three-quarters of Scots are unsure of units per drink. *The National*. Retrieved 01/10/20 from <https://www.thenational.scot/news/17586412.research-shows-three-quarters-scots-unsure-units-per-drink/>
- <sup>70</sup> The Scotsman (16 March 2019). Fewer than a fifth of Scots aware of 'safe' alcohol limits. *The Scotsman*. Retrieved 01/10/20 from <https://www.scotsman.com/news/politics/fewer-fifth-scots-aware-safe-alcohol-limits-72766>
- <sup>71</sup> Op cit, Alcohol Health Alliance UK (2018).
- <sup>72</sup> Royal Society for Public Health UK (RSPH) (2014). *Increasing awareness of 'invisible' calories from alcohol*. London: RSPH.
- <sup>73</sup> Dimova, E. & Mitchell, D. (2020). *Rapid literature review on the impact of health messaging and product information on packaging of alcohol and other unhealthy commodities*. Glasgow Caledonian University and University of Stirling.
- <sup>74</sup> Schoueri-Mychasiw, N. et al. (2020). *Examining the impact of alcohol labels on awareness and knowledge of national drinking guidelines: A real-world study in Yukon, Canada*. *Journal of studies on alcohol and drugs*, 81(2), 262-272.
- <sup>75</sup> Hobin, E. et al. (2020). *Testing alcohol labels as a tool to communicate cancer risk to drinkers: A real-world quasi-experimental study*. *Journal of Studies on Alcohol and Drugs*, 81(2), 249-261.
- <sup>76</sup> Zhao, J. et al. (2020). *The effects of alcohol warning labels on population alcohol consumption: an interrupted time series analysis of alcohol sales in Yukon, Canada*. *Journal of studies on alcohol and drugs*, 81(2), 225-237.
- <sup>77</sup> Food Standards Agency (2018). *Packaging and labelling: How to label your food packaging products and the legal requirements that you have to follow as a food business*.
- <sup>78</sup> Op cit, Action on Sugar (2020).
- <sup>79</sup> Alcohol Health Alliance UK (2020). *Drinking in the Dark: How Alcohol Labelling Fails Consumers*. London: AHA
- <sup>80</sup> Jané-Llopis, E. et al (2020). *WHO HEALTH EVIDENCE NETWORK SYNTHESIS REPORT 68. What is the current alcohol labelling practice in the WHO European Region and what are barriers and facilitators to development and implementation of alcohol labelling policy?* Copenhagen: WHO Regional Office for Europe.