### Scotland’s alcohol strategy aimed to address these harms. It was comprehensive, evidence based, and included four key components.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Includes reform of licensing process and restrictions on licence-holders, for example:</td>
<td>Includes 41 actions aimed at:</td>
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<tr>
<td>Restrictions on displays in the off-trade</td>
<td>Reducing consumption</td>
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<tr>
<td>18 Reducing underage selling</td>
<td>Supporting families and communities</td>
</tr>
<tr>
<td>Implemented 2009</td>
<td>Promoting positive attitudes and positive choices</td>
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<tr>
<td></td>
<td>Improved treatment and support services</td>
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<tr>
<td>Alcohol etc. (Scotland) Act (2010)</td>
<td>Alcohol (Minimum Pricing) (Scotland) Act (2012)</td>
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<tr>
<td>Contains a number of measures designed to reduce alcohol consumption, including:</td>
<td>Establishes a price per unit of alcohol below which alcohol cannot be sold. This Act has not yet been implemented.</td>
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<tr>
<td>Challenge 25 age verification</td>
<td>50p currently set at 50 pence per unit</td>
</tr>
<tr>
<td>Multi-buy discount ban (e.g. 3 for 10) in off-trade</td>
<td>This Act has not yet been implemented</td>
</tr>
<tr>
<td>Implemented 2011</td>
<td></td>
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</tbody>
</table>

The full report can be found at www.healthscotland.com/MESAS
For more information contact: nhs.healthscotland-MESAS@nhs.net
Monitoring and Evaluating Scotland’s Alcohol Strategy: Key trends

**Consumption**

Sales of pure alcohol, Scotland, 1994-2014

- **Overall sales increasing**
- **Stabilised**
- **Decreasing**

In 2014, of alcohol consumed:
- **28%** in on-trade
- **72%** in off-trade

**Harm**

In 2014 in Scotland:
- Alcohol causes on average **22** deaths per week

Since 2003 alcohol-related harm has declined by:
- **35% for men**
- **29% for women**

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Alcohol sales data are copyrighted to Nielsen and CGA Strategy
Monitoring and Evaluating Scotland’s Alcohol Strategy: Impact of the strategy

The evaluation found that some elements of the strategy have been successfully implemented and are likely to have had a positive impact.

**Licensing Act**
- Licensing policy statements and licensing objectives
- Licensing Standards Officers
- Test purchasing

**National Programme of Alcohol Brief Interventions (ABIs)**
- ABIs established in A&E, primary and antenatal care
- 500,000+ ABIs delivered since 2008, 45% above target
- An estimated 43% of hazardous and harmful drinkers reached

**Investment in treatment and care**
- Waiting times for alcohol treatment reduced
- Staff reported an improvement in availability, quality and access to alcohol treatment services
- In 2012 approx. 1 in 4 dependent drinkers accessed specialist alcohol treatment

**Alcohol Act**
- 2.6% reduction in off-trade alcohol sales
- This includes 4% reduction in wine sales

The equivalent of 4.5 million fewer bottles of wine sold in the year following implementation.

Impact on decision-making unclear, but believed to have changed practice.

Contributed to improved alcohol support for those in need.

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Monitoring and Evaluating Scotland’s Alcohol Strategy: External Factors

Trends in mortality in Scotland are different to our nearest neighbours, England & Wales. These differences occurred before Scotland’s alcohol strategy. Two plausible explanations were identified. There may be others.

1. Combined effect of deprivation and changing income

- In Scotland, and England & Wales, disposable incomes fell for individuals in the lowest income group from 2003
- A higher proportion of the Scottish population live in deprived circumstances than in England & Wales
- In Scotland, a greater proportion of alcohol-related deaths are found in deprived communities than in England & Wales

The combined effect of these country-specific differences on alcohol affordability and consumption for particular socio-economic groups explains part of the greater rise and fall in alcohol-related mortality in Scotland compared to England & Wales.

2. A vulnerable generation

A vulnerable generation, mostly of working-class men living in the most deprived areas, emerged from the 1980s. This vulnerable generation experienced high levels of alcohol-related harms. Peak levels of alcohol-related deaths tailed off after this generation aged and died.

Hypothesised influence of economic and social policies

- Economic and social policies. Increasing affordability and availability of alcohol.
- A vulnerable generation is created.
- Increased alcohol use in vulnerable generation.
- Generation ages and vulnerable individuals die.
- Remaining generations are less vulnerable to alcohol-related harms.
- Alcohol-related deaths in Scotland increase rapidly.
- Alcohol-related deaths decrease from a peak in 2003.

The full report can be found at www.healthscotland.com/MESAS
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The Scottish Government has already announced a refresh of the alcohol strategy. This should continue to be informed by evidence of effectiveness and cost-effectiveness as well as evidence of gaps in policy to determine the priority for further action. Consideration should be given to how alcohol consumption and related harm can be addressed within the context of the wider socio-economic determinants of health.

Minimum Unit Pricing (MUP) has not yet been implemented, constraining the impact of the strategy. MUP should be implemented. Implementation difficulties and local variation means that impact of interventions may vary. Improved consistency and completeness of local data would help identify areas for improved implementation.

Monitoring of alcohol price, affordability, consumption and alcohol-related deaths and hospital admissions should continue. Bringing these together in an annual overview will facilitate early identification and exploration of emerging issues.

For example:

- Understanding the mechanisms underpinning a ‘vulnerable generation’ and why their risk of alcohol-related harm appears elevated.
- The factors that facilitate initiation and continued engagement with specialist alcohol treatment and care services in Scotland, including early identification of those with alcohol problems.

In conclusion

The strategy has had a positive impact on alcohol consumption and alcohol-related harm to date. However, on average 22 Scots die of an alcohol-related illness every week. There is a need for continued action to reduce alcohol-related harm.