

RCGP Scotland consultation response

Alcohol advertising and promotion

9 March 2023

Declaration of direct or indirect links to the alcohol industry

None.

Sports and events sponsorship

2. Do you think we should prohibit alcohol sports sponsorship in Scotland?

Yes/No/Don't know- explain further

Yes.

RCGP Scotland welcomes the opportunity to respond to the consultation on restrictions on alcohol advertisement and promotion. RCGP Scotland is the membership body for general practitioners in Scotland, and we exist to promote and maintain the highest standards of patient care.

We are convinced by the evidence presented by the Scottish Government's consultation paper. It not only outlines the harm done to Scots by alcohol, but that it is worse than elsewhere in the UK and much of Europe and reflects the international evidence. It is estimated that alcohol accounts for 6.5% of Scottish deaths, with over a quarter of the alcohol-attributable deaths (28%) due to cancer.¹ Over a quarter of alcohol-related admissions (27%) were related to an unintentional injury – those bring wider costs too.

We note from the consultation that each week 700 people are hospitalised and 24 die as a result of alcohol, but the numbers of people whose lives are dominated by alcohol-related suffering is clearly much greater. That extends to their families and friends too.

Children and young people are both disproportionately susceptible to advertising and absorb the cultural norms it presents. They are also disproportionately susceptible to alcohol-related harms because of their immature brains, liability to risk take and injury, and these children are subsequently also more likely to have poorer mental health and suicidal ideation.

There are also associated harms to children in households of those who drink excessively. Problematic alcohol use is an especially strong contributor to adverse childhood experiences (ACEs)²: those in turn are associated with future mental and physical ill health.³ So our current alcohol health crisis is compromising future generations and GPs see the effect of all this in their work.

Wider societal damage is done too: accidents, violence, economic, and criminal, and we note the consultation's statement that over 50% of young people in custody are drunk at the time of the offense, and that too will have an effect on future life course.

We are also aware of the undue harm to those who are most socio-economically deprived, worsening Scotland's extremely poor record on health inequalities. The most recent data from Public Health Scotland show that in 2021/22, people in the most deprived areas of Scotland were six times more likely to be admitted to general acute hospitals for an alcohol-related condition than those in the least deprived areas.⁴

Furthermore, the Health Foundation has supported research into the history of Scottish health inequalities since 2000.⁵ In 2020 it was estimated that 27% of Scottish deaths were avoidable⁶, with alcohol one of the leading causes (the word alcohol is mentioned 107 times in its report). However in young and middle aged men in Scotland, healthy life expectancy is falling – for the most deprived decile to just 45 years – and that is attributable to the 'deaths of despair', alcohol, drugs and presumed suicide. Despite drinking less overall, the Health Foundation report outlines that "those living in the most deprived fifth of areas are five times as likely to die from an alcohol specific death." It is such inequalities that give us one of the worst health records in western Europe. The report outlines that alcohol remains the third leading external and fourth overall cause of deaths in Scotland. Avoidable deaths are not only high in the most deprived areas but there is a gender disparity with a disproportionate increase of men being affected. E.g. In 2019 the male avoidable mortality rates showed that those in the most deprived areas were 4.1 times as high as the least.

A large part of the work of the GP and practice team is helping people prevent and manage Non-Communicable Diseases (long-term conditions such as heart disease, diabetes and so on) and cancer. The Health Foundation report quotes both as leading causes of avoidable mortality in Scotland, and the everyday experience of GPs is that people are often unaware of the contribution of alcohol. In discussing alcohol, there is an understandable focus on hospitalisation and mortality, but behind that, very visible to us in general practice, is a huge burden of ill health, suffering, and morbidity, often little discussed.

We consider that there is extensive and pervasive normalisation of alcohol in Scotland: our data tell us of the large and disproportionate harm compared with other countries, and we would refer to the Scottish Health Action on Alcohol Problems (SHAAP) presentation of that evidence. As doctors, we see people of all ages who are unaware of those harms: who perceive that getting intoxicated (and repeatedly) as not being risky (and what those risks are); children and young people who we know from the research on advertising have already internalised the use of alcohol in social settings; and very little knowledge that what in Scotland would be considered low levels of alcohol can increase cardiovascular risk, with no safe level for cancer. Cancer is a leading cause of Scottish deaths and – in stark contrast to smoking – it is not widely publicly understood that a quarter will be related to alcohol. There is a compartmentalisation of alcohol – as if its use is somehow completely different from the that of drugs or cigarettes in terms of risk – which allows for this normalisation, and again from the evidence, we know that this is supported by the normalisation of advertising and promotion too. GPs and practice nurses can find difficulty discussing alcohol with patients, when there is a national failure to perceive levels of harm appropriately, driving denial or minimisation of risk.

Every day GPs see patients who are struggling with alcohol, with both GP and patient aware of its negative impact on mental health and wellbeing. GPs and their teams are speaking to people – often young – who suffer harm from bingeing (including sometimes loss of memory of what might have happened to them, sexual encounters they did not want, as well as the more obvious effects in terms of alcohol toxicity or injuries); and they are treating people who are already damaged, physically and emotionally. As doctors who provide longitudinal care, and are

embedded in communities, GPs are in a unique position to see and understand the devastating wider effects on families and friends. Much of that relates to ACEs and perpetuates them too. GPs and health visitors see children and adults with developmental concerns, where it can be difficult, and painful, to unravel that these relate to Foetal Alcohol Spectrum Disorder. Finally, GPs look after those dying from liver failure or cancer, and especially for practice teams working in deprived settings, that can mean palliative care for those in their thirties or forties, utterly tragic and traumatising losses.

We have not answered all the questions below. We are not specialists in the arena of advertising and promotion, or their regulation. We fully concur with the SHAAP response and recommendations which further outline the evidence base. However, the principle we maintain throughout is that advertising, promotion and the normalisation of alcohol is profoundly damaging to Scottish society and requires a powerful evidence-based approach to reduce that harm on multiple fronts. We would support the most effective interventions (which are therefore regulatory rather than voluntary) that can be implemented successfully to address one of the biggest public health issues of our time. We do understand that implementing some change may be incremental – but any delay in implementation should be seen as exceptional – and only if it is necessary for success. It should also be recognised that delays will harm and kill Scottish people – and damage the future lives of our young people in particular.

3. If alcohol sponsorship for sports was to be prohibited, what types of marketing do you think should be covered by a prohibition? Illustrative examples include:

- prohibiting the use of alcohol brands on clothing worn by players or staff**
- prohibiting alcohol being advertised on pitch side hoarding, pitches, trophies, tunnels or interview boards**
- prohibiting players or staff from featuring in alcohol adverts in print or online**
- prohibiting online content from linking the sports team, players, or competition to an alcohol brand or vice versa**

All the above. The evidence is that children and young people are particularly affected by alcohol advertising, and they are also influenced by sports events and celebrities. The voluntary code of conduct restricting advertising does not apply to such events where fewer than 25% of attendees will be under 18, the category which requires special consideration. Yet many thousands of children and young people attend such matches, and even more see them on TV or social media. Advertising and promoting alcohol in this way not only normalises it, but glamourises it too. It also brings an inappropriate association with sport.

The W.H.O. in its review of the European evidence⁷ highlights that the UK depends disproportionately on self-regulation, but also that this is ineffective. It also highlights restriction of alcohol advertising / promotion as one of the top three 'best buys' in terms of improving public health overall.

4. What, if any, sporting activities or events do you think should be excepted from a prohibition on alcohol sports sponsorship and why?

None - reflecting that alcohol is one of the biggest causes of premature mortality in Scotland and contributes highly significantly to both our poor health record and health inequalities. Although we have not repeated this in each of our answers below, alcohol accounts for an estimated 8% of the disease burden in Scotland,⁸ a huge cost to individuals affected, their families, society and the NHS. This requires a strong response, based on well-established evidence, and throughout

our replies reflect this public health imperative. We think this warrants legal, rather than self-regulatory, approaches.

5. Do you think we should prohibit alcohol events sponsorship in Scotland?

Yes, for the reasons above.

6. If alcohol events sponsorship were to be prohibited, what types of marketing do you think should be covered by a prohibition?

7. What, if any, events do you think should be excepted from a prohibition on alcohol events sponsorship, and why?

There may be the occasional national or international event where some of Scotland's brewing or distilling heritage could be showcased.

However, we acknowledge the risks that exceptions could present to the wider public health effort.

The Scottish Government should give careful consideration to any exception proposed.

8. If alcohol sponsorship restrictions are introduced, do you think there should be a lead in time for these?

The Scottish Government acknowledges it would be a significant undertaking if alcohol sponsorship was prohibited for all events, without an adequate lead in time. This takes account of the commercial nature of sponsorship contracts whereby these are made for a number of years. We welcome views on whether a lead in time would be appropriate as well as how, and for how long, this might operate.

Yes/No/Don't know- explain further

Yes. Firstly, sports events and Scottish sporting teams or individuals would need to find alternative sources of support and funding, and be given adequate time to do that.

There also needs to be better understanding by the Scottish public of the extent of the harm afforded by alcohol, and the evidence base for regulation, including of sponsorship restrictions. We suggest that many underestimate the disproportionate effect promotion and sponsorship has on children and young people, and those who are already at risk of harmful drinking. Whilst some harms are known about by the general public (the risks of drink-driving for instance) some are not, including the risk of binge drinking, of cancer and cardiovascular disease. This would be an opportunity to improve health understanding parallel to hopefully gaining the support and helping the wellbeing of those in Scotland in the process.

As GPs we have seen the huge benefits for our patients of the banning of smoking in enclosed public places, and many who may have initially had reservations about, or been opposed to the ban have seen its benefits. We know too that the ban benefitted those who could not exert control, but were highly affected by indoor smoking, including children, and there must be correlates here.

However we also maintain that the lead time should be limited, as delays will mean lost opportunities to reduce avoidable harm.

--Outdoor and public spaces marketing--

9. Do you think we should prohibit alcohol marketing outdoors, including on vehicles, and in public spaces in Scotland?

Yes/No/Don't know- explain further

Yes – as there is no containment of who sees such advertising and those at risk are exposed to the full impact. Marketing in such public places also normalises alcohol in that it is seen as – literally – part of the landscape. It is difficult to imagine that this will not have a significant impact on young people in particular.

10. What do you think should be covered by a prohibition on alcohol marketing outdoors, on vehicles and in public spaces?

You're answer should include:

- a. Places where you think alcohol marketing should be prohibited (e.g. on bus shelters, in or near leisure centres or on taxis); and**
- b. Types of alcohol marketing you think should be prohibited outdoors (e.g. billboards or signage)**

Both the above.

11. What, if any, exceptions do you think there should be to prohibiting alcohol marketing outdoors, including on vehicles, and in public spaces in Scotland? Why?

As question 7 above.

--In-store alcohol marketing--

12. Do you think that we should further restrict the visibility of alcohol in retail environment?

For example, by:

restricting window displays of alcohol,
restricting the use of mixed alcohol and non-alcohol aisles,
prohibiting aisle-end displays of alcohol,
and/or redefining the alcohol display area, and/or
covering alcohol behind till areas similar to tobacco

Yes

13. Do you think we should consider structural separation of alcohol in Scotland to reduce the visibility of alcohol in off-trade settings (e.g. supermarkets)?

Yes – as we do for cigarettes; the harms for both are significant. A walk round either a supermarket or corner shop will see the extent, availability and attractiveness with which alcohol is displayed. Voluntary codes – for example, packaging which should not appeal to those under 18 – are clearly not followed, and some drinks seem targeted at those younger age groups.

14. How do you think structural separation of alcohol in Scotland could operate? (e.g. with barriers, closed display cases)

As above.

--Brand sharing and merchandise--

15. Do you think that we should prohibit the sale of alcohol branded merchandise in Scotland?

Yes/No/Don't know

Yes

16. Do you think that we should prohibit the free distribution of alcohol branded merchandise in Scotland?

Yes/No/Don't know

Yes

17. What, if any, exceptions do you think should there be to prohibiting the sale or distribution of alcohol branded merchandise?

18. What, if any, other restrictions do you think should be considered on the use of alcohol brands on non-alcohol products?

--No and low alcohol--

19. Do you think that any potential alcohol marketing restrictions should apply to low or no alcoholic drinks products, where these carry the same brand name, or identifiable brand markings, as alcoholic drinks?

Low or no alcoholic drinks products are between 0% ABV and 1.2% ABV. Alcoholic drinks are over 1.2% ABV. Alcohol by volume (ABV) measure of alcohol content

Yes/No/Don't know

Yes. No/Low brands may seem to be helpful alternatives to those seeking to cut down on their alcohol intake or be abstinent. However, those adults will be able to seek those without relying on promotion, whilst advertising – particularly by established brands strongly associate with alcohol – continues to promote that brand and an alcohol culture. We already hear from patients how this can trigger them into drinking.

--Print advertising--

20. Do you think that we should prohibit advertising of alcohol in newspapers and magazines produced in Scotland?

Yes/No/Don't know

21. What, if any, exceptions do you think there should be to prohibiting alcohol advertising in newspapers and magazines produced in Scotland?

If this was taken forward, same consideration would need to be given to specialist consumer publications, trade press and industry focused publications. These are unlikely to be seen, on a large scale, by children and young people or by those in recovery.

We agree that specialist publications above should be exempt, as that would border on inhibiting normal working for an industry, and because they are generally not accessed by the vulnerable groups described.

--Online marketing--

22. Do you think we should restrict alcohol branded social media channels and websites in Scotland?

Alcohol branded social media channels post content, including photos and videos, to individuals who follow or 'like' them. High-quality posts advertise the product/s sold and show the alcoholic drink being consumed in desirable locations or contexts as well as highlighting sponsorships or tie-ins with celebrities.

Yes: we consider social media channel regulation to be inadequate.

We note that the approaches undertaken in Finland, banning user-generated content. They in turn have also led to the industry improving its scrutiny and self-monitoring of social media content. The approach is described in the W.H.O. paper referred to above.¹

23. What, if any, exceptions do you think there should be to prohibiting alcohol branded social media channels and websites in Scotland?

24. Do you think we should restrict paid alcohol advertising online in Scotland?

Examples include adverts appearing on websites, via pop ups, on social media platforms, on search engines or influencer advertising.

A high volume of paid alcohol advertising online is data driven. It targets consumers based on data associated with them.

Yes.

25. What types of paid alcohol advertising online do you think should be covered by any restrictions?

26. What, if any exceptions, do you think there should be to restricting paid alcohol advertising online?

27. Do you think we should restrict alcohol companies from sharing promotional content on social media (e.g. filters, videos or posts)- whether this is produced by them or by consumers? User-generated marketing includes sharing or liking an alcohol brand's content including written posts, photos, videos, games and competitions. This extends the reach of the original marketing and enhances the credibility of it.

Consumers also create and post text, pictures or videos featuring alcohol on their social media profiles, independently of alcohol companies. For example. the NekNominate drinking game involved an individual posting a video of themselves drinking before tagging a peer on social media to do the same within 24 hours.

In Finland, commercial marketing of mild alcoholic beverages (less than 22% ABV) is banned on social media when it is either produced by consumers or produced by an alcohol company and intended to be shared by consumers. This means alcohol companies cannot use content originally uploaded by consumers (user generated) nor can they create content which is specifically aimed for consumers to share (which once shared becomes user generated).

Yes

28. What, if any, exceptions do you think there should be from restricting alcohol companies from sharing promotional content on social media (e.g. filters, videos, or posts)- whether this is produced by them or by consumers?

--Television and radio advertising--

29. Do you think we should explore prohibiting alcohol advertising on television and radio completely (e.g., like Norway or Sweden)?

Yes – this would be the ideal.

30. Do you think we should introduce a watershed for alcohol advertising on TV and radio (e.g. like Ireland)?

This would be a less-than-satisfactory compromise if 29 was not achievable: it reduces harm for children and young people, but some of those will stay up till the after 22:00 Irish watershed (and so much radio and TV is now available online at any time). Late at night might also be a time when those aiming to reduce or stay off alcohol might be sensitive to being triggered by alcohol cues.

--Cinema advertising--

31. Do you think alcohol advertising should be restricted in cinemas?

Yes

32. If alcohol advertising was restricted in cinemas, what, if any exceptions (e.g. products in scope, times of day, or specific movie ratings) do you think should be considered?

Some European countries, including Finland and Ireland, have introduced an approach whereby alcohol can be advertised in cinemas but only films certified as 18+.

There are indications that those aged 18-25 are also disproportionately susceptible to alcohol promotion, and this continues to normalise drinking. We need to make comparisons with smoking advertising, where there has been cultural change and the absence of advertising we believe has contributed to that.

--Restrictions on content of advertisements--

33. Do you think that the content of alcohol marketing in Scotland should be restricted to more factual elements?

Yes/No/Don't know

34. Do you think we should only allow alcohol marketing to include elements set out in a list, like in Estonia? This would mean all other elements not on the list would be banned from adverts.

Yes/No/Don't know

35. Do you think that content restrictions, like the Estonia model, should be applied to all types of alcohol marketing?

Yes/No/Don't know

--Enforcement and evaluation--

36. How do you think that any future alcohol marketing restrictions in Scotland should be monitored and enforced?

Legally rather than by self-regulation: the latter has been shown not to work.

37. Do you think that Scottish Government should require the alcohol industry to provide information and data on alcohol marketing campaigns in Scotland?

Yes – although if legal restriction is sufficient, this may become redundant.

38. Do you think that Scottish Government should require the alcohol industry to provide local alcohol sales data in Scotland?

Yes – this is a public health issue relating to a high morbidity and mortality, with consequent costs for the NHS as well as society more generally.

--End questions--

39. Do you think the Scottish Government should look to introduce a comprehensive package of restrictions across a number of marketing channels? If so, what do you think this package should include?

Yes/No/Don't know

40. What, if any, additional alcohol marketing methods or channels not covered in the consultation would you like Scottish Government to consider restricting?

41. What further evidence on alcohol marketing would you like the Scottish Government to consider?

Packaging is a form of marketing and sponsorship: the current requirements for displaying units, calories and harms are completely inadequate. Units in particular need to be very evident, in large letters, and harms outlined in the sorts of ways they are on cigarette packaging.

We feel that it would be useful to explore the evidence for potential benefits and harms of No / Low alcohol brands.

Finally, the health inequalities are stark: in the 10% most deprived areas of Scotland, rates of alcohol-specific death were nearly five times higher, and rates of alcohol-related hospital stays nearly eight times higher, than in the 10% least deprived areas.⁹

We need to know far more about this disproportionate harm for those living with socio-economic deprivation, and how we can mitigate for that.

42. If you sell, distribute, advertise or manufacture alcohol, or represent those who do, how do you think the potential restrictions in this consultation paper would impact you, and the wider alcohol sector?

The Scottish Government acknowledges that the restrictions presented here could have significant implications for those who advertise, sell, distribute, or manufacture alcohol. It is important that the alcohol and advertising industry views are collated to consider the potential impacts that proposals might have, as well as any support that could have provided alongside any restrictions.

N/A

43. Are there any relevant equality issues that Scottish Government should be considering at this stage in the policy development?

Yes - the status quo widens health inequalities as outlined above.

¹ Hospital admissions, deaths and overall burden of disease attributable to alcohol consumption in Scotland (scotpho.org.uk)

² Is there a link between childhood adversity, attachment style, and Scotland's excess mortality? Evidence, challenges and potential research? Smith et al, BMC Public Health 2016. 16:655

³ Adversity in childhood is linked to mental and physical health throughout life. Nelson, A et al. Adversity in childhood is linked to mental and physical health throughout life | The BMJ

⁴ <https://publichealthscotland.scot/publications/alcohol-related-hospital-statistics/alcohol-related-hospital-statistics-scotland-financial-year-2021-to-2022/>

⁵ Health Inequalities in Scotland Trends in deaths, health and wellbeing, health behaviours, and health services since 2000. University of Glasgow. November 2022. doi: 10.36399/gla.pubs.282637. https://www.gla.ac.uk/media/Media_892338_smx.pdf

⁶ National Records of Scotland. Avoidable Mortality 2020. Edinburgh: National Records of Scotland, 2022.

⁷ Alcohol marketing in the WHO European Region UPDATE REPORT ON THE EVIDENCE AND RECOMMENDED POLICY ACTIONS. WHO 2020.

⁸ Hospital admissions, deaths and overall burden of disease attributable to alcohol consumption in Scotland (scotpho.org.uk)