

Evidence Briefing 3: Society Wide Approaches to Alcohol and Drug Prevention

Need to know

- The availability, affordability and acceptability of alcohol are the primary drivers of consumption and harm
- Advertising is heavily invested in by the alcohol industry and exposure to advertising increases alcohol related harm
- Over the last 30 years, alcohol in the UK has become more affordable. Greater affordability in the off-trade has led to different patterns in alcohol consumption, with more people drinking at home, as opposed to in pubs and other leisure settings
- Opioids have been implicated or potentially contributed to 86% of drug related deaths in Scotland

Key findings

- Reducing alcohol availability through reduced hours/days of sale and clear licensing practices has been shown to be effective in minimising alcohol related harms. Low drink-driving limits and appropriate minimum age levels are also effective, in combination with strict enforcement
- There is evidence that reducing affordability through a combination of minimum unit pricing and taxation is effective in minimising alcohol related harms
- As exposure to alcohol advertising has been linked to greater alcohol related harms, regulation is needed to minimise this
- Supervised drug consumption facilities can reach marginalised groups, facilitate safer drug use and enable access to health and social services
- Drug checking at events/festivals and safer use social media campaigns can help minimise harms associated with use of drugs such as ecstasy and MDMA
- Access to Naloxone can help to prevent opioid related deaths, particularly for those released from prison

Good practice

- Scotland's National Naloxone programme
- RSPH labelling examples
- What's in the pill? campaign
- Minimum Unit Pricing in Canada and Scotland
- Consumption rooms in Denmark

Potential Stakeholders

- Alcohol and drug services
- Police Scotland
- Scottish Prison Service
- Education Services
- Licence holders
- Advertising regulators
- Licensing Boards
- Allied health professionals
- Social Work
- People with lived experience

Introduction

Society-wide approaches aim to reduce problem alcohol and drug use across the whole population. Such strategies include regulating alcohol advertising, reducing the availability, acceptability and affordability of alcohol, stringent law enforcement and information/education campaigns (for both alcohol and drugs), supervised drug consumption facilities, drug checking, and drug legislation change. In general, stronger policy environments are associated with lower levels of alcohol and drug use harm, particularly when they are “coherent and consistent”.¹

Context

- There is strong evidence from studies across a range of countries, including the UK, that the greater the availability of alcohol, the greater the consumption and associated harms². A recent study using ‘pseudo-drunk’ actors³ found that in the UK laws preventing the sale of alcohol to drunk people are “routinely broken”⁴
- Advertising is heavily invested in by the alcohol industry, with £800 million spent each year in the UK⁵. Research suggests that companies use “creative methods” to target likely drinkers, particularly younger generations, including “co-opting traditional celebrations and embracing new forms of communication”⁶ such as social media
- Over the last 30 years, alcohol in the UK has become more affordable. Supermarket beer is now 188% more affordable than in 1987⁷ and off-trade wine and spirits are 131% more affordable⁸. Greater affordability in the off-trade has led to different patterns in alcohol consumption, with over two thirds of alcohol now sold in supermarkets and off-licences across Britain⁹. The scrapping of the alcohol duty escalator has contributed to this increase in off-trade sales, as “the stronger bargaining power of supermarkets enables them to pass on those cuts to customers more readily than pubs”¹⁰. There is evidence that pricing policies in supermarkets contribute to problematic drinking cultures¹¹, for example pre-loading or drinking before going out to a venue
- Glasgow City is ranked 2nd out of 30 local authority areas for alcohol outlet availability in Scotland. Research suggests that increased density of alcohol outlets directly increases the rate of alcohol related harms including level of crimes, deaths and hospital admissions¹². Across Greater Glasgow and Clyde, the profiles for each local authority are also available¹³
- New Psychoactive Substances, research chemicals, club and designer drugs present novel difficulties for drug harm reduction, including lack of expertise within services, and ability to keep up to date with rapid changes¹⁴

3 Detailed analysis of what works

Key to evidence briefing

High quality and multiple source evidence to support this approach (1)

Some evidence or emerging evidence to support this approach (2)

Limited evidence for this approach or potential development area for further investigation (3)

| Alcohol Licensing, Availability, Acceptability, Affordability and Legislation | Drugs Availability, Acceptability, Affordability and Legislation | Information and Education Campaigns | Creating healthy use environments and communities |
|---|--|--|---|
| Advertising regulation (1) | Disrupting online sales of illicit drugs (3) | Evidence-based campaigns as part of a package of support (1) | Multi-component approaches (1) |
| Minimum unit pricing and taxation (1) | Supervised drug consumption facilities (1) | Alcohol health labelling (2) | |
| Lower drink-driving limits (1) | Legislation relating to New Psychoactive Substances (2) | | |
| Reduced hours/days of alcohol sales (1) | Drug checking at events and festivals (1) | | |
| Clear licensing practices, including reducing outlet density (1) | Drug harm reduction information campaigns using social media (2) | | |
| | National Naloxone Programme (1) | | |

| Intervention Type | Description | Category | Effectiveness | Factors that help (✓) or hinder (×) effectiveness | Good Practice |
|--------------------------------------|--|---|--|---|--|
| <p>Advertising regulation</p> | <p>Exposure to advertising has been shown to influence behaviours and attitudes in relation to alcohol consumption and harm. Advertising is heavily invested in by the alcohol industry.</p> <p>Advertising regulation can reduce such exposure, particularly for children and young people, and is thus an important way of preventing problem alcohol use.</p> | <p>Alcohol Licensing, Availability, Acceptability, Affordability and Legislation</p> | <p>Regulation has been recommended by many sources including by the WHO as one of their 'best buys'¹⁵</p> | <ul style="list-style-type: none"> ✓ Limit content to “factual information about brand, provenance and product strength”¹⁶ ✓ Restrict alcohol advertising in cinemas to 18+ rated films¹⁷ ✓ Restrict alcohol advertising on television to after the 9pm watershed¹⁸ ✓ Regulate digital advertising¹⁹, including updating “regulatory apparatus” to be able to monitor and control marketing of alcohol through social media²⁰ ✓ Introduce mandatory restrictions on alcohol marketing²¹ ✓ Well-enforced bans²² <hr/> <ul style="list-style-type: none"> × Self-regulatory advertising codes of conduct²⁵ × Sponsorship of sports and other cultural events by the alcohol industry²⁶, particularly those that target young people²⁷ × Multi-buy discounts and promotions such as ‘happy hour’²⁸ | <p>Norway has a long-standing comprehensive ban on alcohol advertising, whilst Finland and Estonia have recently made progress on regulating digital advertising²³.</p> <p>Ireland has taken steps towards restricting alcohol marketing, passing the Public Health (Alcohol) Act in 2018²⁴.</p> |

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| <p>Minimum unit pricing (MUP) and taxation</p> | <p>Evidence suggests that the affordability of alcohol has a considerable effect on consumption and harm. Minimum Unit Pricing (MUP) is a strategy aimed to reduce the affordability of the cheapest, strongest products. MUP was introduced in Scotland in May 2018 and works by setting a “floor price based on the amount of alcohol in a product”²⁹. In Scotland, the set rate is 50p per unit.</p> <p>Alcohol taxation has also been shown to be an effective intervention³⁰, particularly as it creates revenue for the public sector, which MUP does not. As such, it has been suggested that taxation, in combination with MUP, is better than either in isolation³¹.</p> | <p>Alcohol Licensing, Availability, Acceptability, Affordability and Legislation</p> | <p>Effective – particularly for those with problem alcohol use</p> | <ul style="list-style-type: none"> ✓ MUP and alcohol taxation in combination ✓ Increase excise taxes on alcoholic beverages³² ✓ Increase duty on high strength cider³³ ✓ Reinstate the alcohol duty escalator³⁴ ✓ Develop effective system for tax administration and combine with efforts to prevent tax avoidance/evasion³⁵ ✓ The introduction of MUP has faced some criticism that research is too speculative^{36 37}, implying careful monitoring of the impacts of MUP in Scotland will be needed <ul style="list-style-type: none"> × MUP not adjusted for inflation and income levels⁴⁰ | <p>In the Canadian province of Saskatchewan, a 10% increase in minimum prices of alcohol reduced consumption of all beverages by 8.4%³⁸.</p> <p>Scottish Minimum Unit Pricing: One Year on Evaluation shows an annual fall of 7.3% in sales³⁹</p> |

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| Lower drink-driving limits | <p>“There is consistent evidence from many countries for the effectiveness of lower drink-driving limits in preventing alcohol-related accidents, injuries and deaths on the roads, even more so in younger people”^{41 42}.</p> <p>Scotland is leading the way on lower drink-driving limits within the UK, but there is evidence that these need to be better enforced, as no statistically significant results have yet emerged⁴³.</p> | Alcohol Licensing, Availability, Acceptability, Affordability and Legislation | Effective if enforced properly | <ul style="list-style-type: none"> ✓ Introducing sobriety checkpoints⁴⁴ (enable police to briefly stop vehicles at specific “highly visible” locations⁴⁵) ✓ Random breath testing ✓ Strict enforcement of lower drink-driving levels ✓ Campaigns to reduce drink driving specifically ✓ Keep the legal limit in Scotland for blood alcohol concentration for drivers at 50mg/100ml | The New South Wales Sober Driver Programme ⁴⁶ |
| Reduced hours/days of alcohol sales | <p>There is strong evidence from studies across a range of countries, including the UK, that the greater the availability of alcohol, the greater the consumption and associated harms⁴⁷. Reducing the hours that alcohol is on sale (particularly late-night sales) can substantially reduce alcohol-related harm in the “night-time economy”⁴⁸.</p> | Alcohol Licensing, Availability, Acceptability, Affordability and Legislation | Effective | <ul style="list-style-type: none"> ✓ Strict enforcement of licensing and policies⁴⁹, particularly late night “on-trade sale”⁵⁰ ✓ Target enforcement at “the most densely populated areas” to ensure cost effectiveness⁵¹ ✓ Only sell alcohol in designated areas of each shop⁵² <ul style="list-style-type: none"> × Reducing hours/days of sale without addressing “illicit or informally produced alcohol”⁵³ | |

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| <p>Clear licensing practices, including reduced outlet density</p> | <p>Licensing practice in the UK is out of date. The focus on pubs and bars has allowed shops and supermarkets to become the dominant players in alcohol sales, driving “pre-loading” and binge drinking practices⁵⁴.</p> <p>Recent research by CRESH and AFS demonstrated a clear relationship between the density of alcohol outlets and associated alcohol-related harms, implying that action to regulate the number of outlets is necessary. While Scotland has legislation designed to limit overprovision of alcohol, evidence suggests that there is “considerable variation in the effort made by local areas in Scotland to use overprovision policies to refuse to grant new premises licences.”⁵⁵</p> | <p>Alcohol Licensing, Availability, Acceptability, Affordability and Legislation</p> | <p>Evidence mainly relates to current ineffective licensing practices, and the potential effectiveness of changing these</p> | <ul style="list-style-type: none"> ✓ Increase the focus on off-trade sales, such as supermarkets and off-licenses ✓ Licensing legislation should be “comprehensively reviewed”⁵⁶ ✓ Capture more detailed information on: “the alcohol capacity of premises, their opening hours, alcohol sales and the catchment of customers”⁵⁷ ✓ Introduce a national licensing policy and update the guidance on the Licensing (Scotland) Act 2005⁵⁸ ✓ Enforcing appropriate minimum age⁵⁹ <hr/> <ul style="list-style-type: none"> × Prioritising “economic development” as the goal of licensing⁶² | <p>Quantity Discount Ban prevents off sales from offering discounts on multi-buy purchases of alcohol⁶⁰</p> <p>Challenge 25 asks for ID from anyone who is over 18 but appears under 25⁶¹</p> |

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| <p>Evidence-based campaigns as part of a package of support</p> | <p>Information and education campaigns involve disseminating knowledge about alcohol and drugs to whole populations through posters, leaflets, TV and radio adverts, digital information, talks and other media. Historically this strategy has been a very popular form of intervention, however, the evidence for the effectiveness of information and education campaigns is mixed.</p> <p>In general, it is felt that information and awareness raising about the effects and harms of alcohol and drugs is important because people have a right to be fully-informed⁶³ and because there is some evidence to suggest that greater knowledge can influence public opinion and cultural norms⁶⁴ making people “more likely to support a range of alcohol control policies including increases in alcohol tax and strict marketing regulations”⁶⁵.</p> | <p>Information and Education Campaigns</p> | <p>Effective only as part of a package of support and intervention</p> | <ul style="list-style-type: none"> ✓ A clearly identified target group⁶⁶ ✓ A solid theoretical basis⁶⁷ and messages that are designed on the basis of “strong formative research”⁶⁸ ✓ A campaign that is linked to other existing alcohol and drug prevention programmes in the home, school, and community⁶⁹ ✓ Adequate exposure of the target group for a sustained time⁷⁰ ✓ A systematically evaluated campaign, including during the campaign to adjust messages for maximal effect⁷¹ ✓ A campaign that targets parents, as this appears to have an independent effect on children⁷² ✓ A campaign that targets knowledge deficits eg reliable information about the effects of New Psychoactive Substances⁷³ <hr/> <ul style="list-style-type: none"> × Common messages conveyed by the alcohol industry such as “Drink Responsibly” have “no significant public health effects”⁷⁸ × Standalone campaigns × Stigmatising, preachy or blaming language | <p>Dry January campaign⁷⁴</p> <p>Go Sober for October⁷⁵</p> <p>Alcohol Awareness Week⁷⁶</p> <p>Know the Numbers Campaign in GGC⁷⁷</p> <p>Community Alcohol Campaigns</p> |

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| <p>Alcohol health labelling</p> | <p>Alcohol health labelling refers to communicating health risks and associated harms on alcoholic beverage packaging, including stating the number of units, low risk consumption guidelines, and the risks associated with drinking above these guidelines⁷⁹. It offers a low-cost approach to tackling alcohol related harms.</p> <p>At present, the only health-related information currently mandated on alcohol labels by EU regulation is alcohol by volume (ABV)⁸⁰. Warning labels on alcohol products are a “relatively unused measure”⁸¹, despite having a high level of public support⁸². In the UK, alcohol information labels are “the subject of a voluntary agreement between industry and government”. This has meant that labelling has tended to be “poorly implemented”⁸³. Better designed labelling, and rigorous evaluation are needed in order to assess the effectiveness of this intervention.</p> | <p>Information and Education Campaigns</p> | <p>Mixed evidence in terms of effectiveness, however, general consensus that consumers have the right to know</p> | <ul style="list-style-type: none"> ✓ “At least one third of every alcohol product label should be given over to an evidence-based health warning specified by an independent regulatory body”⁸⁴ ✓ Mandatory labelling schemes⁸⁵ should be in place, that regulate font and image size, to prevent messages from being hidden⁸⁶ ✓ Consider plain packaging for alcohol products⁸⁷ ✓ Incorporate pictorial health warnings⁸⁸ ✓ Include calorie information⁸⁹ ✓ Drink drive warning⁹⁰ ✓ Guidelines for pregnant women⁹¹ <ul style="list-style-type: none"> × Voluntary implementation × Information on units only (as this can be used to inform people of the strongest, cheapest drinks)⁹³ × Providing references to online information⁹⁴ × Ambiguous messages such as “Know your limits”⁹⁵ | <p>The RSPH have produced recommendations on effective labelling, and mock up labels as exemplars⁹²</p> |

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| Multi-component approaches | Prevention programmes utilising entertainment and community venues with multiple components, including different combinations of training for staff (such as responsible beverage service, management of intoxicated patrons and changes in laws and policies), high visibility enforcement of existing laws and policies and communication to change attitudes and norms. | Creating healthy use environments and communities | Effective More evidence required to assess transferability | <ul style="list-style-type: none"> ✓ Work in a range of community settings, including local entertainment venues, workplaces and educational establishments⁹⁶ ✓ Create buy-in and active participation from law enforcement and health and social care staff⁹⁷ ✓ Adequate training and resources are provided to the communities⁹⁸ ✓ Creation of alcohol-free spaces, particularly for at-risk groups⁹⁹ ✓ Initiatives last longer than a year¹⁰⁰ ✓ Server liability is part of the initiative¹⁰¹ ✓ High visibility of enforcement of existing laws and policies ✓ Strong communication element to change attitudes, raise awareness and increase acceptability in the local area | Stockholm Prevents Alcohol and Drug Problems (STAD) programme ¹⁰² Liverpool's Drink Less, Enjoy More intervention ¹⁰³ Best Bar None Glasgow ¹⁰⁴ |
| | | | | <ul style="list-style-type: none"> × Server training <i>only</i> on how to responsibly handle intoxicated clients¹⁰⁵ × Partnerships between the alcohol industry and public services¹⁰⁶ | |
| Intervention Type | Description | Category | Effectiveness | Enablers and inhibitors to impact | Good Practice |

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| <p>Disrupting online sales of illicit drugs</p> | <p>Approaches which seek to disrupt and prosecute those involved in the sales and purchase of illicit drugs on the internet eg through the darknet.</p> | <p>Drugs Availability, Acceptability, Affordability and Legislation</p> | <p>Limited effectiveness</p> | <ul style="list-style-type: none"> ✓ Tackling online sales through “surveillance, hacking and other forms of interdiction” can work to close down a particular site¹⁰⁷ ✓ Pooling resources to enhance strategic understanding of the role of the darknet trade in drugs in serious and organised crime eg through joint operational international taskforces¹⁰⁸ <hr/> <ul style="list-style-type: none"> × Attempting wide-scale prevention of online sales can proliferate hidden drug markets and incentivise technological innovation¹⁰⁹ | |

| Intervention Type | Description | Category | Effectiveness | Enablers and inhibitors to impact | Good Practice |
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| Supervised drug consumption facilities | <p>A total of 78 official drug consumption facilities operate in Europe, two operate in Australia and one operates in Canada¹¹⁰.</p> <p>Drug consumption facilities allow for drug use under the supervision of a trained professional eg a nurse. They seek to attract marginalised groups, facilitate safer use and access to health and social services¹¹¹.</p> <p>Facilities are “often the first to gain insights into new drug use patterns” and therefore can assist in the early identification of new and emerging trends amongst high-risk populations¹¹².</p> | <p>Drugs Availability, Acceptability, Affordability and Legislation</p> | <p>Effective</p> <p>Transferable</p> | <ul style="list-style-type: none"> ✓ Provision of clean injecting equipment ✓ Consultation with local key actors to minimise community resistance or counter-productive police responses¹¹³ ✓ Facilities linked in with other health and social services¹¹⁴ ✓ Broad access for those who take various types of drugs eg injectable, inhalable and NPS¹¹⁵ | <p>Five drug consumption rooms in Denmark¹¹⁶</p> |

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| Legislation relating to New Psychoactive Substances (NPS) | <p>The Government introduced the Psychoactive Substances Act in May 2016. The act makes it an offence to produce or supply any substance intended for human consumption that is capable of producing a psychoactive effect¹¹⁷.</p> <p>The act has led to reduced affordability and availability of NPS¹¹⁸. However, while there has been a decrease in NPS-related deaths in England and Wales, the reverse is evident in Scotland due to the use of novel benzodiazepines¹¹⁹.</p> | Drugs Availability, Acceptability, Affordability and Legislation | <p>Effective in limiting supply of NPS through shops</p> | <p>✓ The closure of shops which previously sold NPS¹²⁰</p> <p>× Vulnerable groups continuing to access NPS on the illicit market¹²²</p> <p>× Potential displacement from NPS to other harmful substances¹²³</p> | Psychoactive Substances Act 2016 ¹²¹ |
| Drug checking including at events and festivals | <p>Drug checking or pill testing at events and festivals has been advocated to prevent harm associated with taking any dangerous substances in pills and prevent drug-related deaths¹²⁴.</p> <p>This public health approach is recommended by the World Health Organisation¹²⁵.</p> | Drugs Availability, Acceptability, Affordability and Legislation | <p>Effective for preventing harm/drug-related deaths</p> <p>Transferrable</p> <p>Innovative</p> | <p>✓ On-site testing for those about to consume drugs¹²⁶</p> <p>✓ Highlighting any dangerous or unexpected compounds in pills at events or festivals to prevent use¹²⁷</p> <p>✓ Provision of information during check about risks of drug use¹²⁸</p> <p>✓ Issuing warnings about particular drugs after chemical analysis¹²⁹</p> <p>✓ Partnership working between various agencies and community groups¹³⁰ – “a minimum of political backing and good cooperation with the local police force”¹³¹</p> | Groovin’ The Moo Pill Testing Pilot ¹³² |

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| Drug harm reduction information campaigns using social media | <p>Social media initiatives such as The Loop’s #CrushDabWait campaign seek to circulate information about safer drug use¹³³. It aims to help individuals make judgements about quantities of drugs to consume.</p> <p>Similarly, the “What’s in the Pill?” campaign provides harm reduction information relating to ecstasy use. It is a collaboration between three Dublin Universities and the Ana Liffey Drug Project. Resources include posters and fact sheets which are distributed on campuses and via social media¹³⁴.</p> | <p>Drugs Availability, Acceptability, Affordability and Legislation</p> | <p>Limited evidence on outcomes</p> <p>Innovative</p> | <ul style="list-style-type: none"> ✓ Simple and clear messages and tips ✓ Information about safer use ✓ Partnership working between various stakeholders eg universities and drug services¹³⁵ ✓ “Non-judgemental” campaigns which focus on harm reduction and “neither promote nor denounce drug use”¹³⁶ | <p>The Loop #CrushDabWait¹³⁷</p> <p>“What’s in the Pill?” campaign¹³⁸</p> |

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| National Naloxone Programme | <p>The National Naloxone Programme (NNP) aims to contribute to a reduction in fatal opioid overdoses in Scotland¹³⁹.</p> <p>Between 2011/12 and 2016/17 a total of 3,088 repeat supplies were issued due to the previous kit being used for the purposes of saving a life¹⁴⁰.</p> <p>Data suggests a reduction in prison release opioid-related deaths of between 20-34% which may be due to the NNP¹⁴¹.</p> | Drugs Availability, Acceptability, Affordability and Legislation | <p>Effective in reducing prison release opioid-related deaths</p> <p>Innovative</p> | <ul style="list-style-type: none"> ✓ Free provision of Naloxone ✓ Targeted provision for those most at risk of opioid overdose and those connected to them ✓ Workforce development and training eg for those working in community drug services and Scottish Prison Service¹⁴² | <p>Scotland's National Naloxone Programme¹⁴³</p> <p>Service Evaluation of Scotlands Take Home Naloxone Programme¹⁴⁴</p> |

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