

The Salvation Army Scotland Office



Response from The Salvation Army
to the call for views on the

Alcohol (Licensing, Public health and Criminal Justice) (Scotland) Bill

June 2015

The Salvation Army Scotland Office
12a Dryden Road
Loanhead
EH20 9LZ

www.salvationarmy.org.uk/scotland

Response from The Salvation Army to the call for views on the Alcohol (Licensing, Public health and Criminal Justice) (Scotland) Bill

Introduction

The Salvation Army has a long history of working with people whose lives are damaged by addictions, most notably to alcohol and drugs. Today, our Scotland Drug and Alcohol Strategy has floating support workers and volunteers in four locations who, using the Community Reinforcement Approach, support people in recovery. Collaborative research between The Salvation Army and the University of Stirling includes supporting our work with people to address Alcohol-Related Brain Damage (ARBD) and a second PhD studentship focusing on the effects of alcohol marketing on young people.

It is on the basis of our support work and research that we are responding to this consultation. In doing so we wish to maintain the views expressed in our response to the 2012 consultation on *The Alcohol (Public Health and Criminal Justice) (Scotland) Bill*. The guidance on effectiveness of various approaches to alcohol harm reduction as promoted in *Alcohol: No Ordinary Commodity*¹ is still relevant. The more recent publication of *Health First : An Evidence based Alcohol Strategy for the UK*² highlights the need for a robust strategy to reduce alcohol related harm in the community. In particular, the need to reduce alcohol consumption by reducing its availability should be a core objective.

Response to the Bill

We are generally supportive of the Bill, but have a number of comments and questions.

- Preventing licensing boards from banning sales to under-21s as a condition of a premises licence removes a valuable safeguard that protects young adults who are prone to high episodic drinking.³ We do not recommend this step be taken.
- Service users in our homelessness centres⁴ are often treated differently by society (including statutory agencies and medical facilities) due to assumptions made about them – one assumption being that they are all drug or alcohol addicts. We are concerned that the mandatory notification of a GP when an incident is judged to be the result of alcohol addiction will reinforce this stereotype and colour the way a homeless person is viewed every time they contact or attend the GP's practice.
- If there is to be mandatory notification, but GPs do not have to take action, they may simply make a note on the person's records. We would like to see a proactive response to identify if there is an alcohol addiction, and further support for the individual to address this through treatment. Our questions are: what enhanced support network is in place once alcohol misuse has been identified; what additional

¹ Babor, T.F., Caetano, R., Casswell, S., et al (2003) *Alcohol: No Ordinary Commodity- Research and Policy*, Oxford and London; Oxford University Press. See also, *Health First: An Evidence based Alcohol Strategy for the UK*, University of Stirling, 2013 [www.stir.ac.uk/management/about/social-marketing].

² *Health First: An Evidence based Alcohol Strategy for the UK*, University of Stirling, 2013 [www.stir.ac.uk/management/about/social-marketing].

³ A practice otherwise known as binge drinking which is defined whether an individual had consumed 8 or more units if male, or 6 or more units if female, in a single drinking session.

⁴ We have 15 homelessness centres in Scotland, including drop-ins, hostels, resettlement work and floating support.

resources will be available to provide alcohol awareness training; and will third sector organisations have an opportunity to be involved in this provision?

In addition to these brief comments we wish to make an extended response to the issue of advertising. Therefore the rest of this document will focus on our concerns in this area.

Advertising-specific considerations

We are increasingly concerned by the diversion of alcohol industry marketing and promotion budgets into the unregulated digital space, exploiting the widespread use of social networking sites. Our response is therefore primarily based on new research that will hopefully raise an awareness of this development in alcohol marketing, regarded by many health professionals to be an increasingly major challenge to public health.

1.0. General support for the Bill, but with concerns

The vigorous, seductive and powerful advertising of alcohol inevitably leads to increased consumption by people of all ages. We therefore support the intent that is outlined in the Bill. There are, however, several concerns. These are divided into two categories:

- (i) Potential limitations related to actions that are cited in the Bill;
- (ii) Concerns about other types of marketing that are not considered in the Bill.

2.0. Unresolved issues in the Bill

2.1. Credibility of the 'restricted area' around youth-orientated environments

We doubt the effectiveness of a 200-metre restricted area around schools etc. This figure appears arbitrary and not informed by any previous research/legislation. For example, a study in America found over 900 instances of alcohol advertising within 450 metres of schools in Chicago, and reported that such exposure was significantly associated with increased future intentions to consume alcohol, even in young people who had not previously consumed.⁵

The intent of the proposal is to ensure that marketing would not be *directly* visible from the premises, but we question whether such a small restricted area will limit young people's exposure to any significant degree. The majority of school attendees will travel from outside the restricted area and are likely to be exposed to advertising that falls immediately outside this area. If a restricted area is to be implemented, further research should inform the extent of any restriction and the supporting reasons behind it. Until this is provided we maintain that there should be a total ban on advertising in public places.

2.2. Defining what constitutes events for people aged over 18

Restricting advertising at events raises the question over how enforceable any ban can be when a definition such as '*the intended audience for the event consists principally of persons under that age*' is used. Although examples can be found at the extreme ends of the

⁵ Pasch, K.E., Komro, K.A., Perry, C. L., Hearst, M.O., & Farbaksh, K. (2007). Outdoor alcohol advertising near schools: What does it advertise and how is it related to intentions and use of alcohol among young adolescents. *Journal of Studies on Alcohol and Drugs*, 14(2), 225-236

spectrum,⁶ many cultural and sporting events are likely to be attended by a mixture of adults and young people. Making sound judgement on whether the clear majority of the intended audience is under 18 will often be subjective and difficult to enforce. The Bill provides no definition for how an event will be judged as such, and this ought to be clearer should it be in the legislation.

Moreover, it is arguable that the terminology of '*principally*' or '*majority*' further inhibits the fundamental aim to safeguard young people. Presumably both terms refer to the proportion exceeding 50%, although this not clear in the Bill. This raises questions about how this could be legally enforced, and whether a '*majority*' should be the threshold at which protection is implemented. Surely any context in which more than a third, or even a quarter, of the attendees could be under 18 suggests the marketing is achieving exposure to more young people than can honestly be considered incidental or appropriate.

We maintain that a blanket ban on *any* context in which young people will represent *any* proportion of the intended audience is a more appropriate approach. This addresses the questions of subjectivity and ambiguity that surround current policy approaches.

2.3. Advertising within licensed premises

Findings from recent Salvation Army research (see table 1 below) and a previous study on younger adolescents in Scotland⁷ show that young people report awareness to in-store posters and price promotions for alcoholic drinks. We therefore support the Bill's intent to take action to reduce such exposure. That said, it is questionable whether simply restricting such advertising to a specific area (e.g. the aisle of a supermarket) will have an effect on exposure. It is very unlikely that parents would leave their child at the end of an aisle whilst selecting alcohol products. At this point young people are already exposed to the powerful effects of packaging⁸, so any additional promotion, in the form of advertising, is unnecessary.

More evidence needs to be considered, particularly controlled trials of retail premises (without promotion/with isolated promotion/ with no restrictions) in order to consider what level of restriction is most effective. The vast majority of retail premises represent a public environment, and thus any form of advertising in this context such should be prohibited entirely. Such a stance has been taken in tobacco advertising, and the reduction this achieves in smoking provides compelling evidence for a similar approach in alcohol marketing.^{9, 10}

⁶ The 'Peppa Pig' tour [Dumfermline in 2016] is quite evidently aimed at young people and Fleetwood Mac [SSE Hydro in July 2015] is most likely to appeal to those aged above 18.

⁷ Gordon, R., Harris, F., Mackintosh, A.M., & Moodie, C. (2011). Assessing the cumulative impact of alcohol marketing on young people's drinking: Cross-sectional data findings. *Addiction Research and Theory*, 19(1), 66-75.

⁸ Purves, R.I., Stead, M., & Eadie, D. (2014). *What are you meant to do when you see it everywhere? Young people, alcohol packaging and digital media*. London, UK: Alcohol Research UK.

⁹ Robertson, L., McGee, R., Marsh, L., & Hoek, J. (2015). A systematic review on the impact of point-of-sale tobacco promotion on smoking. *Nicotine & Tobacco Research*, 17(1), 2-17.

¹⁰ Li, L., Borland, R., Fong, G.T., Thrasher, J.F., Hammond, D., & Cummings, K.M. (2013). Impact of point-of-sale tobacco display bans: Findings from the international tobacco control four country survey. *Health Education Research*, 28(5), 898-910.

3.0. Unresolved issues not addressed in the Bill

As mentioned in the introduction, we currently fund a PhD studentship at Stirling University into the effects of marketing on young people. The findings suggest that the Bill does not go far enough in safeguarding young people. There are three issues to be considered:

3.1. The narrow understanding of exposure and potential association with consumption

We have concerns that the Bill only focuses on two platforms of marketing. This concern is underpinned by two findings from our research. *First*, the number of channels through which young people reported exposure to alcohol marketing includes many channels not considered in the Bill (see table one below).

Table one: Awareness for offline marketing by young people aged 15-25 years old in the UK

Channel	Total (n=479)	
	%	n
Television	79	379
Price promotion	62	298
In-store posters	53	254
Magazines	43	208
Billboards/Posters	42	247
Newspapers	37	177
Packaging	36	173
Event sponsorship	34	165
Sports sponsorship	30	145
Mobile phone advertising	11	54
<i>Mean number (SD) of channels exposed to*</i>	4.38 (2.37)	

Table two: Awareness and engagement with digital marketing by 15-25 years old in the UK

Channel	Awareness		Engagement	
	%	n	%	n
On-demand TV ads	87	417	48	229
Videos	80	381	52	249
Display advertisements	75	360	12	57
Social networking pages	61	294	20	96
Online shop	59	284	25	73
Competitions	57	273	15	72
Websites	48	228	27	129
Smartphone applications	45	217	21	100
Games	35	168	12	55
E-mail	31	149	7	33
Downloadable content	30	145	3	12
<i>Mean number (SD) of channels exposed to*</i>	6.09 (2.63)		2.31 (2.00)	

Our findings suggest the rates of awareness and involvement with modern digital forms of alcohol advertising are considerably higher than those reported for offline promotion, and that young people are content to be involved with such marketing discourses e.g. 'liking or sharing content' (see table two above). It is therefore very concerning that restriction in this context does not feature prominently on the policy agenda.

Second, our findings suggest that the true impact of alcohol marketing on young people's consumption is best understood when exposure is considered from a cumulative perspective, not just the salience of individual marketing channels. Our research participants reported, on average, awareness to alcohol being advertised through 10 of the 21 marketing channels assessed¹¹. The association between exposure and alcohol use was strongest when the total exposure was considered as shared across all forms of marketing, both online and digital. Figure one (below) shows this association in the context of high episodic drinking; however, a similar association was evident for drinking status, frequency of alcohol use, quantity of alcohol drunk in a typical drinking session, future drinking intentions and total scoring on the Alcohol Use Disorders Identification Test (AUDIT-C)¹².

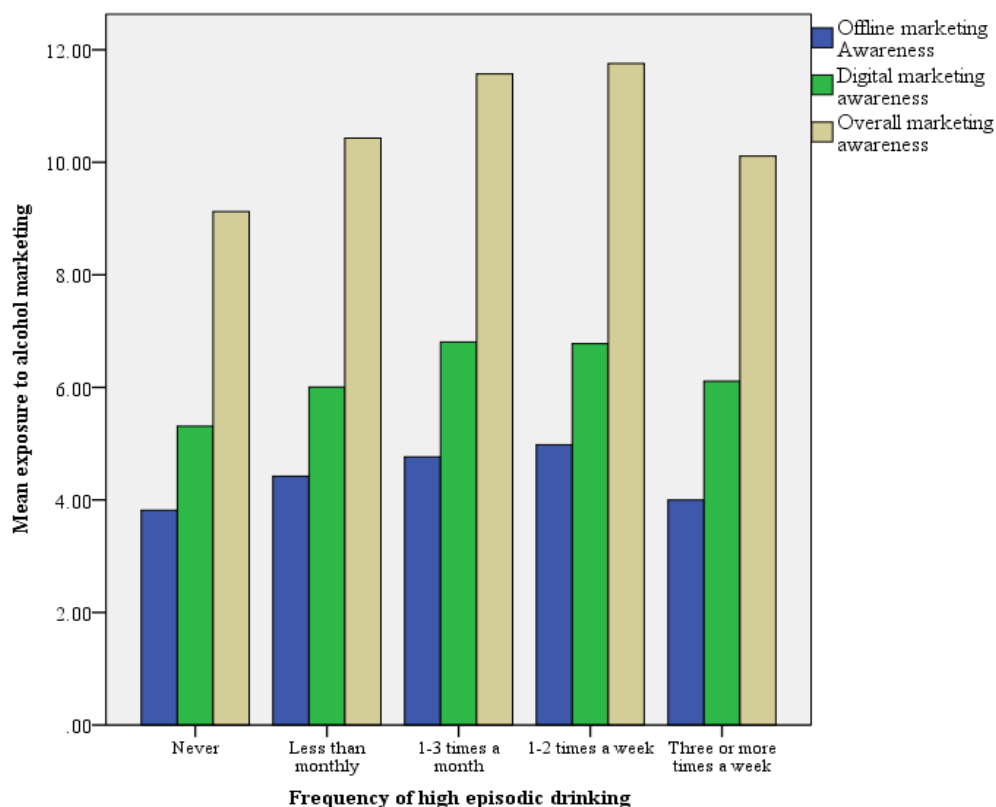


Figure one: Association between exposure to alcohol marketing and high episodic drinking in young people aged 15-25 years old in the UK

Put simply, our research suggests that only restricting exposure in the two contexts noted in the Bill does not acknowledge the combined impact that alcohol marketing has through a range of other channels that young people *do* report awareness of and participation with. Harm generated by such exposure can only be addressed when alcohol marketing is considered as a total entity and not sub-divided into various channels or typologies of

¹¹ This number is arrived at by combining both the 10 offline marketing channels and 11 online marketing channels, depicted in tables one and two.

¹² Note all relationships statistically significant through hierarchal multiple regression models.

exposure. Any partial attempts to restrict exposure may simply ‘tip the scales’ in favour of alternative promotion channels that offset any restrictions (e.g. advertising on public transport, increased targeting online, television advertisements). In this respect the current Bill represents a step away from what we perceive to be the required focus in alcohol marketing – a wider ban on advertising in any public context in which young people may be potentially present.

3.2. *The focus only on exposure, not on message content*

Our evidence also suggests that a sole focus on limiting exposure also fails to consider that the messages young people interpret from alcohol marketing discourses are as important as the rate of exposure itself. Message interpretation is considered by previous literature to play a crucial role in the effect that alcohol marketing has on young people. This is not reflected in the Bill. In support of this point we provide two pieces of evidence.

First, we conducted a content analysis of the Facebook pages run by the top 100 alcohol brands in 2013.¹³ Many of the pages contained features not explicitly related to the product itself, and thus tied the marketing to wider cultural and popular discourses. These references included; real world tie-ins (83%), applications (63%), sports (25%), music references (29%), encouragement to drink (69%), competitions (63%) and a wide use of media such as photos (100%) and videos (58%). Moreover, whilst a number of pages did have responsible drinking messages (67%), these were often ‘strategically ambiguous’¹⁴ and only a worryingly low number of the pages contained an age restriction message (40%). Previous research suggests this is not just something related to social networking sites, but also websites¹⁵ and a range of offline marketing mediums.¹⁶

Second, our research indicates exposure to alcohol marketing has a significant association on young people’s social cognitions of consumption. This association helps to mediate the effect that alcohol marketing has by increasing motives to drink for enhancement reasons (e.g. ‘I drink because I like the feeling’) or for social reasons (e.g. ‘I drink because it improves parties and celebrations’) and increasing the likelihood that positive outcomes would be gained from drinking (e.g. ‘I would find it easier to talk to someone’ or ‘I would enjoy sex more’). These associations are summarised in figures two and three below. In both our current research project and previous research these social cognitions are associated with a range of alcohol use behaviours, and thus this mediating association provides crucial insight into *how* exposure to alcohol marketing effects young people, not just *whether* it has an effect.

Our research suggests that alcohol marketing uses references to lifestyle or culture, amongst others things, to promote a brand outside of just product characteristics. These messages are being successfully interpreted by young people, and in turn the messages have a significant association on whether and why they consume alcohol. We are not alone

¹³ Popularity denoted by a ranking system in a leading industry publication.

¹⁴ Strategically ambiguous refers to a message of responsible consumption that is also presented alongside messages that were encouraging consumption. This juxtaposition makes it difficult to understand which message is more important, a notion not helped by the fact that the marketing discourses often appear considerably more appealing and entertaining in the message.

¹⁵ Gordon, R. (2011). An audit of brand websites. *Drug and Alcohol Review*, 30, 638-644.

¹⁶ Rhoades, E. & Jernigan, D.H. (2013). Risky messages in alcohol advertising, 2003-2007: Results from content analysis. *Journal of Adolescent Health*, 52(1), 116-121.

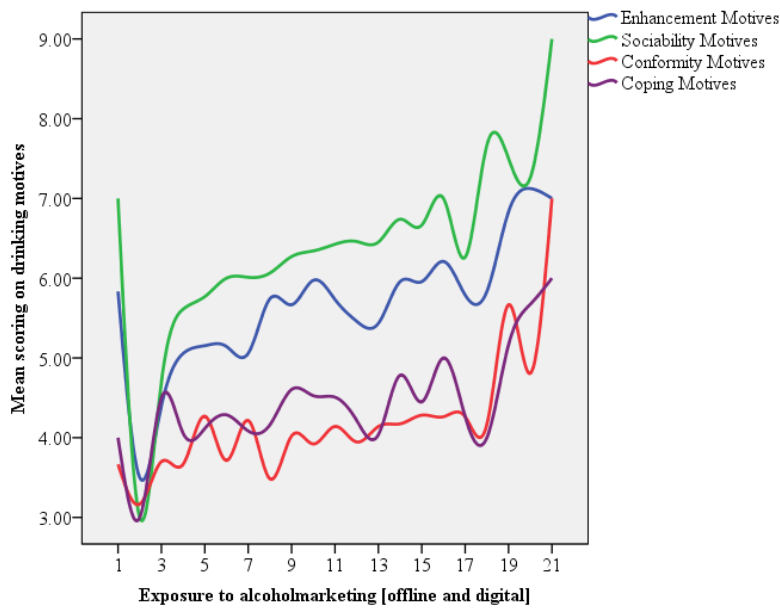


Figure two: Association between exposure to marketing and drinking motives in young people aged 15-25 years old

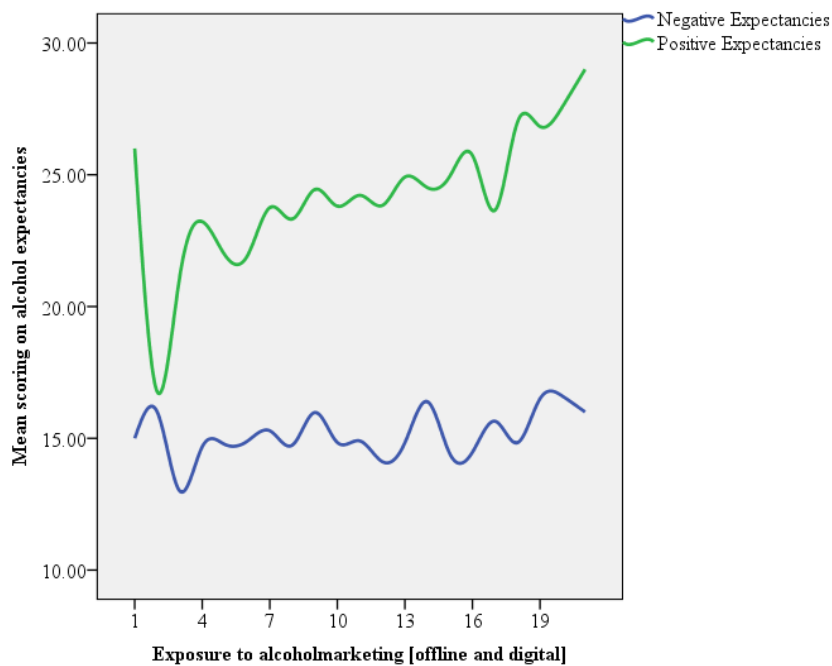


Figure three: Association between exposure to marketing and drinking motives in young people aged 15-25 years old

in these findings.^{17,18} The Bill only expresses a method of reducing young people’s exposure to alcohol marketing. This represents only one side of the marketing equation. Consideration of the messages proposed within marketing must also be considered.

3.3. The need to consider the influence of marketing on a wider age grouping

The Bill mainly refers to restricting exposure to those under 18. Our findings indicate the harmful association between exposure to alcohol marketing and subsequent alcohol use is also evident in those aged 18-25. In particular, exposure to alcohol marketing in this age

¹⁷ Atkinson, A.M., Ross, K.M., Begley, E., & Sumnall, H. (2014). *Constructing alcohol identities: The role of social network sites (SNS) in young peoples’ drinking cultures*. London, UK: Alcohol Research UK.

¹⁸ De Bruijn, A., Tanghe, J., Beccaria, F. et al. (2012). *Report on the impact of European alcohol marketing exposure on youth alcohol expectancies and youth drinking*. Europe: AMPHORA Project.

group has a significant association with high episodic drinking and social cognitions, two factors known to be predictors of future alcohol use and misuse.

Evidence suggests the alcohol industry is particularly interested in appealing to those entering the legal drinking age.¹⁹ Once an individual reaches this point they become a target for what research suggests is aggressive, seductive and powerful marketing. There are currently no safeguards in place to protect those aged 18-25. We suggest that a sudden, intensive exposure to marketing at the point purchasing can be made autonomously represents a considerable gap in regulation and places a huge weight of responsibility onto the individual to regulate their own consumption in face of powerful marketing messages.

4.0. Need for wider action on alcohol advertising and marketing: what the evidence suggests for policy

In response to the evidence presented above we make the following recommendations:

- All alcohol advertising/marketing in public should be prohibited [including mass media considered in the public domain and event/sports sponsorship]. Non-public marketing should be restricted to media which has a specific adult focus. If such prohibition in public is not entertained then restrictions should still be tightened considerably, in particular by increasing the age to which marketing exposure is restricted to at least 25, so as not to target vulnerable individuals just entering the legal drinking age.

There are a number of considerations that help to reinforce this position. The first is policy approaches elsewhere in Europe. Norway has an almost complete ban on advertising alcohol in many mass media contexts. In return Norwegians have a consumption per capita rate lower than 34/52 other countries in Europe, including the UK.²⁰ Norway also has a lower incidence of high episodic drinking in young adults aged 15-19 than 38/52 other countries in Europe, including the UK.¹⁸ Similar advertising restrictions are considered effective in Sweden, Iceland and France.

Research shows an inverse relationship between alcohol-related policy strength and alcohol consumption. It also suggests that the strength of policy in the UK falls below our Scandinavian counter-parts.²¹

Evidence and robust evaluations of current advertising bans remain limited, and this sits high on the research agenda; however, considerable evidence can be found in the related field of tobacco which suggests that total advertising bans are highly effective in reducing consumption compared to limited bans and represent the second most effective means of reducing smoking after taxation.^{22, 23, 24} Given the

¹⁹ Hastings, G., Brooks, O., Stead, M., Angus, K., Anker, T., and Farrell, T. (2010) "They'll Drink Bucket Loads of the Stuff": *An Analysis of Internal Alcohol Industry Advertising Documents*. Project Report. Alcohol Education Research Council.

²⁰ World Health Organisation (2014). *Global status report on alcohol and health 2014*. Geneva, Switzerland: World Health Organisation.

²¹ Brand, D.A., Saisana, M., Rynn, L.A., Pennoni, F. & Lowenfels, A.B. (2007). Comparative analysis of alcohol control policies in thirty countries *PLoS Medicine*, 4(4), 752-759.

²² Saffer, H. & Chaloupka, F. (2000). The effect of tobacco advertising bans on tobacco consumption. *Journal of Health Economics*, 19(6), 1117-1137.

²³ Blecher, E. (2008). The impact of tobacco advertising bans on consumption in developing countries. *Journal of Health Economics*, 27(4), 930-942.

parallels between alcohol and tobacco substances, the manner in which they are marketed and how successful such restrictions have been in reducing consumption, the evidence from tobacco provides a compelling reason for a similar approach in alcohol marketing.

- The findings from our research suggest that the content of marketing, and the way it is interpreted by young people, is as important as the rate exposure itself. We therefore join a number of health organisations in arguing that alcohol marketing that is permitted should be made to 'stick to the facts' by only promoting information associated with the product itself.^{25, 26} No references or connotations to lifestyles, contexts, cultures or sociability should be allowed in any context. Health advocates believe that existing regulation and restrictions are inadequate²⁷ and that the industry does not adhere to the regulation as currently defined.²⁸ Our evidence adds to this argument and suggests a genuine need for an independent evaluation of what should be embodied by regulation.
- There must be meaningful sanctions for those who do not adhere to the regulations. As well as the proposed fine, we recommend placing a suspension on future advertising/marketing activity for a time relevant to the severity of the breach and potential exposure to young people. Those who are found guilty of a breach should be placed under a twelve month probation in which any subsequent offence within that period invokes an additional automatic twelve month ban.
- Enforcement of all regulations and laws should be statutory and independent. Health advocates in Scotland have already highlighted a number of concerns about the shared responsibility deals that have been formed with the alcohol industry.²⁹ We support these concerns, and recommend that policy relating to alcohol marketing should be generated independently of any vested economic interest by the industry.

Lieut-Colonel Jonathan Roberts

Assistant to the Secretary for Scotland, The Salvation Army Scotland Office
Jonathan.Roberts@salvationarmy.org.uk

Professor Adrian Bonner

Specialist Services Advisor to The Salvation Army UK and Ireland, Chairman of The Salvation Army UK and Ireland Health Ethics and Advisory Committee, and member of The Salvation Army's Scotland Drug and Alcohol Strategy Group

22 May 2015

²⁴ Schaap, M.M., Kunst, A.E., Leinsalu, M. et al. (2008). Effective of nationwide tobacco control policies on smoking cessation in and low educated groups in 18 European countries. *Tobacco Control*, 17(4), 248-255.

²⁵ Alcohol Health Alliance (2013). *Health First: An evidence-based alcohol strategy for the UK*. Stirling, UK: University of Stirling. Available from <http://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf>

²⁶ Alcohol Concern (2013). *Stick to the facts: Alcohol advertising and regulation that balances commercial and public interest*. London, UK: Alcohol Concern.

²⁷ Hastings, G., Brooks, O., Stead, M., Angus, K., Anker, T., & Farrell, T. (2010). Failure of self-regulation of UK alcohol advertising. *British Medical Journal*, 340.

²⁸ Hastings, G., Brooks, O., Stead, M., Angus, K., Anker, T., and Farrell, T. (2010) "They'll Drink Bucket Loads of the Stuff": *An Analysis of Internal Alcohol Industry Advertising Documents*. Project Report. Alcohol Education Research Council.

²⁹ Scottish Health Action on Alcohol Problems (2013). *The '(ir)responsibility deal'?: Public Health and Big Business*. Edinburgh, UK: Scottish Health Action on Alcohol Problems.