

Highest increase in UK alcohol deaths since 2001

Figures published by the Office for National Statistics in December 2021 showed that the UK experienced an increase in deaths from alcohol in 2020 – with Scotland seeing higher rates than the other UK nations.

In 2020, there were 8,974 deaths from alcohol-specific causes registered in the UK, an 18.6% increase compared with 2019 and the highest year-on-year increase since the data time series began in 2001. More than three-quarters of alcohol-specific deaths were caused by alcoholic liver disease.

Of the four UK constituent countries, Scotland had the highest rates of alcohol-specific deaths in 2020 with 21.5 deaths per 100,000 people. Northern Ireland, Wales, and England had 19.6, 13.9, and 13.0 deaths per 100,000 people, respectively. Comparing with 2019, the alcohol-specific death rate has risen across all four UK constituent countries, but statistically significant increases were only seen in England and Scotland.

[Read more](#)

MUP Introduced in Ireland

The Republic of Ireland introduced minimum unit pricing (MUP) on 4 January 2022, setting a floor price of 10 cent per gram of alcohol. The policy aims to reduce alcohol harms. The World Health Organisation (WHO) identifies increasing the price of alcohol as one of its “[Best Buys](#)” to reduce alcohol harms.

The rate of 10 cent per gram (8p per gram or approximately 67p per unit) was set in October 2013. Proponents have highlighted that the lengthy debate before MUP’s implementation has meant that inflation may have eroded the rate and its efficacy. However, MUP has dramatically increased prices, particularly for the cheapest and strongest products, which were previously set at “pocket-money prices”. For example, a bottle of wine must now cost at least €7.40 (£6.40), a can of beer at least €1.70 (£1.40), and spirits with 40% ABV must cost at least €20.70 (£17.30).

As in Scotland, the introduction of MUP is a policy which will help reduce alcohol harms, but it is not a silver bullet in and of itself. However, expected benefits include a reduction in alcohol-specific deaths, alcohol-related hospital admissions, and the societal cost of alcohol. More details from the Sheffield Alcohol Research Group can be found [here](#).

Read the [Department of Health](#) and [Alcohol Action Ireland](#)’s media releases.

Lockdown drinking increased most in those already at risk, says study

[Research by Newcastle University](#) shows that adults already at risk of harm from heavy drinking bought significantly more alcohol during Covid-19 lockdowns – however, this was less pronounced in Scotland and Wales compared to England.

The researchers point to this possibly being linked to the minimum unit pricing

(MUP) policy in place in both Scotland and Wales – which has already been shown to reduce supermarket and store purchases of alcohol, particularly amongst some of the heaviest-drinking households.

Academics from [Newcastle University](#) and the [National Institute for Health Research \(NIHR\) Applied Research Collaboration \(ARC\) North East and North Cumbria](#), found that Britain's heaviest drinkers - those in the top fifth of households that would consistently purchase the most alcohol - bought around 17 times more from shops and supermarkets than the bottom fifth during the lockdown period between March and July 2020.

[Read more about the study.](#)

No Amount of Alcohol is Good for the Heart

[The World Heart Federation](#) (WHF) has published a [policy brief](#) to challenge the myth that moderate consumption of alcohol can decrease the risk of heart disease.

The evidence clearly shows that there is no safe level of alcohol consumption. Studies have repeatedly shown that even low consumption can increase the risk of cardiovascular diseases, including coronary disease, stroke, heart failure, hypertensive heart disease, cardiomyopathy, atrial fibrillation, and aneurysm. Contradictory studies making the opposite claim are based on observational research and do not account for other factors like pre-existing conditions or previous drinking patterns in abstinent people

The WHF recommendations to governments are to: restrict the availability of alcohol, improve access to screening and treatment, ban alcohol advertising,

raise prices through taxation, and mandate prominent health warnings on alcohol products.

[Read the policy brief here.](#)

AFS Response – inquiry into the health and wellbeing of children and young people in Scotland

AFS provided **written evidence** to the Scottish Parliament **Health, Social Care and Sport Committee** inquiry into the health and wellbeing of children and young people in Scotland. We highlighted the short-term and long-term impact of alcohol on children and young people's health and wellbeing, focusing on parental or carer alcohol use. We illustrated the issues caused by the normalisation of alcohol use in our society and called for alcohol marketing restrictions, reductions on availability, and an increase on the minimum unit price. We noted the need to support parents and carers with existing alcohol problems, as their recovery is also beneficial to their children, and providing resources

AFS Response – proposed Right to Recovery Bill

AFS provided **written evidence** to the Member's Bill consultation on the proposed Right to Addiction Recovery (Scotland) bill. While we support the principles that the proposal is seeking to achieve (e.g., improved availability, accessibility and quality of treatment and recovery options), we have identified wider legislative and policy developments that may offer the possibility to secure the rights of people accessing support for alcohol and other drugs in a broader and fuller sense than the proposal outlined in the consultation. In addition, we have highlighted a number of areas where the proposals lack clarity, and highlighted that without thorough information on current levels and types of service provision across Scotland, there would be no baseline upon which

which could be used to support 'whole family' services.

to measure any success in improving availability, access, and quality.

[Read our written evidence.](#)

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AFS Response - consultation on excess deaths in Scotland since the start of the pandemic

AFS provided **[written evidence](#)** to the Scottish Parliament **[COVID-19 Recovery Committee](#)** consultation on excess deaths in Scotland since the start of the pandemic. We noted that in addition to the tragically high deaths from COVID-19, alcohol-specific deaths rose by 17% to 1,120 in 2020. We illustrated the negative effects of the pandemic and associated restrictions, highlighting an increase in high-risk and harmful drinking as people were drinking more at home. Changing drinking habits has resulted in increased rates of liver failure after chronic alcohol-related liver disease, and fatal withdrawal issues for heavy drinkers due to reduced availability of medically assisted detox. We discussed the encouraging decrease in off-trade sales in the first year of minimum unit pricing (MUP) implementation which likely influenced the 10% reduction in alcohol-specific deaths in 2019. We reiterated that the minimum unit price should be uprated to 65p per unit to ensure that it delivers full benefits and initial gains from the policy are not lost. We voiced our support of increasing marketing controls to protect children from exposure to alcohol marketing. We recognised the challenging financial environment Scotland is facing during its COVID-19 recovery, and urge the Scottish Government to raise revenue from the sale of alcohol to support the COVID-19 recovery and fund public services including improved recovery-oriented services.

[Read our written evidence.](#)

Alcohol industry submissions to the WHO 2020 Consultation on the development of an Alcohol Action Plan: A content and thematic analysis

In a [report](#) commissioned by the [Foundation for Alcohol Research and Education](#) (FARE), researchers identified that almost a quarter of all submissions to the WHO's Global Alcohol Action Plan were made by alcohol companies and their lobby groups. Their responses made misleading claims and misrepresented scientific evidence, framing themselves as socially responsible, socioeconomically important, and as legitimate policy actors. Citing the complexity of the problem, industry actors called for localised options instead of global governance regulations and goals. The researchers concluded that alcohol industry actors utilised the consultation to legitimise their position in the process of developing the Plan, following a Working Paper proposing their exclusion due to clear conflict of interest.

[Read the report here.](#)

An objective assessment of children's exposure to brand marketing in New Zealand (Kids'Cam): a cross-sectional study

In this cross-sectional study, 90 children aged 11-13 wore cameras for four consecutive days, allowing researchers to identify the nature and extent of their exposure to alcohol marketing. Children in the study were

Distilling the curriculum: An analysis of alcohol industry-funded school-based youth education programmes

Despite clear conflict of interest, alcohol education programmes are frequently funded by the alcohol industry or bodies receiving alcohol industry funding. After analysing teaching materials from three school-

exposed to a mean of 554 brands per 10hr day – nearly a brand a minute, through multiple mediums (predominantly brand labels [36% of exposures] and product packaging [22%]) and mostly in schools (43%) and at home (30%). The researchers conclude that their findings suggest an urgent need to reduce marketing to promote planetary health.

[Read the study here.](#)

based youth education initiatives, researchers concluded that alcohol industry-sponsored youth education programmes serve industry interests and promote moderate consumption. These materials should not be used in schools. Independently developed materials will empower children and young people to understand and think critically about alcohol, including harms and drivers of consumption.

[Read the study here.](#)

Social Practice in Alcohol Research Collaboration (SPARC) – An investigation into how and why British drinking culture is changing

Date: Tuesday 22 February 2022, 09:30am-12:30pm Online (Zoom)

The ESRC-funded SPARC project set out to develop new understanding about contemporary British drinking culture and analyse how changes in alcohol use relate to wider policy, cultural and structural shifts. This online event is an opportunity to hear about and discuss the findings:

- **One Drinking Culture?** Variations of drinking practices by gender, socioeconomic status, life stage and other drinker or occasion characteristics.
 - **Stability and change in British drinking** - hear about how drinking practices have changed over a 12-year period, and our attempts to disentangle effects
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of three drivers of change over time: aging, birth cohort effects, and effects of the times we live in.

- **The influence of policies and events**, including a look at changes to licensing, the introduction of Minimum Unit Pricing in Scotland and Covid-19 on drinking practices inside and outside the home.

The event will be chaired by **Professor Carol Emslie** (Glasgow Caledonian University).

Speakers include **Professor Petra Meier** (MRC/CSO Social and Public Health Sciences Unit, University of Glasgow), **Professor John Holmes** (Sheffield Alcohol Research Group, University of Sheffield) and members of the SPARC team.

Panellists include Clive Henn (Office for Health Improvement and Disparities), Clare Beeston (Public Health Scotland), and Alison Douglas (Alcohol Focus Scotland)..

Register **here**.

Alcohol & Human Rights - IAS Sustainability Series seminar 4.

Date: Wednesday 2 March 2022, 10am Online

The last seminar in the Institute of Alcohol Studies' four-part series will consider human rights and alcohol, including:

- Workers' rights for alcohol industry employees in the developing world
 - Industry practices in Africa
 - Female promotional workers' rights and their risk of sexual harassment and assault
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- Gender and health inequality
- How human rights litigation can be used as a last resort control policy

Speakers are:

Chair: Dr Eric Carlin, World Health Organization

Olivier van Beemen, Investigative journalist

Dr Sarah Hill, The University of Sydney School of Public Health

Professor Amandine Garde, University of Liverpool Law School

[Book your place here.](#)

Meet the team!

We are pleased to welcome Marc Buchanan to the role of Engagement and Partnerships Coordinator. One of the main focuses for Marc will be to build and maintain strong relationships with key AFS stakeholders, including Alcohol and Drug Partnerships, licensing practitioners and people within the recovery community. Marc has a particular passion for ensuring those with lived experience have the platform and opportunity to have their voices heard, having previously worked with a member led campaigning group for people living with dementia.

Through engaging with people in recovery across the country, he will work to ensure that their voices are heard by decision makers and that policy and practice is responsive to people's experiences and needs.

Marc is keen to hear from professionals and partnership organisations who have been involved in this work previously as well as from anyone who would like to be involved going forward or would like more information.

[Get in touch with Marc](#)

