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## Review Paper

# Explaining trends in alcohol-related harms in Scotland 1991–2011 (II): policy, social norms, the alcohol market, clinical changes and a synthesis



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## ARTICLE INFO

## Article history:

Received 21 October 2015

Received in revised form

21 December 2015

Accepted 25 December 2015

Available online 26 February 2016

## Keywords:

Alcohol

Scotland

England

Evaluation

Excess mortality

Scottish effect

Culture

Substitution

Availability

## ABSTRACT

**Objective:** To provide a basis for evaluating post-2007 alcohol policy in Scotland, this paper tests the extent to which pre-2007 policy, the alcohol market, culture or clinical changes might explain differences in the magnitude and trends in alcohol-related mortality outcomes in Scotland compared to England & Wales (E&W).

**Study design:** Rapid literature reviews, descriptive analysis of routine data and narrative synthesis.

**Methods:** We assessed the impact of pre-2007 Scottish policy and policy in the comparison areas in relation to the literature on effective alcohol policy. Rapid literature reviews were conducted to assess cultural changes and the potential role of substitution effects between alcohol and illicit drugs. The availability of alcohol was assessed by examining the trends in the number of alcohol outlets over time. The impact of clinical changes was assessed in consultation with key informants. The impact of all the identified factors were then summarised and synthesised narratively.

**Results:** The companion paper showed that part of the rise and fall in alcohol-related mortality in Scotland, and part of the differing trend to E&W, were predicted by a model linking income trends and alcohol-related mortality. Lagged effects from historical deindustrialisation and socio-economic changes exposures also remain plausible from the available data.

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<http://dx.doi.org/10.1016/j.puhe.2015.12.012>

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This paper shows that policy differences or changes prior to 2007 are unlikely to have been important in explaining the trends. There is some evidence that aspects of alcohol culture in Scotland may be different (more concentrated and home drinking) but it seems unlikely that this has been an important driver of the trends or the differences with E&W other than through interaction with changing incomes and lagged socio-economic effects. Substitution effects with illicit drugs and clinical changes are unlikely to have substantially changed alcohol-related harms: however, the increase in alcohol availability across the UK is likely to partly explain the rise in alcohol-related mortality during the 1990s.

**Conclusions:** Future policy should ensure that alcohol affordability and availability, as well as socio-economic inequality, are reduced, in order to maintain downward trends in alcohol-related mortality in Scotland.

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## Background

Alcohol policy in Scotland has been developed to address the rapid rise in alcohol-related mortality harms witnessed from the late 1980s to the early 2000s and the high levels that persist despite recent falls.<sup>1</sup> In order to assess the independent impact of policy brought together in the 2009 Alcohol Framework (but with some elements starting in 2007), we need to understand the extent to which the recent decline in alcohol-related mortality seen in Scotland (which began to decline prior to 2007), and differences in trends to England & Wales (E&W), might be explained by factors external to the alcohol strategy.

As there are several external factors to be explored, these have been considered over two papers. In the companion paper<sup>1</sup> we explored the role of income and the legacy of social, economic and political changes in the 1980s in explaining the differing levels and trends in alcohol-related mortality in Scotland and those in E&W. This paper explores the potential role of the remaining external factors: policy (the impacts of the 2002 plan for Action on Alcohol Problems and 2007 update, and the alcohol strategy/policy implemented in E&W); changes in alcohol culture (including drinking patterns and media discourse); changes in the alcohol market (including changes in alcohol availability and substitution effects between drugs and alcohol); and clinical changes (service quality and clinical coding). It then attempts to synthesise across the external factors examined in both papers to draw conclusions about their overall impact.

## Methods

### Defining the hypotheses

#### Alcohol policy

According to the model detailed in the companion paper,<sup>1</sup> alcohol policy can influence alcohol-related mortality through several mechanisms (e.g. availability and affordability of alcohol, cultural drinking norms and investment in alcohol services). UK-wide alcohol policy was set by the Westminster Government and shared across the UK until the devolution of power to the Scottish Parliament, Northern Irish and Welsh

Assemblies in 1999. Scotland has had a separate legal system throughout the period, although prior to devolution legislative changes were agreed by the Westminster Government. We have explored whether changes in alcohol policy over the last 30 years in Scotland and E&W may have contributed to the different trends observed between these regions.

#### Alcohol social norms

The shared alcohol social norms, both attitudinal and behavioural, of a community have been identified as factors likely to influence alcohol consumption (and therefore harms) at both an individual and population level.<sup>2,3</sup> Here we define alcohol culture as both the shared attitudinal and behavioural norms in relation to alcohol, and which are part of the complex system (detailed in Figure 2 in the companion paper<sup>1</sup>) which includes the influence of the alcohol industry and its associated marketing. The hypothesis is therefore that changes in alcohol culture might partly explain the trends in Scotland and the differences in trends to E&W.

#### Alcohol market

There are two hypotheses in this category. First, that because alcohol is a substitute (whereby a decrease in the consumption of other substances leads to an increase in alcohol consumption) or complement (whereby increased consumption of other substances leads to an increase in alcohol consumption) to other drugs, the changes in alcohol-related mortality in Scotland could be explained by changing consumption of substitutes or complements.<sup>h,4</sup> Second, that alcohol availability (either in terms of the quantity of alcohol sales outlets/venues or the space given over to alcohol sales) increased from the 1980s to the mid-2000s and/or subsequently decreased, thereby explaining part of the rise and/or fall in alcohol-related harms.

#### Clinical changes

There are three theories here: that services in Scotland were less effective in preventing alcohol-related harms (e.g. in terms of the treatments available, the organisation of services

<sup>h</sup> The potential for successful alcohol policy to increase problem drugs misuse is not considered in this paper but will be considered as a potential unintended consequence in any future MESAS work.

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