

“Availability is the poor cousin of marketing and pricing”: Qualitative study of experts’ views on policy priorities around alcohol availability

Dr Elena Dimova, Lecturer in Alcohol & Drug Studies, University of the West of Scotland

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Scottish Health Action on Alcohol Problems ([SHAAP](http://www.shaap.org.uk)) and the Scottish Alcohol Research Network ([SARN](http://www.sarn.ac.uk)) are proud to host our Alcohol Occasionals seminar series, which showcases new and innovative research on alcohol. These events provide the chance for researchers, healthcare professionals, policy makers, and members of the public to hear about alcohol-related topics and discuss and debate implications for policy and practice. The theme for 2023 is ‘Alcohol in a changing world’. Our [event reports](#) aim to capture the main discussion points and communicate these to a wider audience. SHAAP is responsible for the contents of this report, which is our interpretation.

Introduction

There were no Conflicts of Interest to declare. The project was funded by the UKRI (ESRC).

What is alcohol availability and why does it matter?

Alcohol availability is usually thought of as the physical availability of alcohol (the ease/ convenience of accessing alcohol products). Spatial availability refers to the number of premises selling alcohol and temporal availability refers to the timing of when alcohol can be sold (e.g. how long premises are open). International

research suggests there is a link between increased availability of alcohol, increased alcohol use, and increased health outcomes (such as health harms, injuries, and crimes). This suggests that the easier it is to purchase alcohol, the more alcohol people drink which then results in more harms being experienced.

Availability is also linked to inequality. There are higher densities of places to buy alcohol in more deprived areas than more affluent areas. Places to buy other unhealthy products such as tobacco, fast food, and gambling products, are often clustered in more deprived neighbourhoods alongside alcohol outlets.

Change in alcohol and tobacco availability, population health, and the lived experience

This qualitative study was part of a larger project which aimed to explore changes in alcohol and tobacco availability over time and how this linked to population health, and how people experience the availability of alcohol and tobacco in their local environment.



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Addressing alcohol availability in Scotland: What do experts say?

The study aimed to answer the following research questions:

1. What do experts perceive to be the policy priorities in relation to alcohol availability in Scotland?
2. What is the place of availability in alcohol policy in Scotland?
3. What policies have the potential to reduce inequalities and support vulnerable populations?
4. What are experts’ experiences of leveraging support for alcohol policies?

Semi structured interviews were conducted with 14 experts from third sector organisations (including those

working in alcohol / tobacco), policy, public health, and alcohol licensing. Data were analysed using thematic analysis.

Discussion of study findings

The place of availability in the policy context

- Many of the experts felt that tobacco and alcohol are easily available in Scotland.
- Experts expressed that alcohol availability was closely linked to, and can influence, pricing, and marketing.
- Some thought that all 3 issues could be targeted through the same legislation, however others thought a stepped approach would be more useful.
- Third sector participants felt that alcohol policy has more significant gaps than policy that has been applied to tobacco, and that the success of tobacco policy could be used to evidence changes needed in alcohol policy. Some also spoke about how tobacco policies allowed perceptions about smoking to change over time and how this could be possible for alcohol.

Policy priorities for addressing availability

- Experts discussed how the alcohol retail landscape has changed, particularly since the COVID-19 pandemic.
- Third sector and policy maker participants discussed that there has been a shift from physical to online availability, and how this raises an issue in the impact of implementing policy e.g. if physical availability is restricted, people may shift to purchasing alcohol online.
- Further attention needs to be paid to how policy could address online availability.

Addressing alcohol-related health inequalities

- Third sector and policy makers

both felt that there is a need for a national approach to alcohol availability policy and that powers at a Scottish Parliament level could target this, whereas targeting marketing and pricing is more complicated.

- Key experts were concerned about the changing political landscape and priorities of the government, as policy is often driven by politics. Experts also felt that policy should reflect, and be adaptable to, local contexts. One size may not fit all as there are differences across Scotland in terms of local economies and deprivation.
- Experts discussed the need to design environments where people can make healthier choices, but that this is often a complicated process.
- Experts also discussed the importance of children's right to be protected from harm, and that a key concern should be reducing children's exposure to alcohol.

Policy support and conflict of interest

- Experts discussed the need for policy to be built upon a strong evidence base.
- Experts also explained that policy makers are often convinced by public opinion, therefore it is important to inform and involve the public in policy considerations. Raising awareness by speaking in the media can help to inform the public.
- Experts also discussed that policy makers want to hear about the personal stories behind figures. Therefore, a combination of strong evidence and personal stories could be the most impactful way to influence alcohol policy.
- Some experts argued that retailers should not be involved as this would be a conflict of interest. However, others felt that retailers could play a key role in advising how policy implementation works in practice, so could be involved in this way, but not in the setting of policy.

Conclusions

- Experts felt that availability, marketing and pricing are linked, and co-dependent, and discussed whether one policy should, or could, address availability, marketing and price, or if individual policies should be introduced.
- Experts discussed how alcohol could follow in the footsteps of tobacco control policies which helped to change public perceptions of tobacco over time.
- Experts commented on the changing landscape of alcohol availability, and how there are challenges in addressing online availability. Therefore there is a need for discussions about availability policy to include considerations about online availability.
- Experts also discussed the importance of the political climate, public support, and a strong evidence base in designing and implementing policy.
- Experts also felt that there should be a national policy to address alcohol availability, but that this policy should be flexible to reflect local contexts (e.g. rural areas, areas of multiple deprivation).
- Experts discussed the importance of considering the impact of policies on children's exposure to alcohol.
- Finally, there was discussion of the inclusion of retailers in policy discussions. Some experts disagreed with retailer involvement entirely however others discussed retailer's role in providing insights into the implementation of policies in practice.

Next steps

Focus groups are being carried out with members of the public across contrasting neighbourhoods (by socio-economic deprivation & rural/ urban status). Focus group members are asked to discuss their neighbourhoods (what do they look

and feel like, how have they changed over time), how availability impacts smoking/ drinking behaviours and reactions to potential interventions.

Q&A and discussion

The Q&A section started with a discussion about the most effective way of advocating for change in alcohol policy. Dr Dimova spoke about the impact of personal stories in influencing licencing policy as emotive, human stories can have the power to impact decisions. Furthermore, some experts discussed the impact of the political climate – for example, the SNP coming in to power in Scotland meant that there was a ‘policy window’ for MUP and participants reflected on whether there would be another for future policy. Experts also debated which form of legislation would be best. Some argued that one piece of legislation could tackle all aspects of alcohol policy, but that it could be very challenging to implement. Others argued that a more stepped-approach could be better.

When asked about the best way to control decisions made at a local licencing board level, Dr Dimova reflected on expert’s narratives about the transparency of the licencing process and discussions about default licensing decisions (e.g. allowing alcohol to be sold at a venue between 10am and 10pm).

Scandinavian alcohol policy was discussed next, particularly about the sale of alcohol, off premises. Dr Dimova discussed the narratives shared by members of the public which were either in favour of this kind of model, or not in favour due to the perceived imposing nature of the policies on those who drink moderately.

Dr Dimova was also asked about participants’ views on the availability of No and Low alcohol options in retail settings. Dr Dimova explained that No and Low alcohol products were not discussed by experts. However, it did come up in the focus groups (data still being analysed),

particularly from those from more affluent areas.

Finally, Dr Dimova was asked if experts discussed other health harms, and if there is scope for organisations to work together to reduce availability of all of these products. Dr Dimova explained that experts did speak about healthier environments more generally, for example, discussing urban planning measures that could help push people towards making healthier choices.

Watch this seminar

Watch the full event recording [here](#)

