Attitudes towards alcohol in Scotland: results from the 2013 Scottish Social Attitudes Survey

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Executive Summary

Introduction

This report presents findings based on a set of questions exploring attitudes to alcohol which were included in the 2013 Scottish Social Attitudes (SSA) Survey. SSA is an annual survey of social and political attitudes in Scotland. Run by ScotCen Social Research since 1999, it provides a reliable and robust picture of changing public opinion over time. Interviews with a representative sample of the Scottish population were conducted between June and October 2013, with 1,497 interviews being achieved.

The questions on alcohol were funded by the Scottish Government and managed by NHS Health Scotland, with the aims of tracking changes in attitudes to drinking alcohol since 2004 and 2007 (when previous alcohol modules were included) and providing a baseline picture of public attitudes to minimum unit pricing (MUP) in Scotland.

In particular, the report addresses the following key questions:

- How aware are people of the unit content of alcoholic drinks and the sensible drinking guidelines?
- What do people in Scotland think about alcohol and drinking, and how have their views changed over time?
- How do views about alcohol and drinking relate to drinking behaviour?
- How important is the social context of drinking to perceptions of different drinking behaviours?
- To what extent are people in favour of minimum unit pricing?

Awareness and understanding of the unit content of different drinks and the sensible drinking guidelines

In 2013, around half of adults in Scotland correctly identified the number of units in a pint of beer, measure of spirits or a glass of wine (47-51%). A smaller proportion (18%) knew the correct number of units in a bottle of wine. Around half (49-53%) did not know the correct number of units in the drinks. Public awareness of the unit content of different alcoholic drinks has changed little over time.

A similar proportion of men and women (42% and 43% respectively) correctly identified the recommended daily alcohol limits for their gender (3 to 4 units for men and 2 to 3 units for women). Awareness of the recommended daily limit for men increased between 2007 and 2013 (from 34% to 39% of adults). One in five people in 2013 correctly identified the recommended minimum number of alcohol-free days per week as two.

Attitudes to alcohol and drinking

Many adults in Scotland recognised the potentially harmful nature of alcohol. Sixty percent thought it was the drug causing the most problems in Scotland (up from 46% in 2004), and 84% thought it caused either 'a great deal' or 'quite a lot of harm in Scotland.' Additionally, most people also disapproved of excessive drinking: only 19% thought that 'getting drunk is a perfectly acceptable thing to do on weekends', whilst 13% thought that 'there's nothing wrong with people my age getting drunk regularly'. Although attitudes to getting drunk have not changed significantly overall since 2004, there has been a drop in the proportion of young people aged 18-29 agreeing that getting drunk at weekends is acceptable (from 53% in 2004 to 40% in 2013).

Views on whether it is possible to enjoy a night out in the pub without alcohol have changed very little over time with 77%, in 2013, agreeing that it's possible to do so. There has, however, been a small but significant increase in the proportion of people who think 'it is easier to enjoy a social event if you've had a drink' (from 35% in 2004 to 39% in 2013). There is also evidence of some shift in attitudes to non-drinking over time. The proportion of drinkers reporting that people would think it odd if they didn't drink at all, increased by ten percentage points between 2007 and 2013 (from 31% to 41%). These increases were observed across all age groups. Non-drinkers' views on how others perceive their behaviour have not changed significantly since 2004. In 2013, over four in ten (44%) non-drinkers perceived that others thought it odd that they abstain from drinking alcohol.

Alongside age, attitudes towards alcohol and drinking play an important part in understanding drinking behaviour in Scotland. In 2013, the groups of people who were more likely than others to be higher risk drinkers were those who:

- agreed that 'it is easier to enjoy a social event if you've had a drink' (69% compared with 26% of those who disagreed)
- had more permissive attitudes to getting drunk (74% compared with 33% of those who held less liberal attitudes) [a]
- agreed that others would think it odd if they didn't drink (68% compared with 46% of those who disagreed).

The role of social context in how people perceive drinking behaviour

It is apparent that adults in Scotland discriminate between different types of drinking behaviour. There was a strong consensus that harmful drinking, irrespective of context, is a 'very' or 'quite serious' problem (mentioned by 92% to 96%). A majority of people also thought that both hazardous (77% and 84%) and binge drinking (66%

[a] This is based on a score variable combining answers to two questions about the acceptability of getting drunk,('Getting drunk is a perfectly acceptable thing to do on weekends' and 'Nothing wrong with people my age getting drunk regularly'). Based on their scores, participants were classified as 'more liberal' (score of 2-5), medium (score of 6-7) and 'less liberal' (score of 8-10).

and 84%) were problematic. There was widespread recognition of the long-term health consequences of harmful, hazardous and binge drinking.

However, a sizeable proportion of the population did not see a problem with binge or hazardous drinking. For example, 33% thought that a student binge drinking was 'not very' or 'not serious at all,' whilst 21% the same of a retired person drinking at hazardous levels.

Whilst context made little difference to views about the seriousness of harmful or hazardous drinking, it did appear to matter to how people viewed binge drinking. Views on binge drinking were more permissive when being done by a young student, compared with a middle-aged person with family responsibilities.

Attitudes to minimum unit pricing

To assess how the public view minimum unit pricing (MUP), participants were asked the following question in 2013:

> 'One idea for trying to reduce problem drinking is to have a minimum price for different alcoholic drinks. The price would be based on how much alcohol is in each drink. In principle, how much are you in favour or against this idea?'

Views on MUP were contrasting in 2013, with a slightly higher percentage in support of the policy (41%) than opposing it (35%). Around one in five people (22%) were neither for nor against the idea of having a minimum price for alcohol. Support for the policy also varied across different groups in society. Women, those with higher educational attainment and lower risk drinkers and non-drinkers[b] were all more likely than others to be in favour of MUP. Support for the policy was also higher among those who thought alcohol caused 'a great deal' of harm in Scotland and those who thought the amount people drink in Scotland is something we should all be concerned about.

To determine why people were supportive of the policy, those in favour were presented with a list of potential reasons for being in support and were asked to choose all that applied to them.[c] The most commonly mentioned were tackling health problems (mentioned by 61% of those in favour of the policy), stopping young people from drinking too much (mentioned by 60%) and tackling problem behaviour from drinking (mentioned by 58%).

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[b] Drinking behaviour was measured using the AUDIT-C tool. Non-drinkers are defined as not drinking alcohol at all. Lower risk drinking is defined as an AUDIT-C score of 1-3 for women and 1-4 for men; higher risk drinking is defined as a score of 4 or more for women and 5 or more for men. See Annex A for more details on how drinking behaviour was measured in the survey.

[c] Participants who said they were in favour of MUP were presented with a card listing possible reasons people might be in favour of the policy and were asked to choose all that were relevant to them.

Reasons for opposing the policy were also varied,[d] with some of the most commonly mentioned relating to a concern about the ability of the policy to influence drinking behaviour (61% thought that 'if people want to drink, they will whatever the price' and 52% thought that the policy 'won't make any difference to heavy drinkers'). Fifty one percent thought it 'punishes everyone for what some drinkers do' and 36% thought it 'should be up to individuals how they spend their money'.

Most people (between 55% and 66% depending on the drink type) thought that the proposed minimum prices which would be applied to beer, wine and vodka were 'about right,' and few thought they were 'too high' (12%) or 'too low' (12-16% depending on the drink type). Additionally, most (65%) said current prices did not restrict the amount of alcohol they wanted to buy and around half (46%) agreed that 'supermarkets sell too much alcohol at very cheap prices.'

Conclusion

The findings from the 2013 SSA suggest some positive changes since 2004 in relation to views on the problematic nature of alcohol relative to other drugs and the views of young people on the acceptability of getting drunk. However, there have been simultaneous increases in the proportion of adults reporting that people would think it odd if they didn't drink at all, suggesting some scope to tackle these perceptions about non-drinking in future health campaigns.

Views on MUP were divided, with slightly more in favour of the policy than against it. Yet, when asked about the proposed prices, the majority (between 55% and 66%) thought they were 'about right'. Consequently, there may be scope to increase public awareness of the potential key impacts of minimum pricing, particularly the evidence which suggests that the impact on those who drink moderately or responsibly is expected to be minimal, whereas those who are heavy drinkers of cheap and high strength alcohol will be affected the most.

Policy makers might wish to consider strategies for raising awareness of the likely impact of MUP and to consider how best to translate these to the public in a way that is accessible and easily understood. It will also be important to continue to monitor attitudes over time and explore how they relate to alcohol and drinking in Scotland.

[d] Participants who said they were against MUP were presented with a card listing possible reasons people might oppose policy and were asked to choose all that were relevant to them.

1. Introduction

1.1 Introduction

This report presents findings based on a set of questions exploring attitudes to alcohol which were included in the 2013 Scottish Social Attitudes (SSA) Survey. The questions were funded by Scottish Government and managed by NHS Health Scotland, with the aims of tracking changes in attitudes to drinking alcohol since 2004 and 2007 (when previous alcohol modules were included on SSA) and providing a baseline picture of public attitudes to minimum unit pricing (MUP).

1.2 Background

Alcohol is a key risk factor for ill-health, contributing to a wide range of health problems.[1] It is also associated with social problems including crime and anti-social behaviour.[2] Scotland has comparatively high levels of alcohol-related deaths and ill-health compared with elsewhere in the UK and much of Western Europe. In 2006, the Lancet published a landmark paper showing a dramatic increase in liver cirrhosis mortality in Scotland during the 1990s, a time when trends in most other European countries were downwards.[3]

Addressing the problems caused by alcohol has been a priority for the Scottish Government, who has introduced a number of key legislative and policy developments over the years as part of Scotland's alcohol strategy. The box below summarises some of the key features of strategy.

Box 1: The key features of Scotland's alcohol strategy in 2013

Licensing (Scotland) Act 2005 - Implemented September 2009

- Test purchasing
- Refusal of new licenses in areas deemed overprovided
- Mandatory training for Licensing Board members, licence holders and staff
- Ban on irresponsible promotions in the on-trade
- Restriction on place of display in off-trade
- Public health objective for licensing
- Licensing Standard Officers
- Local Licensing Forums
- Public right to object

Framework for Action (plus related actions) 2009 onwards

- Advice for parents and carers
- Diversionary activities for young people
- Initiatives to tackle alcohol-related violence
- Improve identification of those affected by parental substance misuse
- Education and awareness
- Routine screening and Alcohol Brief Interventions (ABIs) in the NHS, with funding, resources, training and a target for delivery, changed to a standard in 2012
- Limited extension of ABIs to more settings
- Additional investment for treatment and care services
- Essential services review of specialist services
- A target for specialist alcohol treatment waiting times, changed to a standard in 2012
- Establishment of Alcohol and Drug Partnerships
- Improved identification and treatment of offenders with alcohol problems

Alcohol etc. (Scotland) Act 2010 - Implemented October 2011

- Ban on quantity discounts in off-sales
- Restrictions on alcohol display and promotions in off-sales
- Mandatory Challenge 25 age verification policy
- Powers to introduce a social responsibility levy on licence holders
- Health Boards to be notified of premises licence applications
- Annual Chief Constable reports to be provided

Alcohol (Minimum Pricing) (Scotland) Act 2012. To be implemented

- A minimum unit price for all alcohol sold through licensed premises in Scotland
- Expiry of minimum unit pricing (MUP) after 6 years of implementation unless the Scottish Ministers make provision for it to continue after the end of 5 years implementation (the sunset clause)
- A report for Scottish Parliament on the operation and effect of MUP after 5 years of implementation (the review clause)

Source: MESAS Third Annual Report[4]

1.3 Why measuring attitudes to alcohol is important

Previous research on attitudes to alcohol has suggested that the way many people view alcohol is something to be concerned about. For example, in 2007 the Scottish Social Attitudes survey[5] found that two thirds of people considered drinking as part of the Scottish way of life, many saw it as a social lubricant and many viewed not drinking would be seen as an 'odd' thing to do. The study also highlighted that some groups of the population appear to be less concerned about the health impacts of some forms of excessive drinking such as binge and hazardous drinking (See Section 4.2 for definitions). Recent research has suggested that there is a contrast between peoples' perceptions of their own drinking and the amount they actually drink, with those who exceed the government's guidelines tending to describe the amount they drink in more modest terms than is actually the case.[6]

One of the action points of the government's long-term strategy for dealing with alcohol problems in Scotland is the promotion of more positive attitudes to drinking behaviour.[7] Attitudes to alcohol are also hypothesised to be a crucial component in reducing alcohol consumption in the Monitoring and Evaluation Scotland's Alcohol Strategy (MESAS) Theory of Change.[8] Understanding how people in Scotland view alcohol and how attitudes change over time, is essential to monitor progress in achieving the desired change in attitudes.

1.4 Research aims

The key aims of the study are to describe public attitudes to alcohol and drinking in 2013, and to explore whether there have been any changes in attitudes since 2004 and 2007. The study also aims to provide a baseline picture of public attitudes to minimum unit pricing.

1.5 Key questions

In particular, the report addresses the following key questions:

- How aware are people of the unit content of alcoholic drinks and the sensible drinking guidelines?
- What do people in Scotland think about alcohol and drinking, and how have their views changed over time?
- How do views about alcohol and drinking relate to drinking behaviour?
- How important is social context of drinking to perceptions of different drinking behaviours?
- To what extent are people in favour of minimum unit pricing?

1.6 The data

This report is based on data from the 2013 Scottish Social Attitudes Survey (SSA). SSA is an annual survey of social and political attitudes in Scotland. Run by ScotCen Social Research since 1999, it provides a reliable and robust picture of

changing public opinion over time. Interviews with a representative sample of the Scottish population were conducted between June and October 2013, with 1,497 interviews being achieved.

While the analysis in this report focuses particularly on 2013 data, it also draws on data from the 2004 and 2007 Scottish Social Attitudes surveys, when questions on attitudes to alcohol were included.

Further technical details about the survey and analysis including methodology and how statistical significance is handled in the report are included in Annex A.

1.7 The structure of the report

The remainder of the report is structured as follows:

- Chapter Two explores knowledge of the alcohol unit content of particular types of drink, as well as knowledge of government guidelines on sensible drinking.
- Chapter Three describes attitudes to alcohol and drinking, and whether these have changed at all since 2004 and 2007. It also explores how views about alcohol and drinking relate to drinking behaviour.
- Chapter Four examines the role of context in how people perceive different types of drinking behaviour. It compares perceptions of how serious a certain type of drinking is thought to be, depending on the social context and characteristics of the drinker.
- Chapter Five describes attitudes to minimum unit pricing, including the extent to which people are in favour of or against the policy, and which groups are most likely to be in favour of it. Reasons for favouring or opposing the policy are also explored, as well as views on a suggested minimum price for particular drinks.
- Chapter Six draws together the key findings from each chapter and discusses the possible implications for alcohol policy.

2. Awareness and understanding of the unit of different alcoholic drinks and the sensible drinking guidelines

2.1 Introduction

The need for improved public awareness of what constitutes a moderate amount of alcohol is highlighted in Changing Scotland's Relationship with Alcohol: A Framework for Action.[7] One way in which health promotion campaigns have sought to encourage moderate drinking is through the creation of Sensible Drinking Guidelines, first published in 1995.[9] This chapter examines knowledge and understanding of the drinking guidelines in Scotland and explores how awareness of them has changed over time.

The key questions explored in this chapter are:

- How aware are people of the number of units in standard measures of alcoholic drinks?
- How aware are people of the current government guidelines on daily alcohol consumption?
- How aware are people of the current recommendation on alcohol-free days per week?
- How do awareness levels vary between different groups of people in Scotland?

2.2 Awareness of units in different alcoholic drinks

In 2013 approximately half of adults in Scotland were able to correctly identify the number of units in a pint of beer, measure of spirits or a glass of wine (47- 51%). Between 33% and 41% said they didn't know how many units were in these different drinks and around 1 in 6 (13-19%) incorrectly guessed the number of units in them. Awareness of the unit content of a bottle of wine was much lower with 18% able to correctly identify the number of units in a bottle, while 40% were incorrect and 41% said they didn't know.[e] Only 1% had not heard of units at all[f] (See Tables 2.1 to 2.4 in Annex B).

[e] The correct number of units for each type of drink is as follows: pint of beer = 2 to 3 units; standard pub measure of spirits = 1 to 2 units; a bottle of wine = 8 to 10 units; and a 175ml glass of wine = 2 to 3 units.

[f] Since SSA 2007 showed that awareness of the term 'unit' was very high (95%), the question about the general awareness of the term was not repeated in 2013. Participants were, however, asked about the number of units in different alcoholic drinks, with the category 'never heard of units' being a spontaneous answer option only. The presence of the filter question 'Have you heard of the term units?' in 2007 study could explain why the proportion of people who answered 'never heard of units' was higher in 2007 than in 2013.

Public awareness of unit content has changed little over time (Table 2.1 below). While there has been a slight decrease in the proportion of people correctly identifying the number of units in a standard pub measure of spirits, it is likely that this in large part explained by a slight change in the question wording between 2007 and 2013 (from 'single measure' to 'standard measure').[g]

Table 2.1: Awareness of unit content of different drink types (2007, 2013)

	Pint of beer		Standard measure of spirits		Bottle of wine		Glass of wine
	2007	2013	2007	2013	2007	2013	2013
	%	%	%	%	%	%	%
Correct	52	51	56	48	15	18	47
Underestimate	7	4	0	0	38	30	11
Overestimate	7	10	11	13	6	10	8
Don't know	29	34	28	37	35	41	33
Not heard of units	5	1	5	1	5	1	1

Base: All respondents. Sample size: 2007 = 1508, 2013 = 1497.
Note: Correct number of units: pint of beer = 2 to 3 units, standard pub measure of spirits = 1 to 2 units, bottle of wine = 8 to 10 units and a 175ml glass of wine = 2 to 3 units.
Column totals may not add to 100 due to rounding. For futher details see Tables 2.1 - 2.4 in Annex B

2.3 Variations in levels of awareness of the unit content of different alcoholic drinks

In addition to examining awareness of units by individual drink types, it was also possible to look at the proportion of people who correctly identified the number of units in all three drink types (pint of beer, measure of spirit, glass of wine) and to classify people into three groups based on their knowledge: those who correctly identified the number of units in all three drink types; those who correctly identified the units in one or two drink types and those who did not identify the number of units in any of the drink types.[h]

Three in ten (29%) knew the number of units in all three drink types and 38% were able to correctly identify the number of units in one or two of the drink types. In 2013, 33% were unable to provide the correct unit content for any of the three drink types asked about.

[g] 'In 2007 the question wording was 'How many units do you think there are in a single pub measure of spirits? For example whisky or gin. Or are you not sure?' In 2013 the wording used was 'How many units do you think there are in a standard pub measure of spirits? For example whisky or gin. Or are you not sure?'

[h] The answer options 'don't know' or 'never heard of units' were treated as incorrect answers in the analysis.

While the proportions of men and women correctly identifying the number of units in measures of beer, wine and spirits were similar (29% and 28% respectively), women were more likely than men to give three incorrect answers (39% compared with 27%) (See Table 2.6 in Annex B).

Awareness levels also varied by age and were lowest among those aged 65 or over, with half (56%) in this age group unable to correctly identify the units in any of the drink types (See Table 2.5 in Annex B). Moreover, only 12% of those aged 65 or over correctly identified the units in all three drinks, compared with 23-38% of those below the age of 65. Awareness among those aged 18-29 was also quite low relative to 30-64 year olds with a third (34%) incorrectly identifying the number of units in all three drink (compared with 20-27% among 30-64 olds).

People living in Scotland's most deprived areas were least likely to know how many units were in all three drinks (21% compared with 36% of those in the 20% least deprived areas) (See Table 2.7 in Annex B). A similar pattern was seen with household income, with those with the highest incomes around three times more likely than those on the lowest incomes to correctly identify units in all drink types (50% compared with 17%) (See Table 2.8 in Annex B). With regards to educational attainment, one in ten of those with no qualifications correctly identified the units in all three drinks compared with four in ten of those educated to degree level or above (See Table 2.9 in Annex B).

Awareness was also significantly associated with drinking behaviour, with non-drinkers displaying the poorest knowledge of the unit content in drinks (69% did not know the unit content of any of the three drinks asked about). Higher risk drinkers, by contrast, had greatest awareness and were twice as likely as lower risk drinkers to identify the unit content of all three drinks correctly (44% compared with 22%) (See Table 2.10 in Annex B).[i]

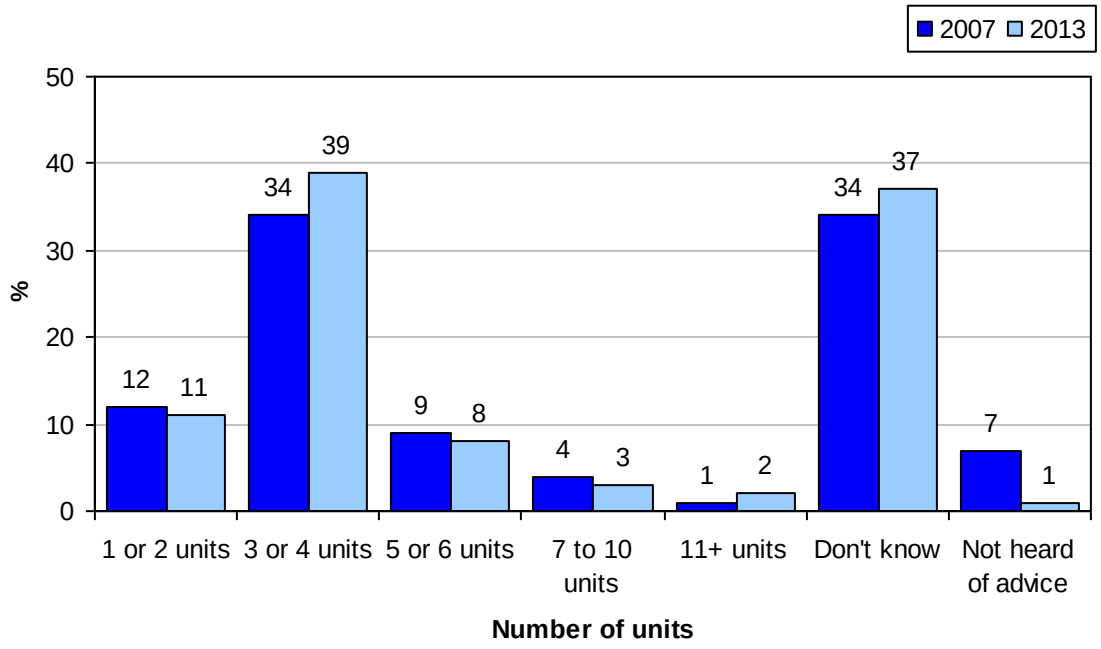
[i] Drinking behaviour was measured using the AUDIT-C tool. Non-drinkers are defined as not drinking alcohol at all. Lower risk drinking is defined as an AUDIT-C score of 1-3 for women and 1-4 for men; higher risk drinking is defined as a score of 4 or more for women or 5 or more for men. See Annex A for further details on how drinking behaviour was measured in the survey.

2.4 Awareness of government guidelines on alcohol consumption

The module also included questions designed to measure public awareness of the government guidance on alcohol consumption. There is some evidence of increased awareness of daily guidelines for men since 2007. In 2013, 39% of adults knew that men are advised not to exceed 3 to 4 units per day, five percentage points higher than in 2007 (34%). The proportion who knew that women were advised not to exceed 2 to 3 units per day was also slightly higher in 2013 (44% compared with 41% in 2007), although this difference was not statistically significant (Figures 2.1 and 2.2). However, over a third of people, in 2013, specifically said they did not know what the guidance for men and women was (37% and 36% respectively) and a sizeable proportion were incorrect (24% and 20% respectively). The proportion who had not heard of the government guidelines dropped from 7% in 2007 to 1% in 2013.

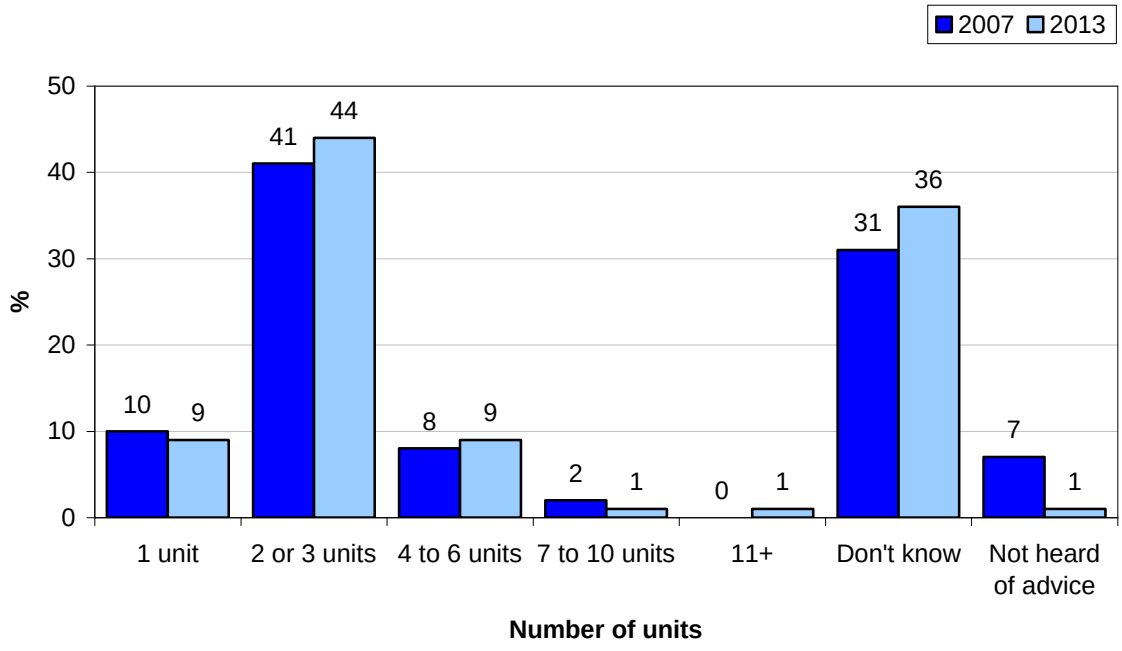
Men and women's awareness of the unit guidelines for their own gender was slightly better with 42% of men and 43% of women correctly identifying the recommended daily limits for their gender (See Table 2.13 and 2.14 in Annex B).

Figure 2.1: Awareness of the recommended daily limit for men (2007, 2013)



Base: All respondents. Sample size: see Table 2.11 in Annex B

Figure 2.2: Awareness of the recommended daily limit for women (2007, 2013)



Base: All respondents. Sample size: see Table 2.12 in Annex B

In 2013, participants were also asked about the government guidance on having a certain number of alcohol-free days each week. Awareness of this guidance was lower than the daily consumption guidelines, with one in five correctly identifying the minimum number of alcohol-free days recommended as two. The spread of answers given to the question, together with the percentage that specifically said that they did not know, suggests that this particular health promotion message has yet to be widely recognised (Figure 2.3).

These findings are supported by the findings from the Knowledge, Attitudes and Motivations to Health report (KAM).[6] While differences in question wording prevent a direct comparison, the 2011 KAM results also demonstrated low levels of awareness of the advice on alcohol-free days, with 62% of people indicating that they had not heard of the guidance.[6]

Figure 2.3: Awareness of the minimum recommended number of alcohol-free days (2013)

Base: All respondents. Sample size: see Table 2.15 in Annex B

2.5 Summary

Around 40-50% of people were able to correctly identify the number of units in different types of drink. Similar proportions were aware of the recommended daily limits for men and women. Around half of people, however, were unaware of the unit content in a pint of beer, standard measure of spirits or glass of wine and an even greater proportion were unaware of the number of units in a bottle of wine. There is still a sizeable proportion of the population (1 in 3) that are unaware of the current guidance on daily alcohol consumption.

Awareness of the unit content of different alcoholic drinks varied across different groups in society. The youngest and oldest age groups were least familiar with the unit content of different drinks. Similarly, those with the lowest educational attainment, those on lower household incomes and those living in Scotland's most deprived areas were least aware of the unit content in different drinks. Unit content awareness was also lowest among non-drinkers.

Previous evidence from SSA suggests that basic awareness of the concept of units is now widespread in Scotland, with 95% having heard of the term in 2007. The 2013 findings indicate that there has been little change in public understanding of the number of units in individual drinks or of the recommended daily maximum number of units for women since 2007. There has however, been, an improvement in awareness of the recommended daily maximum number of units for men since 2007.

3. Attitudes to alcohol

3.1 Introduction

The Scottish Government's strategic approach to tackling alcohol related harm includes an ambition to encourage more positive attitudes towards alcohol in Scotland.[7] Changed attitudes to alcohol are also a key part of the Theory of Change developed as part of the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS).[8] To determine if these ambitions are achieved it is important to establish how people in Scotland view alcohol and drinking and to monitor how these views change over time. This chapter explores these issues and examines the relationship between attitudes to alcohol and drinking behaviour.[j]

The key questions addressed in this chapter are:

- What do people in Scotland think about alcohol and drinking?
- How have views about alcohol and drinking changed over time?
- How do views about alcohol relate to drinking behaviour?

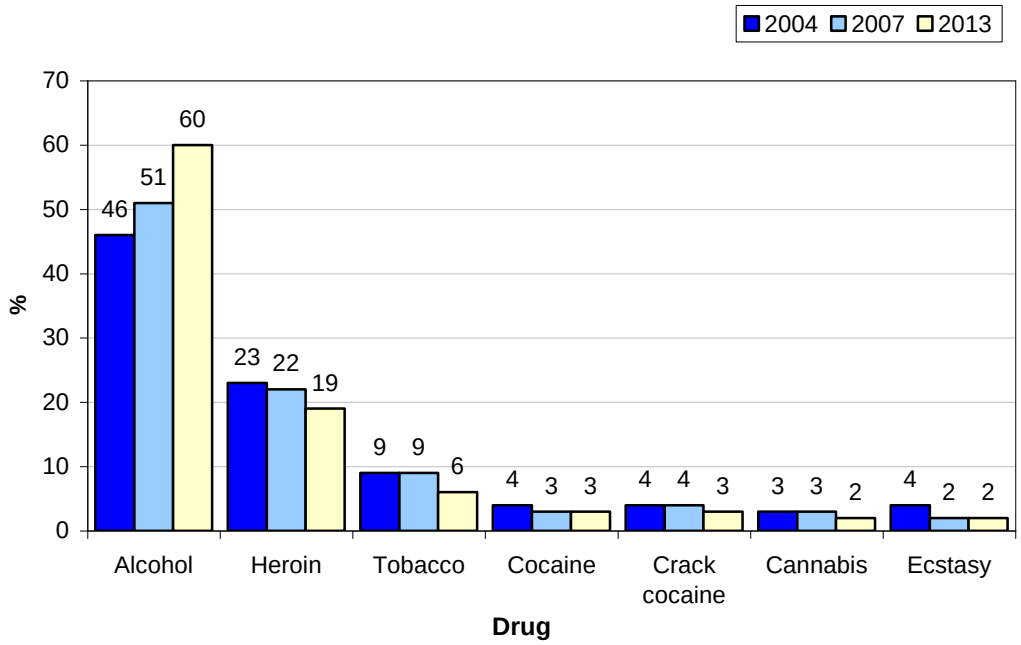
3.2 To what extent do people view alcohol as harmful?

One of the ways to determine how harmful people view alcohol is to assess how much of a problem they think it causes for Scotland as a whole relative to other drugs. When presented with a list of legal and illegal drugs, six in ten (60%) people chose alcohol as the drug that causes the most problems for Scotland. As in previous years of SSA, alcohol was the most commonly chosen drug in 2013, with a much higher proportion choosing it than heroin, which was the second most commonly chosen drug (19%).

There has been a significant increase over time in the proportion of adults choosing alcohol as the drug causing the most problems for Scotland, from 46% in 2004 and 51% in 2007, to 60% in 2013. By contrast, the proportions selecting other drugs as the most problematic for Scotland have either declined very slightly or remained unchanged (Figure 3.1).

[j] Note that two questions about attitudes to sponsorship of events by alcohol companies were also included in the 2013 module. These are not discussed in this report but a table of responses to these questions has been included in Annex B – see Table 3.15.

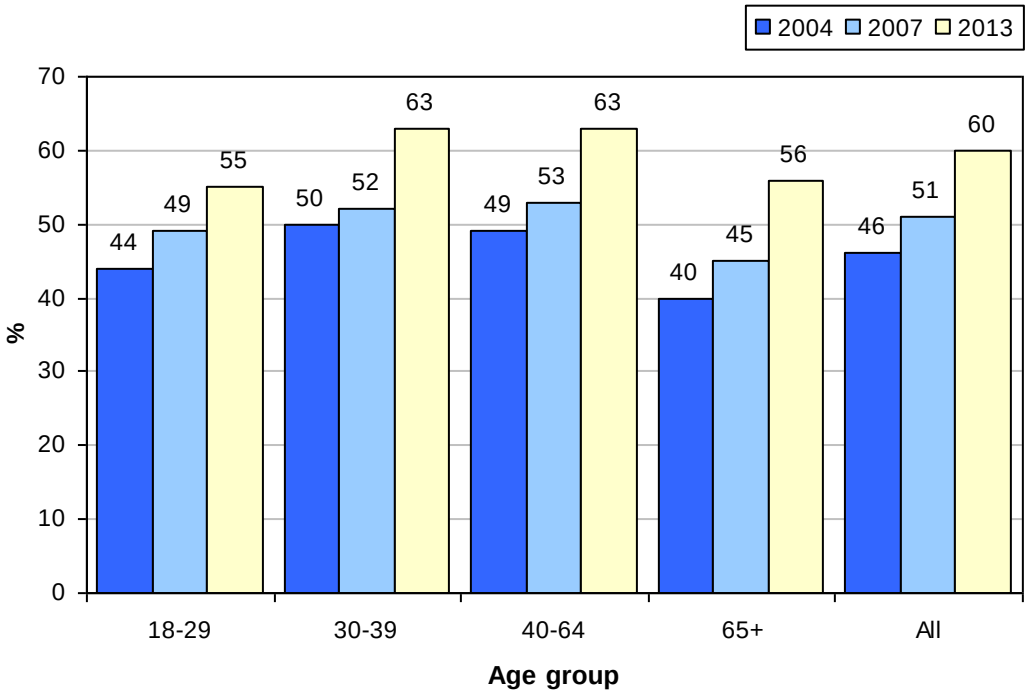
Figure 3.1: Which drug causes the most problems for Scotland as a whole? (2004, 2007, 2013)



Base: All respondents.
Sample size: 2004 = 1637, 2007 = 1508, 2013 = 1497

Figure 3.2 illustrates that the increased awareness of the problems associated with alcohol has occurred across all age groups. Analysis conducted for the 2007 report[5] indicated that those with the highest educational attainment and those with the highest household incomes were more likely than others to view alcohol as the drug causing Scotland most problems.

Figure 3.2: Percentage who think that alcohol is the drug which causes the most problems for Scotland as a whole, by age (2004, 2007, 2013)



Base: All respondents. Sample size: See Table 3.16 in Annex B

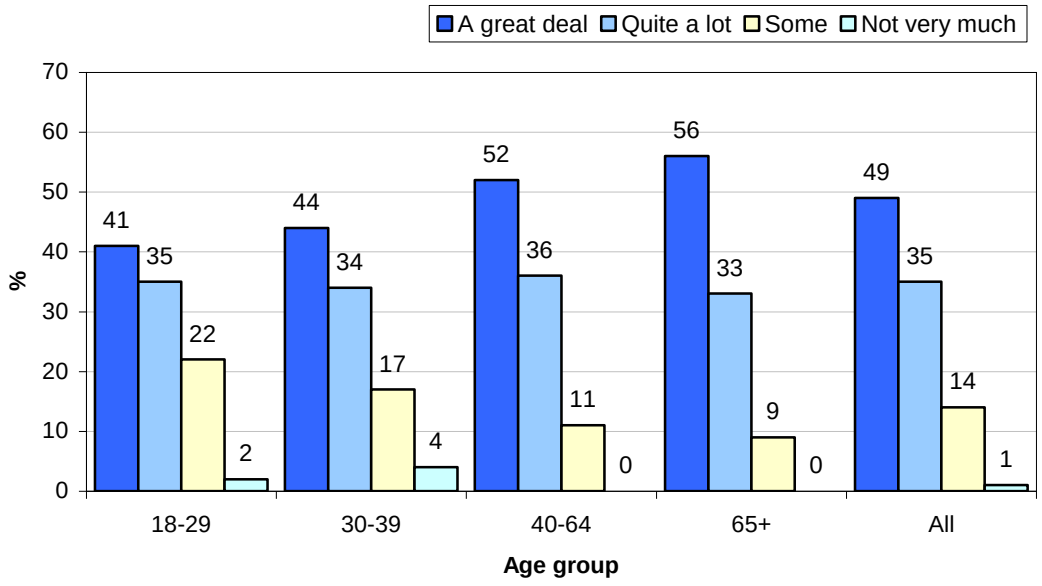
In addition to an increased awareness of alcohol as the drug causing the most problems for Scotland, there is also evidence of some awareness of its harmfulness. A new question asking participants to say how much harm, if any, they thought alcohol causes in Scotland was introduced to SSA in 2013. Around half (49%) were of the view that alcohol causes 'a great deal' of harm in Scotland, and a further 35% viewed it as causing 'quite a lot' of harm.

Views on the level of harm alcohol causes Scotland varied across different population groups. Women, for example, were more likely than men to be of the view that alcohol causes 'a great deal of harm for Scotland' (56% compared with 43%). Similarly, older people were more likely than others to be of this same view (56% of those aged 65 or over, compared with 41-52% among younger age groups). While 59% of those living in Scotland's least deprived areas were of the opinion that alcohol causes 'a great deal' of harm, the equivalent figure for those living elsewhere ranged from 42% to 50%. With regards to drinking behaviour, non-drinkers (58%) and lower risk drinkers (57%) were more likely than higher risk drinkers to recognise how much harm alcohol causes in Scotland (43%)[k] (See

[k] In the analysis the drinking categories were defined as follows: non-drinkers are defined as an AUDIT-C score of 0; lower risk drinking is defined as an AUDIT-C score of 1-3 for women and 1-4 for men; and higher risk drinking is defined as a score of 4 or more for women or 5 or more for men. See Annex A for further details on how drinking behaviour was measured in the survey.

Figure 3.3). Views did not vary significantly by educational attainment or household income.

Figure 3.3: How much harm, if any, do you think alcohol causes in Scotland? by age (2013)



Base: All respondents who completed a self-completion questionnaire = 1340
Sample size: See Table 3.4 in Annex B.

3.3 Attitudes to "getting drunk"

While people are largely aware of how problematic and harmful alcohol is for Scotland, previous findings highlighted that many also consider it to be part of the Scottish way of life.[I] To determine how people view excessive drinking, participants were asked the extent to which they agreed or disagreed with each of the following statements:

- Getting drunk is a perfectly acceptable thing to do at weekends (also asked in 2004 and 2007)
- There's nothing wrong with people my age getting drunk regularly (also asked in 2004 and 2007)
- Getting drunk occasionally is all part of what it is to be Scottish (this was asked for the first time in 2013)

In line with previous SSA findings, there does appear to be a general lack of approval of getting drunk among adults in Scotland.[5] Only 19% thought that 'getting drunk is a perfectly acceptable thing to do on the weekends,' while 13% thought that

[I] Two in three people agreed that 'drinking is a major part of the Scottish way of life' in SSA 2007 (See Ormston & Webster, 2008).

‘there’s nothing wrong with people my age getting drunk regularly.’ The statement 'getting drunk occasionally is all part of being Scottish’ was included in the module for the first time in 2013. Just 16% agreed with the statement, while most (62%) disagreed and around one in five (21%) had no strong view either way (See Table 3.5 in Annex B).

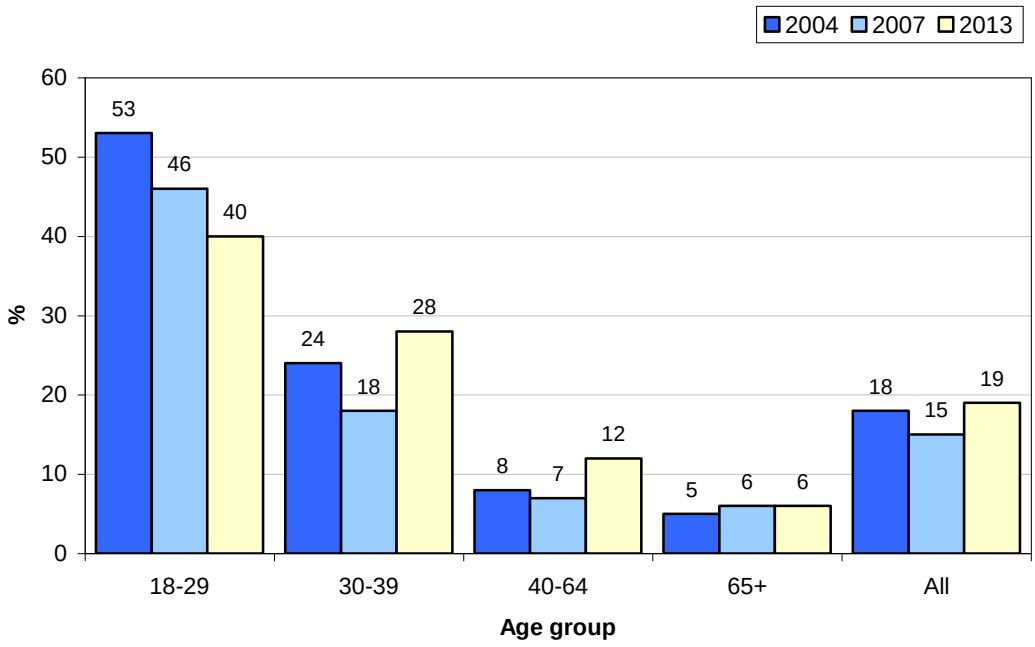
It was noted, in 2007, that disapproval of getting drunk had slightly increased from 2004 but that the shift had been relatively small and over a short period of time. The 2013 findings indicate that attitudes towards getting drunk have not changed significantly since 2004, indicating that it was correct to be cautious about inferring too much from the increase between 2004 and 2007 (Table 3.1).

Table 3.1: Attitudes to getting drunk (2004, 2007, 2013)

	Getting drunk perfectly acceptable thing to do on weekends			**Nothing wrong with people my age getting drunk regularly**		
	2004	2007	2013	2004	2007	2013
	%	%	%	%	%	%
Strongly agree/ Agree	18	15	19	11	10	13
Neither agree nor disagree	27	26	26	21	16	20
Strongly disagree/ Disagree	52	57	55	66	73	66
Sample size	*1514*	*1312*	*1340*	*1514*	*1312*	*1340*

While the overall picture of attitudes to getting drunk is one of little change, this does mask some interesting changes over time among individual age groups. While young people were still more likely than others to have more permissive views about getting drunk, there has been a drop in the proportion of 18-29 year olds agreeing that getting drunk is a perfectly acceptable thing to do at weekends (from 53% in 2004 and 46% in 2007, to 40% in 2013) (Figure 3.4). These shifting attitudes among the young do not, however, extend to the measure ‘there is nothing wrong with people my age getting drunk’ with little change seen across any age groups over time (See Table 3.6 in Annex B).

Figure 3.4: Agree/ agree strongly that 'Getting drunk is a perfectly acceptable thing to do on the weekends', by age (2004, 2007, 2013)

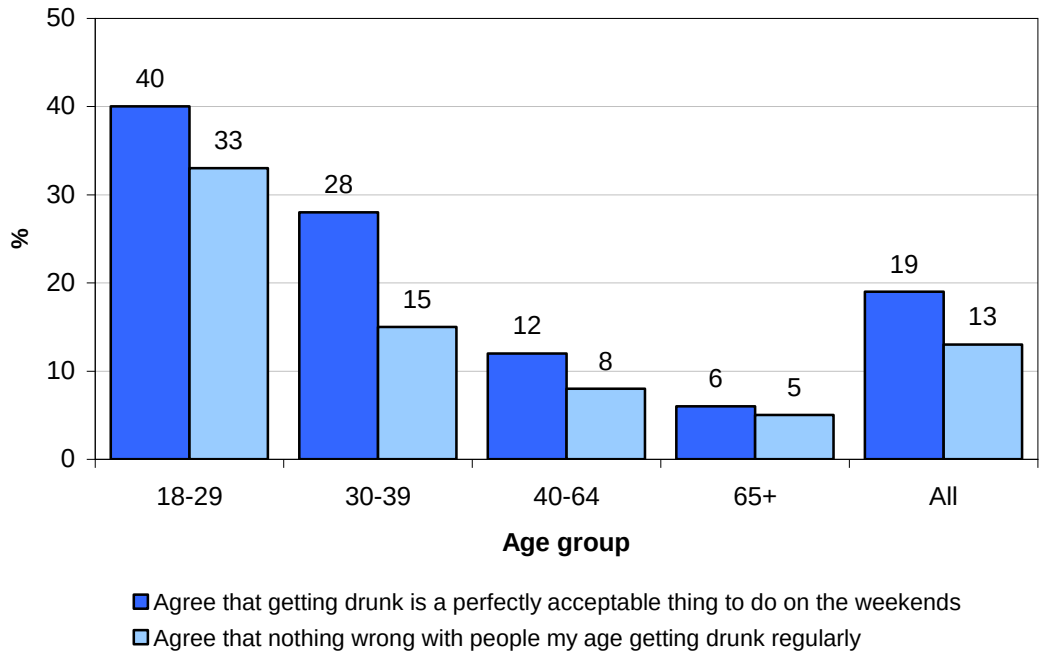


Base: All respondents who completed a self-completion questionnaire = 1340.
Sample size: See Table 3.17 in Annex B.

3.4 How do attitudes to getting drunk vary between different groups in Scotland?

In 2013, as in previous years, young people were more likely than other age groups to have more liberal attitudes towards getting drunk with views tending to become less liberal with age (See Figure 3.5). Analysis of attitudes to getting drunk in the 2007 SSA indicated that those most likely to hold more permissive views were: those with no educational qualifications; those on the lowest and highest household incomes; and more frequent drinkers.[5]

Figure 3.5: Attitudes to getting drunk, by age (2013)



Base: All who completed a self-completion questionnaire = 1340
Sample size: 18-29 = 166, 30-39 =184, 40-64 = 617, 65+ = 373

Views on whether getting drunk occasionally is all part of being Scottish or not varied across different groups of people living in Scotland. Men, for example, were more likely than women to agree that it is part of being Scottish (19% compared with 13%). Similarly, those with the lowest educational qualifications were significantly more likely than others to agree with the statement (18% of those with no qualifications agreed compared with 11% of those educated to degree level or above). With regards to drinking behaviour it was higher risk drinkers that were most likely to agree that getting drunk occasionally is all part of being Scottish (19% compared with 13% of lower risk drinkers and 11% of non-drinkers) (See Table 3.7 in Annex B).[m] There was no significant association between a person's age, household income or how deprived an area they lived in and their views on whether drinking was all part of being Scottish or not.

3.5 To what extent do people view alcohol as a social lubricant?

The social aspects of drinking and the role that alcohol plays in facilitating enjoyment are well researched.[10] Since 2004, SSA has been assessing the extent to which people in Scotland view alcohol and drinking as a social lubricant. In 2013 participants were asked whether they agreed or disagreed with the following statements:

[m] Lower risk drinking is defined as an AUDIT-C score of 1-3 for women and 1-4 for men; higher risk drinking is defined as a score of 4 or more for women or 5 or more for men. See Technical Annex A for further details on how drinking behaviour was measured in the survey.

- ‘In general, it is easier to enjoy a social event if you’ve had a drink’
- ‘You can enjoy a night out in the pub without drinking alcohol.’

Views on the role of alcohol in social settings have changed little since the questions were first introduced in 2004. In 2013, most people (77%) were still of the view that it is possible to enjoy a night out in the pub without drinking. The apparent decline in agreement since 2007 (81%) was not statistically significant. However, a considerable proportion felt that it is easier to enjoy a social event if you’ve had a drink and the small increase seen since 2004 is statistically significant (from 35% in 2004, to 39% in 2013) (See Table 3.8 in Annex B).

Not everyone attaches the same importance to alcohol in social contexts. Views on whether a night out in the pub can be enjoyed without drinking varied significantly by age in 2013, with young people less likely than others to agree with the statement (71-72% of 18-39 year olds agreed compared with 76-82% of those aged 40 and over) (See Table 3.9 in Annex B). Previous analysis has highlighted that men, young people and those drinking most frequently are all more likely than others to view alcohol as an important component to socialising.[5]

3.6 Perceptions of abstinence and non-drinking

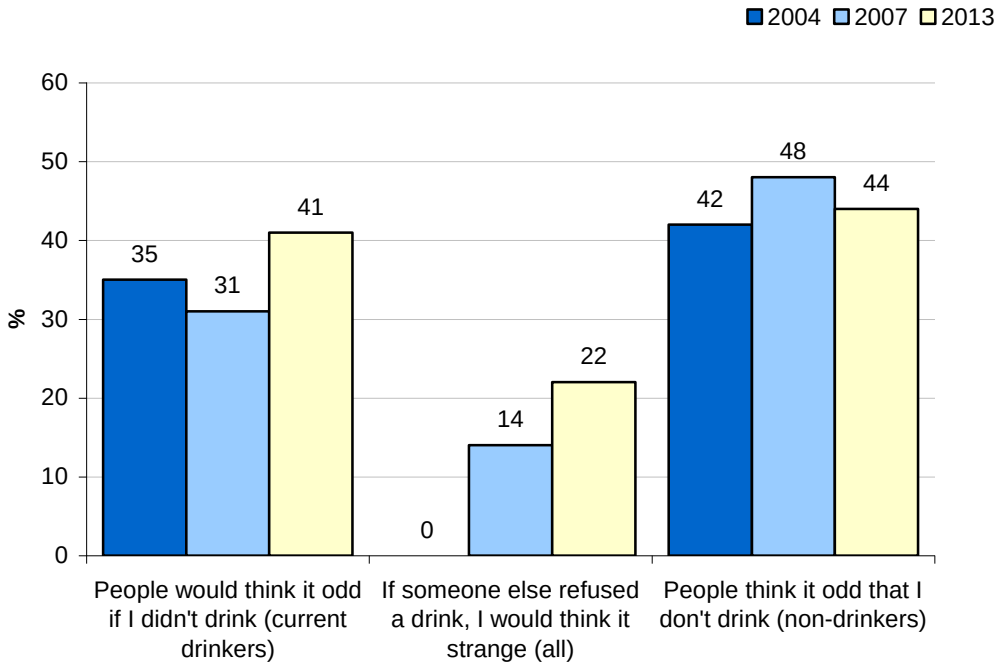
Previous research has identified the ‘social’ pressures to drink and the social isolation which occurs when individuals in a group choose not to drink.[10] To assess perceived attitudes to non-drinking in Scotland three questions have been included on SSA since 2004:

- Those who do currently drink were asked whether they agree/disagree that ‘A lot of people I know would think it odd if I didn’t drink alcohol at all’.
- All participants were asked whether they agree or disagree that ‘If I was out with my friends or family and someone who does drink alcohol refused an offer of a drink, I would find it a little strange’.
- Those who did not drink alcohol at all were asked whether they agree or disagree that ‘A lot of people I know think it odd that I don’t drink at all’.

In 2013, 22% of people said that they would find it a little strange if a friend or family member who drinks alcohol refused an offer of a drink. A higher proportion (41%) felt that others would think it odd if they personally did not drink alcohol at all. These perceptions were greatest among younger people. There is evidence of some shift in attitudes to non-drinking over time. Between 2007 and 2013 the percentage agreeing that they would find it a little strange if someone they knew who does drink alcohol refused a drink increased from 14% to 22%. Similarly, the proportion of drinkers reporting that people would think it odd if they didn’t drink at all increased by ten percentage points since 2007, to 41%.These increases were observed across all age groups (See Figure 3.7 and Figure 3.8 and Tables 3.10 - 3.14 in Annex B).

Non-drinkers' views on how others perceive their behaviour have not changed significantly since 2004. In 2013, over four in ten (44%) non-drinkers reported that others think it's odd that they abstain from drinking alcohol (Figure 3.7).

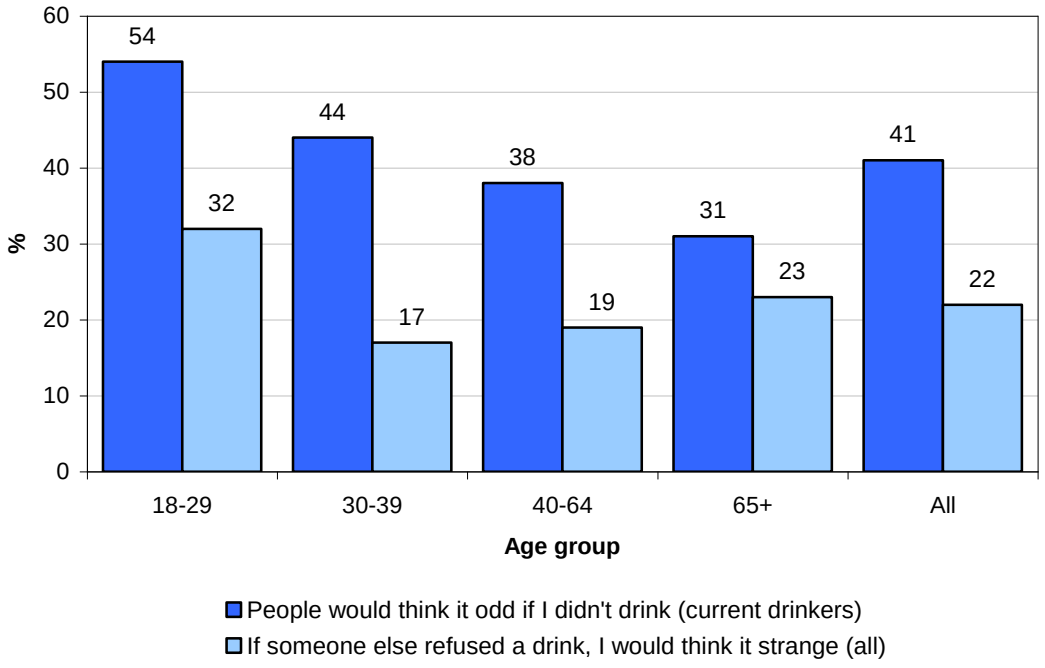
Figure 3.7: Perceptions of abstinence and non-drinking (2004, 2007, 2013)



Base in 2004: Current drinkers = 1475, Non-drinkers = 162[n]; Base in 2007: All respondents = 1246[o], Current drinkers = 1328, Non-drinkers = 179; Base in 2013: All respondents = 1497, Current drinkers = 1268, Non-drinkers = 229

[n] Note that the question asking all participants whether they would think it strange if someone else refused a drink was not asked in 2004.
[o] In 2007 this question was only asked of those who said that they drank with friends.

Figure 3.8: Perceptions of non-drinking, by age (2013)



Base All = 1497, Current drinkers = 1268
Sample size: See Table 3.18 in Annex B.

3.7 How do attitudes to alcohol relate to drinking behaviour?

So far this chapter has examined attitudes to alcohol and drinking in Scotland, how these views have changed over time and how they vary across different groups of people in society. It is well established that drinking behaviour also varies across different groups of people living in Scotland.[11] Here, and in previous SSA reports[5,12] it has also been established that particular attitudes towards alcohol and drinking are related to drinking behaviour. This section examines whether, when other factors are taken into account, attitudes towards alcohol and drinking are significantly associated with drinking behaviour.

In 2013, the groups of people more likely than others to be higher risk drinkers were those who (Table 3.2):

- held the view that alcohol caused only ‘some’ or ‘not very much’ harm to Scotland (64%);
- agreed that it is easier to enjoy a social event if you’ve had a drink (69%);
- had more permissive attitudes to getting drunk (74%);[p]

[p] A score variable combining answers to the two questions about the acceptability of getting drunk (‘Getting drunk is a perfectly acceptable thing to do on weekends’ and ‘Nothing wrong with people my age getting drunk regularly’) was used for this analysis. Based on their answers to these questions participants were classified into three groups (i) more liberal - score of 2-5, (ii) medium - score of 6-7 and, (iii) less liberal - score of 8-10.

- agreed that getting drunk occasionally is all part of what it is to be Scottish (60%); and
- perceived that others would think it odd if they didn't drink (68%).

Table 3.2: Higher risk drinking[1] by attitudes towards alcohol (2013)

	% higher risk drinking	*Sample size*
Views on harms caused by alcohol		
A great deal	43	*649*
Quite a lot	54	*451*
Some or not very much	64	*167*
Easier to enjoy a social event if you've had a drink		
Agree/strongly agree	69	*472*
Neither	59	*292*
Disagree/strongly disagree	26	*499*
Attitudes to getting drunk (score variable)[2]		
Low score (more liberal)	74	*174*
Medium score	66	*364*
High score (less liberal)	33	*722*
Getting drunk occasionally is all part of what it is to be Scottish		
Agree/strongly agree	60	*204*
Neither	69	*244*
Disagree/strongly disagree	41	*815*
A lot of people I know would think it odd if I didn't drink		
Agree/strongly agree	68	*427*
Neither	68	*126*
Disagree/strongly disagree	46	*531*

1. Higher risk drinking is based on a score of 4 or more (women) or 5 or more (men) on the AUDIT-C drinking questions. See Annex A for more information on the AUDIT-C drinking questions.
2. This score is based on combining answers to 2 of the questions on the acceptability of getting drunk. Scores of <6 = low score (more liberal attitudes), score of 6-7 = medium score, score of 8-10 = high score (less liberal attitudes).

These attitudinal variables were entered into a logistic regression model alongside key socio-demographic variables. Logistic regression takes account of the relationships between independent variables when identifying those which are significantly and independently associated with a dependent variable, in this case, drinking behaviour (measured using the AUDIT-C drinking tool). Once socio-demographic characteristics and other attitudes were controlled for, the following attitudes were significantly and independently associated with being a higher risk drinker;[q] agreeing that it is easier to enjoy a social event if you've had a drink; holding a more permissive attitude towards getting drunk;[r] and agreeing that others would view it as odd if they personally did not drink. Age was also significantly related to drinking behaviour. Neither views on the harm alcohol causes Scotland nor views on whether getting drunk was all part of being Scottish were significantly associated with drinking behaviour. Full results for the regression model are in Table 1 in Annex A.

3.8 Summary

A large and increasing proportion of adults of all ages recognised that alcohol is problematic for Scotland (60% chose it as the drug that causes most problems for Scotland as a whole) and most recognised the harm that it causes to the country (84% said 'a great deal' or 'quite a lot'). For many people, however, alcohol continues to play an important function in their social lives. While most (77%) felt it was possible to enjoy a night out in the pub without drinking, there had been a small, but significant increase in the proportion of those who were of the view that it's easier to enjoy a social event if you've had a drink (39% in 2013).

Previous SSA findings supported the notion that there are 'social pressures' to drink and that a considerable proportion of those who choose not to drink perceived there to be some degree of social stigma attached to this.[5] The 2013 findings highlight that a significant proportion of non-drinkers (44%) felt that others viewed it as odd that they chose not to drink. The findings also point to an increasing proportion of people who say that they would find it 'a little strange' if a friend or family member who drinks alcohol refused an offer of a drink (from 14% in 2007 to 22%). The proportion of drinkers reporting that other people would think it odd if they didn't drink at all has also increased (from 31% to 41% between 2007 and 2013).

It is clear that most people did not approve of excessive drinking and views have not changed significantly since 2004. On the whole, people did not associate getting drunk occasionally as part of being Scottish. Similarly, most disapproved of people their age getting drunk regularly (66%), or getting drunk at weekends (55%).

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[q] Lower risk drinking is defined as an AUDIT-C score of 1-3 for women and 1-4 for men; higher risk drinking is defined as a score of 4 or more for women or 5 or more for men. See Technical Annex A for further details on how drinking behaviour was measured in the survey.

[r] This is based on a score variable combining answers to the two questions about the acceptability of getting drunk,('Getting drunk is a perfectly acceptable thing to do on weekends' and 'Nothing wrong with people my age getting drunk regularly'). Participants were classified in 'more liberal' (based on scores of 2-5), medium (based on scores of 6-7) and 'less liberal' (based on scores of 8-10).

Attitudes to alcohol and drinking varied across different groups across Scotland. Getting drunk, a behaviour which has been associated with drinking practices at younger ages,[10] was indeed more accepted among young people than other age groups. Men, those with lowest educational qualifications and those who drank at higher risk levels were all more likely than others to hold the view that getting drunk is all part of what it is to be Scottish.

The association between a person's socio-demographic characteristics and their drinking behaviour is already well documented.[11] The 2013 findings highlighted that attitudes towards alcohol and drinking also play an important part in understanding drinking behaviour in Scotland. Once socio-demographic factors were controlled for, people who held the view that getting drunk is acceptable, viewed alcohol as a social lubricant and perceived not drinking as odd were all at significantly increased odds of higher risk drinking.

4. The role of social context in how people perceive drinking behaviour

4.1 Introduction

The previous chapter showed that people in Scotland recognise that alcohol causes harm to Scotland with most viewing it as the drug causing the most harm. This chapter explores the role social context plays in how people perceive different types of drinking behaviour and whether views vary depending on the type of drinking behaviour and the type of drinker.

The key questions explored in this chapter are:

- How serious do people consider different types of drinking?
- Are different kinds of drinking behaviour viewed differently?
- How do views on certain types of drinking behaviour vary between different groups in Scotland?
- What impact do people think different types of drinking have on a person's health?

To assess these questions, participants were presented with scenarios portraying three different types of alcohol misuse: harmful, hazardous and binge drinking. Participants were presented with a version of each scenario and were then asked the following questions:

- How serious a problem would you consider (NAME)'s drinking to be, or do you not think it's a problem?
- How likely is it that (NAME)'s drinking behaviour will seriously damage his health if continued long-term?

To allow the context of the drinking behaviour to be explored, half of participants were presented with a drinking behaviour in one social context while the other half were presented with the same behaviour in a different context. Socio-demographic characteristics, such as age, employment status and family situation varied between scenarios. To ensure that the gender of the person did not impact on views all the scenarios were about a man.

4.2 How serious do people consider different types of drinking to be?

4.2.1 Harmful drinking

The first scenario presented to participants was designed to explore how people view harmful drinking. Harmful drinking is drinking at a level which is already causing physical, social or psychological harm[13] and is widely defined as occurring

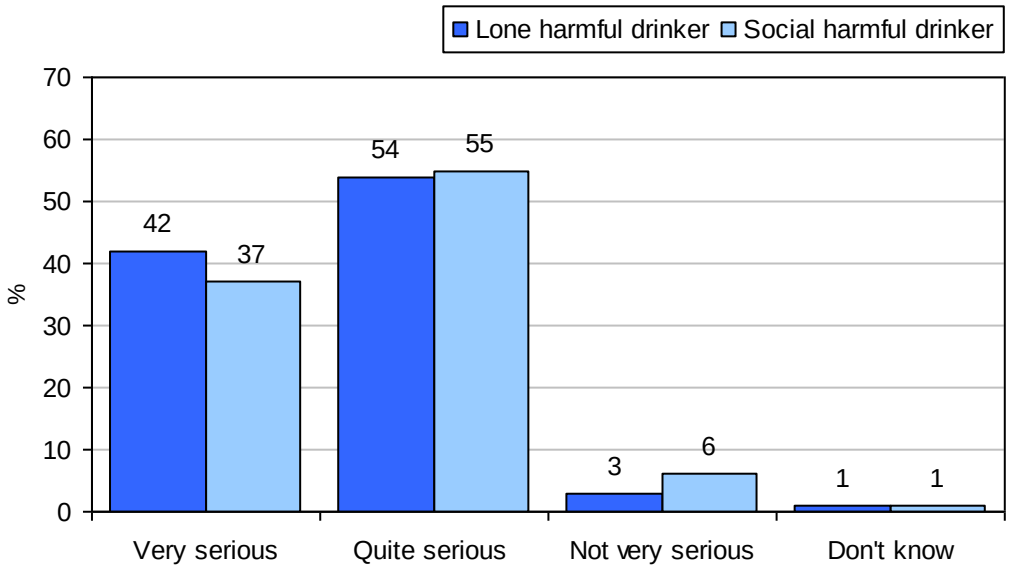
when a woman drinks more than 35 units per week or a man drinks in excess of 50 units.

To explore what role, if any, context plays in how people view harmful drinking, approximately half of participants were asked about someone who drank at home on his own while the other half were asked about someone who drank when out socialising with friends. In both these scenarios, described below, drinking could be categorised as harmful.

David is 30 and single. He drinks five or six cans of beer on his own most evenings, and is often unable to remember bits of what he did the night before. David is occasionally late for work as a result of his drinking. Paul is 30 and single. He goes out with friends most evenings and drinks five or six cans of beer. He is often unable to remember bits of what he did the night before. Paul is occasionally late for work as a result of his drinking.

The context of harmful drinking appears to make little difference to how problematic people perceive it to be. There was almost universal agreement that drinking 5 or 6 cans of beer most evenings was a 'very' or 'quite serious' problem, irrespective of whether it was consumed alone (96%) or in the company of others (92%) (Figure 4.1). Given the widespread agreement that harmful drinking is problematic, views are unlikely to vary much across the population hence socio-demographic variations have not been explored here.

Figure 4.1: How serious a problem would you consider their drinking to be? (2013)



Base: All respondents. Sample size: Lone harmful drinker = 759, Social harmful drinker = 738
See Table 4.1 in Annex B

4.2.2 Hazardous drinking

The second scenario presented to participants described hazardous drinking behaviour. A person is said to be a hazardous drinker if their drinking is not currently causing clear evidence of harm, but may cause harm in the future. In terms of alcohol consumption, it is commonly classified as drinking over 21 and up to 50 units per week for men and over 14 and up to 35 units for women.[11]

Both people described in the scenarios drink at home. Previous research showed that drinking at home is prevalent relative to other settings.[s] When served at home, the measures of alcohol are in control of the drinker and thus can potentially deviate from standard pub measures.[14]

The relative importance of context on views of hazardous drinking was explored by asking half of participants about a 45-year-old man with a stressful full-time job that involved working long hours and half about a 65-year-old retired man. In both scenarios, the man drank two thirds of a bottle of wine most evenings, enough to classify him as drinking hazardously.

Robert is 65, retired and married. He drinks two thirds of a bottle of wine most evenings, sometimes more. Robert now and then feels slightly hungover in the morning, but doesn't believe it affects his relationship or family life. John is 45 and married. He has a stressful job and often works long hours. He drinks two thirds of a bottle of wine most evenings, sometimes more if he has had a particularly stressful day. John now and then feels slightly hungover in the morning, but doesn't believe it affects his ability to do his job or his family life.

As with harmful and binge drinking, people were largely aware that hazardous drinking is problematic. Irrespective of the context, most people considered hazardous drinking as a ‘very’ or ‘quite serious problem’ (84% said this in relation to the employed person and 77% said this of the retired person) (Figure 4.2).

The proportion who viewed the working age person’s hazardous drinking as ‘very serious’ has increased significantly since 2007.[t] In 2007, around one in five people (22%) considered their drinking as very serious, compared with around one in three (31%) in 2013 (See Table 4.3 in Annex B).

It appears that context plays little part in how people view hazardous drinking. Most did not regard either stress at work or retirement as reasons for a person to drink

[s] In SSA 2007, people were most likely to report consuming alcohol at home (68%) (Ormston & Webster, 2008). According to the 2008 Scottish Health Survey 55% of men and 54% said ‘at home’ was the place they consumed most alcohol (Scottish Health Survey 2008 - supplementary web tables).

[t] The scenario describing the working age hazardous drinker was the only one that was asked in a previous year of the survey (2007), allowing for drawing a comparison between the two years unlike the other scenarios were no such comparisons can be made.

hazardously. However, a sizable minority (16[u]-21%) did not view hazardous drinking as being a serious problem.

Figure 4.2: How serious a problem would you consider their drinking to be? (2013)

Base: All respondents Sample size: Employed hazardous drinker = 759, Retired hazardous drinker = 738
See Table 4.2 in Annex B

Views on hazardous drinking did not vary significantly by age and people did not appear to be any more liberal when the scenario involved those of a similar age to themselves.

People's views on hazardous drinking varied depending on their own drinking behaviour.[v] Higher risk drinkers were least likely to view hazardous drinking, in either scenario, as problematic. For example, 24-28% of higher risk drinkers did not view the consumption of two thirds of a bottle of wine most evenings as a serious problem. In contrast, a lower proportion of lower risk and non-drinkers did not view such consumption as problematic (9-10% for the employed man's drinking and 16-18% for the retired person's drinking) (See Table 4.4 and Table 4.5 in Annex B).

4.2.3 Binge drinking

The final scenario presented to participants was designed to assess views on binge drinking and to explore the extent to which the context of binge drinking matters to

[u] Note that due to rounding this figure is 16%.
[v] Drinking behaviour was measured using the AUDIT-C tool. Lower risk drinking is defined as an AUDIT-C score of 1-3 for women and 1-4 for men; higher risk drinking is defined as a score of 4 or more for women or 5 or more for men. See Annex A for further details on how drinking behaviour was measured in the survey.

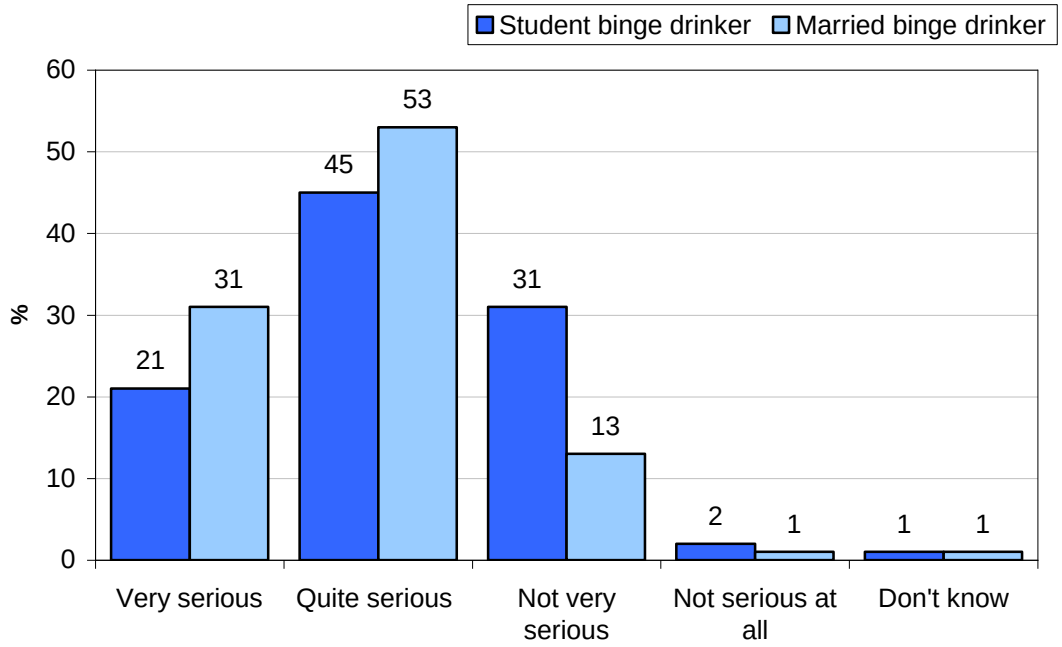
how people view the behaviour. Binge drinking is a poorly defined concept, but generally refers to drinking too much alcohol over a short period of time and is commonly associated with acute intoxication.[15] In terms of unit consumption, in the Scottish Health Survey binge drinking is defined as drinking more than twice the recommended daily amount of alcohol in one episode.[11]

Half of the participants were asked about a 20-year-old student who went out drinking with his flatmates at the weekend while the other half were asked about a 40-year-old married man with a son who went out drinking with friends at the weekend. In both scenarios, the men often drank to the extent that they couldn't remember bits of what they did the night before and from time to time they did something when drunk which they would later regret. Both scenarios, described below, could be considered as binge drinking.

> Mark is 20 and is a student with a weekend job. He doesn't drink much during the week, but he and his flatmates spend most Friday and Saturday nights out drinking. He is often unable to remember bits of what he did the night before. From time to time Mark does something when he's drunk which he later regrets.
>
> Simon is 40. He is married with a 12 year-old son. He doesn't drink much during the week, but he regularly goes out drinking with friends on Friday and Saturday nights while his wife looks after their son. He is often unable to remember bits of what he did the night before. From time to time Simon does something when he's drunk which he later regrets.

While there is a consensus that binge drinking is problematic in both scenarios, views towards the young student drinking were more permissive than for the middle-aged person with family responsibilities. Two in three people considered the student's behaviour as 'very' or 'quite serious' compared with 84% who thought this of the older married man with a child. Moreover, a third of people viewed the student's binge drinking as 'not very serious' or 'not serious at all' (Figure 4.3).

Figure 4.3: How serious a problem would you consider their drinking to be? (2013)



Base: All respondents Sample size: Student binge drinker = 759, Married binge drinker = 738
See Table 4.6 in Annex B

Views on binge drinking varied across different groups of people in Scotland. A person's age, for example, was significantly related to how they viewed binge drinking behaviour. Younger people held the most liberal attitudes towards the 20 year old binge drinking student (55% viewed his drinking as 'not very' or 'not at all serious' compared with 19% of those aged 65 or over) (See Table 4.7 in Annex B). Young people also held more permissive views towards the middle-aged man that binge drank - 26% viewed it as 'not very' or 'not serious at all' compared with 7% of those aged 65 or over (although it is important to note the small sample size for 18-25 year olds: see Table 4.8 in Annex B).

Educational attainment was also significantly associated with views on student binge drinking with those with no qualifications least likely to view the student's drinking as not a serious problem (18% said 'not very' or 'not at all serious' compared with 32-44% of those with at least some qualifications) (See Table 4.9 in Annex B). Given that educational attainment is highly correlated with age, logistic regression analysis would be required to determine if this relationship is still significant once age is controlled for.

How a person perceived binge drinking was also significantly associated with their own drinking behaviour, as measured by the AUDIT-C tool.[w] To illustrate, higher risk drinkers held more liberal views towards the student's binge drinking than non-

[w] Further details about the AUDIT-C drinking measure can be found in Annex A.

drinkers or lower risk drinkers (49% considered it ‘not very serious’ compared with 17% and 20% respectively) (See Table 4.10 in Annex B).

4.3 Are different kinds of drinking viewed differently?

Awareness of the seriousness of different types of problematic drinking is clearly high. There does, however, appear to be some subtle differences in how problematic people consider these different drinking behaviours to be.

The table below illustrates that people do appear to discriminate between different types of drinking, with harmful drinking being almost universally perceived as serious (92-96% described it as ‘very’ or ‘quite’ serious). A smaller, but still considerable proportion held the same view of hazardous and binge drinking (66-84%).

The findings suggest that people’s views on drinking behaviour are not necessarily always formed on the basis of the behaviour alone and that, on occasion, the wider context of drinking is also considered important. While harmful drinking is viewed as problematic, irrespective of where, and with whom, it takes place, social context does appear to play more of a role in how people view binge drinking. People are twice as likely to say that a student binge drinking is not a serious problem compared with a middle-aged person with family responsibilities (33% said ‘not very’ or ‘not serious at all’ compared with 14%). Similarly, the retired person’s drinking was perceived as slightly less serious than that of the middle-aged man (21% viewed it as ‘not very’ or ‘not serious at all’ compared with 16%).

Table 4.1: How serious a problem would you consider their drinking to be? (2013)

	Harmful Drinking		Binge Drinking		Hazardous Drinking	
	Lone drinker	Social drinker	Student	Married person	Employed	Retired
	%	%	%	%	%	%
Very serious	42	37	21	31	31	27
Quite serious	54	55	45	53	53	50
Not very serious /not serious at all	3	6	33	14	16	21
Don't know	1	1	1	1	1	2
Not answered	*	-	*	-	*	-
Sample size	*759*	*738*	*759*	*738*	*759*	*738*

4.4 Perceptions of the effect of different kinds of drinking on health

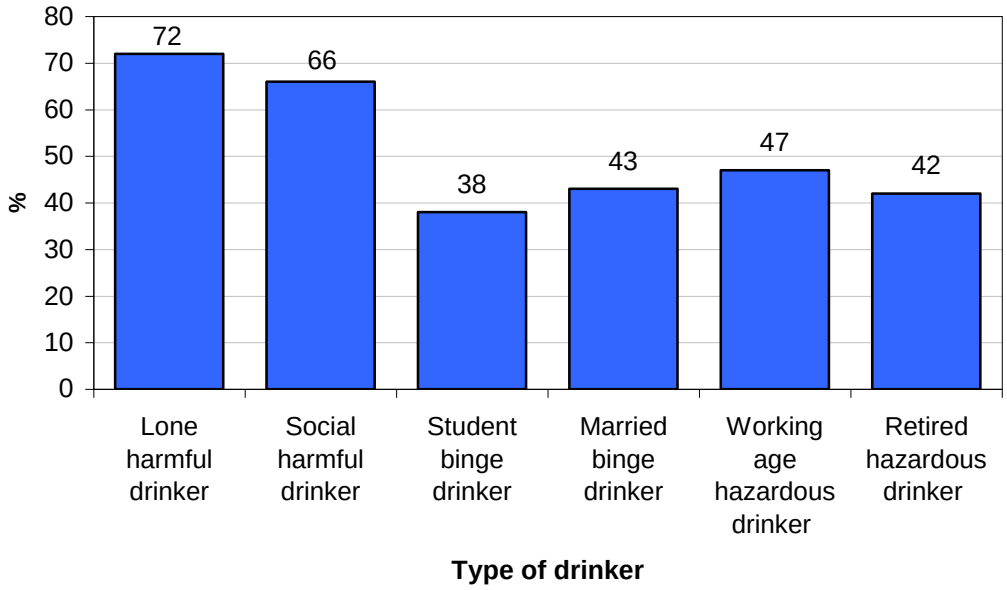
Just as people were, on the whole, clear about the serious nature of different types of drinking behaviour, there also appeared to be some awareness and consensus around the long-term health consequences of these behaviours.
The health implications were considered greatest for harmful drinking. Nearly everyone regarded harmful drinking as having negative long-term effects on a person's health (98%). The majority of people also viewed hazardous and binge drinking as harmful to one's health in the long-term (85-91%) (See Table 4.11 in Annex B).

More subtle differences between the scenarios appear when the proportion with the strongest opinions on the health risks posed (responded 'very likely') is examined. Given how problematic the behaviour was viewed overall, it is perhaps not surprising that most people (66-72%) were of the view that a person drinking at harmful levels is 'very likely' to seriously damage their health if continued long-term. Interestingly, while the context of harmful drinking made no difference to how problematic the behaviour was viewed, there was some evidence that people see the potential health consequences as greater for solo drinkers (72% said the person drinking to harmful levels alone is 'very likely' to seriously damage their health, compared with 66% who said this of the person drinking harmfully in a social setting) (Figure 4.4).

There was also a pronounced concern for the health consequences of both long-term binge and hazardous drinking. While people appeared more likely to think that the married binge drinker was 'very likely' to seriously damage their health if continued long-term than was the case for the student binge drinker this difference was not statistically significant (43% and 38% respectively). Nor was there a significant difference between the proportion 'very likely' to be concerned about the

health implications for the working age hazardous drinker and the retired person drinking hazardously (42% and 47% respectively).

Figure 4.4: Percentage who answered 'Very likely' to the question about the likelihood that current drinking behaviour will seriously damage health if continued long term (2013)



Base: All respondents. Sample size: see Table 4.11 in Annex B

4.5 Summary

It is clear that adults in Scotland discriminate between different types of drinking behaviour. There is a strong consensus that harmful drinking, irrespective of the context, is a 'very' or a 'quite serious' problem (mentioned by 92% to 96% of adults). The equivalent figures for hazardous drinking were between 77% and 84% and for binge drinking were between 66% and 84%. While this is encouraging it is, nevertheless, important to note that a sizeable proportion of the population did not see the problem with binge or hazardous drinking (for example, 33% thought that a student binge drinking was 'not very' or 'not serious at all,' whilst 21% thought that it was 'not very' or 'not at all' serious for a retired person to drink at hazardous levels).

The context of harmful drinking appears to make little difference to how problematic it is perceived to be and the findings did not support previous research which suggested that drinking socially is perceived as more acceptable than drinking alone.[16] Similarly, context appears to play little part in how people view hazardous drinking with few people regarding either stress at work or retirement as reasons for drinking hazardously. People's views on binge drinking behaviour are, however, not necessarily always formed on the basis of the behaviour alone. The results showed more permissive views towards the young student drinking than for the middle-aged person with family responsibilities.

There is some evidence that people view certain drinking behaviours differently depending on their own characteristics. Younger adults, for example, hold more liberal attitudes than others towards binge drinking. Similarly, a person's own drinking behaviour is significantly related to how they view both binge drinking and hazardous drinking behaviour, with higher risk drinkers on the whole less likely than lower risk and non-drinkers to view these behaviours as problematic.

5. Attitudes to minimum unit pricing

5.1 Introduction

The Alcohol (Minimum Pricing) Scotland Act was passed into law in June 2012[x] allowing for a minimum price to be set for a unit of alcohol, below which it cannot be sold. Given that minimum pricing is a key policy area for the Scottish Government, it is important to establish how it is viewed by people in Scotland and to monitor how views towards it evolve over time. This chapter provides a baseline picture of public attitudes to minimum unit pricing in Scotland.

The key questions addressed in this chapter are:

- How much does price matter to people when buying alcohol?
- How do people in Scotland view Minimum Unit Pricing (MUP)?
- How do views on MUP vary across different groups of people living in Scotland?
- What are the reasons for either supporting or opposing MUP?
- What do people think of the suggested minimum unit price for certain drinks?
- How do views on the suggested minimum unit price for certain drinks vary across different groups of people living in Scotland?

5.2 How much does price matter to people when buying alcohol?

The increase in disposable incomes in recent decades has seen the affordability of alcohol across the UK increase by nearly 60% between 1980 and 2012.[8] While the price of alcohol started to increase between 2000 and 2012, increases were relatively slower in the off-trade sector, allowing people a means to continue to buy alcohol at relatively cheap prices.[8]

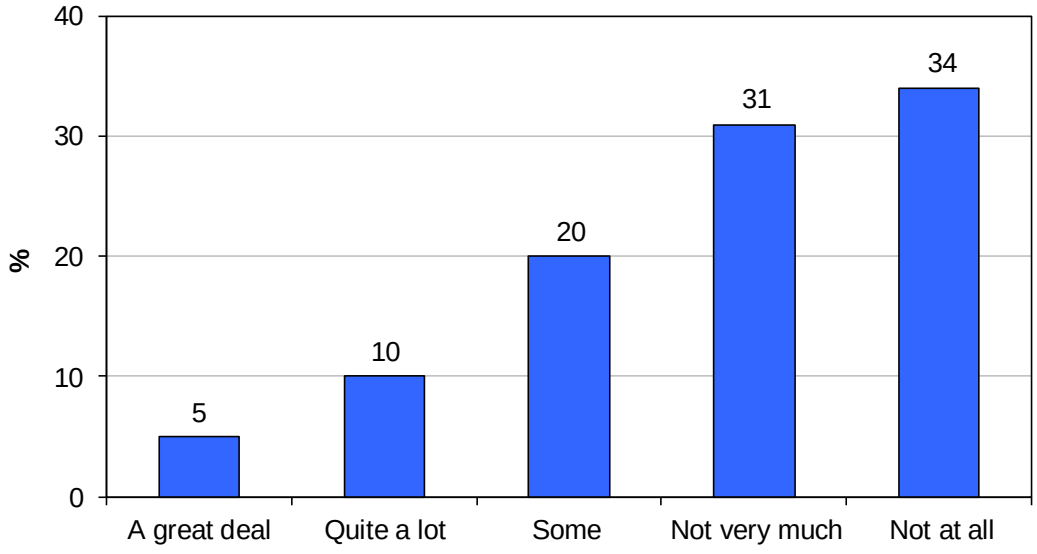
Before discussing how people in Scotland view minimum unit pricing, some context on how much of an issue price is for them when buying alcohol is provided. A question designed to establish the importance of price when buying alcohol was included in the module for the first time in 2013. Participants were asked the following question: 'to what extent does the price of alcohol prevent you from buying as much alcohol as you would like?'

At the time the survey was carried out, 35% indicated that the price of alcohol, at least to some extent, prevented them from buying as much alcohol as they liked.[y]

[x] The date of implementation for the Act is currently not known due to an ongoing legal challenge.
[y] Fieldwork for SSA 2013 took place between June and October 2013.

For 65% price did not prevent them from buying as much as they would like. (Figure 5.1).

Figure 5.1: To what extent does the price of alcohol prevent you from buying as much alcohol as you would like? (2013)



Base: All who completed a self-completion questionnaire (excluding non-drinkers) = 1141

The extent to which price influences individuals' purchasing habits might be expected to vary depending on a person's characteristics and circumstances. Analysis was carried out to determine how views on the importance of price vary with the following factors: gender, age, educational attainment, household income, area deprivation and drinking behaviour (measured using the AUDIT-C tool).[z]

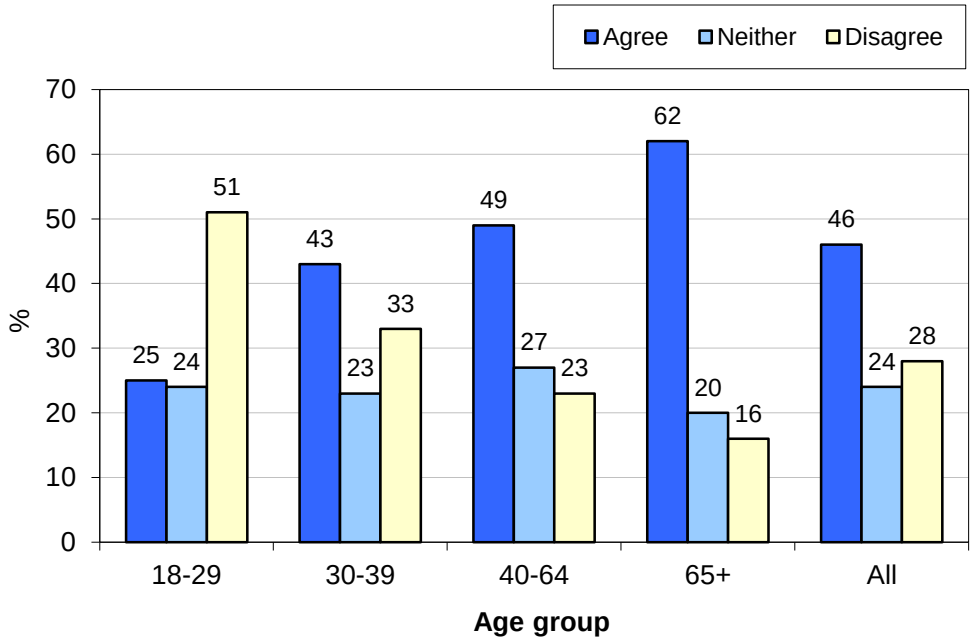
Without controlling for other factors, views on the importance of price when buying alcohol were significantly associated with age and educational attainment.[aa] Younger people were most likely to say that price, to some extent, prevents them from buying as much as they would like (44% of 18-29 year olds said it prevented them from buying as much as they would like 'a great deal,' 'quite a lot' or 'some' compared with 41% of 30-39 year olds, and 31% of those aged 40 and above). With regard to educational attainment, those with the lowest qualifications were most likely to report that price prevented them from buying as much as they would like (for example 38% of those with no qualifications said this compared with 28% of those educated to degree level or above). Education is, however, strongly correlated with other factors including age which have not been controlled for here (See Table 5.1 in Annex B).

[z] Further details about the AUDIT-C drinking measure can be found in Annex A.
[aa] The associations between views on the importance of price when buying alcohol and gender, household, household income, area deprivation and drinking behaviour were not statistically significant.

5.3 What do people think about the price of alcohol sold in supermarkets?

A further way of assessing views on the current pricing of alcohol is to ask people what they think about the price of alcohol sold in supermarkets. In 2013, for the first time, participants were asked if they agreed or disagreed with the statement: 'supermarkets sell too much alcohol at very cheap prices.' Around half (46%) agreed, 29% disagreed, and a further 25% neither agreed nor disagreed with the statement (Figure 5.2).

Figure 5.2: Supermarkets sell too much alcohol at very cheap prices, by age (2013)



Base: All who completed a self-completion questionnaire = 1340
Sample size: 18-29 = 166, 30-39 = 184, 40-64 = 617, 65+ = 373

Views on supermarket pricing vary across society.[bb] Older people were most likely to agree that supermarkets sell too much alcohol cheaply (62% of those aged 65 and above agreed compared with 25% of those aged 18-29). With regards to educational attainment, it was those with no qualifications that were most likely to agree that supermarkets sell too much alcohol cheaply (56% compared with 35-49% of those with at least some qualifications) (Figure 5.2 and Table 5.2 in Annex B).

A person's drinking behaviour was also associated with their views on supermarket pricing. Non-drinkers and lower risk drinkers were more likely than higher risk drinkers to agree that supermarkets sell too much alcohol at cheap prices (66% of

[bb] Agreement with the statement was not significantly associated with gender, household income or area deprivation.

non-drinkers and 55% of lower risk drinkers compared with 34% of higher risk drinkers) (See Table 5.2 in Annex B).[cc]

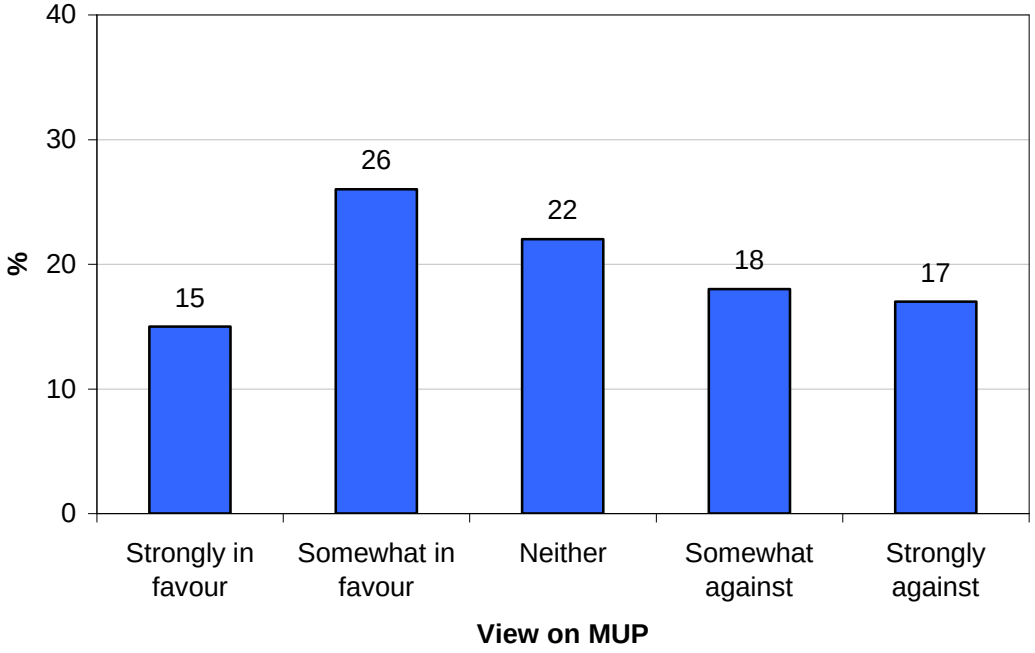
5.4 Views on Minimum Unit Pricing (MUP)

To assess how the public view MUP, participants were asked the following question in 2013:

> 'One idea for trying to reduce problem drinking is to have a minimum price for different alcoholic drinks. The price would be based on how much alcohol is in each drink. In principle, how much are you in favour or against this idea?'

Views on MUP were divided, with slightly more (41%) in favour of the policy than against it (35%). A sizeable proportion (22%), however, had no strong view either way. Those against the idea were evenly split between those 'somewhat against' (18%) and those 'strongly against' it (17%). There was less certainty among those in favour of the policy; 26% of people were 'somewhat in favour' of the idea and 15% were 'strongly in favour' of it (Figure 5.3).

Figure 5.3: Level of support for minimum unit pricing (2013)



Base: All respondents = 1497

[cc] Drinking behaviour was measured using the AUDIT-C tool. Lower risk drinking is defined as an AUDIT-C score of 1-3 for women and 1-4 for men; higher risk drinking is defined as a score of 4 or more for women or 5 or more for men. See Annex A for further details on how drinking behaviour was measured in the survey.

5.5 How does support for MUP vary across different groups of people living in Scotland?

There was some evidence of views towards MUP varying across different groups in society (Table 5.1).[dd] Women, for example, were more likely than men to support MUP (46% were 'somewhat' or 'strongly in favour' compared with 37% of men). A person's educational attainment was also significantly associated with their views on MUP, with those with the highest qualifications most likely to be in favour of having a minimum price for alcohol (49% of those educated to at least degree level were in favour compared with 33-40% of those with educated below degree level).

A person's own drinking behaviour[cc] was also significantly associated with their views of the policy. Support for the policy was lowest among higher risk drinkers (32% compared with 51-52% of those drinking at lower risk levels or not drinking at all). Interestingly, people reporting that price influenced how much alcohol they would like to buy were most likely to support MUP (54% were in favour compared with 39% of those who said that the price of alcohol had little or no influence on how much they bought).

Personal views on alcohol and drinking were also associated with views on minimum pricing. Support was highest among those who viewed that alcohol causes Scotland 'a great deal' of harm (50% compared with 40% of those who thought alcohol causes 'quite a lot' of harm and 22% of those who thought it causes 'some' or 'not very much' harm). Support for the policy was also higher among those who agreed that 'the amount of alcohol people in Scotland drink is something we should all be concerned about' (48% of participants who agreed were in favour of MUP compared with 30% of those who disagreed with the statement (Table 5.1).[dd, ee]

[dd] Based on bivariate analysis the following variables were not found to be significantly associated with views on MUP: age; household income; area deprivation; views on whether people with drinking problems have only themselves to blame; and views on whether it's in all our interests to help people with drinking problems.

[ee] Note that the full set of results for all variables examined is in Table 5.3 in Annex B.

Table 5.1: Views on MUP by socio-demographic characteristics and attitudes towards alcohol (2013)

	% strongly/somewhat in favour of MUP	% neither in favour nor against MUP	% strongly/ somewhat against MUP	*Sample size*
Gender				
Men	37	19	43	*669*
Women	46	25	29	*828*
Education				
No qualifications	37	28	30	*360*
Standard grade/GCSE	40	26	33	*382*
Highers/A-levels	33	21	46	*236*
Degree/HE	49	15	36	*509*
Drinking behaviour based on AUDIT-C score[1]				
Non-drinkers	52	24	21	*191*
Lower risk	51	21	27	*505*
Higher risk	32	20	47	*579*
Views on harms caused by alcohol				
A great deal	50	21	29	*678*
Quite a lot	40	22	37	*477*
Some or not very much	22	22	56	*175*
The amount of alcohol people in Scotland drink is something we should all be concerned about				
Agree/strongly agree	48	21	30	*1029*
Neither	23	24	52	*197*
Disagree/strongly disagree	30	16	54	*100*
Extent to which price of alcohol prevents you from buying as much alcohol as you would like				
A great deal/quite a lot	54	18	27	*166*
Some	37	23	39	*214*
Not very much/not at all	39	20	41	*761*

1. Higher risk drinking is based on a score of 4 or more (women) or 5 or more (men) on the AUDIT-C drinking questions. More information about these questions is in Annex A.

Variables were entered into a logistic regression model. This type of analysis takes account of the relationships between independent variables when identifying those that are significantly and independently associated with a dependent variable, in this case, support for MUP. Once other factors were controlled for the results suggest a higher odds of supporting MUP among: non-drinkers and those who drink at lower risk levels; people who view alcohol as causing 'a great deal' of harm in Scotland and those more heavily influenced by price when buying alcohol (See Table 2 in Annex A for results of the regression analysis).

5.6 Reasons for being in favour of MUP

Participants who said they were either 'somewhat' or 'strongly in favour' of MUP were asked a follow-up question to determine some of the reasons why they were in support of the policy. A list of eight possible reasons for being in favour of MUP was provided and participants were asked to choose all that were relevant to them.[ff]

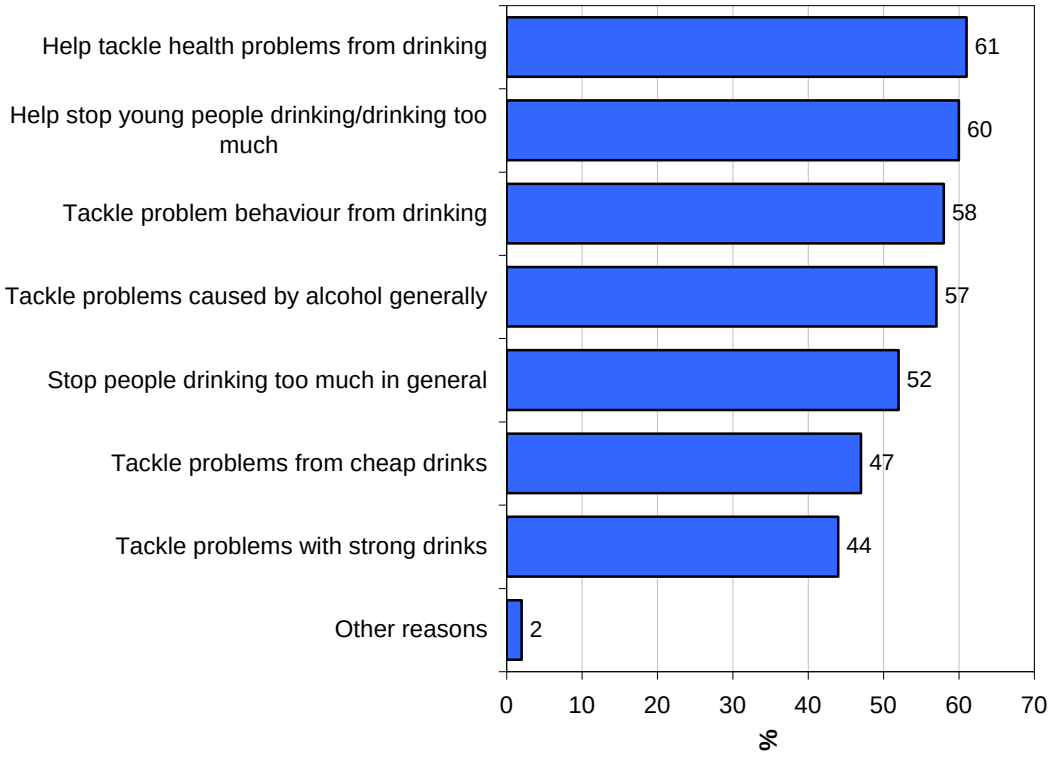
The three most commonly mentioned reasons for supporting MUP were: to help tackle health problems (61%); to help stop young people drinking or drinking too much (60%) and to tackle problem behaviour from drinking (58%). Although, as illustrated in Figure 5.4, the proportions choosing some of the other possible reasons on the list were also sizeable.

The reasons participants gave for supporting MUP broadly concur with evidence on the likely impacts of the policy. The policy will increase the price of alcohol which is cheap relative to strength. There is evidence suggesting that such an increase would lead to a reduction in consumption[17,18,19] particularly among harmful drinkers who favour this type of alcohol. Health gains from reducing consumption among this group have also been cited as a potential key impact from MUP.[20,21]

Overall, participants' reasons for supporting MUP appear to be wide-ranging, with over two thirds (69%) providing at least three reasons for being in favour of the policy and just one in ten choosing just one reason. (See Table 5.4 in Annex B).

[ff] The list of possible reasons was developed during the question testing phase, when participants in the pilot stage of the survey were asked to say why they were in favour of MUP.

Figure 5.4: Reasons for supporting MUP (2013)



Base: All those who were 'strongly in favour' or 'somewhat in favour' of MUP = 603

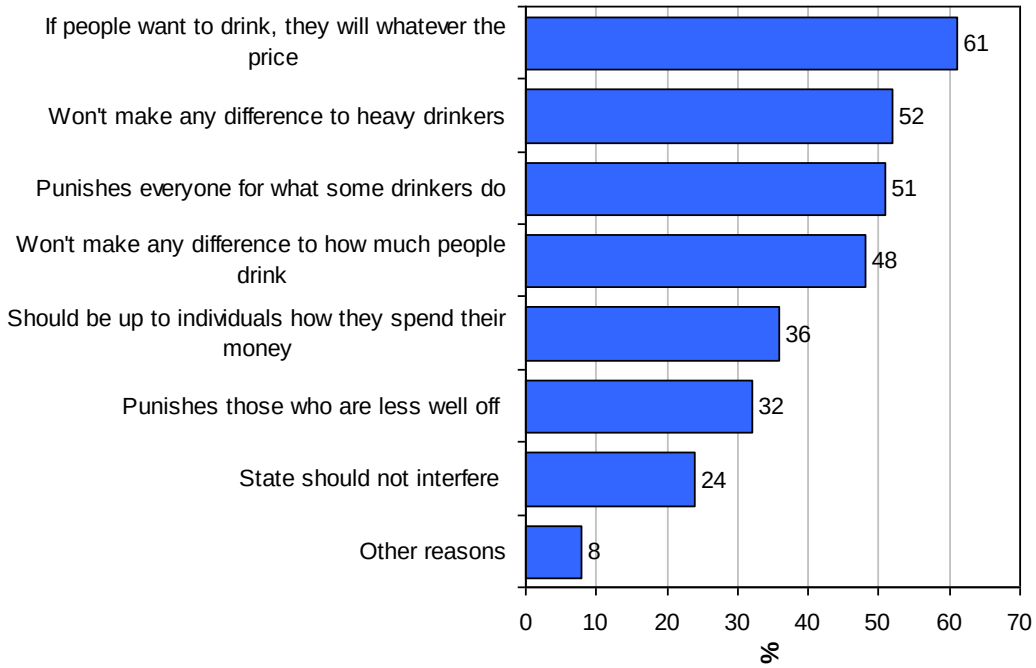
5.7 Reasons for being against MUP

To determine some of the reasons why some people are not in favour of a minimum price for different alcoholic drinks, those who were either 'somewhat' or 'strongly against' the idea were asked to choose the reasons why they felt this way from a provided list. The possible reasons participants could choose from largely fell under two broad themes, those that tap into concerns about the effectiveness of the policy as a means of reducing consumption and those that tap into broader concerns or objections to the policy in principle.

The most common reason for opposing the policy was largely a concern about how effective it would be in reducing alcohol consumption. Six in ten (61%) of those against MUP said they were not in favour of it because 'if people want to drink, they will whatever the price'. Similarly, around half of those against the idea of a minimum price for different drinks thought that it 'won't make any difference to heavy drinkers' (52%); and 'won't make any difference to how much people drink' (48%). However, some of those who opposed the policy also thought it would be unfair in some way: 51% thought it 'punishes everyone for what some drinkers do' and 32% thought it 'punishes those who are less well off' (Figure 5.5).

The reasons that participants' gave for opposing MUP appear to be at odds with current evidence on the likely impacts of the policy. There is, for example, extensive evidence suggesting that increasing the price of alcohol will lead to a reduction in alcohol consumption.[17,18,19] The greatest impact of the policy is expected to be on heavy users of alcohol which is cheap relative to strength, with the impact on moderate or responsible drinkers being minimal.[20,21] Furthermore, while there is some evidence that those who are less well-off will be affected, it is suggested that the effects on this group would at worst be small[22],[23] and are outweighed by the potential future health gains for this group.[20]

Figure 5.5: Reasons for being against MUP (2013)



Base: All those who were 'strongly against' or 'somewhat against' MUP = 517

As with the reasons for supporting MUP, most people who were against the policy chose a variety of different reasons for this view, covering both concerns about the ability of the policy to influence alcohol consumption, as well as concerns about it being unfair in some way.

As discussed earlier, 22% were 'neither in favour of nor against' the policy. During the question development phase, those who answered in this way were asked why they held this view, and their answers were recorded verbatim. Since most were similar to the reasons given by those who opposed the policy, the same set of options was presented to both groups. It is therefore possible that this list does not fully reflect all possible reasons for being 'neither for nor against' the policy. Of those reasons presented to participants, the most commonly mentioned related to a

concern that price would not influence drinking behaviour: 67% thought that 'if people want to drink, they will whatever the price.' (See Table 5.5 in Annex B.)

5.8 Views on the proposed minimum price for drinks

Participants were asked for their views on the proposed minimum price points which could be set for particular types of drinks to identify whether there was a difference between their perceptions of MUP overall and their perception of individual prices. The prices asked about reflect what is being proposed under minimum pricing. The questions asked were:

- 'Say the minimum price a shop or supermarket was allowed to charge for 4 large cans of beer was £4.40. Do you think this would be too high, too low, or about right?'
- 'Say the minimum price a shop or supermarket was allowed to charge for a bottle of wine was £5. Do you think this would be too high, too low, or about right?'
- 'Say the minimum price a shop or supermarket was allowed to charge for a standard bottle of vodka was £13. Do you think this would be too high, too low, or about right?'

Across all three drink types, those who thought the suggested prices were either 'too high' (12%) or 'too low' (12-16%) were in the minority and most were of the view that the suggested price for each drink type was 'about right'. Participants weren't asked why they thought the prices were 'about right', but it is known that the suggested prices were not dissimilar from actual retail prices of top selling products at the time of the survey.[gg] The fact that people had no strong feelings about them could simply reflect the fact that this is largely in line with what people were used to paying at the time (Table 5.2).

Table 5.2: Views on minimum suggested price for beer, wine and vodka (2013)

	4 large cans of beer	**Bottle of wine**	**Standard bottle of vodka**
	%	%	%
Too high	12	12	12
About right	55	66	61
Too low	16	12	14
Don't know	17	10	13
Sample size	*1497*	*1497*	*1497*

[gg] Nielson, personal communication.

5.9 How do views on the suggested minimum price for drinks vary across different groups of people living in Scotland?

Across all three drink types, views about the suggested pricing varied by gender, drinking behaviour and views on MUP. Men were more likely than women to say that the price was 'too high' on all of these drinks (for example, 20% thought the price for lager was 'too high' compared with 8% of women; and the equivalent figures for wine were 18% and 10% respectively). Those drinking at higher risk levels[hh] were most likely to think the suggested prices for all three drink types were 'too high.' For example, 17% of higher risk drinkers thought the suggested price for vodka was too high, compared with 9% of those drinking at lower risk levels and 12% of those who did not drink. People opposed to MUP were more likely than those in favour of or ambivalent towards it to view the suggested price on all three drinks as 'too high'. For example, 26% of those against MUP viewed the suggested price of £5 for a bottle of wine as 'too high,' compared with just 5% of those who were in favour of the policy.

In addition, views about the pricing of vodka varied with educational attainment, household income and deprivation area. This was not the case for beer or wine. Nine percent of those educated to degree level or above thought that £13 for a standard bottle of vodka was 'too high,' compared with 13-18% of those with lower qualifications than this. Participants with the lowest household incomes were most likely to be of the view that the suggested price for a standard bottle of vodka was 'too high' (20% compared with 10-15% of the remaining income groups). People living in Scotland's most deprived areas were also more likely than those living elsewhere to view the suggested price for vodka as 'too high' (21% compared with 10% of those living in less deprived areas) (See Tables 5.6 to 5.8 in Annex B).

5.10 Summary

Views on MUP in Scotland in 2013 were contrasting, with slightly more in favour (41%) than against (35%), and 22% neither for nor against the idea. Support for the policy varied across society. Women, those with higher educational attainment and non-drinkers/lower risk drinkers were all more likely than others to be in favour of a minimum unit price for alcoholic drinks. Those who said that price prevents them from buying as much alcohol as they would like were also more likely than others to be in favour of MUP. Support for the policy was also higher among those who thought alcohol caused 'a great deal' of harm in Scotland and those who thought the amount people drink in Scotland is something we should all be concerned about.

There were wide-ranging reasons for supporting MUP. The most commonly mentioned related to tackling health problems, stopping young people from drinking too much and tackling problem behaviour from drinking. Many of the reasons chosen tap into what current research evidence suggests will be the potential key

[hh] Lower risk drinking is defined as an AUDIT-C score of 1-3 for women and 1-4 for men; higher risk drinking is defined as a score of 4 or more for women or 5 or more for men. See Annex B for further details on how drinking behaviour was measured in the survey.

impacts of the policy. Reasons for opposing the policy also varied, with the most commonly chosen being a concern about the ability of the policy to influence drinking behaviour (61% thought that 'If people want to drink, they will whatever the price'). In addition, around half were of the view that the policy 'punishes everyone for what some drinkers do'. These views appear to be at odds with research evidence suggesting that minimum pricing will lead to a decrease in consumption[17,18,19] and that there will be little impact on moderate drinkers.[20,21]

Most people (between 55% and 66% depending on drink type) thought the suggested minimum prices which could be applied to certain drinks when the policy is implemented were 'about right', and few thought they were 'too high' (12%) or 'too low' (12-16% depending on the drink type). Given that the suggested minimum prices are not dissimilar from the retail prices at the time of interview, it could be that people are answering in this way because they are already familiar with buying alcohol at these prices. Most (65%) said the price of alcohol does not prevent them from buying as much alcohol as they would like, and around half (46%) agreed that 'supermarkets sell too much alcohol at very cheap prices.'

6. Conclusion

As mentioned in the Introduction to this report, attitudes to alcohol are thought to be a crucial component in reducing alcohol consumption, as recognised in the government's long-term strategy for dealing with alcohol problems[7] and in the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) Theory of Change.[8] This final chapter summarises how people in Scotland viewed alcohol and drinking in 2013, highlights where there has been evidence of change over time, and identifies areas where more positive attitudes towards alcohol and drinking still need to be fostered. It also provides baseline findings on attitudes towards minimum unit pricing, and summarises some of the reasons why people are either in support of or opposed to the policy.

6.1 What do people in Scotland think about alcohol and drinking behaviour, and how have views changed?

While most people in Scotland recognise the problematic and potentially harmful consequences of alcohol use, for many, alcohol also continues to play an important role in their social lives. The results of SSA 2013 showed that, although the majority of people said it is possible to enjoy a night out in the pub without alcohol, a substantial proportion (around 4 in 10) were of the view that 'it is easier to enjoy a social event if you've had a drink.' Despite the important social role that drinking appears to have for many, most people did not approve of excessive drinking – a majority disagreed that getting drunk regularly was acceptable – and almost two thirds did not view getting drunk as an innate part of being Scottish.

There is a growing recognition of the problems alcohol creates in Scotland with an increase, between 2004 and 2013, in the proportion viewing it as the drug causing most problems for the country. There is also some evidence of a positive shift in young people's views on the acceptability of getting drunk regularly at the weekends. However, knowledge of the unit content of drinks among young people is still relatively low, and they remain relatively more likely than others to view getting drunk and binge drinking as acceptable, suggesting that such behaviours are potentially still viewed as a 'rite of passage' for many in this age group. There has also been a simultaneous increase, among all ages, in the proportion who regard not drinking as 'odd' or believe that it will be viewed by others as such. These increases suggest that one possible focus for future health education campaigns might be to tackle the apparent increasing stigma around not drinking.

The long-term strategy for dealing with alcohol problems is partly premised on the idea that fostering more positive attitudes to alcohol will contribute towards a reduction in alcohol consumption.[7] The findings presented in this report highlight the strong association between a person's drinking behaviour and their attitudes towards alcohol and drinking. Those with the most permissive views towards getting drunk, who viewed alcohol as a social lubricant, and who perceived non-drinking as a little odd were all more likely than others to be higher-risk drinkers.

6.2 How important is context to how people view different types of drinking behaviour?

Not surprisingly, people are most concerned about harmful drinking, irrespective of the context in which it occurred. Binge and hazardous drinking were also considered a serious problem by most people. However, there remains a sizeable minority who did not consider these behaviours to be particularly serious. This raises the question of whether this results from a lack of understanding of the potential harmful consequences of more episodic excessive consumption or consumption at levels which exceed the recommended weekly limits.

While context did not impact on views about the seriousness of harmful or hazardous drinking, it did appear to affect views on binge drinking. There was evidence that people take a more permissive view of a young student binge drinker than a middle-aged person with family responsibilities. There may be scope to challenge prevailing attitudes here, again through an engagement with the question of what should be considered acceptable or 'normal' behaviour in different contexts.

6.3 How do people view minimum unit pricing?

The survey suggests that, in 2013, opinion was fairly divided in relation to minimum unit pricing, with slightly more in favour (41%) than against (35%) the policy and around a fifth neither in favour of nor against it. Views about the policy appear to be more positive when people are answering in relation to the proposed minimum price which would be applied to specific drinks, with the majority appearing to be content with these prices.

Non-drinkers and those drinking at lower risk levels were more likely than higher risk drinkers (who may be more likely to be affected by any associated price rises) to support the policy. The findings also suggest that MUP is more likely to be favoured by those who recognise the harms that alcohol can cause and believe that we have a 'shared responsibility' to deal with alcohol problems. Women were more likely than men to support the policy, which might be expected given that they drink less than men[11] and, as mentioned earlier in this report, are also more likely than men to be concerned about the level of harm alcohol causes in Scotland.

Reasons for supporting the policy were varied, suggesting that those in favour of it view it as a way of addressing a variety of alcohol-related issues. The most commonly mentioned were tackling health problems, stopping young people from drinking too much and tackling problem behaviour from drinking. The reasons given for opposing the policy were also varied, with a large proportion citing multiple reasons, some of which related to concerns about the ability of the policy to influence people's drinking behaviour, while others related to concerns that the policy itself is in some way unfair or interfering.

The findings suggest that there is scope to increase public awareness of its potential impacts. Whilst many of those in favour of MUP gave reasons which were broadly in line with the expected impacts of the policy, a sizeable proportion were nevertheless unaware of some of the other potential impacts, for example, that MUP will specifically increase the price of alcohol which is cheap relative to strength. In addition, many of those who opposed the policy had views which appear to be at odds with research evidence suggesting that minimum pricing will lead to a decrease in alcohol consumption[17,18,19] and harms among heavy drinkers, and will have minimal impact on those who drink moderately.[20,21]

Alcohol has become much more affordable over recent years, especially in the off-sales sector, and is viewed as such by around half of people (46% agreed that supermarkets sell too much alcohol at very cheap prices). This could, in part, explain why survey participants reported that they were not greatly influenced by price in the amount of alcohol they bought. There is also considerable evidence that an increase in price will reduce population consumption of alcohol.[17,18,19]
In addition, policy appraisal of MUP suggests that it will have minimal impact on people who drink at moderate or responsible levels, and that it is those who are drinking at more harmful levels that will be most affected.[20,21]

Given these findings, it is important that the gap between public perceptions of the impacts of MUP and the evidence of the likely impacts of the policy is bridged. Policy makers might wish to consider strategies for raising awareness of these, and to consider how best to translate them to the public in a way that is accessible and easily understood. It will also be important to continue to monitor these views over time and explore how they relate to alcohol and drinking behaviour.

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