

## **Reframing Alcohol Abuse as a Public Health Issue**

### *Helping Scotland Tackle Its Problem of Cheap Alcohol with Minimum Unit Pricing (MUP)*

New York, New York, June 3—How do you bring about a shift in thinking about alcohol as a public health issue? You reframe the conversation, says a new study by researchers from the University of Glasgow published in the June issue of *The Milbank Quarterly*.

The study, “Changing Policy Framing as a Deliberate Strategy for Public Health Advocacy: A Qualitative Policy Case Study of Minimum Unit Pricing of Alcohol,” focuses on the debate over minimum unit pricing (MUP) of alcohol in Scotland, the first country in the world to pass legislation introducing MUP for alcohol in an attempt to reduce that country’s consumption of and the associated harms of alcohol. While the legislation passed in 2012, Scotland has yet to implement the policy since it has been challenged by alcohol producers.

Still, the measure has attracted international attention as a public health policy intervention—similar to taxes on sugary drinks and smoke-free legislation—that could improve population health and address health inequalities.

The United Kingdom, and Scotland in particular, is known to have high levels of alcoholism, binge-drinking, and alcohol-related harms. One factor that brings about a high level of consumption is the affordability of alcohol. A great deal of epidemiological evidence has shown a relationship between the affordability of alcohol and its harms. Studies have shown that increasing the price of the cheapest alcohol targets those at greatest risk. “Scotland has passed legislation for minimum unit pricing of alcohol which links the lowest price that a drink can be purchased to the amount of alcohol it contains,” says lead author Srinivasa Vittal Katikireddi, PhD, clinical lecturer in the MRC/CSO Social and Public Health Sciences Unit at the University of Glasgow.

### **A look inside the policymaking process**

Acknowledging that “our understanding of how public health interventions are adopted as policy is inadequate and largely derived from tobacco control,” Katikireddi and his team set out to investigate how the way in which issues are communicated—or framed—influences policymakers’ perceptions and the development of the policy process. The researchers note that this is the “first published example empirically demonstrating the use of a change in framing as a deliberate strategy to change high-profile public health policy.”

The researchers used a qualitative case study design to investigate the framing of the MUP debate beginning at an early stage of the policy process. They identified the framing of the policy through analysis of documents submitted in response to a Scottish parliamentary consultation and investigated the impact of the framings through detailed interviews with stakeholders.

Those who supported MUP and those against it presented policy goals differently. Those who were against the policy, specifically industry-related groups, tended to frame alcohol as a policy issue in narrow terms – that only a minority of the population was responsible for the harms of alcohol, such as young people and binge drinkers. And that it was appropriate to target this group. They disputed

the extent to which alcohol use was a crisis that required intervention. They saw that the goal should be to reduce alcohol-related harms and to encourage the “responsible consumption” of alcohol. They suggested alternatives, such as providing education to those who abused alcohol.

Nonindustry stakeholders looked at the harms of alcohol through a broad lens and characterized alcohol harms as an issue that affected all of Scottish society. They argued that alcohol was related to more than 60 types of disease, disability and death. In young people, alcohol can affect school performance and increase risky behavior and crime. They believed that it wasn’t just a small minority of the population that was overconsuming alcohol but the whole population. They argued that alcohol was not an ordinary commodity and that population-based approaches were necessary to address the overconsumption. Framed this way, MUP was seen as an effective population health measure that would target the population most abusing alcohol.

### **How the study could help policymakers**

The study has a number of important implications for health professionals and researchers engaged in policy. It suggests that public health advocates need to pay attention to the framing of policy debates and concentrate on how policymakers understand a policy issue in order to influence it. For example, the findings suggest that population-based interventions may be viewed more favorably if the full range of harms across the entire population is presented to policymakers.

A commentary accompanying the study by Peter D. Donnelly, Scotland’s former deputy chief medical officer, “It’s the Population, Stupid’: Why Changing the Policy Frame Should Help Scotland Tackle Its Problem with Cheap Alcohol,” explains that the alcohol problem in his home country is about the “damaging consumption of cheap alcohol.” The reason this study “matters so much,” he writes, is that the authors “identified the crucial importance of reframing the issue of excess alcohol consumption from one that marginalized economically disposable consumers to one that tackled the very heart of the issue: Alcohol sold in Scotland was far too cheap, and as a result we were all consuming too much and injuring our collective health.”

### **About *The Milbank Quarterly***

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