Alcohol etc. (Scotland) Bill

Aberdeen City Alcohol & Drugs Partnership Support Team

It is well established that alcohol can cause serious harm to health and well-being.1 These harms are experienced at both individual and population levels. Health-related harms are manifest in the number of people attending their family doctors, visiting Accident & Emergency departments, and being admitted to hospital, due to alcohol-related conditions. The rise in alcohol-related deaths in Scotland in recent years has been dramatic, doubling in as little as ten years.2 Scottish alcohol-related death rates are now double those elsewhere in the UK.2 Overall, alcohol-related consequences cost Scotland over £1billion annually through costs to the NHS, social services, the criminal justice system and lost productivity.3 An effective, evidence-based, Governmental response, analogous to the smoking ban, is justified.

The advantages and disadvantages of establishing a minimum alcohol sales price based on a unit of alcohol

There is a strong and robust evidence base that clearly demonstrates that increasing the price of alcohol decreases alcohol consumption and alcohol-related harms.4,5,6,7 The economic modelling by the University of Sheffield’s School of Health and Related Research (ScHARR) is consistent with this large body of empirical evidence.8 The ScHARR modelling shows an overall clear net reduction in alcohol consumption and alcohol-related harms as a result of minimum pricing, while also financially benefiting the alcohol industry. Young people and heavy drinkers are particularly likely to respond to an increased price of alcohol.1,4,6,7,8

Price rises elsewhere in the world have seen increased consumption of contaminated illicit alcohol, and non-beverage alcohol by those with severe alcohol problems.5 However, the main disadvantage facing Scotland might be an increased profitability of grey and black market sales, with illicit importation of cheaper alcohol from elsewhere.4 This would require to be monitored.

Advantageously, a unit-based minimum price would apply to all alcohol equally. Variable taxation can produce unintended incentives to consume drinks containing higher levels of alcohol,5 and tax increases can be offset by retailers by cross-subsidising against the price of other products.4 Where these other products are staples such as milk and bread, this can have an adverse effect, particularly on the disadvantaged. Minimum pricing per unit also prevents drinkers maintaining their alcohol consumption in the face of increasing prices by reducing the quality of product that they buy.
Minimum pricing would be a proportionate response to the clear and significant threat posed by alcohol to the country’s current and future health and well-being, would send the right message to the population, and would be expected to reduce harms and save lives within the first year of implementation. A minimum alcohol sales price based on a unit of alcohol is therefore strongly supported.

The level at which such a proposed minimum price should be set and the justification for that level

The ScHARR modelling appears to offer the robust evidence on which to base Scottish pricing decisions. All the minimum prices modelled appear to produce net benefits. It is notable that in the combined model (minimum price and total discount ban), the main effect below a minimum price of 40 pence is mainly due to a total discount ban. It is also notable that when minimum price is modelled alone, that the overall net benefit at lower levels of minimum price involve increased consumption and harmful consequences amongst some moderate and hazardous drinkers. Higher minimum prices both increase the overall benefit and avoid harmful consequences in any group.

The minimum price per unit of alcohol should therefore be set at least between 40 and 50 pence.

The rationale behind the use of minimum pricing as an effective tool to address all types of problem drinking

Population level problems require a population approach, which can be counter-intuitive to those who argue for an approach that targets those at high-risk of alcohol-related consequences. Half of all alcohol is consumed by just 10% of drinkers. The individuals within that 10% are certainly at high risk of experiencing alcohol-related harms. A targeted approach to reduce alcohol consumption would reduce their risk, but would not necessarily reduce the overall harm experienced in society. This is because alcohol-related disease occurs with consumption levels far below that of the heaviest ‘problem’ drinkers, and because there is no such thing as ‘risk-free’ intoxication. For example, a ‘hazardous drinker’ can be someone who drinks to intoxication once a month but otherwise remains within recommended daily limits. Compared to high-risk drinkers, an individual who only occasionally gets intoxicated has a lower individual probability of negative consequences, but these consequences do nonetheless occur. Essentially, a small risk across a big group of people gives rise to more events than a higher risk across a small group of people. This is why alcohol-related hospitalisations and deaths are not restricted to the highest consumers. This also explains the results of the ScHARR modelling, which shows reductions in alcohol-related hospital admissions for moderate as well as hazardous drinkers, alongside major reductions in admissions for harmful drinkers. In addition, minimum pricing would be consistent with culture change messages.
Minimum pricing is particularly effective for young drinkers, hazardous drinkers, and harmful drinkers, but is also expected to deliver benefits for moderate drinkers.\textsuperscript{1,4,6,7,8}

Possible alternatives to the introduction of a minimum alcohol sales price as an effective means of addressing the public health issues surrounding levels of alcohol consumption in Scotland

Increasing the price of alcohol is the intervention with the strongest evidence base.\textsuperscript{4} Interventions with similar strength of evidence, such as prohibition, state monopoly of supply, and minimum legal drinking ages, have less cross-cultural testing than pricing interventions.\textsuperscript{4} Therefore, while minimum pricing should not be seen as the sole answer to Scotland's alcohol problem, all other interventions have less evidence to support them.

Alcohol's availability should continue to be restricted by age, by limiting opening hours, and by limiting the geographical density of alcohol outlets.\textsuperscript{4} Other interventions, such as restricting the strength of alcohol commonly available while limiting the availability of stronger alcohol drinks to fewer outlets could also be considered.\textsuperscript{4}

The use of educational interventions, whether in the classroom, or via warning labels on alcohol products, do not offer an effective alternative.\textsuperscript{1,4}

Finally, should a minimum price per unit of alcohol of below 40 pence be considered, the ScHARR model suggests that this would be more effectively replaced by a total ban on off-sales price promotions alone (see page 75 of the ScHARR report).\textsuperscript{8}

The advantages and disadvantages of introducing a social responsibility levy on pubs and clubs in Scotland

There is a lack of research evidence on the possible effectiveness of a social responsibility levy.

The need for research in this area is supported.

The justification for empowering licensing boards to raise the legal alcohol purchase age in their area to 21

Hazardous and harmful drinking is more prevalent among young people.\textsuperscript{12,13} Young people appear at particular risk of certain types of alcohol-related harms, including violent crime and drink-driving.\textsuperscript{4} Minimum legal purchase ages have a broad evidence base that supports them as effective in reducing hazardous drinking among younger people.\textsuperscript{4} Interventions that reduce young people’s
drinking and its associated harms should be supported. However, requiring licensing boards to apply this locally could result in perceived unfairness between communities. What would be the response to young people purchasing alcohol in a neighbouring area where such purchases are legal, and then returning with that to their own area where it was not?

In the absence of a national raising of the legal alcohol purchase age to 21 (which we are not suggesting), minimum pricing should be seen as the most effective evidence-based intervention shown to reduce young peoples’ alcohol consumption and associated harmful consequences.1,7

**The role of promotional offers and promotional material in encouraging people to purchase more alcohol than they intended**

Promotional offers are one way to reduce the price of alcohol, and therefore increase demand. Banning off-sales price promotions appears more effective at reducing alcohol consumption than a minimum price per unit of alcohol below 40 pence, and to produce addition reductions in consumption when used in conjunction with minimum pricing above 40 pence per unit.8 Alcohol advertising and promotion promotes pro-drinking attitudes, and recruits young people in particular as new drinkers.1,4

The advertising and promotion of alcoholic products should be curtailed. Even in the absence of evidence that promotional materials influence alcohol consumption, their curtailment would be consistent with an attempt to alter cultural attitudes towards heavy drinking.

Alexander Kelman
ADP Support Team Leader
Aberdeen City Alcohol & Drugs Partnership Support Team
19 January 2010
References

   http://www.who.int/substance_abuse/expert_committee_alcohol_trs944.pdf
   http://carbc.ca/portals/0/resources/AlcPricingFeb06.pdf
10. Saunders (1993)
12. Scottish Health Survey (2008)