I write as a former Chief Medical Officer for Scotland in support of the provisions of the Alcohol etc. (Scotland) Bill as introduced. During my tenure as CMO the rising cost of alcohol to Scotland’s people and public health was a continuous cause of concern to me and one which featured regularly in my Annual Reports “Health in Scotland”. In my foreword to the First Minister in the last of these reports just before I retired in 2005 I said “I have drawn attention in previous reports to my concern about the effects of excess alcohol on the lives and health of Scots. I cannot but reiterate that concern. This report [Health in Scotland 2004] contains ample evidence of the adverse effects of excess alcohol on Scots as individuals and as a society. There are steeply rising numbers of deaths attributable to alcohol and a parallel increase in cases of alcohol related liver disease. Alcohol is a major factor also in fires, domestic and street violence and road accidents. There are clear associations with poverty and social exclusion with the most deprived being many times more likely to suffer or to die from alcohol related problems.”

Sadly, since then a series of well researched and authoritative reports have continued to build the evidence around the horrific real cost of alcohol to Scotland and of the need to tackle the problem by introducing measures to restrict availability and increase price to reduce demand. Starting with the WHO conclusion that availability and price are the most important drivers of alcohol consumption, these include the Independent Review of The Effects Of Alcohol Pricing And Promotion: published by Sheffield University in 2008, the publication of a Westminster Health Committee report in January 2010 and a few days later of the report ‘The Societal Cost of Alcohol Misuse in Scotland for 2007’. All of them, in my view, reinforce the same conclusion, that Government must do all it can to reverse the trend of recent decades which has seen relative price fall year on year while availability through both on and off sales outlets has been increasing. Alcohol in Scotland has never been more affordable or more available.

I therefore fully support the provisions of the Bill as introduced. Minimum pricing is a logical next step in this campaign of alcohol control but will not be a panacea and will be reinforced by the measures to reinforce the Licensing Act around irresponsible promotions and the selling of alcohol to young drinkers.

Opponents of this Bill have asserted that the Sheffield Report does not make the case for the effectiveness of minimum pricing in reducing the consumption of cheap alcohol.

I have been back to the Sheffield report and data and I really cannot see how they come to this conclusion.
Minimum pricing means that price increases are targeted at alcohol that is sold cheaply. As the authors of the Sheffield study themselves said: "Cheaper alcohol tends to be bought more by harmful drinkers than moderate drinkers and studies show that it is also attractive to young people. So a minimum price policy might be seen as beneficial in that it targets the drinkers causing the most harm to both themselves and society whilst having little effect on the spending of adult moderate drinkers".

Opponents of the Bill assert that banning discounting would be markedly superior in effect on consumption to minimum pricing. According to my reading of the figures in the Sheffield Report, a minimum price of 40p per unit is projected to reduce overall consumption by 2.6%. Banning all trade discounts on current prices on off-sales would reduce consumption by 2.8% but only if retailers were also prevented from responding by simply lowering their non-promotional prices. The mechanisms for that are unclear.

Arguments against the introduction of minimum pricing seem to me to be based on two spurious arguments. Firstly it is argued that minimum pricing is unjust because it is not a "progressive tax". It is not meant to be a progressive tax. It is meant to be a harm reduction measure especially beneficial to those being damaged by drinking cheap alcohol. By opposing this measure I would argue that opponents of this Bill are deliberately denying this measure of protection to the young and the socially deprived.

Secondly they are concerned that minimum pricing will result in increased revenue to retailers, and indeed I agree that common sense indicates that this is true. I believe, however that a remedy is already to hand in the powers contained in section 136 of the Licensing (Scotland) Act 2005 allowing Ministers to charge fees to licensees relating to matters covered by the Act. That would include the protection of the public health. I cannot see why Ministers could not introduce a fee on license holders, equivalent to the predicted increased revenue accruing from the introduction of a minimum price scheme. This income stream could be ring fenced and disbursed to Scottish Local Authorities and NHS Boards for the purposes of dealing with alcohol related harm. In addition the Bill contains specific proposals in Sections 10 and 11 for a Social Responsibility Levy on licence holders which could be applied in a similar fashion to offset increased revenues from sales of alcohol.

For all these reasons I fully support the provisions of the Bill as introduced. I believe that its eventual passage into law will represent not only a clear and obvious next step in alcohol control legislation in Scotland but will be regarded as a major contribution to public health in Scotland in the 21st Century.

Dr E M Armstrong
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