ALC059

Alcohol etc. (Scotland) Bill

Highland Alcohol & Drugs Partnership

The Committee invites views on all aspects of the Bill. Responses should address all or any of the following points in turn:-

- The advantages and disadvantages of establishing a minimum alcohol sales price based on a unit of alcohol
- The level at which such a proposed minimum price should be set and the justification for that level
- The rationale behind the use of minimum pricing as an effective tool to address all types of problem drinking
- 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
- The advantages and disadvantages of introducing a social responsibility levy on pubs and clubs in Scotland
- The justification for empowering licensing boards to raise the legal alcohol purchase age in their area to 21
- The role of promotional offers and promotional material in encouraging people to purchase more alcohol than they intended
- Any other aspects of the Bill

Background

With a 52% increase in rates of alcoholic liver disease between 1998 and 2002, Scotland has one of the highest rates of liver cirrhosis in Western Europe and one of the fastest rates worldwide of deaths from liver disease (Audit Scotland, 2009).

There is evidence that stronger drinks are being consumed as the total natural volume of alcohol sold in Scotland between 2005 and 2007 decreased but the volume of pure alcohol sold remained stable (ISD, 2009). In Scotland the amount of pure alcohol sold equated to just over 12 litres (over 1200 units) per capita (over 18 years old) and this is consistent over the years 2005, 2006 and 2007; this is higher than for England and Wales where the average is just over 10 litres per capita. Of these 12 litres on average over 4 litres is from beer, 3 litres from spirits and another 3 litres from wine with the remaining percentage of alcohol coming from a combination of other types of alcohol (ISD, 2009).

In 2008 the alcohol consumption estimates taken from the 2003 Scottish Health Survey, were revised to reflect more accurate calculation of units from drinks reported by participants. From the revised estimates men, on average, reported drinking more than twice the number of units reported by women per week; with over a third reporting drinking more than the recommended 21 units per week and 23% of women also reporting drinking more than the recommended 14 weekly units (ISD, 2009). Men were more likely to binge drink and drink every day than women; however in the 16-24 age group, 60%
of both sexes reported drinking more than twice the recommended daily units (ISD, 2009).

In Highland the revised estimates for alcohol consumption among adults report that over 27% drink over the weekly recommended guidelines (SHS, 2008). Just over 11% of adults in Highland reported not drinking alcohol (5% never have been alcohol drinkers and 6% are ex-drinkers) and the remaining 28% of adults in Highland reported drinking below or up to the recommended weekly guidelines (SHS, 2008).

On average in Scotland in 2007, £5.91 was spent per person over 18 each week on alcohol, with just over half of this amount spent on drinking outside the home (£3.18); this weekly spend is just behind England where £6.28 was spent per person each week on alcohol (ISD, 2009).

In Highland area in 2007/08, 93% of the general acute discharges were emergency admissions (94% nationally); the highest percentage, 79%, of alcohol related diagnoses were for mental and behavioural disorder due to the use of alcohol, with alcoholic liver disease accounting for 12% of diagnoses and toxic effect of alcohol for 9% of diagnoses (ISD, 2009). The diagnoses of toxic effect of alcohol accounted for a higher percentage of diagnosis for patients aged under 30 with the instance of harmful use and alcoholic liver disease rising with age; the highest instance of alcoholic liver disease is apparent for patients aged over 55, while the presentation for acute intoxication has the highest instance of any alcohol related diagnosis for patients aged under 25 (HIKT, 2009).

Alcohol-related deaths in Highland: five year averages from 1979 to 2008

In 2008/09, Northern Constabulary detected 1413 incidents of alcohol related crime (crimes directly linked to alcohol) in Highland; an approximate rate of 6 per 1000 of the population. Of these, 78 (just over 5%) involved young people; such as sale of drink to, or purchasing alcohol for consumption by,
someone under 18. Driving or being in charge of a motor vehicle while unfit due to the influence of drink or drugs and driving or being in charge of a motor vehicle with a blood alcohol content over the legal limit (above 0.08) were detected 515 times; making up 36% of all detected alcohol related crimes. Being drunk and incapable accounted for 43% of all detected alcohol related crime for Highland in 2008/09; there were 95 alcohol related crimes detected regarding drunkenness on licensed premises; and 68 regarding consumption of alcohol in designated places.

The 2008 SPS prisoner survey found that nearly half (49%) of prisoners reported being drunk at the time of their offence; this was higher among young offenders three quarters of whom reported being drunk and the time of their offence. While over 35% of offenders felt their drinking had affected their family relationships, young offenders and females were more likely to report feeling that their drinking had affected family relationships (ISD, 2009). Ninety five percent of respondents to the 2006 Scottish Crime and Victimisation survey perceived alcohol abuse as a social problem; with 43% agreeing that people being drunk or rowdy in a public place has an effect on their quality of life (ISD, 2009).

The advantages and disadvantages of establishing a minimum alcohol sales price based on a unit of alcohol
Alcohol was 69% more affordable in 2007 than it was in 1980, as it’s become more affordable the rate of consumption has increased. The increase in consumption has led to an increase in alcohol related mortality. The introduction of a minimum unit price for alcohol, as part of a range of interventions targeted at reducing alcohol consumption will play a part in reducing the increasing trend seen over the past few decades. The price gap between on and off sales has also widened dramatically over the years with deep discounting, bulk purchase deals and below cost selling common place. The introduction of a minimum unit price will address this. In reducing access to cheap high strength alcohol, we reduce health harm for the individual, with a knock on effect for communities, society and the economy.

The current trends in Scotland are to drink more at home and to ‘pre-load’ (the practice of drinking large amounts of alcohol at home before going out to licensed premises to continue drinking), it is therefore necessary to apply this principle regarding minimum pricing equally across off and on-sales.

Historically the price of alcohol at the point of sale has been used to curb excessive drinking. The setting of a minimum price has been attempted before and when combined with fiscal initiatives can have the desired effect of reducing the excess consumption of alcohol. There is, however, one key consideration in the setting of a minimum price, namely that it is set at a level which would discourage over purchase, but not set so high as to encourage the introduction of a ‘black market’. 
The level at which such a proposed minimum price should be set and the justification for that level
Highland Alcohol & Drugs Partnership agree that a minimum level of 40p per unit of alcohol would have a significant impact on improving health and reducing alcohol related harm within our communities; based on the Sheffield report, this would result in a 2.7% reduction in consumption.

The Scottish Directors of Public Health Group has considered this issue and has recommended that the minimum price per unit should be 60p. We believe that this would have a significant impact on reducing alcohol related harm in Highland not only for the individual but for the families, communities and the wider society. Increasing to 60p would also have a significant impact on the affordability of the current ‘cheap / strong’ alcohol choices for young people, ensuring long term health benefits. This limit would result in a 12.9% reduction in consumption with the majority of the behaviour change seen in harmful drinkers. In line with findings in the Scottish Health Survey, 27% are considered to be drinking above weekly limits; a change in the affordability will have a positive knock on effect on those who don’t consider themselves to be drinking to excess. There have been a number of methods employed to raise awareness of alcohol units yet still people are unclear about exactly how much they are drinking.

The rationale behind the use of minimum pricing as an effective tool to address all types of problem drinking
Highland Alcohol & Drugs Partnership believe that minimum pricing can be most effective when implemented with a series of other measures, minimum pricing in itself will produce the health benefits sought. The other measures include the changes within the Licensing (Scotland) Act 2005, ban on promotions and changes to the overall marketing of alcohol, improved screening and brief intervention programmes as well as improved access to treatment and support services, and access to more affordable alternative social options.

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
There is also some thought locally that an increase in pricing may be achieved through taxation as this would allow additional revenue to be used for the support and treatment of problems caused through alcohol misuse. It is likely that this measure will mainly impact on those who drink heavily. However as rates of alcohol duty is set by the UK Treasury, Scotland would be unable to take control over the price of the commodity that is causing such significant harm to public health.

The advantages and disadvantages of introducing a social responsibility levy on pubs and clubs in Scotland
The general application of such a fee, without reference to the effect on monitoring and policing of licensed premises, is likely to alienate those licensees who are operating their premises responsibly and without any adverse affects. The levying of the fee must be on a targeted basis and
aimed at those premises whose serving of alcohol practice results in increased activity for enforcement services.

The criteria for becoming eligible for additional fees must be based on the record of the premises concerned, together with the impact of the sale and supply of alcohol on community safety.

Off-sales also have a social responsibility when engaged in selling potentially harmful products, heavily discounted and bulk purchase promotions could be seen as a failure to acknowledge their responsibility to their customers in terms of their health.

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

Consideration needs to be given to the overall impact of imposing such restrictions, particularly in areas where access to alternative off-sales may not be a great distance away.

It's our belief that there should be effective engagement with young people in terms of promoting the sensible drinking message and ensuring that there are positive effects in terms of future cultural attitudes to consumption that should include purchase practices. There are already issues with the under 18 purchase despite existing licensing law on sale, the recent engagement of off-sales to implement Challenge 21 / 25 schemes would seem to be a more appropriate intervention.

The introduction of a minimum price of 40p per unit would impact significantly on the ‘cheap alcoholic drinks’ favoured by young people adding further weight to the argument.

We agree in principle that off-sales provision of alcohol to young adults requires greater attention to ensure that responsible alcohol consumption messages are instilled in the next generation of adult consumers.

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

Licensing legislation now states that alcohol must be sold in a way that will protect and improve public health. This licensing objective has been put in place to reduce alcohol-related harm.

Schedule 3 of the Licensing (Scotland) Act 2005 covers the area of irresponsible promotions and sets out to define the same. The schedule refers to ‘drink(s)’, ‘whether alcohol or not’, this proposal expands on this by adding the word ‘product’.

There is a need to ensure this measure applies to all supermarkets as well as smaller off-licenses.

In line with the Licensing (Scotland) Act 2005 principle for promoting public health, alcohol should not be advertised and promoted in a way that
encourages impulse / bulk buying. Treating the display of alcohol in the same way as cigarettes and pharmaceutical products would impact positive change in buyer mind set.

Any other aspects of the Bill
None.

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