Introduction

1. This evidence is submitted by the Medical Research Council (MRC) and represents the independent views of the Research Council. It does not include or necessarily reflect the views of the other UK Research Councils, Research Councils UK or the Department for Business, Innovation and Skills.

2. The submission includes references to research supported by MRC grant funding and also research undertaken within the MRC’s own research units and institutes. The MRC Social and Public Health Sciences Unit and the Scottish Collaboration for Public Health and Policy have contributed to this submission, both the unit and the collaboration are jointly funded by the MRC and the Chief Scientist Office at the Scottish Government’s Health Directorates.

3. The MRC believes that wherever possible research outcomes should inform policy decisions and recognises the importance of robust evaluation of the impact of policy interventions. The MRC therefore welcomes the opportunity to provide evidence to the Committee’s current inquiry.

Response

Addiction and substance misuse research strategy

3. Addiction and substance misuse is a major medical, social and economic problem for the whole of the UK. Continued use of illegal psychotropic drugs, the misuse of alcohol and problems caused by gambling, often result in devastating effects on families, lives and individuals.

4. In 2008 the MRC undertook a review of the addiction and substance misuse field. The review found that the pathways into addiction were not well understood and knowledge of the consequences of addiction was lacking; for example the harms arising from drug-taking and the longer-term effects of more frequently used drugs, such as ecstasy or cannabis. The problems posed by dangerous drinking in the UK were also identified as needing further research and new interventions to treat or prevent addiction and substance misuse are urgently needed.

5. The national strategy for addiction and substance misuse research is an unprecedented effort to address these problems, bringing together experts across many disciplines to work with stakeholders towards the common aim of improving the knowledge base and the research
evidence available to inform policy development. The MRC is leading the development of the national research strategy with all four of the UK health departments through the Office for Strategic Coordination of Health Research (OSCHR) partnership, the Economic and Social Research Council (ESRC), the Home Office and other government departments and agencies (1). The strategy aims to make more effective use of existing resources, increase strategic investment, improve coordination and connectivity and build research capacity to support innovative studies which can deliver biological, medical and social research that meets the needs of a wide range of stakeholders.

6. The strategy was launched in 2008 and alcohol misuse is a major focus. Under the first two calls for proposals almost a third of the awards made related to alcohol, these include pilot-grants supporting research which aims to make better use of existing resources and funding develop interdisciplinary research clusters with the objective of supporting networking, building research capacity, importing new expertise and increasing co-ordination. Two of the nine pilot-grants awarded under the first call and five of the 11 clusters funded under the second call focus on alcohol misuse, these include clusters which aim to develop evidence to inform alcohol policy, evaluate the effectiveness of policy and interventions to treat and reduce alcohol misuse. The outcome of the third call for proposals will be announced during 2010.

**Strategic partnerships to inform policy development and current research**

7. In Scotland the MRC supports two joint initiatives with the Chief Scientist Office at the Scottish Government's Health Directorates which aim to inform the development of social and public health policy in Scotland and throughout of the rest of the UK. The MRC/CSO Social and Public Health Sciences Unit aims to promote health through the study of social and environmental influences, the design and evaluation of interventions which aim to improve public health and reduce social inequalities in health and to influence policy and practice by communicating the results and implications of research to a wide range of audiences. The Scottish Collaboration for Public Health Research and Policy aims to identify key areas of opportunity for developing novel public health interventions that *equitably* address major health problems in Scotland, and to move those forward. The Collaboration also aims to bring together government, researchers and the public health community in Scotland to develop a national programme of intervention development, large-scale implementation and robust evaluation, and build capacity within the public health community for collaborative research of the highest quality, with maximum impact on Scottish policies, programs and practice.

8. Under a Memorandum of Understanding with the national Scottish public health agency (NHS Health Scotland) which supports collaboration on areas of mutual interest, the Social and Public Health
Sciences Unit devoted its annual meeting with NHS Health Scotland to alcohol research and alcohol policy. This workshop, held in December 2009, shared information about current policy priorities and relevant up-to-date (and as yet unpublished) research findings. A particular issue discussed at this meeting, attended by some 40 staff from NHS Health Scotland, was assessing recent trends in alcohol consumption and alcohol-related deaths in Scotland, and ways of better understanding patterns of alcohol sales and pricing. The Social and Public Health Sciences Unit also discussed public health and substance abuse at their annual policy forum with the Scottish Government health improvement division in July 2009.

9. The Social and Public Health Sciences Unit has undertaken a number of programmes of research relating to addiction and alcohol. The Unit is also participating in two research clusters awarded under the national research strategy for addiction, one of which focuses on research for effective alcohol policy, led by Professor McKee at the London School of Hygiene and Tropical Medicine and the other on the causes, trajectory and risk factors for addiction in youth and young adulthood, led by Professor Furlong at the University of Glasgow. Other recent work has included longitudinal study of children and adolescents which contains information about alcohol and other substance abuse. The Unit has undertaken research for the Cabinet Office, commissioned by the Prime Minister’s Strategy Unit in 2002, which showed that antisocial behaviour preceded and predicted alcohol use, rather than vice versa, in adolescence (2).

10. Further research from the Unit on trends in cause specific mortality rates in Scotland (3 and 4) has identified rising rates of death from alcohol, drug abuse, and violence in young men, particularly in deprived areas. Two in-depth projects which are ongoing relate to the perceptions and use of alcohol, one among people in their early 20s, and one in people over 40. Both studies have highlighted the influence of social pressures on consumption. Further ongoing research is examining the effect, if any, of exposure to smoking and drinking in films on smoking and drinking behaviour among young people and the location of alcohol outlets in Glasgow, in relation to deprivation. Preliminary findings have shown that alcohol outlets are mainly distributed in service areas, close to shops, restaurants, cinemas etc, and not in peripheral council housing estates. This and other work is expected to result in findings that will contribute significantly to the policy-making on alcohol use and problem drinking in future. Further information on the Unit’s research, including references for research publications can be found on the Unit’s website at www.sphsu.mrc.ac.uk.

11. The Scottish Collaboration for Public Health Research and Policy has made a significant contribution to the development of the Alcohol Etc (Scotland) Bill over the past two years and senior staff participate in an ongoing multi-stakeholder advisory group, the Monitoring, Evaluation
and Research Group on Alcohol (MERGA). Throughout the process the collaboration has also provided significant input on how the implementation of the Bill, or any component parts of it which are passed, should be robustly evaluated, for all the relevant impacts and costs.

12 The MRC also leads the National Prevention Research Initiative (NPRI), this is a national initiative made up of government departments across the whole of the UK, research councils and major medical charities that are working together to encourage and support research into chronic disease prevention. Its core aim is to develop and implement successful, cost-effective interventions that reduce people’s risk of developing major diseases by influencing their health behaviours. NPRI includes the use of alcohol within its remit, and the partnership has funded a number of projects which consider alcohol misuse as a behaviour. A number of NPRI projects aim to assess the impact of alcohol marketing on youth drinking, and interventions aimed at preventing alcohol misuse and for reducing consumption. Research supported by NPRI has made a specific and critical contribution to the report on Alcohol published by the House of Commons Health Committee in December 2009 (5). The research led by Professor Gerard Hastings at the University of Stirling assessing the cumulative impact of alcohol marketing communications on youth drinking also informed the BMA’s report Under the Influence (6) and the NHS Confederation and Royal College of Physicians’ report ‘Too much of the hard stuff: what alcohol costs the NHS’ (7). The UKCRC Public Health Research: Centres of Excellence (which is administered by the ESRC on behalf of seven funding partners, including the MRC) also focus on alcohol, tobacco and drugs as a priority area, and support similar initiatives which aim to build academic capacity, increase infrastructure and promote multi-disciplinary working to address complex public health issues.

13. Each of these partnership initiatives support research, intervention and policy studies that may inform the development of legislation and policy relating to alcohol misuse including the introduction of minimum pricing, increasing duty on alcoholic drinks and better regulation of alcohol promotion including the use of social marketing in Scotland, throughout the UK and in Europe.

Research findings which inform interventions including minimum pricing1

14. There is strong overwhelming scientific and economic evidence that increasing the price of alcohol would disproportionately reduce consumption among the young and problem drinkers. Levels of alcohol consumption in the UK have risen steadily since the 1970s, from around 7 litres annually in 1970 to 11 litres in 2006 based on UK per

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1 These findings are mainly excerpted from a policy briefing summary prepared in January, 2010 by Sally Haw, Senior Scientific Advisor at the Scottish Collaboration for Public Health Research and Policy
capita (15+) sales (8). This increase has been observed in both males and females and across all socio-economic and age groups. The main driver for this has been pricing strategy, which has made alcohol about half the price in real terms than it was in the 1970s (9) (Figure 1). In addition, increased availability, aggressive alcohol marketing and product promotions and product diversification which introduced a new range of sweet and more palatable drinks – including alcopops, pre-mixed spirits and shots - to younger drinkers, have also contributed to the increased consumption.

Figure 1: UK per Capita Consumption of Alcohol (per person aged 15+) relative to price (9)

15. The most recent alcohol sales data (for January to September 2009) indicate that Scots aged 16 or over currently drink on average around 11.8 litres of pure alcohol every year or an average of 22.7 units per week – some of course drink substantially more (and some less). This is 2.4 litres of pure alcohol per annum and 4.6 units per week more than those aged 16 years or over drink in England (10). This means that the population mean consumption is well above the recommended weekly limits and Scotland now has the 4th highest mean per capita alcohol consumption of countries in the European Region (11).

16. The increase in alcohol consumption has been accompanied by an increase in both the acute affects of alcohol consumption (intoxication and alcohol-related accidents) and morbidity and mortality associated with chronic heavy and long term consumption. Of greatest concern is the increase in alcohol related mortality, particularly the observed exponential increase in Scottish men aged 45 to 64 years (12).

17. Measures in the Licensing (Scotland) Act 2005, which provide Licensing Boards with important new powers to ban irresponsible on-sale drink promotions such as happy hours. The legislation may have some effect on drinking patterns. However, given that two-thirds of alcohol is purchased from off-sales (9) and consumed at home (13),
the impact of the legislation on overall levels of consumption is likely to be small and could potentially act as a driver to increase the consumption of alcohol purchased from off-sales outlets.

18. A recent qualitative study of moderate drinkers (self-defined) in Scotland, highlighted the difficulty drinkers have in estimating their own levels of consumption and found very high levels of drinking amongst Scots who believed themselves to be moderate drinkers (14). School-based education and social marketing campaigns targeting particular groups in the general population have formed the basis of most recent alcohol prevention strategies. However, while school-based education and social marketing campaigns can raise awareness of alcohol as an important public health issue and provide a rationale for alcohol as a focus of public health policy, they have not been found to be effective in reducing alcohol consumption in the general population. This is probably not surprising as it requires the individual to change their own behaviour in spite of differing prevailing social norms about drinking.

19. Estimates from the Scottish Health Survey suggest that the mean alcohol consumption in Scots aged over 16 is around 14 units per week with 34% of men and 23% of women respectively drinking above sensible weekly limit. However, given the marked discrepancy between sales data and self-reported consumption and the recent evidence from epidemiologic studies that shows that there are significant health risks associated even with moderate levels of drinking, it is evident that many Scots are drinking at levels that pose some risk to health. Therefore, it will not be possible to reduce the health burden associated with excessive alcohol consumption simply by targeting Scotland’s heaviest drinkers. Instead a population level approach is required that reduces consumption in the large fraction of the Scottish population who are currently drinking at levels that are potentially damaging to health.

20. Evidence from other jurisdictions, indicates that changing the price of alcohol through taxation can have an immediate impact on alcohol consumption. In Switzerland in 1999 for example, a 30 to 50% reduction in taxation on foreign spirits, led to a 28.6% increase in consumption of spirits. There was no significant change in the consumption of wine or beer (15). In March 2004, Finland cut tax on alcohol (by one-third) in an effort to reduce the level of cross-border shopping undertaken by Finns in other EU countries, particularly neighbouring Estonia, where the price of alcohol was much cheaper. Following the change, liver cirrhosis deaths were found to have risen by 30 per cent in just one year, as alcohol consumption increased by 10 per cent (16).

21. Increasing tax on alcohol does have an impact on alcohol consumption. However, a recent study which modelled the impact of minimum unit pricing on alcohol consumption in Scotland (17) indicates that minimum pricing may have a greater impact than increases in
taxation, which may or may not be passed on by the retailer to the customer.

22. Figure 2 shows that increasing the unit price of alcohol reduces alcohol consumption, particularly increasing the minimum price to 50p/unit or more. It should be noted that there is less certainty about the estimated change in alcohol consumption associated with the higher unit price bands. There is some evidence that this may have a greater effect on heavier drinkers, although the evidence is not consistent (10).

Figure 2: Estimated Change in Alcohol Consumption by Minimum Price per Unit of Alcohol (17)

<table>
<thead>
<tr>
<th>Minimum price</th>
<th>Change in consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>25p</td>
<td>-0.2%</td>
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<tr>
<td>30p</td>
<td>-0.5%</td>
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<tr>
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<td>-1.3%</td>
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<tr>
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<td>-15.9%</td>
</tr>
<tr>
<td>70p</td>
<td>-18.9%</td>
</tr>
</tbody>
</table>

Tony Peatfield PhD
Director, Corporate Affairs
Medical Research Council
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References

(1) Addiction and substance misuse research strategy, Medical Research Council (August 2009).

(2) A longitudinal study of alcohol use and antisocial behaviour in young people: R Young, H Sweeting and P West (Alcohol and Alcoholism 2008 43(2):204-214).


(5) Alcohol, House of Commons Health Committee (HC151-1, 10 December 2009).

(6) Under the influence, British Medical Association (2009).

(7) Too much of the hard stuff: what alcohol costs the NHS: NHS Confederation and Royal College of Physicians (2009)


