Alcohol etc. (Scotland) Bill

NHS Ayrshire & Arran

The NHS Board welcomes the opportunity to comment on the above Bill. It notes that the main purposes of the Bill are to:

- introduce a minimum sales price for a unit of alcohol
- introduce a restriction for off-sales on supply of alcoholic drinks free of charge or at a reduced price
- make provision in law with respect to the sale of alcohol to under 21s
- restrict the location of drinks promotions in off-sales premises
- introduce a requirement for licence holders to operate an age verification policy
- make provision in law for a social responsibility levy on licence holders.

It further notes that responses have been invited on:

- 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.

Alcohol related health harm in Ayrshire and Arran

In Ayrshire and Arran more than 150 deaths each year are directly attributable to alcohol (e.g. alcohol-related cirrhosis) with a similar number indirectly attributable (e.g. 20% of breast cancer deaths). There are more than 4000 acute hospital discharges with a diagnosis directly attributable to alcohol. These are heavy burdens for our society and our services to bear. The least affluent sections of the population are also the most likely to suffer from the adverse health effects of alcohol with a gradient of up to six times higher mortality and morbidity in the most deprived areas across Scotland. Our GPs have identified a five fold difference in the occurrence of alcohol abuse or alcohol dependence between the most and least affluent areas in Ayrshire and Arran.
The Board believes that a package of measures is required to reduce inequalities such as these and that, whilst minimum pricing has not been tested widely, any effort aimed at reducing consumption across the population is worthy of consideration.

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

The NHS Board feels strongly that establishing a minimum sales price for alcohol should be considered as part of a package of further measures effecting greater control on the availability and promotion of alcohol.

It considers that there is sufficient evidence to indicate that consumption of alcohol is related to its price and that the societal costs of alcohol, in terms of the damage to health, social harm and criminal justice elements, have now reached such significant levels that more measures to control consumption are required.

It further considers that increasing price is likely to reduce the frequency of front- or pre-loading, since the younger drinkers who tend to indulge in this practice will not have the same price incentive to purchase from off sales premises and commence drinking at home or outdoors before concluding the drinking session intoxicated within an on-trade licensed premises.

In the absence of powers to control price through taxation - the conventional manner in which this is executed with income generated being retained within Government spending - controls through minimum pricing appears sensible. It is recognised that minimum pricing per unit will result in increased revenue for the retailer, which will offset any drop in sales and can be considered worthwhile for the greater societal benefit achieved through the overall reduction in consumption.

Price per unit is considered the most appropriate mechanism through which this can be delivered since it relates the strength of an alcoholic beverage to the cost. Evidence indicates that people drinking at harmful and dependent levels tend to purchase the alcohol that provides most units for least expenditure.

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

The Board has no specific view on the level of a minimum price but considers it should be set so that there are significant increases in the prices of the lowest cost per unit types of alcohol. Any price which brings the purchasing cost of off-sales alcohol close to that of on-sales licensed premises is considered appropriate.
The rationale behind the use of minimum pricing as an effective tool to address all types of problem drinking

Alcohol use is ubiquitous with more than four in five of us consuming it. We know that people underestimate significantly the amount of alcohol they consume (the mean from the 2008 Scottish Health Survey being 18.0 units per week for men and 8.6 units per week for women) and that sales figures indicate that every adult in Scotland is consuming more than 23 units per week each. More than 60% of this alcohol purchased was bought from off-licensed premises. Simple actions like awareness raising in relation to units and recommended limits have been taking place for years and do not seem to have been effective. More radical action to reduce the amount of alcohol consumed by the whole population is required and an approach of minimum pricing is one potential way to do this. Other methods such as taxation are not immediately available to the Scottish Government and therefore the NHS Board is of the view that the evidence in favour of minimum pricing is sufficiently strong to warrant its use in Scotland.

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 NHS Board is encouraged that the Scottish Government wishes to take further action on alcohol-related harm. It is especially keen that the efforts to change the cultures around drinking patterns, excessive consumption and associated behaviours (sexual activity, tobacco and illicit substance use, antisocial behaviour and crime) are maintained. Measures restricting availability of alcohol and reducing outlet density would also be welcomed.

The NHS Board recognises that there are also other measures including taxation of alcohol and restrictions on advertising and promotion which may be effective.

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

The NHS Board does not wish to comment on this section.

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

The NHS Board recognises that the majority of young people legally able to purchase alcohol do so responsibly, and that young people have a range of adult responsibilities at different ages such as the right to marry, vote and enlist. However, it is aware that there are around 700 attendances of young people aged under 20 years at Ayrshire and Arran Accident and Emergency Departments each year with an alcohol-related presentation, approximately half of these being aged 17 to 19 years. The rate of alcohol-related discharges in Ayrshire & Arran for young people aged less than 21 years is
higher than the Scottish average. The NHS Board would therefore support extra efforts to restrict sales to this group.

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

Promotional offers such as those that provide increased quantities for standard unit price (such as two for the price of one) are designed to encourage people to purchase more than they would usually, be that for immediate or future consumption. In a highly competitive market, it is not realistic to expect retailers to reduce voluntarily their promotion of products aimed at increasing footfall into stores and therefore legislation may be required. Evidence indicates that abolishing such offers through banning discounting will contribute to a reduction in alcohol consumption.

**Any other aspects of the Bill**

The Board is keen to encourage action to control better the sales of ‘fortified’ alcoholic beverages in which caffeine is used as a stimulant alongside the depressant effects of alcohol. Such a combination, which seems particularly problematic with younger drinkers, is already relatively costly and is unlikely to be captured by minimum pricing. The Board would wish to see changes made in the availability of such beverages.

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