Alcohol etc (Scotland) Bill

NHS Borders and Scottish Borders Council - Dr Eric Baijal

I write in response to the call for written evidence on the Alcohol etc (Scotland) Bill. As the NHS Borders and Scottish Borders Council Joint Director of Public Health I wish to document my support this bill, in particular the introduction of minimum pricing for alcohol, as part of a broad approach to tackling alcohol misuse in Scotland.

My reasons are that, as in the rest of Scotland, alcohol has a very significant impact on the health of our local community and that minimum pricing for alcohol is one of the most effective measures that can be introduced.

In the Scottish Borders, the estimated prevalence of alcohol dependence in the total population is 5% (5,600 people). Alcohol-related hospital discharges have increased by 30% in the past four years. In the same period alcohol-related deaths have risen by 92%. The percentage of 15 year olds drinking in the last week is 42%; this is above the national average of 36%.

In response to this, Scottish Borders Council and its partners have prioritised tackling alcohol misuse within its Single Outcome Agreement with the Scottish Government and through the Borders Alcohol and Drug Partnership. Our current strategy includes reducing availability, promoting safer drinking and providing effective treatment services. Each of these is considered by the World Health Organisation (2003) to be an effective measure in addressing the problem. However we agree with WHO, that the other most effective measure is the introduction of a minimum alcohol pricing per unit of alcohol.

There is a clear relationship between affordability and consumption. In September 2009, WHO recognised the extent and consistency of the evidence that alcohol-related harm is linked to product price, with a particular impact on younger and heavier drinkers.

Minimum pricing has the biggest predicted impact on the consumption of harmful drinkers. Harmful drinkers tend to choose cheaper alcohol, so if the price of the cheapest alcohol goes up then the consumption of harmful drinkers will fall as they can afford to buy less alcohol. This results in a more targeted reduction in availability of the cheapest alcohol. Ending deep discounting and related promotions will also reduce the price gap between the off-licensed and on-licensed trade.

Critically, although a strategy based on a minimum price per unit of alcohol is likely to lead to a public health gain from decreased consumption, it is not likely to decrease revenue for the alcohol industry and retainers and may do the reverse.
Regardless of the level of minimum price set, the effect of these measures will have a major impact on the health of Scotland.

Alcohol misuse in Scotland is a complex issue and reducing alcohol-related harm will require a range of actions in the short and longer-term to promote a change in our drinking culture. Raising the price of alcohol in Scotland is not the whole solution, but is without doubt a key component for an effective alcohol strategy which the World Health Organisation supports, along with the UK Chief Medical Officers and professional groups such as the Scottish Directors of Public Health, the Faculty of Public Health, and the BMA. it has the support of the Borders alcohol and drug partnership, the borders community health and care partnership, and Lothian and Borders police amongst others. It also has the broad support of the NHS Borders Health Board.

In the Borders we are committed to tackling alcohol misuse. Locally, the Borders Alcohol and Drug Partnership, the Community Health and Social Care Partnership Delivery Committee of NHS Borders and Lothian and Borders Police share the view that minimum alcohol pricing is the vital component currently missing from the strategy. The proposal also has the broad support of the NHS Borders Health Board. I am therefore fully supportive of any move to bring this into legislation.

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