Alcohol etc. (Scotland) Bill

NHS Western Isles Board

Minimum Retailing Pricing to Reduce Consumption of Alcohol

Scotland’s Licensing Act states quite clearly that alcohol has to 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.

There is a substantial body of international evidence which shows that raising the price of alcohol is one of the most effective policy tools for tackling alcohol misuse. Although there is no single approach that will be an instant fix to the rising problems related to alcohol consumption in Scotland, the evidence illustrates that tackling price will make a contribution to reducing consumption and ultimately reducing harm to the people of Scotland.

Discounting encourages people to buy more alcohol than they intend and that they return more frequently than they plan to. This suggests they drink more alcohol and more quickly than they would usually do, and this is why measures should be introduced to curb this practice. The proposal to set a minimum cost per unit of alcohol is a fair way of doing this and should also eradicate the cheapness of many products which, in one bottle, can contain the maximum weekly recommended limit for a man.

There has already been considerable debate around pricing in the media. Some say there’s no reason why responsible drinkers should be prevented from getting a ‘bargain’. But harmful alcohol use is not only an individual problem – the drinker’s behaviour impacts on their children, partner, friends, work colleagues and society as a whole. Ultimately, we all pay the price for our problem drinking culture.

A study by Sheffield University, looking at the effects of alcohol pricing and promotion, concluded that cheap alcohol leads to increased consumption, particularly among young people and high risk drinkers. The report also states there is “strong and consistent evidence to suggest price increases and taxation (assuming increases pass through to the retail price) have a significant effect in reducing demand. It also added that minimum pricing could be effective “as a targeted public health policy”.

In the Western Isles, men drink more than women and are more likely to drink above sensible drinking guidelines. Young people (aged 18-24) drink more than older age groups and are more likely to drink above sensible drinking guidelines. Patterns of drinking in the Western Isles are similar those found in the Scottish Health Survey though there are significantly higher percentages of non-drinkers in the Western Isles. This is true for both men and women. This has implications for the population approaches to sensible drinking and targeting of prevention or culture change campaigns as well as the need for alcohol related services and legislation.
In Scotland, more alcohol is sold in off-sales than on-sales; therefore it is important that minimum pricing should apply across the on and off trade. The groups being targeted here are the most price sensitive, such as young people and chronic/heavy drinkers. The proposed measures will have greatest impact on these particular groups and on the cheapest products.

The NHS Western Isles Board, and the Western Isles Alcohol and Drugs Partnership therefore, support the proposal of establishing a minimum price for a unit of alcohol, directly linking product strength to retail price.

In terms of who should set the minimum price, we agree with the view that this is a ministerial responsibility but request that a body, such as a reinstated National Licensing Forum should advise ministers.

**Recommendation**

The Western Isles NHS Board and ADP agree that a minimum pricing scheme should be introduced. We support the basic principles, which should be:

- that the price should be determined by alcoholic strength;
- that the prices should apply equally to all premises selling alcohol;
- that prices should be set independently of those involved in the production, distribution, retail or any other activity connected with the sale of alcoholic products.

We agree with the proposal that setting a minimum unit cost will reduce consumption and encourage people to keep within the recommended guidelines and sensible limits. However we also strongly feel that this should be supported by:

- licensed premises displaying clear prominent unit information on all products, and tariff lists, wine lists, menus etc on units per bottle, glass size etc per ABV, so that people can see how many units they are consuming.
- the manufacturing/marketing trade supplying unit information on all products sold both what’s in a bottle, can etc on their labeling. This should be in a large font format.

**Additional Supporting Evidence**

**Cost**

Alcohol problems cost Scotland £1 billion each year in:

- Productivity and human costs - £405 million
- NHS Scotland - £96 million
- Social work - £80 million and criminal justice services - £268 Million
Cultural Context

In a survey of adults aged 18 and over in Scotland in 2004, two-thirds of the sample agreed that *Drinking is a major part of the Scottish way of life* and about a half of men viewed alcohol as a *social lubricant*. Younger people were much more likely than older people to think that drunkenness and binge drinking were acceptable behaviours and less likely to think that these behaviours could lead to serious long-term health effects. The survey also highlighted the perception of stigma attached to not drinking in Scotland.

Alcohol misuse was widely perceived as a problem with almost half of respondents thinking that alcohol caused more harm than other drugs. 

Source (1)

Consumption

Adult Alcohol Consumption

Alcohol Statistics Scotland 2007 is the second publication of Alcohol Statistics Scotland. The publication brings together information on alcohol in Scotland from a wide range of sources. Topics covered are the alcohol market, alcohol consumption, social and health harm.

Weekly consumption

There is some evidence that men’s levels of weekly consumption may be beginning to fall slightly, whilst women’s consumption continues to rise (29% of men aged 16-64 consuming more than 21 units in 2003 compared with 33% in 1995; 17% of women aged 16-64 consuming more than 14 units per week compared with 13% in 1995).

However, surveys may be increasingly underestimating consumption. Alcohol sales figures indicate that surveys pick up only around half of all alcohol consumed, and that sales have actually increased over the last decade, with a widening gap between self-reported consumption and sales figures. (British Beer & Pub Association Statistical Handbook 2006).

Daily consumption

More men than women are exceeding daily benchmarks: of those aged 16+ drinking in the past week, over a third of men drank 8 or more units on their heaviest drinking day (37%) compared with over a quarter of women who drank 6 or more units on their heaviest drinking day (28%).

Age

Young people (aged 16-24) are more likely than older people to exceed both the weekly and daily recommended alcohol limits; older people are more likely to report drinking alcohol every day than are younger people. (3% 16-24; 29% aged 75+).
Deprivation

Alcohol consumption is higher in the most deprived groups: the percentage of both men and women who report drinking more than the recommended daily limits increases with deprivation quintile.

Source (2)

Health Harm

Scotland has a level of alcohol-related mortality much higher than that of the other UK countries, for both men and women.

All the countries experienced a large increase during the 1990s and early 2000s, flattening off into the mid 2000s.

Scotland has had the highest position throughout the period and the absolute differences between Scotland and the other countries have grown for both men and women. The relative difference has grown for men but not for women.

This was a special analysis by the Office of National Statistics in 2007, using a consistent definition of alcohol-related mortality for the four countries.

Liver cirrhosis

Most recently, an analysis of liver cirrhosis mortality rates in Britain between 1950 and 2002 gives cause for considerable concern for Scotland.

There has been an exponential increase in cirrhosis mortality rates in Scotland, far outstripping the increase in England and Wales.

Between 1950-54 and 2000-02, rates in Scottish men increased by a factor of six and a factor of four for Scottish women, with the most rapid increases occurring since the mid 1990’s.

In 2002, cirrhosis mortality rates in Scotland were amongst the highest in Western Europe at 45.2 per 100,000 in men and 19.9 per 100,000 in women.

In contrast to both Scotland and Great Britain as a whole, mortality rates for European countries combined peaked in the 1970s but have steadily declined since then with the largest proportional reductions occurring in the countries of southern Europe and France.

Source (3)

Alcohol-related Deaths

Nearly two thirds of alcohol related deaths in 2005 were amongst people who lived in the most deprived areas (SIMD 4 & 5).
The relationship between deprivation and alcohol related deaths has not changed during the last 5 years.

The number of alcohol related deaths has increased by 15% between 2001 and 2005; the percentage increase has been higher for women than men (21% versus 12%) Source (4)

Social Harm

Excess consumption of alcohol can result in harmful consequences for individual and community safety. The negative impact of alcohol on communities, among adults and young people, is drawn from surveys and data collected by the police and criminal justice services, emergency services and social services.

Scottish Crime and Victimisation Survey (2004) – 2004 data are not directly comparable to previous years’ data due to change in questionnaire but 92% of respondents rated alcohol abuse as ‘a bit of a problem’ or a ‘big problem’.

Data from the Scottish Prison Survey 2004 suggest that 40% of males were drunk at the time of their offence compared with 31% of females. 66% of young offenders (i.e. those aged under 21) were drunk at the time of the offence compared with 35% of adults.

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20 January 2010

References:
2. ISD. Alcohol Statistics Scotland. 2007. Edinburgh: ISD.
5. ISD. Alcohol Statistics Scotland. 2007. Edinburgh: ISD.