Alcohol etc. (Scotland) Bill

Perth and Kinross Council

Thank you for the opportunity to respond to key proposals within this important draft legislation affecting the health, wellbeing and safety of both individuals and communities. Our response is structured such as to reflect the specific aspects of the Bill upon which comment is sought, as follows:-

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

Evidence from various quarters strongly suggests that those factors most likely to impact upon harmful levels of alcohol consumption are price and availability. (Authorities in this area include the Meier Report from Sheffield University, Professor T Babor and indeed, within Tayside, Dr Peter Rice).

Current drinking levels in Scotland affect the health and wellbeing of many people and are estimated to cost the country around £2.5 billion per annum. The impact upon communities, however, is not evenly spread. The available evidence suggests that young people and adults with limited means are those most likely to buy those high strength beers and ciders which are currently discounted most heavily in certain licensed stores. A high proportion of those young people and adults, in turn, reside in communities where there are higher crime levels, lower employment opportunities, a higher incidence of mental ill-health and poorer health outcomes. The discounting of beers and lagers impacts upon these same communities disproportionately and further contributes to the poorer outcomes noted above.

Ideally, any additional revenue raised through the introduction of minimum pricing should be recycled into efforts to reduce the adverse impact of alcohol upon society. It is recognised that the authority to apply any revenues raised in this manner towards the purposes described may rest outwith the Scottish Parliament. This factor, of itself, however, should not undermine the benefit of increasing alcohol pricing in conjunction with other measures to change Scotland’s attitude towards alcohol and to develop support for those with alcohol-related problems.

Establishing a minimum price for a unit of alcohol may not protect all adults or young people, but is likely to contribute towards improved health, employment and community safety for some of our most vulnerable citizens resident in areas of high socio-economic and health need.

The ‘disadvantages’ of a minimum pricing policy do not always appear to withstand close scrutiny. There are certain adults who will continue to drink whatever the unit cost. This does not present as an argument against minimum pricing to help those with less deep seated alcohol problems.
The suggestion that it would put up the price of alcohol beyond the means of many people is also debatable. Pub prices are considerably above any of the current options being considered for minimum unit price. As to the broader impact on the cost of off-sales alcohol, much would depend upon the level at which the minimum price per unit is set.

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

This is a controversial piece of legislation, and it may be wise at this stage to restrict the minimum price to 40 pence per unit. There is evidence that this, by itself, would impact upon the amount of heavily discounted alcohol currently purchased and would, consequently, reduce the harm suffered by many young people and adults, as described earlier.

3. The rationale behind the use of minimum pricing as an effective tool to address all types of problem drinking.

It is less clear that minimum pricing will beneficially affect the drinking patterns of all those who currently drink above safe levels. Those on average incomes or above, with unsafe drinking habits could end up spending an even higher proportion of their total income (and that of their family) upon alcohol – particularly if they are currently purchasing heavily discounted beers and ciders. Unless such people are ‘alcohol-dependent’, however, it seems at least likely that they will reduce their level of alcohol consumption.

Those with entrenched, heavy drinking behaviours may be less likely to change their behaviours simply because of an increase in the price of alcohol. These same people, however, are already able to access a range of advisory, counselling and support services provided through both the voluntary and statutory sectors. It may be that even for some entrenched, heavy drinkers, an increase in unit cost might serve to provide the motivation to access advisory/support services.

It also seems unlikely that minimum pricing alone will address the full range of alcohol related difficulties currently experienced by society. As a key part of a battery of measures, however, including education, policing, brief interventions, counselling, motivational interviewing, alternative therapies and (on a restricted basis) residential rehabilitation – it most definitely has its place.

4. 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.

As indicated earlier, the available research strongly suggests that price and availability are the two factors most likely to impact upon current patterns of drinking in Scotland.
Ideally, a whole cultural shift in our approach to drinking is required. The introduction of extended opening hours was intended to herald a change in the nation's drinking patterns and a move away from binge drinking accelerated by early closing. In practice, the binge drinking continued – only over an extended period.

Any wholesale cultural change in our approach to drinking seems likely to take at least a generation to bed in. Parental modelling, shifts in ‘thinking’ by key social groups such as young people and, indeed, responsible patterns of behaviours set by celebrities may all have their role to play. At this point, however, direct, unequivocal action appears to be required to restrict the level of drinking by those whose current behaviour presents greatest risk to themselves and to others.

In this context, the following options may also have some role to play:-

- A review of opening hours for licensed premises.
- A review of the legal minimum age for the purchase of alcohol.
- Random breath testing for drivers.
- Lowering of the blood alcohol level for driving.
- Outlet density restrictions.

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

In principle, the idea of a levy on pubs and clubs has some attraction – following the same environmental logic as ‘The polluter pays’.

The advantages present as both moral and practical in that the levy could, hypothetically, provide:-

- The ability to generate income to offset the effects of alcohol.
- The ability to vary and target the levy in line with available evidence concerning an outlet's promotion of responsible drinking and behaviour.

Which outlets should pay the levy, who would collect the levy and whether the levy was fixed rate or variable, would require further specification. The notion of a levy does present, however, as having some potential to influence the behaviour of outlets – albeit in addition to existing legislation concerning the granting or withholding of licences.

The disadvantages of such a levy rest, perhaps, in its potential to drive people into greater home drinking - as opposed to reducing alcohol consumption overall - and in its potential to drive small independent traders out of business. Were the options to range from a zero levy to an upper limit, based upon evidence of social responsibility, however, the risk to the small, responsible trader may be significantly alleviated. This said, the complex challenge involved in administering any available levy arrangements at local level would add significantly to the challenges already faced by licensing boards.
6. The justification for empowering licensing boards to raise the legal alcohol purchase age in their area to 21.

The rationale for raising the minimum legal age for consumption of alcohol to 21, again, has its attractions.

This said, recent Salsus information would suggest that, although some young people are drinking slightly less, patterns of alcohol consumption are often established before young people reach the age of 18.

Any increase in the minimum age would also further contribute to the already complex situation with regard to the point at which a young person becomes an adult with full adult capacity. Young people can get married at 16, vote at 18 and learn to drive at 17 years of age. At this stage in our history, they may also see active service in the service of their country while under 21 years of age.

Alcohol may indeed be a drug, but unless there is evidence that ‘education’ in relation to the use of this drug will prove more effective between the ages of 18 and 21 than is currently the case between the ages of 15 – 18, it’s not clear what the universal impact of such a move will be upon the longer term drinking habits of the nation.

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

As indicated above, discounting and promotional offers are considered to have a significant impact upon vulnerable young people and communities. It is specifically in relation to combating this practice that minimum pricing is seen to have its greatest potential benefit.

8. Any other aspects of the Bill

There is considerable evidence that, in response to tighter policing and increased vigilance by retail outlets in relation to sales to young people, those same young people are now enlisting the help of adults to purchase alcohol for them. Indeed, there is now evidence locally and nationally that certain adults routinely purchase alcohol in order to sell it on at a higher price to young people. The penalties in respect of such behaviour may benefit from review in order to ensure that they act as sufficient deterrent to the adults concerned.

The limited timescale allowed for consultation on this Bill has not permitted consideration of this response by the relevant Council Committee. Measures have been taken, however, to share its terms with the convenors of both Community Safety and Housing & Health Committee.

Thank you once again for the opportunity to contribute to this important consultation exercise.