Thank you for inviting our views on the Scottish Government’s proposals to tackle alcohol misuse in Scotland.

The Royal College of General Practitioners (RCGP) is the academic organisation in the UK for general practitioners. Its aim is to encourage and maintain the highest standards of general medical practice and act as the ‘voice’ of general practitioners on education, training and issues around standards of care for patients.

The College in Scotland came into existence in 1953 (one year after the UK College), when a Scottish Council was created to take forward the College’s interests within the Scottish Health Service. We currently represent over 4000 GP members and Associates in Training throughout Scotland. In addition to a base in Edinburgh, the College in Scotland is represented through five regional faculty offices in Edinburgh, Aberdeen, Inverness, Dundee and Glasgow.

This consultation document was reviewed by members of the RCGP Scottish Council, Executive Board, Membership Liaison Group and circulated for comment to the five regional Faculty Boards and the RCGP Scotland patient group, P3 (Patient Partnership in Practice). In addition the final response has been reviewed by our Clinical Lead for Substance Misuse, Dr Richard Watson.

Our membership is very aware of the scale of Scotland’s alcohol problem. It is the number one public health problem that we face. Alcohol consumption has more than doubled since 1960, with a marked shift from drinking in licensed premises to drinking at home. Alcohol causes 8 deaths per day in Scotland, double that of England and in addition Scotland now has one of the highest rates of liver cirrhosis deaths in Europe. The statistics and evidence relating to Scotland’s problems with alcohol misuse have been well documented and are widely available.

As General Practitioners, many of our members regularly see the tragic effects of hazardous drinking and the ever increasing strain it places on primary care services. We believe that the abundance and availability of cheap alcohol is fundamental to this chronic problem and that educational measures taken to date have had little effect. A particular area of concern is that the majority of alcohol related deaths occur in the deprived areas of Scotland, demonstrating alcohol misuse as a key contributor to widening gap in health inequalities across the country.

We received comments from several of our members keen to stress that they saw the evidence of alcohol misuse many times every working day. All were very supportive of the proposed measures to reduce the burden of alcohol
related harm. In response to the specific proposals of the bill we would like to make the following points:

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

Our members strongly favour the establishment of a minimum price per unit of alcohol. As such, RCGP Scotland join leading international alcohol scientists; the House of Commons Health Committee; the Scottish and UK Medical and Nursing Royal Colleges; the BMA; the four Chief Medical Officers of the UK; and the National Institute for Clinical Excellence (NICE) in the support of minimum alcohol pricing.

The main advantage of the introduction of such a regulation would clearly be the reduction in availability of cheap alcohol from supermarkets and off-licences. This is a major contributor to the culture of alcohol misuse in Scotland in allowing people to access very large amounts of alcohol at very low cost. A further advantage is that, unlike a tax or duty increase, the seller would be forced to pass the price increase onto the consumer.

Possible disadvantages to the introduction of a minimum price per unit include potential introduction of cross border purchasing, as well as the possibility that retailers would offset the price increase by lowering the price of other drinks to the minimum price. On balance however, these potential disadvantages would likely have a minimal impact on the overall benefit that the establishment of a minimum price per unit would bring.

Please find below a cross section of the responses we received in relation to this question:

- I favour the establishment of a minimum price for a unit of alcohol as a means to reduce public consumption as it is a simple and equitable way to address the problems caused by over indulgence.
- Minimum pricing absolutely essential to stop supermarkets using alcohol as a loss leader.
- I and my colleagues in the practice support the move to a minimum pricing for a unit of alcohol. Working in an inner city practice we see ever increasing problems with alcohol abuse and dependency especially amongst the young. A major source of the problem is cheap supermarket booze which enables patients to access cheaply large amounts of alcohol. I strongly agree that tackling this problem via price per unit is an important strand in cutting back alcohol misuse. Some parties are suggesting tackling this through a rise in tax or duty in alcohol. I don't think this will make any difference in the context of big supermarkets that will simply continue to sell alcohol cheaply and just increase the price of other goods in their shops to cover their costs.
- I am in favour of using price to control the level of consumption of alcohol as there is a lot of evidence that this is effective. I would favour a minimum price for a unit of alcohol if it can be effectively enforced. There is no evidence to give an indication what this level should be. If a
minimum price can not be introduced then I would support an increase in taxation on alcohol across the board.

- I agree that minimum pricing is a way forward to better health but also feel that there are social sanctions to be addressed.
- I would be in favour of a minimum price per unit of alcohol and for a ban on multibuy offers and other sales pitches to boost sales.
- I would entirely support the proposed government measures to set minimum alcohol pricing and to strengthen measures to reduce alcohol availability to minors. Research has consistently indicated that increased cost for cigarettes is associated with reduced smoking rates so that the same is likely to apply for alcohol.
- I think that making alcohol so readily available in supermarkets is probably a big factor and could be more like tobacco where you have a special counter.
- I'm in favour of a minimum pricing policy if the evidence base supports this.
- I support minimal pricing for alcohol sales on the basis that there is valid evidence that this will save 100s of lives in Scotland.
- Frequently when I ask patients how much they drink, 'as much as I can afford' is a common answer. I do not think they are joking.
- I have observed as a citizen an increase in the availability of alcohol to young drinkers on the streets. I regularly clear up litter around the streets near to where I live and I have noticed that most of the bottles and cans dropped are cheap alcohol and that groups of children are gathering off the main thorough fares to drink cheap alcohol such as Alco pops and ciders I have also seen my own underage patients drunk on the streets holding cheap alcohol

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

As a medical organisation we do not feel able to offer recommend a level to set the minimum price. However any minimum price implemented should be seen to have a direct impact on alcohol consumption and public health. Dr Richard Watson, RCGP Scotland Clinical Lead for Alcohol Misuse has noted the proposals outlined within the Sheffield Report as an evidence base for setting a minimum price per unit.

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

In particular a minimum price per unit would not have a marked impact on those drinking alcohol within the recommended safe limits, but would act as a significant deterrent for those who consume alcohol in excessive and dangerous amounts.

The increasing use of alcohol as a loss leader in major supermarkets and other stores has caused a massive drop in the price of alcohol, causing very large quantities to be available at a cost which is not representative of the goods received. In order to redefine Scotland’s attitudes to alcohol we must
ensure that the price of alcohol returns to reflecting the value of the goods received. Creating a minimum price per unit would ensure alcoholic goods are priced appropriately in a manner which would promote not only sensible drinking but also appropriate portion control. Many individuals overestimate what constitutes a unit of alcohol (particularly when asked to pour a 25ml measure of spirits) and this problem is exacerbated when self-serving at home, leading many individuals to believe they are consuming alcohol within the safe guidelines. A minimum price per unit would ensure a direct correlation between ‘cost’ and value’.

We recognize that the introduction of this would initially have some effect on all drinkers who purchase low cost alcohol. If they are drinking within safe levels, however, the extra cost will be slight.

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;

Tax and duty rises will also be helpful, and would affect those drinking more expensive drinks. However this would not target risky drinkers and the resultant price increase of cheap alcohol would be much less. Were tax and duty rises to be implemented as an alternative to minimum prices it would also have to be ensured that the relevant increases were actually passed on to the consumer.

Members also suggested allowing the sale of alcohol off-licenses only not supermarkets as alcohol needs to be seen as a drug and not a grocery commodity. It was also felt that granting a limited number of licenses per area as well enforcing more stringent criteria for any new licence applications would also be of help.

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

Based on members responses we feel that the introduction of a social responsibility levy on pubs and clubs would be helpful, particularly as we believe it is right to introduce some measures which also affect the on-trade as well as off-sales. Those who sell alcohol have a social obligation to do so responsibly and should be held accountable for failures to do so.

Our members also offered the following comments in relation to this issue:

- Where licensed premises can be directly linked to a need for increased policing and other emergency services there should be a social levy by way of the local rating system.
- I am in favour of a social responsibility levy.
- As a GP in a rural area with a significant alcohol problem (particularly among older people and / or women) I find it frustrating that people can obtain alcohol so easily. In my own practice area (with just under 600
patients) there are three licenced facilities selling alcohol. Whilst I suspect it might be difficult to enforce ideally there should be some moral / legal responsibility on such premises not to sell alcohol to people clearly under the influence of alcohol and / or known to have an alcohol problem. At present the owners of the premises may feel unwilling - for commercial reasons and the practical difficulties of such measures in a small community where people know each other etc - to limit alcohol sales. In general terms there should be very careful scrutiny of new / extensions to licences and a greater level of responsibility on licence owners.

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

RCGP Scotland members recognize that binge drinking and anti-social behaviour can be a particular problem in some areas and at specific times. Responses received suggest that members agree that raising the legal alcohol purchase age to 21 would help tackle the problems of alcohol misuse amongst this age group. We recognize that in order to change Scotland’s perceptions to alcohol and alcohol misuse it is important to support members of the younger generations who are not only vulnerable to complications of drunken behaviour but also at risk of establishing a pattern of alcohol misuse that may persist into adulthood.

However comments received from members reflected some disagreement as to the specifics of this in relation to impinging on the rights of otherwise legal adults and the ability of local, rather than national bodies to control the legal purchase age. In this respect we believe that stronger enforcement of the current legislation (including stricter penalties for those selling alcohol to the under 18’s or consuming alcohol when under 18) may be more appropriate. Please see ‘Any other aspects of the Bill’ below for further alternative suggestions.

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

Responses received strongly supported the banning of cheap supermarket style deals in particular those created with a view to encourage greater alcohol sales. We believe that similar deals in place in the on-sale trade (such as 2 for 1 or ‘double up for £1) should be similarly constrained to maintain the same cost to value principle discussed above.

Any other aspects of the Bill

Please find below some additional points based on comments received by our members:

• Primary care is being asked to tackle alcohol misuse via screening and brief interventions, but that this has a reduced effect if broader public health measures are not put in place.
• There should be greater use and enforcement of existing legislation. Test purchasing with using the under 18’s and removal of licenses from offending retailers would be effective and straightforward to introduce.
• A ban on the consumption of alcohol in all public places such as parks, town squares, beaches was suggested as a means to curb anti-social and underage drinking.

Please also find below some specific comments received by our members:

• I would like to see a measure where licensing rules are strictly enforced and if a premises is found wanting it loses its license. That loss should apply to all branches of that premises (so if one supermarket store is caught out all branches of that supermarket would have their license suspended for a set period of say 6 months). It's time to take the gloves off. Alcohol is killing our patients and destroying our society and we have to stop beating about the bush.’
• A minimum price for a unit should only be one strand. The public health measures needs to be more aggressive and targeted at children and teenagers. Alcohol dependent individuals should be recruited to visit schools to give reality to the problem and consequences. Glossy adverts even hard hitting ones can be ignored. Teenagers think they are immune to the damage caused by alcohol. They have to be convinced that they are not.
• Underage drinkers who repeatedly come to the attention of police, school, health or social services should be offered intensive family interventions there appears to be a plan for adults only in health strategy.
• The falsification of ID cards amongst teenagers is apparently widespread so which ever system of identification is used needs to be pragmatically robust with severe penalties for fraud.

Dr Kenneth Lawton
Chair
Royal College of General Practitioners Scotland
20 January 2010