The Royal College of Nursing (RCN) is the UK’s largest professional association and trade union for nurses with around 395,000 members, of which over 38,000 are in Scotland. Nurses and health care support workers make up the majority of those working in health services and their contribution is vital to delivery of Scotland’s healthcare. RCN Scotland is an active member of Scottish Health Action on Alcohol Problems (SHAAP).

The RCN is strongly supportive of the Scottish Government’s intention to introduce a minimum price per unit of alcohol, as one of a range of linked public health measures, through the Alcohol etc (Scotland) Bill. This paper sets out some of the evidence for and reasons why RCN Scotland believes that minimum pricing should be introduced in conjunction with restrictions on off-sales promotions of alcoholic drinks.

The link between price and consumption

The World Health Organisation stated this year:

“There is indisputable evidence that the price of alcohol matters. If the price of alcohol goes up, alcohol-related harm goes down. Younger drinkers are affected by price, and heavy drinkers are more affected than light drinkers; in fact, if a minimum price were established per gram of alcohol, light drinkers would hardly be affected at all. There is also indisputable evidence that the more readily available alcohol becomes, the greater the harm, and strong evidence that the more alcohol is marketed, the greater the risk of harm”.

Similarly, in Scotland, Professor Anne Ludbrook from the Health Economics Research Unit at Aberdeen University has stated:

“There is very strong evidence that increasing the price of alcohol will reduce consumption and that this will, in turn reduce alcohol related harms…. Minimum pricing offers a direct way to affect prices in the market and may provide an incentive to reduce the alcohol content of drinks. It is also likely to have much less effect on the profitability of the alcohol industry…. Finally, the adoption of minimum pricing may send an important signal that alcohol is ‘no ordinary commodity’ and, unlike the case with other commodities, price competition may not serve the best interests of the public”.

In addition to evidence linking price with consumption, political support for

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1 WHO Europe, Evidence for the effectiveness and cost–effectiveness of interventions to reduce alcohol-related harm, 2009
minimum pricing is growing. The House of Commons Health Select Committee recently published a report calling on the UK Government to introduce a minimum price for alcohol as the most effective option a government can introduce to reduce harmful alcohol consumption.³

A briefing by SHAAP⁴ addresses many of the arguments around minimum pricing and RCN Scotland asks MSPs to consider this short paper.

The case for action to reduce harmful alcohol consumption

On the basis of strong evidence, Scotland now has an opportunity to lead the way in taking forward a public health measure that could radically reduce the substantial human and financial cost of alcohol misuse to our society. Scotland has:

- The highest rate of alcohol related deaths of any UK nation;
- The highest rate of alcoholic liver disease in western Europe;
- One of the fastest rising liver disease-related death rates in the world⁵;

and

- A cost to society estimated (mid-point) at £3,555.7 million in 2007 alone⁶.

RCN urges all politicians to support the Scottish Government’s minimum pricing proposals, as part of the Bill’s integrated package of measures, to turn around this dire, and worsening, public health record.

The proposed minimum pricing measures have the support of many of the healthcare professionals who are all too often at the frontline of dealing with the tragic impact of alcohol misuse. A poll conducted by the RCN and the Royal College of Physicians⁷, revealed that 73% of respondents felt that action on low priced alcohol is needed to tackle alcohol related problems. It is not surprising that clinicians are so concerned to see this change. In Scotland:

- There were over 42,000 discharges from hospitals with an alcohol related diagnosis in 2007-08;
- General practice teams undertook 111,200 alcohol related consultations in 2006-07;
- 11% of A&E attendances are thought to involve alcohol; and
- Alcohol related mortality has doubled in 15 years⁸.

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³House of Commons Health Select Committee report on alcohol, January 2010: http://www.publications.parliament.uk/pa/cm200910/cmselect/cmhealth/151/15102.htm
⁵Audit Scotland, Drug and Alcohol Services in Scotland, March 2009, p. 8
⁷Royal College of Physicians and Royal College of Nursing, Survey on Alcohol Treatment Services, April 2009. See: http://www.rcplondon.ac.uk/files/Survey-Alcohol-Treatment-Services-Summary-RCP-RCN.pdf
⁸Audit Scotland, ibid, p.7-8
This is a great waste of human potential and demonstrates a significant, but avoidable, pressure on NHS resources at a time of reducing public sector spending.

**Integrated approach to reducing harmful alcohol consumption**

Pricing mechanisms alone will not reduce the deeply concerning rates of alcohol misuse in Scotland. The RCN will continue to call for adequate resources to be made available to support comprehensive access to trained health professionals for those who wish to address their problematic drinking. Audit Scotland recently highlighted there is substantial variation in spend on alcohol and drug interventions across Scottish health boards that cannot be explained by variation in indicators of need\(^9\). In the RCN/RCP poll\(^10\), 88% of clinicians surveyed said that funding across the UK had not kept up with demand or that services were suffering underinvestment.

In addition, much more must be done to ensure public health messages on safe alcohol use are both understood and acted upon, as 84% of clinicians believe public health campaigns are not effective\(^11\).

However, these issues must be addressed in parallel with legislative approaches. In taking decisive action by supporting the introduction of minimum pricing, the Scottish Parliament has the opportunity to make a significant impact on Scotland’s appalling public health record in relation to alcohol consumption.

Theresa Fyffe  
Director  
Royal College of Nursing Scotland  
19 January 2010

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\(^9\) Audit Scotland, *ibid.*, p.12  
\(^10\) Royal College of Physicians and Royal College of Nursing, *ibid.*  
\(^11\) Royal College of Physicians and Royal College of Nursing, *ibid.*