Alcohol etc. (Scotland) Bill
Royal College of Physicians of Edinburgh (RCPE)

Introduction

The Royal College of Physicians of Edinburgh (RCPE) has been at the forefront of raising awareness about the alarming increase in alcohol-related harm which has seen alcohol-related deaths in Scotland double in the last 15 years and which now accounts for the death of one person in Scotland every 3 hours (or 2882 deaths per year).¹ Alcohol-related harm disproportionately affects people in the most deprived areas of Scotland, where men are 16 times more likely to die as a result of chronic liver disease (85% of deaths being related to alcohol abuse)², than those in the least deprived areas, and is estimated to cost £2.25 billion per year.³ The scale of the problem requires radical action and strong political leadership.

In addition to raising awareness about the catastrophic health impact of the nation’s excessive alcohol consumption, the RCPE has advocated the adoption of evidence-based policy measures likely to have the greatest impact in reducing premature death and alcohol-related ill health and was instrumental in establishing the medical advocacy body, Scottish Health Action on Alcohol Problems (SHAAP). The RCPE continues to work with SHAAP and others to promote effective governmental and public health policy on alcohol.

Against this background, the RCPE strongly welcomes the publication of the Alcohol etc. (Scotland) Bill and the measures contained within. We believe that this Bill represents a commitment from the Scottish Government to tackle alcohol abuse in a meaningful way, which recognises the irrefutable causal link between the price of alcohol, the level of consumption and alcohol-related harm. Significantly, the Alcohol etc. (Scotland) Bill recognises that alcohol abuse requires to be tackled at a population level via a comprehensive package of measures that are targeted both at problem drinkers and at the wider populace (in which the level of consumption has risen significantly and worryingly in recent years).

Detailed response

Questions 1-4: Minimum Pricing

Evidence base and rationale

A large body of scientific evidence now exists to provide an irrefutable link between the price of alcohol, the level of consumption and, in turn, the level of alcohol-related harm. This is one of the most researched areas of alcohol policy.⁴,⁵,⁶

While the price of alcohol in the UK has decreased dramatically in real terms in recent decades (alcohol was 69% more affordable in 2007 than in 1980⁷),
alcohol consumption has doubled. In Scotland, which has 15 of the 20 worst areas for male alcohol-related deaths in the UK, alcohol-related deaths have doubled during this period and mortality rates from alcoholic liver disease, hospital admissions from the acute effects of alcohol and the number of alcohol-related assaults have all risen dramatically. This has occurred during a period in which alcohol has been promoted irresponsibly by large retailers, often at below cost and as a loss leader.

It is clear that if wishing to reduce alcohol-related harm, consumption has to decrease and the most effective mechanism of achieving this is to increase the price of alcohol. Various approaches to increasing price have been tried around the world, including taxation. However, research has shown that where a blanket levy is applied to all forms of alcohol (ranging from the low-cost to premium products), drinkers were found to have simply changed their brand choices from expensive to cheaper drinks (often with a higher alcohol volume). This research also highlighted that a greater decrease in consumption was obtained when cheaper drinks were targeted.

In Scotland, much attention has been drawn to the consumption of “Buckfast” because of the common association with alcohol-fuelled, anti-social behaviour. It has been argued that minimum pricing should not be adopted as it would not address this particular issue, principally because “Buckfast” is not a low-cost product. However “Buckfast” sales are very localised, do not feature prominently in alcohol-related harm in large areas of Scotland (W Morrison FRCPE, A&E Consultant, NHS Tayside, personal communication) and its consumption in problem drinkers, including young people from whom alcohol has been confiscated by the police, is dwarfed by the consumption of cheap cider and spirits (which would be affected by minimum pricing). In fact “Buckfast” comprises less than 1% of all alcohol sales in Scotland. This is therefore a side issue which should not detract from the wider benefits to be accrued through the implementation of minimum pricing.

Minimum pricing should not be seen as a policy measure which will tackle every form of alcohol abuse. It would focus on the lowest cost products favoured by the heaviest drinkers and would therefore provide an effective method of targeting this group without penalising the wider population.

It is recognised that the adoption of minimum pricing as a policy measure per se is relatively untested, and that only limited research has been published on minimum pricing to date. However, when this emerging evidence is considered along with the mass of scientific evidence in relation to consumption and cost, studies on the effects of other forms of price increases and a number of national and international reviews, minimum price has emerged as the policy measure most likely to reduce alcohol-related harm. This explains why after reviewing the evidence, the World Health Organisation, a range of leading international alcohol scientists, the House of Commons Health Committee, the Scottish and UK Medical Royal Colleges, the Chief Medical Officers of Scotland, England, Wales and Northern Ireland, the Directors of Public Health of every NHS Board in Scotland and the National Institute for health and Clinical Excellence (NICE) in England have all...
concluded that statutory minimum pricing should be implemented to reduce the increase in alcohol-related harm.

Scotland has a proud history of adopting innovative public health policy and similar political leadership will be required to implement this much-needed policy measure.

At what level should a minimum price be set?

The RCPE believes that while this is an important area for discussion, it should not be allowed to detract from the more important matter of establishing the Scottish Parliament’s commitment to the principle of minimum price in the first instance. This happens in other areas of legislation where the legislative framework is enacted followed by detailed secondary legislation. The level at which the minimum price is set would then be a secondary matter.

As the Committee will be aware, the Sheffield study modelled a range of possible minimum prices to be applied to a unit of alcohol\(^{15}\). This estimated that if a 40p level was applied this would save about 70 lives in year one, rising to 365 lives per year by year ten in Scotland. As the level increased (e.g. to 50p), so did the level of impact. With regard to hospital admissions, a 40p level would reduce such admissions by 3,600 per year and a 50p unit per year by 8900.

Ultimately, the level at which a minimum price should be set is a political decision involving the benefit of reducing alcohol-related mortality and harm and the acceptability to the Scottish people.

Alternatives

The principal alternative means to increasing price is taxation. As previously noted, research has shown that blanket taxation increases do not reduce consumption in problem drinkers. The Scottish Parliament does not have the power to increase taxation on alcohol, as this is a reserved matter for Westminster. However, the Scottish Parliament could lobby Westminster to increase taxation on selected products, e.g. cider, where the duty paid per litre is only 26p compared to 65p for a similar volume and strength of beer, Similarly, Westminster could reduce the levy on lower strength beer and increase it on higher strength brews to encourage the alcohol industry to shift production from higher to lower strength beers. This would give drinkers an incentive to drink lower strength alcohol which could reduce alcohol-related harm. This approach has been tried in Australia, where 40% of the beer market now has an alcohol content of less than 3.8%, and alcohol consumption has decreased by 24% since 1980\(^{16}\). However the evidence in favour of minimum pricing as the most effective policy means that we would advise exploring these fiscal measures to complement rather than replace minimum pricing.
Question 5: The advantages and disadvantages of introducing a social responsibility levy on pubs and clubs in Scotland

We do not have a strong view on this matter.

Question 6: The justification for empowering licensing boards to raise the legal alcohol purchase age in their area to 21

While this proposal may not have as strong an evidence base as other areas of alcohol research, such as the link between price and consumption, evidence from other countries, most notably the USA, would suggest that enabling licensing boards to increasing the minimum legal drinking age from 18 to 21 in their areas could reduce alcohol consumption in this age group. We are also aware that many young people in Scotland ‘pre-load’ on alcohol purchased in an off-licence before going out for the evening and we note with interest the successful voluntary scheme piloted in West Lothian in which retailers did not sell alcohol to anyone under 21 on Friday and Saturday evenings.

The disadvantage of empowering local licensing boards to increase the legal alcohol purchase age in their area is that this could lead to variation in alcohol purchase ages in different parts of the country which may be seen as unjust. However, this measure could allow local Licensing Boards, after producing a detrimental impact statement, to require selected (problematical) premises to increase the minimum legal purchase age to 21. Simply the threat of such a sanction may encourage greater responsibility from retailers.

On balance, the RCPE would support the above measure.

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

The RCPE welcomes the proposal in the Bill to end promotional offers in the off-sales sector which encourage irresponsible drinking. The Licensing (Scotland) Act 2005 already includes regulations to curtail irresponsible drinks promotions in the on-trade sector and we have long argued that it was anomalous and a weakness of the original legislation that such regulations were not applied equally to the off-trade sector. In recent years competition between retailers (principally the four largest supermarket chains) has driven down the price of alcohol in the off-trade sector to the extent that a unit of alcohol can be purchased for as little as 16p. The report from the Competition Commission in 2007 documented the extent to which alcohol is now being sold by retailers as a loss leader, via ‘deep discounting’, throughout Scotland and the rest of the UK. It would seem beyond question that such irresponsible promotion and affordability of alcohol, in some cases high-strength, has encouraged people to consume more alcohol than they may have intended.
Conclusion

The scale of alcohol-related harm in Scotland presents the Scottish Government, medical professionals and society in general with one of its greatest challenges. The statistics make harrowing reading and demand radical action. Successive governments have tried a variety of approaches to curb alcohol-related harm without success. Evidence has shown that health education has had little impact and bolder action is required. The Alcohol etc (Scotland) Bill contains a comprehensive package of measures which, collectively, present a new opportunity to tackle Scotland’s alcohol epidemic. The Bill recognises the large body of scientific evidence providing an irrefutable causal link between price, consumption and harm and contains evidence-based policy measures to address the problem. Much political debate has centred on minimum pricing, which should not be viewed as a solitary policy measure, but rather part of a wider package of measures. There is unprecedented international interest in Scotland’s proposed approach to alcohol, recognising that the adoption of minimum pricing in Scotland may provide an innovatory model for replication elsewhere. Scotland has a long and proud tradition of developing innovative public health policy and we would urge the Scottish Parliament to show strong political leadership to continue this tradition by supporting all aspects of the Alcohol etc (Scotland) Bill, including minimum pricing.

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References

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