Alcohol etc. (Scotland) Bill
Scottish Ambulance Service (SAS)

General Comments

SAS welcomes the opportunity to contribute to this call for evidence and we support the general principles of the Bill. Alcohol puts significant strain on SAS resources and potentially affects our ability to respond to other medical emergencies, as well as affecting the wellbeing and safety of our staff responding to alcohol related incidences.

We are particularly compelled by some specific findings of a study carried out by Sheffield University that considered the implications of a range of options in Scotland. Based on a minimum price of 40p per unit of alcohol being introduced along with a ban on price promotions, it is estimated that:

- Consumption among harmful drinkers in Scotland would fall 8.7 per cent
- Deaths would fall by about 70 in the first year and 365 per year by year 10 of the policy
- A reduction in illnesses of 1,200 in the first year and 3,700 per year by year 10
- A reduction in general hospital admissions of 1,600 in the first year and 6,300 per year by year 10 (representing 15 per cent of total alcohol-related admissions)
- A reduction in crime of 3,200 offences per year

As many as two-thirds of calls to SAS at the weekend can be alcohol-related, ranging from direct harm to the individual from alcohol, and alcohol-related accidents and violence. The latter is also a considerable challenge and threat to the effectiveness and wellbeing of our front-line staff, with impacts on morale and sickness absence rates.

We agree with the view of the national Violence Reduction Unit that if we reduce the accessibility and availability of alcohol, we will reduce violence – as well as reducing the considerable burden on our economy and our health service.

A reduction in alcohol consumption could also help to mitigate unprecedented increases in emergency demand in recent years. There should be benefits of reduced A&E attendances and general health improvement benefits.

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

SAS supports the statement of BMA Scotland and others around the evidence of a strong relationship between price and consumption: as price falls, consumption increases. Alcohol has become progressively more affordable, particularly for off-sales. If heavy drinkers are drinking less, friends and family
will notice a positive difference in their lives. If young people are drinking less, they will be less at risk of coming to harm themselves and less likely to disrupt those living in the local area.

We also agree with the view of the national Violence Reduction Unit that if we reduce the accessibility and availability of alcohol, we will likely reduce violence – as well as reducing the considerable burden on our economy and our health service.

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

SAS does not have a particular view on this, other than the level should be set at some such point where evidence exists of a likely meaningful impact on consumption.

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

SAS supports the view that minimum pricing is the best mechanism to change the business practices such as loss-leading and heavy discounting that are contributing to these problems. We believe that minimum pricing could have a significant and positive impact on health as part of a co-ordinated strategy. Treating alcohol-related conditions cost the NHS in the UK approximately £2.7 billion in 2006/07, almost double the 2001 cost.¹

¹ NHS Confederation and Royal College of Physicians Joint Briefing, 1 Jan 2010

Possible alternatives to the introduction of minimum pricing as an effective means of addressing the key public health issues around alcohol consumption

SAS believes that tackling the availability of cheap alcohol is a very important step, but that it is also important to have a co-ordinated strategy on tackling alcohol problems, including education, prevention and treatments service as part of a wider package. These services require ongoing investment and should be designed on the best available evidence of effectiveness. They should also build upon the most successful partnership approaches involving the NHS, local government, the third sector, police and criminal justice agencies and other key stakeholders.

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