Alcohol etc. (Scotland) Bill

Scottish Association of Alcohol and Drug Action Teams (SAADAT)

Part 1

Pricing of alcohol

(Minimum price of alcohol)

SAADAT believes that a convincing body of evidence on this issue is already in the public domain. An increase in price will impact on consumption and that reduced consumption will result in reduce harm across the spectrum of harms.

Disadvantages are difficult to identify. This measure returns additional revenue to the industry and levels the playing field between on and off sales premises. We support the thinking that underpins the estimate that a 40p minimum price combined with a ban on promotions will produce a fall in overall consumption of about 5.4%. Scottish retailers would sell less volume but at higher prices, leading to an overall increase in sales value.

Setting a minimum price between 40p and 50p per unit would be considered fair in our view. This would increase the price of strong ciders, beer and lagers to a level above ‘sweetie money’. The same would apply to supermarket own brands of spirits.

Based on modelling work already in the public domain, the price of premium wine and spirits and normal strengths beer and lager would not be greatly affected.

As the evidence presented explains, this will impact most on harmful drinkers. People who drink within the sensible drinking guidelines will not notice much of an effect. E.g. a 40p minimum price was introduced, a moderate drinker’s spend on alcohol would go up by £11 per year compared with a harmful drinker who will spend an extra £137 over the same period.

On the rationale behind the use of minimum pricing as an effective tool to address all types of problem drinking SHAAP document the evidence around this issue. While alcohol policy has tended to focus on the minority of the drinking population who are the heaviest drinkers. Various studies have quantified the burden of alcohol related harm showing that it is actually the much greater number of drinkers in a population (over 1 million in Scotland) who, on occasions, drink to excess, who account for most of the alcohol-related problems.

As part of the same evidence base, on examination of the causes of disease and disability attributable to alcohol, research shows that a greater proportion of the overall burden of harm is associated with the acute effects of alcohol use and drinking to intoxication, rather than the chronic effects of sustained heavy drinking over a long period of time. Acute effects of alcohol use include
unintentional injuries such as road traffic accidents, burns, drowning and falls, and intentional injuries including suicide.

A number of studies have shown that the acute effects of alcohol use and the risk of injury increases even at low levels of consumption, starting with a single drink and rising depending on the amount of alcohol consumed. This means that the risk of alcohol-related injury is not confined to the heaviest drinkers in a population, but is much more widespread.

Finnish studies show that the majority of problems were found in the 90% of the population consuming moderately, compared to the 10% of the population drinking heavily.

In the UK, where a pattern of heavy episodic drinking is prevalent, more people die from alcohol-related falls and intentional injuries than cirrhosis of the liver and alcohol-related oral cancers. (SHAAAP)

Complementary activity to minimum prices include:

- Reduce the legal limit for alcohol and driving from 80mg to 50mg or even zero.
- Ban on advertising including sports advertising. Expenditure on alcoholic drinks advertising continues to outstrip sensible drinking campaigns by over 96% and the evidence suggests that alcohol promotion has a reinforcing effect on young people’s drinking.
- More focused work on the identification, treatment and most of all the prevention of foetal alcohol syndrome and spectrum disorders.

PART 2

LICENCE HOLDERS: SOCIAL RESPONSIBILITY LEVY
(10 Licence holders: social responsibility levy)

A lot of emphasis in UK alcohol strategies is placed on individual responsibility for appropriate drinking behaviour. Some commentators, notably in the media, go further and argue that alcohol consumption is entirely a matter of individual responsibility, not an area to be regulated by government intervention.

(SHAAAP). Point out the difficulty in this argument; harmful alcohol use is rarely, if ever in modern society, an ‘individual’ problem. Harmful alcohol use impacts on family, friends, neighbours, work colleagues, and ultimately society as a whole.

A levy on licence holders would send a clear message that we accept the alcohol related harm is solely about individual responsibility.

The disadvantage lies in the complexity of identifying irresponsible sellers of alcohol and an opportunity to reward good practice in the industry.
Sale of alcohol to under 21s etc.
Age verification policy
(8 Off-sales: sale of alcohol to under 21s etc)
(5 Requirement for age verification policy)

Pilot studies indicating that this is an effective way (if resources are available for enforcement) to reduce anti social behaviour and improve community safety and the fear of crime.

Drinks promotions
(Off-sales: restriction on supply of alcoholic drinks free of charge or at reduced price)

Encouraging individual restraint in an environment that promotes access as well as excess is contradictory.

For many people choosing to drink and how much to drink will not be the result of a purely rational decision-making process.

Access, affordability and environmental cues will impact on decisions.

Individual decision making will be easier in the absence of promotional cues in the same way that prohibiting smoking in public places makes it easier for people quit.

11 Regulations under section 10(1): further provision

Additional information

The Bill should include a recommendation about the importance of adding the identification, treatment and, above all, prevention of foetal alcohol harm.

Scottish Association of Alcohol and Drug Action Teams
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