ALCOHOL ETC (SCOTLAND) BILL

When giving evidence at Stage 1 of the Alcohol Bill on 24 February we agreed to write to the Committee on two points.

The first point relates to the exchange between Mrs Scanlon and Dr Lesley Graham (official report column 2759) about hospital discharges and the source of the evidence provided in the SPICe briefing provided to the Committee. As we suggested, the information provided by the British Beer and Pub Association and quoted in the SPICe briefing relates to the UK rather than Scotland. The Annex to this letter provides further information and sets out the position in respect of Scotland.

The second point relates to Mrs Eadie’s question about the responsiveness of those who drink at harmful levels (column 2763) and the Convener asked us to write providing further information.

The Sheffield study suggests that those who buy the most alcohol are the most affected by minimum pricing in terms of changes in spending and changes in consumption. For a 40p minimum price combined with a discount ban, heavy (harmful) drinkers are estimated to spend £137 more a year on alcohol and reduce their consumption by 8.7% (which represents 294 units a year; equivalent to around 11 bottles of vodka).

Some studies have concluded that heavy drinkers respond less to price changes than the Sheffield Study suggests, although they still showed that heavy drinkers do respond. The Sheffield model is much more sophisticated than previous studies in considering switching behaviours between drinks and locations. They consider that minimum price would have a greater effect on heavier drinkers because minimum pricing would prevent them ‘trading down’ to cheaper drinks (the Department of Health estimates that two-thirds of cheap alcohol is consumed by heavy drinkers).
However, Sheffield did explicitly consider the effects of minimum pricing on heavy drinkers in the event they were one third less responsive than moderate drinkers. This still showed a significant reduction in absolute consumption by heavy drinkers with a consequent reduction in health harms.

Evidence from frontline clinical services, based on interviews with patients with serious alcohol problems at the Royal Edinburgh Hospital, suggests that minimum pricing of alcohol is likely to reduce consumption amongst Scotland’s heaviest drinkers. The study explored the drinking habits of patients referred to alcohol problems services in Edinburgh in 2008-09. It found that:

- The lower the price a patient paid per unit of alcohol, the more units they consumed.
- Most of the alcohol consumed was bought from off-licensed premises where the cheapest alcohol is sold. The average price paid per unit of alcohol was 34p which is much lower than the average paid per unit in Scotland as a whole.
- Off-licensed purchases were made in roughly equal proportions from supermarkets and local/independent shops.
- 75% of patients reported never purchasing alcohol from on-licensed settings.
- Vodka was reportedly the most popular drink, but it was noted that white cider provided a particularly cheap access to alcohol.
- Patients in the study consumed on average 198 units of alcohol in a typical drinking week. The recommended weekly limit for men is 21 and 14 for women.

It is generally accepted that self-reported data underestimates actual consumption by as much as 50%. It is also the case that the heaviest drinkers tend not to respond to surveys and some heavy drinking groups such as students in halls of residence, homeless people and offenders are not covered by household surveys.

I hope this helps the Committee’s consideration of the Bill but please come back to me if you require any further information.

Yours sincerely,

GARY COX
Head of Licensing
Key Points

- Alcohol consumption of the population can be derived from several sources: self report surveys from individuals; alcohol cleared for sale and industry sales data. Each data source has its limitations. **As no single source of consumption data is a gold standard**, it is important to triangulate the different sources to obtain a fuller picture.

- The British Beer and Pub Association (BBPA) cite Her Majesty’s Revenue and Customs (HMRC) data (alcohol cleared for sale). These data are only available at UK level.

- The BBPA have been **selective in their presentation** of HMRC data. The baseline chosen is the year at which consumption was highest in recent years. The denominator would appear to that of the entire population including children rather than the adult population (of 16+), as is more conventional. The BBPA figures are **not publicly available**.

- HMRC published data show that consumption actually **rose by 1.2% from 2006/07 to 2007/08**. It is well established that longer term trends for alcohol consumption are more important. Over the last ten years, alcohol consumption has **risen by 13.5% at a time when alcohol related harm in the UK has risen**.

- It is not clear from the BBPA press release which hospital admission figures are being referred to but these are **assumed to be English**. These are not directly comparable with Scottish hospital admission reporting.

- Scottish industry sales data show that consumption in Scotland has **remained relatively stable** for the past five years. **Scottish self report surveys** show a slight fall in consumption between 2003 and 2008 for men and an even smaller though not statistically significant fall for women.

- In Scotland, the most recent hospital discharge data (source: SMR01) show that **alcohol related hospital discharges fell from 43,045 in 2007/08 to 41,922 in 2008/09**. Numbers have **fluctuated** during the past five years.

- There is clear and consistent international evidence that population alcohol consumption is directly related to the amount of alcohol related harm. International studies\(^1\) and routinely reported data\(^2\) from the World Health Organisation show that as consumption rises, indicators of alcohol related harm such as mortality rates from chronic liver disease increase, and vice versa.

---

\(^1\) Norstrom Alcohol in Postwar Europe Swedish National Institute of Public Health 2002

\(^2\) [http://www.scotpho.org.uk/scotlandhfad/] St Andrew’s House, Regent Road, Edinburgh EH1 3DG

www.scotland.gov.uk