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Dear Sir or Madam

Call for written evidence on the Alcohol Etc. (Scotland) Bill

Thank you for the opportunity to present my views on this Bill, which is of vital importance to public health in Scotland. Current consumption patterns of alcohol are significantly damaging the health of the Scottish population and pose a clear and significant threat to the future well-being of the nation, affecting disproportionately the younger and more deprived drinking populations. It is well established that alcohol can cause serious harm to health and well-being.[1] These harms are experienced at both individual and population levels. Health-related harms are manifest in the number of people attending their GPs, visiting Accident & Emergency Departments, and being admitted to hospital, due to alcohol-related conditions. The rise in alcohol-related deaths in Scotland in recent years has been dramatic, doubling in as little as ten years.[2] Scottish alcohol-related death rates are also now double those elsewhere in the UK.[2] Overall, alcohol-related consequences cost Scotland over £2.25 billion annually through costs to the NHS, social services, the criminal justice system and lost productivity.[3] An effective, evidence-based, Governmental response, analogous to the smoking ban, is justified.

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

There is a strong and robust evidence base that clearly demonstrates that increasing the price of alcohol decreases alcohol consumption and alcohol-related harms.[4,5,6,7,8] The economic modelling by the University of Sheffield's School of Health and Related Research (ScHARR) is consistent with this large body of empirical evidence.[9] This shows an overall clear net reduction in alcohol consumption and alcohol-related harms as a result of minimum pricing, while also financially benefiting the alcohol industry. Young people and heavy drinkers are particularly likely to respond positively to an increased price of alcohol,[1,4,6,7,9,9] whereas currently responsible drinkers are not likely to be affected.

Advantageously, a unit-based minimum price would apply to all alcohol equally. As such, there is likely to be support from on-sales retailers as it contributes to a 'leveller playing field' with off-sales businesses. Additional income generated from increased pricing would not disadvantage businesses as it goes into their profit margin, rather than being a tax passed on to Government.[8]

Contrary to minimum pricing, variable taxation can produce unintended incentives to consume drinks containing higher levels of alcohol.[5] Tax increases can be offset by

retailers by cross-subsidising against the price of other products.[4] Where these other products are staples such as milk and bread, this can have an adverse effect, particularly on the disadvantaged. Minimum pricing per unit also prevents drinkers maintaining their alcohol consumption in the face of increasing prices by reducing the quality of product that they buy.

The main disadvantage facing Scotland might be an increased profitability of grey and black market sales,[4] with illicit importation of cheaper alcohol from elsewhere, although elsewhere in the world price rises have also been followed by increased consumption of contaminated illicit alcohol, and non-beverage alcohol by those with severe alcohol problems.[5] This issue would have to be monitored.

Minimum pricing would be a proportionate response to the clear and significant threat posed by alcohol to the country's current and future health and well-being. It would send the right public health message to the population and would be expected to reduce harms and save lives within the first year of implementation.[9] More substantive benefits to harmful drinkers likely to affect chronic health will derive in the longer term and these will include potential savings to healthcare, criminal justice, local authorities, police and prison service.

Scotland has a leadership opportunity once again, comparable to the public health policy of banning smoking in public places.

A minimum alcohol sales price based on a unit of alcohol is therefore strongly supported.

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

The ScHARR modelling appears to offer robust evidence on which to base Scottish pricing decisions.[9] All the minimum prices modelled appear to produce net benefits. It is notable that in the combined model (minimum price and total discount ban), the main effect below a minimum price of 40 pence is mainly due to a total discount ban. It is also notable that when minimum price is modelled alone, the overall net benefit at lower levels of minimum price may involve increased consumption and harmful consequences amongst some moderate and hazardous drinkers. Higher minimum prices both increase the overall benefit and avoid harmful consequences in any group.

The minimum price per unit of alcohol should therefore be set between at least 40 and 50 pence.

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

Population level problems require a population approach, which can be counter-intuitive to those who argue for an approach that targets individuals at high-risk of alcohol-related consequences. Half of all alcohol is consumed by just 10% of drinkers.[1] The individuals within that 10% are certainly at high risk of experiencing alcohol-related harms. A targeted approach to reduce alcohol consumption would reduce their risk, but would not necessarily reduce the overall harm experienced in society. This is because alcohol-related disease occurs with consumption levels far below that of the heaviest 'problem' drinkers, since there is no such thing as 'risk-free' intoxication.[10] For example, a 'hazardous drinker' can be someone who drinks to intoxication once a week but otherwise remains within recommended daily maximum limits.[11] Compared to high-risk drinkers, an individual who only occasionally gets intoxicated has a lower individual probability of negative

consequences, but these consequences do nonetheless occur.

Essentially, a small risk across a big group of people gives rise to more events than a higher risk across a smaller group of people. This is illustrated by alcohol-related hospitalisations and deaths not being restricted to the highest consumers.[12] This also explains the results of the ScHARR modelling, which shows reductions in alcohol-related hospital admissions for *moderate* (i.e. those drinking within the recommended maximum limits) as well as hazardous drinkers, alongside major reductions in admissions for harmful drinkers.[9]

In addition, minimum pricing would be consistent with culture change messages and there is evidence suggesting it gains some support from on-sales retailers by creating a more level 'playing field' in the commercial setting (particularly regarding product discounting).

Minimum pricing is particularly effective for young drinkers, hazardous drinkers, and harmful drinkers, but is also expected to deliver benefits for moderate drinkers.[1,4,6,7,9,9]

Possible alternatives to the introduction of a minimum alcohol sales price as an effective means of addressing the public health issues surrounding levels of alcohol consumption in Scotland

The most effective alcohol interventions all involve restricting the availability of alcohol. Increasing the price of alcohol is the intervention with the strongest evidence base.[4] Interventions with similar strength of evidence, such as prohibition, state monopoly of supply, and minimum legal drinking ages, may not be as cross-culturally acceptable as pricing interventions.[4] Therefore, while minimum pricing should not be seen as the sole answer to Scotland's alcohol problem, all other interventions have less evidence to support them.

Alcohol's availability should continue to be restricted by age, by limiting opening hours, and by limiting the geographical density of alcohol outlets.[4] Other interventions, such as restricting the strength of alcohol commonly available while limiting the availability of stronger alcohol drinks to fewer outlets could also be considered.[4]

The use of educational interventions, whether in the classroom, or via warning labels on alcohol products, does not offer as effective an alternative as minimum pricing.[1,4]

The advantages and disadvantages of introducing a social responsibility levy on pubs and clubs in Scotland

There is a lack of research evidence on the possible effectiveness of a social responsibility levy.

The need for research in this area is supported.

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

Hazardous and harmful drinking is especially prevalent among young people.[13,14] Young people appear at particular risk of certain types of alcohol-related harms, including violent crime and drink-driving.[4] Minimum legal purchase ages have a broad evidence base that supports them as effective in reducing hazardous drinking among younger people.[4] Interventions that reduce young people's drinking and associated harms should be

supported. However, requiring licensing boards to apply this locally could result in perceived unfairness between communities. What would be the response to young people purchasing alcohol in a neighbouring area where such purchases are legal, and then returning with that to their own area where it was not? The question of level playing fields between different commercial businesses would possibly lead to no movement on this at local level.

In the absence of a national raising of the legal alcohol purchase age to 21, minimum pricing should be seen as the most effective evidence-based intervention shown to reduce young peoples' alcohol consumption and associated harmful consequences.[1,7]

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

Promotional offers are used by retailers to reduce the price of alcohol, and therefore increase demand. Banning off-sales price promotions appears effective at reducing alcohol consumption, and produces additional such reductions when used in conjunction with minimum pricing above 40 pence per unit.[9] Alcohol advertising and promotion encourages pro-drinking attitudes, and recruits young people in particular as new drinkers.[1,4] The more advertising and promotion young people see the more they drink in the future.[4]

The advertising and promotion of alcoholic products should be curtailed.

Thank you again for the opportunity to bring my views to the attention of the Committee.

Yours sincerely

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Director of Public Health

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[1] World Health Organization (2007) *WHO Expert Committee on Problems Related to Alcohol Consumption: Second Report* WHO: Geneva http://www.who.int/substance_abuse/expert_committee_alcohol_trs944.pdf
[2] Breakwell, C. et al (2007) Trends and geographical variations in alcohol-related deaths in the United Kingdom, 1991–2004 *Health Statistics Quarterly* 33: 6-24. http://www.statistics.gov.uk/downloads/theme_health/hsq33web.pdf
[3] Scottish Government (2008) *Costs of Alcohol Use and Misuse in Scotland*. http://www.scotland.gov.uk/Resource/Doc/222103/0059736.pdf
[4] Babor, T. et al (2003) *alcohol: no ordinary commodity* Oxford University Press: Oxford
[5] Stockwell, T., Leng, J. & Sturge, J. (2006) Alcohol Pricing and Public Health in Canada: Issues and Opportunities *Centre for Addictions Research of BC* http://carbc.ca/portals/0/resources/AlcPricingFeb06.pdf
[6] Wagenaar, A.C. et al (2009) Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies *Addiction* 104: 179-190
[7] Ludbrook, A. (2004) *Effective And Cost-Effective Measures To Reduce Alcohol Misuse In Scotland: An Update To The Literature Review* Health Economics Research Unit, University of Aberdeen http://www.scotland.gov.uk/Resource/Doc/35596/0012571.pdf
[8] Ludbrook, A. (2008) *Minimum Pricing of Alcohol – An Economic Perspective*. Health Economics Research Unit, University of Aberdeen. http://www.work-interactive-test.co.uk/UserFiles/File/Minimum%20Pricing%20of%20Alcohol%20-%20An%20Economic%20Perspective.doc
[9] ScHARR (2009) *Model-Based Appraisal Of Alcohol Minimum Pricing And Off-Licensed Trade Discount Bans In Scotland* University of Sheffield http://www.scotland.gov.uk/Resource/Doc/285795/0087053.pdf
[10] Stockwell, T. (1996) Unraveling the preventive paradox for acute alcohol problems *Drug & Alcohol Review* 15: 7-15
[11] Babor T et al (2001) *The Alcohol Use Disorders Identification Test, Guidelines for Use in Primary Care.* WHO http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf
[12] Poikolainen, K. et al (2007) Alcohol and the preventive paradox: serious harms and drinking patterns *Addiction* 102: 571–578
[13] Scottish Health Survey (2008) http://www.scotland.gov.uk/Publications/2009/09/28102003/33
[14] Singleton et al (2001) *Psychiatric morbidity among adults living in private households, 2000* TSO: London