



# Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

## FPH submission of written evidence on the Alcohol Etc. (Scotland) Bill

The UK Faculty of Public Health (FPH) is the leading professional body for public health specialists in the UK. It aims to advance the health of the population through three key areas of work: health promotion, health protection and healthcare improvement. In addition to maintaining professional and educational standards for specialists in public health, FPH advocates on key public health issues and provides practical information and guidance for public health professionals.

The UK Faculty of Public Health welcomes the opportunity to respond to the important proposals outlined in the Alcohol Etc. (Scotland) Bill.

We consider each of the questions posed by the consultation in turn.

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

From a public health perspective, there are no disadvantages of setting a minimum price on alcohol. Alcohol consumption in the UK has doubled over the last 40 years. The average consumption of alcohol in a population is directly linked to the amount of harm. Consumption is strongly linked to affordability: as price has fallen, consumption has risen. Alcohol is now 69% more affordable than thirty years ago.

The economic cost of this alcohol consumption is crippling. The recent study by York University estimated that the damage to the Scottish economy in 2007 from alcohol misuse in terms of healthcare services resource use and costs, social care expenditure, cost of crime, reduced productivity of the Scottish workforce and other wider costs, was between £2.48 billion and £4.64 billion<sup>1</sup>.

Tackling price and availability are the most effective alcohol policies. A minimum price per unit of alcohol sold would have a significant impact on alcohol consumption and reduce harm.

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

We recently surveyed our membership of leading public health specialists across the UK on the issue of minimum pricing, and specifically, a range of different pricing options. An overwhelming majority (87 per cent) of respondents (n=274) supported the principle of minimum pricing, while 59 per cent expressed support for 60 pence per unit. A level of 50 pence

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<sup>1</sup> York Health Economics Consortium, University of York, *The Societal Cost of Alcohol Misuse in Scotland for 2007*, 2010 <http://www.scotland.gov.uk/Resource/Doc/297819/0092744.pdf>

per unit was voted for by 35 per cent, and only five per cent thought 40 pence per unit was sufficient.

This thinking is echoed by the comprehensive and exhaustive research produced by the team at Sheffield University which modelled the effect of different levels of minimum pricing on alcohol consumption in Scotland, and indeed commissioned by the Scottish Government. 40 pence per unit barely affects consumption (-2.7 per cent), while at 50 pence and 60 pence, there is significant changes in consumption (-7.2 per cent and -12.9 per cent respectively).

With this reduced consumption, the researchers then modelled changes in indicators such as hospital admissions, alcohol related crimes, work absenteeism and chronic disease resulting from alcohol. Unsurprisingly, all of these are reduced. This measure would affect, fairly and transparently, drinkers who drink the most alcohol, and no other measure would achieve that. The message is clear: the higher the price, the lower the consumption, and the lower the harm caused by drinking.<sup>2</sup>

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

Minimum pricing would have an effect on alcohol consumption, where other solitary measures have failed. While education and information programmes are not without importance, the government spend on such initiatives pales in comparison with drinks industry advertising budgets. However, the most effective measure will be combinations such as those proposed in the Bill – minimum pricing alongside banning deep discounting, enforcement of the new licensing legislation and continuation of the education and prevention programmes.

It is interesting to note that the Campaign for Real Ale (CamRA) support minimum pricing measures. These measures would target problem drinkers effectively, without penalising those who enjoy alcohol responsibly.

*• 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;*

FPH suggests that there is no effective proven alternative to minimum pricing. Previous measures, such as health information or alcohol education programmes, have proved ineffectual. As outlined above, a combination of measures, such as those suggested in the Bill, with minimum pricing as a central tenet, should be effective at tackling alcohol misuse.

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<sup>2</sup> SchHARR, University of Sheffield. *Model-Based Appraisal of Alcohol Minimum Pricing and Off-Licensed Trade Discount Bans in Scotland: A Scottish adaptation of the Sheffield Alcohol Policy Model version 2*, 2009 <http://www.scotland.gov.uk/Publications/2009/09/24131201/0>

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

No comments

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

There is little reason to suggest that raising the alcohol purchase age in areas to 21 would encourage a more responsible or less harmful drinking culture. The Center for Disease Control and Prevention (CDC) in the United States, where many states have a "21" policy, reports that "alcohol use by persons under age 21 years is a major public health problem". Teenagers aged 12 to 20 years drink 11% of all alcohol consumed in the US<sup>3</sup>, and more than 90% of this alcohol is consumed in the form of binge drinks<sup>4</sup>.

This is a similar pattern to Scotland and the other home nations' problems with teenage drinking. More research is need to model the effects of raising the drinking age to 21 on public health, but some useful recommendations were recently by the Chief Medical Officer in England Sir Liam Donaldson. His report pinpointed the problem of underage drinking as one of easy availability, lack of adult supervision, and cheap prices: "Alcohol consumption, including heavy and regular drinking, is positively associated with the amount of spending money young people have available to them."<sup>5</sup>

In other words, minimum pricing controls would positively impact upon underage drinking. For example, as outlined below, promotional offers that encourage the consumption of spirits at so-called "pocket money" pricing provide the staples of teenage binge drinking.

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

Promotional offers such as "buy one get one free" or "three for the price of two" or "£10 for all you can drink" explicitly encourage a culture of purchasing and in turn drinking more than a person originally intended. An end to bulk purchase alcohol deals, alongside minimum pricing, would encourage a more moderate and responsible drinking culture. The Sheffield study reports that

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<sup>3</sup> Office of Juvenile Justice and Delinquency Prevention. *Drinking in America: Myths, Realities, and Prevention Policy*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; 2005.

[http://www.udetc.org/documents/Drinking\\_in\\_America.pdf](http://www.udetc.org/documents/Drinking_in_America.pdf)

<sup>4</sup> Bonnie RJ and O'Connell ME, editors. National Research Council and Institute of Medicine, *Reducing Underage Drinking: A Collective Responsibility*.\* Committee on Developing a Strategy to Reduce and Prevent Underage Drinking. Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press; 2004.

<sup>5</sup> Department of Health. *Guidance on the consumption of alcohol by children and young people*. A report by the Chief Medical Officer. 2009.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_110258](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110258)

combined with each of the pricing levels discussed earlier, this would a further additional impact on people's consumption (-2.1 per cent at 40 pence, -1.4. per cent at 60 pence). Again, this shows the effect that off trade discounts have on people's consumption patterns.

- *Any other aspects of the Bill.*

Any measures to tackle pricing and discounting should be carried out as part of a wider package of actions designed to turn round the national attitudes to accepting alcohol related harm as part of our lives, and the widespread cultures of alcohol misuse. It is through the concerted efforts of society (the basis for public health action) that change will be effected.