



Report To: Health and Sport Committee
Subject: Submission on the Alcohol etc (Scotland) Bill
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1 PURPOSE OF REPORT

This report to the Scottish Government Health and Sport Committee has been prepared following wide discussion with clinicians and managers across NHS Lanarkshire. It sets out detailed responses to each of the key questions posed in the correspondence to NHS Board Chief Executives inviting their contribution to the debate. It is perhaps helpful to note that the views stated in this feedback are very much in keeping with responses already provided through both the Lanarkshire Alcohol and Drug Partnership (ADP) and the Director of Public Health Medicine.

2 BACKGROUND

The Alcohol etc. (Scotland) Bill was introduced in the Scottish Parliament by the Scottish Government on 25 November 2009. The main purposes of the Bill are to—

- ❖ Introduce a minimum sales price for a unit of alcohol (sections 1 & 2 of the Bill).
- ❖ Introduce a restriction for off-sales on supply of alcoholic drinks free of charge or at a reduced price (section 3).
- ❖ Make provision in law with respect to the sale of alcohol to under 21s (section 8).
- ❖ Restrict the location of drinks promotions in off-sales premises (section 4).
- ❖ Introduce a requirement for licence holders to operate an age verification policy (section 5).
- ❖ Make provision in law for a social responsibility levy on licence holders (sections 10 & 11).

3 NHS LANARKSHIRE BOARD'S RESPONSE

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

Advantages

NHS Lanarkshire is a key partner within the Lanarkshire Alcohol & Drug Partnership (ADP). The ADP strategy for 2008 – 2011 recognises the significant impact alcohol has on the health and well-being of our population, especially those living in our most deprived communities, where the alcohol related death rate in the most

deprived 20% of our population is five times that of the least deprived 20% (ISD 2009).

Scotland's CMO also reported that deaths from liver disease now account for one in 50 of all Scottish deaths, at a time when the rate in most Western countries is falling. Worryingly since 1991, the average age at which people die from alcoholic liver disease has also dropped from 70 to 55 years of age. Both in terms of direct costs, such as hospital services and the criminal justice service, and indirect costs such as loss of productivity and the effects on families, the impact of alcohol misuse on the Scottish economy is substantial. There are also increasing numbers of 16-24 year olds who are drinking above safe levels, while nationally over 65,000 children are living with parents who are currently experiencing alcohol related problems.

NHS Lanarkshire Board therefore endorse the proposals set out within the Alcohol Bill which adopts a whole population approach to tackling Scotland's alcohol problem, including the proposed introduction of blanket minimum pricing of alcohol. This proposal is based on the most fundamental law of economics which links the price of a product to the demand for that product. Accordingly, increases in the monetary price of alcohol, including the introduction of a minimum price per unit would be expected to lower alcohol consumption and its adverse consequences.

Studies investigating such a relationship found that alcohol prices were one factor influencing alcohol consumption among youth and young adults. Other studies determined that increases in the total price of alcohol can reduce drinking and driving and its consequences among all age groups; lower the frequency of diseases, injuries, and deaths related to alcohol use and abuse; and reduce alcohol-related violence and other crime.

Indeed the World Health Organisation (2009) also recognise the extent and consistency of the evidence that alcohol-related harm is linked to product price, with a particular impact on younger and heavier drinkers.

Disadvantages

There are no disadvantages in adopting this approach from a public health perspective, however depending on how it is implemented it will have little or no impact on those who tend to drink the most expensive drinks (it is feasible that some retailers will attempt to maintain price differentials).

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

NHS Lanarkshire would support a minimum price of £0.50 per unit. The justification for this level is taken from the University of Sheffield's Report (2009) which suggests that as the minimum price threshold increases, alcohol-related hospital admissions and deaths are estimated to reduce. At a national level this would see a reduction of 3,600 admissions per annum for a £0.40 price threshold compared to a fall of 8,900 alcohol related hospital admissions per annum for a £0.50 price threshold. In Lanarkshire alone this equates to a reduction of 367 hospital admissions and 907 hospital admissions respectively.

The report also notes that most of the prevented deaths over a ten year timeframe occur in harmful drinkers, while the majority of health related harms are reduced in

middle or older age groups who are at significant risk of developing and potentially dying from chronic disease. The Sheffield Report concludes that as the minimum price threshold increases, healthcare costs are reduced. At a national level, health and social care costs will be reduced by approximately £60m for the £0.40 price threshold and £160m for the £0.50 price threshold over a ten year period. In Lanarkshire this equates to £6.1m and 16.3m savings in health and social care costs respectively.

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

Many of us have witnessed or been caught up in antisocial behaviours resulting from the worst excesses of Scotland's drinking culture. There are significant numbers of people in Scotland, including Lanarkshire, who do not necessarily drink above the safe drinking levels, but who nevertheless cause themselves and others problems, often of a violent nature – this group of drinkers are often termed hazardous drinkers. The Sheffield Report (2009) found that minimum pricing is an effective strategy to reduce drinking amongst this population as well as those drinking at levels harmful to their health.

4 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 policies presented within the National Framework for Alcohol are closely aligned to the recommendations of the World Health Organisation which concluded that the most effective way of reducing alcohol related harm at a national level was the introduction of policies that increase the price of alcohol, limit access, alter the drinking environment and deter drinking and driving.

The international evidence is also clear that reducing the availability of alcohol leads to reduced consumption which in turn leads to reduction in related problems. Availability is influenced by price among other things; licensing and law. Social marketing has shown little success – the big problem is that if marketing works then the competition (suppliers) spend much more already.

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

The Sheffield Report (2009) also concluded that retailer revenue from the sale of alcoholic beverages is estimated to increase under all policies - introducing a social responsibility levy on pubs and clubs in Scotland could therefore be done without effecting the profits of the on and off trade. The social responsibility levy could be used to fund activities which make the night time economy safer (e.g. funding taxi marshalling schemes).

There is however, an associated public cost that goes along with the night time economy and in the towns of Lanarkshire late licensing produces challenges for transport and cleaning as well as immediate noise etc. The social responsibility levy while understandable (and justifiable) may not do much to reduce drinking and may become simply an added cost of doing business.

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

The international evidence is clear that anything that slows young people in adopting a drinking career is likely to be helpful. Lifelong alcohol problems are dose related - a function of how much and for how long.

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

Alcohol has become more affordable over the past thirty years and increasingly widely available. In contrast to thirty years ago, more alcohol is now bought in off-licensed premises – supermarkets and shops - than in on-licensed ones – the pubs, clubs, restaurants and bars. This change in patterns of sales has been associated with patterns of promotions of alcoholic drinks – the ‘3 for 2’, ‘happy hours’, ‘buy-one-get-one-free’ kind of offers with which we are all familiar.

The Licensing (Scotland) Act 2005 enhanced the controls on alcohol in on-sales premises through amendments to promotions, tighter controls on licensing hours and mandatory server training. The Act also affirmed a clear statement regarding protecting and improving the public health as one of the six licensing objectives. Off-sales have not been as constrained by legislation and still operate deep discounting of products and promotions, to gain footfall for other products and hence competitive advantage. It is clear that the off-sales sector is not able to restrict its promotional activity voluntarily in a world of such commercial competitive pressures as currently apply, despite evidence that a total ban on off-trade discounting (such as ‘buy three for the price of two’) would reduce overall alcohol consumption by some 3%.

8 Any other aspects of the Bill.

Setting a minimum price for alcohol and ending deep discounting and promotions across the board will reduce the price gap between the off-licensed and on-licensed trade. Regardless of the level of minimum price set, the combination of these measures will have a major impact on the health of Scotland. It will lower overall consumption with significant health benefits for the Scottish population and will curb the ability of problem drinkers to get drunk cheaply.

4 Conclusions

NHS Lanarkshire Board welcomes and fully supports the affirmative actions set out within the Alcohol Etc. (Scotland) Bill. Taken together with the additional funding made available by the Scottish Government to improve the quality of services to those individuals and families affected by alcohol misuse, this is considered to be a real opportunity to positively “Change Scotland’s Relationship with Alcohol”.