



## **RESPONSE TO SCOTTISH GOVERNMENT CONSULTATION ON MINIMUM UNIT PRICING OF ALCOHOL**

Alcohol Focus Scotland (AFS) is the national charity working to prevent and reduce alcohol harm. We aim to reduce the impact of alcohol in Scotland through the implementation of effective alcohol control policies and legislation. AFS welcomes the opportunity to respond to the Scottish Government's consultation on the draft regulations for the minimum unit pricing of alcohol.

### **Summary**

- Increasing the price of alcohol is one of the most effective and cost-effective policy measures to reduce alcohol consumption and harm, as recognised by the World Health Organization
- Modelling by the University of Sheffield suggests that minimum pricing will save lives, improve health and reduce crime
- Minimum pricing is a targeted measure that will deliver significant benefits for the health of the poorest groups in society, without costing them more, reducing health inequality without raising financial inequality
- AFS warmly welcomes the minimum unit pricing of alcohol regulations, and looks forward to speedy implementation of the policy starting with a 50p per unit minimum price
- We call on the Scottish Government to commit to setting a review period for the minimum unit price of alcohol to ensure that the price remains proportionate and the benefits of the policy can be fully realised.
- We welcome the independent evaluation that is to be undertaken by NHS Health Scotland, under the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) work programme, and hope that the results of the studies are carefully monitored to ensure appropriate responses to the findings.

### **The need for change**

Scotland has a problematic relationship with alcohol, with enough alcohol sold in 2015 for every adult to consume 1.5 times the current low-risk drinking guidelines on every week of the year.<sup>1</sup> Alcohol consumption rates remain significantly higher in Scotland than the rest of the UK, with 17% more alcohol sold per adult in Scotland in 2016 than in England and Wales.<sup>2</sup> Almost all of this (93%) was because of higher sales in supermarkets and off-licences, where alcohol is sold at the cheapest prices.<sup>2</sup> For example, 62% of the higher off-trade sales in Scotland compared with England & Wales was due to alcohol sold at below 50ppu.<sup>1</sup> With the majority of Scotland's alcohol now bought from off-sales for consumption at home and the fact that alcohol is 60% more affordable today than it was 30 years ago,<sup>1</sup> it is clear that cheap alcohol is a significant driver of alcohol consumption and harm in Scotland.

This increased consumption comes at a huge cost to the wellbeing of Scots: 24 people die every week from alcohol,<sup>3</sup> 47% higher than in 1981 and twice the level of England and Wales.<sup>1</sup> We now also see over 36,000 alcohol-related hospitalisations every year,<sup>4</sup> with alcohol consumption a

major risk factor for non-communicable diseases (NCDs), such as cardiovascular diseases, cancer, chronic liver disease, and diabetes. These preventable diseases cause 89% of deaths in the UK,<sup>5</sup> and are Scotland's biggest killers.<sup>6</sup>

Harm from alcohol also affects others around the drinker including family members, friends, colleagues and the wider community. Half of Scots report being harmed as a result of someone else's drinking, and more than 1 in 3 report having heavy drinkers in their lives.<sup>7</sup> As a result of parental drinking, children in Scotland have experienced physical abuse and violence, and a lack of care, support and protection.<sup>8</sup> There is also a strong association between alcohol consumption and crime, especially violence. Victims report that the offender was under the influence of alcohol in just over half (54%) of violent crimes in Scotland,<sup>9</sup> and although there is no causal link between alcohol use and domestic abuse, alcohol is known to be a factor that contributes to the severity and frequency of incidents of physical violence in relationships where abuse is occurring.<sup>10</sup>

Increasing the price of alcohol is one of the most effective and cost-effective policy measures to reduce alcohol consumption and harm. AFS has long supported minimum unit pricing for alcohol, given the international evidence that clearly shows that low alcohol prices drive consumption and harm. The World Health Organization recommends minimum unit pricing (MUP) as an intervention to prevent and reduce non-communicable diseases.<sup>11</sup> As a highly effective and cost-effective measure, MUP will significantly improve and protect the health and well-being of the people of Scotland. Through the forthcoming refresh of the alcohol strategy, the Scottish Government should aim to build on their reputation as world leaders in public health policy by taking further preventative action to tackle alcohol harm.

### Expected benefits of minimum unit pricing in Scotland

Modelling by the University of Sheffield suggests that minimum pricing will save lives, improve health and reduce crime. Their most recent research (April 2016) estimated that the proposed minimum price of 50p per unit would result in the following benefits<sup>12</sup>:

- Reduction in alcohol consumption of 3.5% or 26.3 units per drinker per year
- Alcohol related deaths would fall by about 120 per year by year twenty of the policy (full effect)
- A fall in hospital admissions of 2,000 per year by year twenty of the policy (full effect).

In the first year alone, minimum pricing could prevent 58 alcohol-related deaths and 1,299 hospital admissions.<sup>12</sup> According to earlier modelling estimates, crime rates would also fall as a result of minimum pricing, resulting in around 3,500 fewer crimes a year.<sup>13</sup>

Minimum pricing targets the kind of drinking most likely to lead to the greatest harm, as it is particularly effective at reducing the amount of alcohol consumed by harmful drinkers. Most of the cheap alcohol that is affected by minimum pricing is bought by harmful drinkers.<sup>12</sup> A minimum unit price of 50p per unit is expected to result in a 2.5% reduction in alcohol consumption in hazardous drinkers, and 7% reduction in consumption by harmful drinkers.<sup>12</sup> For people drinking heavily, even small reductions in consumption can have big health benefits. The impact on moderate drinkers is minimal; they are estimated to spend around an extra £2 per year.<sup>12</sup>

Setting a minimum unit price of 50p per unit delivers significant benefits for the health of the poorest groups in society, without costing them more, and will reduce health inequality without raising financial inequality. Though poorer households are less likely to buy and consume alcohol, they are disproportionately more likely to suffer the harms associated with drinking.<sup>14</sup> Those living in Scotland's most deprived areas are 6 times more likely to die and 8 times more likely to

be hospitalised due to alcohol than those in our least deprived communities.<sup>1</sup> Harmful drinkers in poverty drink markedly more and spend a little more on alcohol than those not in poverty.<sup>12</sup> Health gains of minimum pricing are greatest in hazardous and particularly harmful drinkers in poverty, with 90% of the lives saved by a minimum unit price from lower socio-economic groups and similar patterns observed for hospital admissions.<sup>15</sup>

With these expected health and social benefits in mind, AFS warmly welcomes and supports these regulations. The delay to implementation caused by the Scotch Whisky Association and others' legal challenge cost around 400 lives over the last five years. We welcome the Scottish Government's aim to implement this policy from 1<sup>st</sup> May 2018 at the proposed price of 50 pence per unit and encourage the Scottish Parliament to support the regulation to enable Scots to experience the benefits of minimum pricing as quickly as possible.

### **Reviewing the minimum unit price for alcohol**

The Scottish Government originally deemed a 50p per unit price in 2012 to be the most proportionate in "striking a balance between public health and social benefits and intervention in the market."<sup>16</sup> As the Scottish Government has previously stated, the minimum price per unit has to be set and remain at a level that is proportionate. We note that although the benefits will still be significant, the probable effectiveness of a 50p minimum unit price will have declined over the five years or so since the policy became legislation.<sup>1, 17</sup> We, therefore, seek a commitment from the Scottish Government to review the minimum unit price per unit within two years, once the policy has become embedded, to ensure that the benefits of this life-saving policy are fully optimised.

### **Evaluation of the policy**

A comprehensive and independent evaluation of minimum pricing will be undertaken by NHS Health Scotland, under the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) work programme, to inform the Scottish Parliament's decision on the continuation of the policy after 5 years. Both positive and negative outcomes of the evaluation studies should be carefully monitored as they arise to mitigate or prevent problems and ensure that the full potential of MUP is realised.

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- <sup>1</sup> Giles, L., & Robinson, M. (2017). *Monitoring and Evaluating Scotland's Alcohol Strategy: Monitoring Report 2017*. Edinburgh: NHS Health Scotland.
- <sup>2</sup> NHS Health Scotland (2017). *Alcohol Price in Scotland 2016*. Edinburgh: NHS Health Scotland.
- <sup>3</sup> National Records of Scotland (2017). *Alcohol-Related Deaths in Scotland, 1970-2016*. Edinburgh: National Records of Scotland.
- <sup>4</sup> Information Services Division (2017). *Alcohol-Related Hospital Statistics Scotland 2016/17*. NHS National Services Scotland.
- <sup>5</sup> World Health Organization (2014). *Noncommunicable Diseases (NCD) Country Profiles, 2014 (UK)*. World Health Organization.
- <sup>6</sup> National Records of Scotland chart cited in Scottish Government webpage 'Health of Scotland's population - Mortality Rates', page updated September 2016
- <sup>7</sup> Hope, A., Curran, J., Bell, G. & Platts, A. (2013). *Unrecognised and under-reported: the impact of alcohol on people other than the drinker in Scotland*. Glasgow, Scotland: Alcohol Focus Scotland.
- <sup>8</sup> Wales, A. & Gillan, E. (2009). *Untold Damage: Children accounts of living with harmful parental drinking*. Scottish Health Action on Alcohol Problems (SHAAP), Edinburgh and Child-line, Glasgow.
- <sup>9</sup> Scottish Government (2016). *Scottish Crime and Justice Survey 2014/15: Main Findings*. Edinburgh: Scottish Government.
- <sup>10</sup> See Scottish Women's Aid (2010). *Information Briefing No. 1 Understanding the relationship between domestic abuse and alcohol use*. Edinburgh: Scottish Women's Aid.
- <sup>11</sup> World Health Organization (2017). *Tackling NCDs. 'Best Buys' and Other Recommended Interventions for the Prevention and Control of Noncommunicable Diseases*. Geneva: World Health Organization.
- <sup>12</sup> Angus, C., Holmes, J., Pryce, R., Meier, P. & Brennan, P. (2016). *Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Scotland An adaptation of the Sheffield Alcohol Policy Model version 3*. Sheffield: SCHARR, University of Sheffield.
- <sup>13</sup> Meng, Y., Hill-McManus, D., Brennan, A., & Meier, P. (2012). *Model-based appraisal of Alcohol Minimum Pricing and Off-Licensed trade discount bans in Scotland using the Sheffield Alcohol Policy Model (v 2): Second Update based on newly available data*. Sheffield: SCHARR, University of Sheffield.
- <sup>14</sup> Smith, K. & Foster, J. (2014) *Alcohol, Health Inequalities and the Harm Paradox: Why some groups face greater problems despite consuming less alcohol*. London: Institute of Alcohol Studies.
- <sup>15</sup> Meier, P. S., Holmes, J., Angus, C., Ally, A. K., Meng, Y., & Brennan, A. (2016). Estimated effects of different alcohol taxation and price policies on health inequalities: a mathematical modelling study. *PLoS medicine*, 13(2), e1001963.
- <sup>16</sup> Scottish Government (2012). *Final Business and Regulatory Impact Assessment for Minimum Price per Unit of Alcohol as Contained in Alcohol (Minimum Pricing) (Scotland) Bill*. Edinburgh: Scottish Government. p.10
- <sup>17</sup> NHS Health Scotland (2016). *Off-trade alcohol sales price distribution 2009-2015*. Edinburgh: NHS Health Scotland. Available from <http://www.healthscotland.scot/media/1204/27345-02-off-trade-alcohol-sales-price-distribution-2009-2015-may-2016.xls>