



RESPONSE TO HEALTH, SOCIAL CARE AND SPORT COMMITTEE CALL FOR VIEWS ON THE ALCOHOL (MINIMUM PRICING) (SCOTLAND) ACT

Alcohol Focus Scotland (AFS) is the independent 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 Parliament's Health, Social Care and Sport Committee's call for views on the Alcohol (Minimum Pricing) (Scotland) Act.

Overview

MUP has achieved its aim of reducing alcohol-related harm by both reducing population consumption and by targeting the consumption of people drinking at higher levels. It has also contributed to reducing alcohol-related health inequalities. Any negative unintended consequences have not been prevalent or typical.

It is essential that the minimum unit price is increased to 65p as a matter of urgency to make good inflation and help address the public health emergency of alcohol harm from the COVID-19 pandemic. Failure to increase the price would result in even higher levels of alcohol consumption and harm, placing a substantial additional burden on our NHS and on our economy.

AFS urges the Committee to recognise the need for an **automatic uprating mechanism** to ensure MUP rises in line with inflation. An Alcohol Harm Prevention Levy would also enable any **additional profits from MUP to be recovered from retailers and used to fund local action** on prevention, treatment and recovery support.

MUP must form **part of a wider package of measures** to reduce alcohol consumption and its related impact on our health, the NHS and the economy. Consultation by AFS with people with lived experience of alcohol problems highlights support for the increase of minimum unit pricing to 65p per unit and the introduction of an alcohol harm prevention levy.

MUP benefits Scotland's health and reduces our health inequalities

The Public Health Scotland evaluation concluded that MUP has had a positive impact on health outcomes.¹ **MUP significantly reduced rates of deaths from conditions that are only ever caused by alcohol** (such as alcohol-related liver disease and alcohol dependence syndrome) **by an estimated 13.4%**, compared to what would have happened without MUP;² this is equivalent to **an estimated 156 deaths averted per year**.³ MUP also **averted hospital admissions for these types of conditions by an estimated 4.1%**,⁴ equivalent to **an estimated 411 hospital admissions averted per year**.⁵

In addition, **MUP reduced deaths and hospital admissions rates due to alcohol from conditions where alcohol is not the sole cause** (such as cancers and cardiovascular disease), **averting a further estimated 112 deaths and 488 hospital admissions per year**.⁶

The positive health impact of the policy - *compared to what would have happened without MUP* - can be seen both in annual death statistics before the pandemic struck, and when comparing the rise in alcohol deaths in Scotland to England, since. In the first full year after MUP was implemented, there was **a 10% reduction in alcohol-specific deaths and a small reduction in hospital admissions from liver disease**.⁷ ⁸ Changing drinking habits during the pandemic,⁹ combined with reduced access to services, led to a **tragic 22% rise in alcohol-specific deaths** in Scotland between 2019 and 2021, however, **this was substantially lower than the 30% rise experienced in England**.¹⁰ MUP has therefore

mitigated the impact of the pandemic on alcohol deaths in Scotland, with death rates since likely to be much higher had MUP not been in place.

Significantly, the evaluation concluded that **MUP contributes to addressing alcohol-related health inequalities, with estimated reductions in deaths and hospital admissions from MUP largest among men and those living in the 40% most deprived areas in Scotland.**¹¹ This is important because people in lower income groups are over four times more likely to die from alcohol¹² and six times more likely to be hospitalised¹³ than people in higher income groups. Male deaths account for at least two thirds of all alcohol-specific deaths and alcohol-related hospital admissions.^{14 15}

MUP will have relieved some of the pressure and costs on the NHS in the five years since implementation, particularly through reduced hospital admissions. Public Health Scotland estimated that the 899 hospital admissions averted each year due to MUP would have cost the NHS £890,000.¹⁶

Removing MUP would therefore have a catastrophic effect on Scotland's health and our NHS. It is estimated that this would increase consumption by 5.4%, leading to an increase of 131 deaths and 1,751 hospital admissions in the following year, concentrated in the most deprived groups.¹⁷ There would also be **additional NHS hospital costs of £10m in the first 5 years, and £26.4m over 20 years.**¹⁸

These positive health effects are because MUP has reduced our alcohol consumption

MUP has **reduced how much alcohol we consume as a population**, with an estimated 3% reduction in total alcohol sales in the first three years of implementation.¹⁹

It has also **reduced consumption by those who drink at hazardous and harmful levels** (i.e., above the low risk drinking guidelines). Households that bought the most alcohol prior to MUP reduced their purchasing the most after implementation.^{20 21} This is because MUP successfully targeted a reduction in consumption of cheap, strong products²²**Error! Bookmark not defined.**²³ which were disproportionately consumed by people drinking at hazardous and harmful levels.²⁴ Research also found that **the proportion of people drinking at hazardous levels decreased by 3.5%.**²⁵ The evidence around consumption among harmful drinkers is more mixed, though some have reported cutting down due to MUP.²⁶ However, the evidence on harm - and specifically **the reduction in the number of people dying from alcohol - clearly demonstrates that harmful drinkers have reduced their consumption.**

The lack of unintended consequences from MUP

Prior to the implementation of MUP, there were **concerns around potential 'unintended consequences' of the policy.** However, the evaluation concluded that there was **no clear evidence of social harms at the population level.**²⁷ For example, there was no widespread increased use of other drugs due to MUP, no increases in crime rates (such as theft or violence), little indication of increased use of non-beverage or illicit alcohol, and minimal cross-border purchasing.²⁸

Some drinkers, especially those with dependence, did experience exacerbated existing social harms (such as financial pressures), but this was **not prevalent or typical.**²⁹ Alcohol dependence is a complex problem that once established, people may need intensive, individual treatment and support to overcome. While some dependent drinkers did report reducing their consumption due to MUP,³⁰ **the policy's greatest contribution to reducing alcohol dependence is by helping to reduce the risk of others becoming dependent in future.**

The evaluation also concluded that there was **no evidence of substantial negative impacts on the alcoholic drinks industry.** On the contrary, it is likely that retailers have benefitted from the policy. Sales data show an overall increase in revenue for alcohol retailers,³¹ and it was estimated prior to implementation that MUP would generate over £40 million per year for off-trade retailers.³² The Institute for Fiscal Studies has estimated that MUP results in windfall gains to off-trade retailers of £383m a year.³³ Recent estimates suggest that any increase in MUP would result in further additional off-trade revenue.³⁴

The MUP should be increased to 65p now

Along with more than 30 other organisations including medical bodies and children's charities,³⁵ Alcohol Focus Scotland is calling for the minimum unit price to be increased to at least 65p to account for the impact on inflation and tackle Scotland's public health emergency of alcohol harm.

Inflation has eroded the value and effect of MUP since it was set at 50p per unit in 2018. Today, the MUP would have to be 62.5p to have the same effective value as 50p had in May 2018.³⁶ As a consequence, alcohol consumption in Scotland was an estimated 2.2% higher in 2023 than it would have been had the MUP risen in line with inflation.³⁷ **Continuing MUP without increasing the price would, in effect, be a choice to decrease the price in real terms, which will lead to increased alcohol consumption and harms.** Should the level remain at 50p, it is estimated that consumption will be 3.4% higher by 2040, leading to 1,076 additional deaths, 14,532 additional hospital admissions, and £17.4million in additional NHS hospital costs over this period.³⁸

An increase of the price to 65p now would also help address the public health emergency of alcohol harm, which the Scottish Government has recognised has been brought about by the rise in alcohol-specific deaths from the pandemic.^{39 40} Unfortunately, there is no sign of this emergency abating any time soon.⁴¹ In the worst case scenario, where changes in our consumption from the pandemic persist into the long term, there would be **an estimated 7,536 additional deaths and 72,140 additional hospitalisations over 20 years, with an estimated additional cost of between £10.9m and £82.2million by 2040 in hospital costs alone.**⁴²

In the face of these significant alcohol-related health challenges, and in the wider context of Scotland's dual health challenges of low and falling life expectancy and widening inequalities, **MUP must be set at a level that would result in additional public health benefits.** Compared to increasing to 60p per unit, **an increase to 65p per unit would reduce consumption by an estimated 2.7%, leading to an estimated 60 fewer deaths each year in the first year, totalling around 1,000 fewer deaths by year 20.**⁴³ Other benefits include an estimated additional 774 hospital admissions averted in the first year alone, and a reduction of £5m in NHS hospital costs in the first 5 years, rising to £16.4m over 20 years.⁴⁴ The largest reductions in health harms from an increased MUP threshold would be among the most deprived groups, with **approximately a third of the deaths averted being in the most deprived quintile of the population.**⁴⁵

MUP should be automatically adjusted and regularly reviewed

In line with World Health Organization (WHO) advice and proposed by the NCD Alliance Scotland,^{46 47} AFS urges the Committee to support **embedding the adjustment of the minimum price into legislation,** automatically increasing the MUP to ensure alcohol does not become more affordable by pegging it to a set level of inflation or affordability. This has been done in the Ontario province in Canada, where off-trade minimum prices are automatically increased.⁴⁸ In addition, we propose that the price level should be subject to periodic review by Public Health Scotland who can advise on any adjustments required to maintain or increase its effectiveness. **This must be implemented as soon as possible to limit the impact of deflation from the introduction of any new price.**

Introduce a levy to recoup profits to retailers

As noted above, MUP has resulted in probable increased revenues to off-trade retailer. It is unclear how this impacts on profits⁴⁹ but what is clear is that producers themselves believe retailers are benefiting from increased profits.⁵⁰ **AFS would welcome the Committee's consideration of the introduction of an Alcohol Harm Prevention Levy,** as proposed by the NCD (non-communicable diseases) Alliance Scotland.⁵¹ This would **recoup the additional profits from MUP to support local action on prevention as well as improved treatment and recovery support.** It would apply to retailers licensed to sell alcohol, via a supplement on non-domestic business rates, drawing on the tried and tested model of the public health supplement which raised nearly £96m between 2012 and 2015.

AFS is pleased to see the **Scottish Government's recent commitment to explore reintroducing a Public Health Supplement** ahead of the next budget.⁵² We will shortly be publishing research from

the Fraser of Allander Institute on a levy on non-domestic rates on alcohol retailers, which we will share with the Committee as soon as it is available.

MUP must be part of a package of measures to address alcohol harm

MUP was never intended to tackle Scotland's unhealthy relationship with alcohol on its own. The Scottish Government's own alcohol strategy contains 20 actions to reduce alcohol consumption and harm in Scotland, though a number of these have yet to be fully implemented. Pricing policies have the strongest evidence of success in impacting on alcohol consumption and alcohol-related harm, as identified by the WHO.⁵³ **Price must therefore continue to be a cornerstone of the Scottish Government's approach to reducing alcohol-related harm**, but to effectively address the public health emergency of alcohol harm, **a wider package of measures needs to be implemented including other evidence-based, preventative policies such as controlling the ready availability of alcohol and restricting how alcohol is marketed**. These policies must be accompanied by increased investment in the early identification of those at risk of harm (including through the provision of alcohol brief interventions across a range of settings and enhanced liver testing), as well as improvements in person-centred treatment and recovery support to ensure timely access for those who are already experiencing alcohol problems.

Lived experience views: Borders in Recovery

AFS held two sessions with Borders in Recovery, following an invitation from them to discuss MUP. They indicated they would like us to share their views with the Committee:

The group was strongly in favour of raising the minimum unit price, feeling that it should be set at higher than 65p:

"To politicians I would say we're in the middle of a crisis with alcohol deaths. So we should not be thinking about doing away with minimum unit pricing. We should absolutely be increasing the level of minimum unit pricing."

The group recognised the **limited impact of MUP on current dependent drinkers** but noted the importance of MUP in preventing people from developing dependency in the first place. It was also discussed how Scotland's attitude and culture towards alcohol is problematic, and **prevention policies like MUP play a significant role** in changing that.

"I don't think it will discourage the people that are in active addiction at the moment and people that are dependent on alcohol. But I think it's more about making sure that the next generation isn't following in their footsteps and nobody wants their children to grow up to be alcoholics."

An **alcohol harm prevention levy was a very popular idea** with the group. Members of the group were shocked and frustrated to discover that retailers are profiting from the policy as it currently stands and thought the money would be better spent on alcohol treatment and care. It was mentioned that the recovery sector is underfunded, and it can be a struggle to receive funding for recovery groups:

"It's crazy the money goes to retailers. Recovery communities struggle to get a hold of it and when we do it's often not enough."

"We need to look at what we do with the money that's been raised through alcohol and minimum unit pricing and channel it back into recovery communities and back into treatment programmes for people who've got alcohol problems."

The Group discussed the figures from the Sheffield 2023 report looking at the future impact of the pandemic and **asked why some politicians are still against MUP despite evidence that without it, more lives would be lost by 2040**:

"It's frustrating...politicians, maybe they should do a course or something on seeing sense... I can be quite outspoken, but the reality is we're dealing with people's lives here, we really are."

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