Alcohol (Minimum Pricing) (Scotland) Bill

Fife Partnership

Fife Health and Wellbeing Alliance provides this submission on the Alcohol (Minimum Pricing) (Scotland) Bill on behalf of the Fife Partnership.

Fife has chosen to submit a single partnership response to the Scottish Parliament’s Health and Sport Committee call for written evidence on the general principles of the Alcohol (Minimum Pricing) (Scotland) Bill.

Fife Health and Wellbeing Alliance is the partnership group with strategic responsibility for reducing health inequalities and improving health and wellbeing in Fife. The Alliance is a partnership between NHS Fife, Fife Council and the voluntary sector in Fife and is accountable to Fife’s community planning partnership - the Fife Partnership. Lead partner agencies on the Fife Partnership are Fife Council, NHS Fife, Fife Constabulary, Scottish Enterprise, Skills Development Scotland, Fife Colleges, St Andrews University, CVS Fife, the Scottish Government and SEStran (South East of Scotland Transport Partnership).

The Fife Partnership has maintained its position outlined in its submission to the call for written evidence on the on the Alcohol etc (Scotland) Bill in January 2010.

Following consultation with representatives from key community planning organisations, the Fife Health and Wellbeing Alliance offers these views on the Alcohol (Minimum Pricing) (Scotland) Bill on behalf of the Fife Partnership.

Supporting evidence for many of the views formed has already been highlighted in the explanatory notes and other documents published to accompany the Bill and there is no need to replicate these further at this stage.

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

The advantage of unit minimum pricing is that it is evidence based, relatively simple to apply and ensures that the price is passed on to customers.

The level at which a minimum price should be set

On health grounds it is felt that a minimum unit price needs to be at least 40 pence to have a significant impact: lower minimum prices tend to cause switching from one type of drink to another, with little effect on overall consumption. There is also support within the area of licensing standards for a higher level of 50 pence a unit in order to have an even greater impact.
The rationale behind the use of minimum pricing as an effective tool to address all types of problem drinking

The rationale is the price elasticity of alcohol: as alcohol becomes pricier, consumption falls. The model based appraisal of alcohol minimum pricing indicates that a total ban on off-trade discounting combined with a 40p minimum unit price would reduce consumption by an estimated 5.4%.

Under minimum pricing and discount removal all drinkers would spend more because percentage fall in consumption is less than percentage price increase. These policies would disproportionately affect those buying the most alcohol: a 40p minimum price combined with an off-trade discount ban moderate, hazardous and harmful drinkers would spend an average of £0.21, £1.12 and £2.63 more per week respectively.

Minimum pricing and discount removal are thus effective in reducing population consumption and resulting harm, especially for hazardous or harmful drinkers. It is also likely to affect consumption disproportionately in people on lower incomes and would thus help to address alcohol-related health inequalities (table 1).

Table 6: No. of Alcohol-related\(^1\) or Alcoholic Liver Disease Deaths Among Fife Residents aged 15-74 years 2002-2010 by Deprivation Quintile

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\(^1\) Deaths where an alcohol-related condition is coded as either the underlying or contributory cause of death

\(^2\) 2010 data provisional

Source: Registrar General Scotland

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

Price restriction is the most effective means of controlling consumption at a population level. Other methods, for example education and awareness, are
far less effective in influencing behaviour. However minimum pricing needs to be implemented in conjunction with other measures, for example controlling the current extent of alcohol advertising and promotion aimed at young people which we know influences their perceptions, encourages alcohol consumption and increases the likelihood of heavy drinking.

Taxation as a means of controlling price is unlikely to have the same effect on alcohol availability and consumption. Despite alcohol taxation going up by 6% in 2008, supermarkets continued to sell heavily discounted alcohol by not passing on the tax increase to customers. The advantage of minimum pricing is that this option is not available to retailers.

Professor James McGoldrick
Chair
Fife Health and Wellbeing Alliance