Alcohol (Minimum Pricing) (Scotland) Bill

NHS Ayrshire & Arran

NHS Ayrshire & Arran welcomes the introduction of proposals in the Alcohol (Minimum Pricing) (Scotland) Bill to raise the price of alcohol as the evidence is clear that price has a major impact on consumption (Babor et al, 2003; Babor et al, 2010).

The previous UK Government recognised the connection between price, availability and consumption in the general population, and also noted the rise in consumption of ready-to-drink alcoholic beverages by 11-15 year olds, citing the dip that occurred in 1998 as likely to be due to rising prices and introduction of a code of practice (Prime Minister’s Strategy Unit, 2004). The current UK Government has also noted the links between increasing prices of alcohol and reducing rates of health related harm (Home Office, 2011).

The relative price of alcohol has fallen markedly in recent years – a 15% fall between 1996 and 2004, when disposable incomes rose by more than 50% during this time (Rabinovich et al, 2009). Studies around the world have shown an association between price and consumption, both positive – i.e. when incomes are rising, so alcohol consumption rises, and negative – when alcohol prices rise, so consumption falls (Wagenaar et al., 2009). So price can rightly be considered a key issue for alcohol consumption.

In Ayrshire and Arran, the health harm associated with alcohol has risen markedly with a 41% increase in the number of alcohol related hospital discharges of Ayrshire and Arran residents between 1999/00 and 2004/05, compared with an increase of 21% for Scotland overall. We know that the adverse effects of alcohol consumption are felt disproportionately by the more deprived and are also aware that our deprivation indicators are worsening. We are, therefore, keen to support measures that address alcohol consumption for all ages and groups in society. This is in line with the evidence-based whole population approaches taken in the Scottish Government’s alcohol strategy Changing Scotland’s relationship with alcohol: A Framework for action (2009).

Consultation questions

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

   The evidence of best practice in reducing harm from alcohol shows that raising prices through taxation is amongst the most effective (Babor et al, 2003). This forms part of a range of measures including tighter controls on licensing hours, outlet density and public monopolies on alcohol sale or production identified as effective in No Ordinary Commodity. Whilst taxation changes are not currently demitted to the Scottish Government, it should continue to lobby the UK Government on this issue, particularly in order to support taxation according to strength of product.
In the current environment, changes in taxation are not available and therefore other mechanisms are being sought. Whilst minimum pricing has not been tested, the strength of medical and research opinion supporting it as a potentially effective way to reduce alcohol consumption is strong. Modelling carried out at Sheffield University has indicated modest but tangible reductions in alcohol related harms over the medium to long term (Purshouse et al, 2010).

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

Any price set will need to be sufficient to have an impact on consumption but remain at a level that maintains public acceptability and does not penalise light drinkers. Previous modelling has indicated a price of 40p per unit of alcohol, however this may not be sufficient to attain the changes required in whole population drinking. For this reason we consider that a price of at least 50p per unit would be more appropriate. Any price set would require to be reviewed regularly and revised according to its impact on alcohol related harms. Measures for estimating impact of the legislation will support the identification of when and by how much prices should be changed.

We are aware of some concern that any increase in price resulting from minimum pricing will produce increased profit for the vendors (particularly those retailers who currently use alcohol products as loss leaders with some form of deep discounting). The Government might wish to consider the feasibility of some form of alcohol levy (perhaps from the minimum pricing differential) to be invested in health, social care and criminal justice services to address alcohol related harms.

3. Any other aspects of the Bill

It is important that any proposal around minimum pricing is not seen as a single action but as part of a package of measures to reduce consumption. These should be alongside eliminating discounting of drinks and alcohol products. Efforts should still be made to support licensing boards in driving forward the licensing objectives, particularly that relating to protecting and improving public health.

Dr Maggie Watts
Consultant in Public Health Medicine
NHS Ayrshire & Arran
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References

Prime Minister’s Strategy Unit (2004) *Alcohol harm reduction strategy for England.* Cabinet Office

