Response to Request for Evidence

Thank you for the opportunity to respond to the Health and Sport Committee regarding the introduction on the minimum price per unit alcohol.

NHS Greater Glasgow and Clyde welcomes the Scottish Government’s proposal to introduce a minimum price per unit alcohol and would like to congratulate the Government on the time and effort it has taken to research the evidence and commission special studies to evaluate all the potential effects of introducing such a measure.

The only new evidence produced in the last year was carried out by Professor Stockwell of British Columbia, Canada. He reviewed the differential effects of alcohol price across different Canadian provinces, which as stated in the policy memorandum is awaiting the publication of the full details. His evidence supports the work that has been reported in the Scottish Government memorandum accompanying the current Bill.

Best Estimates of Administrative, Compliance and Other Costs
NHS Greater Glasgow and Clyde does not expect to incur additional costs through the introduction of this Bill. On the contrary it would expect to see a reduction in alcohol related hospital admissions, alcohol related deaths and a reduction in alcohol related attendance in primary care.

Advantages and Disadvantages of Establishing a Minimum Alcohol Sales Price Based on a Unit of Alcohol
On a population wide basis, the introduction of a minimum price per unit alcohol will contribute to reducing the number of hazardous and harmful drinkers and decrease the volume of alcohol consumed by young people under the legal drinking age. Evidence suggests that the consumption of alcohol by young people sets the pattern that determines future alcohol consumption throughout adult life. Therefore any measure which makes alcohol less available to young people, including delaying age at which alcohol is first consumed and limiting the quantity of alcohol available by the introduction of a minimum price will reap benefits for many years to come.

Decreased availability of alcohol will also benefit those who do not consume alcohol but suffer the consequences of excess consumption. It is likely to lead to a decrease in child abuse and neglect, domestic violence, and less antisocial behaviour and crime in communities. It will thus contribute to an increase in physical health and mental wellbeing on a population basis and increase productivity in the workplace through less time off sick.

The decreased quantity of alcohol sold will impact on the alcohol industry but this effect will be offset by the increased price of cheaper alcohol brands. Alcohol products sold at higher than the minimum price are unlikely to be affected, so the greatest effect is likely to be experienced in the off-sales market. Premium brands and on-sales products are unlikely to be affected.
The Level at which such a Proposed Minimum Price should be set and the Justification for that Level

Historical trends have been used to show the link between the price and affordability of alcohol and the increase in death rates due to excess alcohol consumption. Data from the 2009 Scottish health survey revealed that approximately 50% of men and 39% of women exceed the sensible daily or weekly drinking guidelines; it would be therefore desirable to set a minimum price relative to income that is likely to result in a decrease in alcohol consumption to the levels sufficient to encourage the sensible consumption of alcohol.

A review of the evidence shows that the large increase in male death rates occurred at the beginning of the 1990s, though a more extensive review of the evidence shows that death rates have been increasing gradually since the 1970s. As a first step, it is suggested that setting the relative price of alcohol to the level that existed during the late 1980s would be an appropriate first step. We believe that the price should be set initially at about 50–60 pence. In addition to setting the initial minimum price, a mechanism that monitors its effects and adjusts the price at least yearly should be put in place.

Alcohol price is not the only factor which has resulted in increased consumption. Increased availability due to a large rise in the number of stores retailing alcohol and increased opening hours have also contributed to increased consumption. Additionally the development of city centre entertainment zones focused primarily on the consumption of alcohol and normalising excess alcohol consumption is another factor. It is suggested that measure to decrease the physical availability of alcohol and a diversification of attractions in city centres into other cultural activities apart from alcohol consumption which cater for all age ranges should be encouraged. It is important that these measures are combined with effective regulation of alcohol advertising; sponsorship; media portrayals of alcohol consumption; enforcement of existing driving and licensing legislation.

A review of health, crime and economic factors are recommended subsequent to implementation of these measures before considering a further increase in unit price of alcohol possibly to the relative price prevalent in the 1970s.

In conclusion, NHS Greater Glasgow and Clyde welcomes the introduction of minimum pricing and expects that it will contribute effectively to decreasing the health and social harm associated with excess alcohol consumption. However, minimum pricing should be regarded as one of a larger number of measures necessary to reverse the adverse consequences of excess alcohol consumption.

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