Alcohol (Minimum Pricing) (Scotland) Bill

Salvation Army

The Salvation Army welcomes the introduction of the Alcohol (Minimum Pricing) (Scotland) Bill (SP Bill 4). Being cognisant of the fact that the evidence given in support of minimum pricing, when it was introduced as part of the Alcohol etc. (Scotland) Bill in November 2009, is still considered relevant to this Bill we restate our support and present the following detail in evidence.

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

The Salvation Army would commend to Parliament the evidence contained within the Policy Memorandum which clearly shows a direct link between the price and availability of alcohol and the personal, social and societal problems associated with its consumption. As the evidence shows, as alcohol has become more affordable (in 2010, alcohol was 44% more affordable than in 1980\(^1\)) and available, (more than 7,800 premises across the UK sell alcohol 24 hours of the day, 7 days a week\(^2\)) alcohol-related illness and alcohol-fuelled crimes increase. The cumulative cost to Scottish society is estimated at £3.5 billion each year\(^3\).

The Salvation Army acknowledges that changes enacted through the Licensing (Scotland) Act (2005) and the Alcohol etc.(Scotland) Act (2010), have set a clear, ‘direction of travel’, however, it is of concern that the findings of a recent report\(^4\) reveal that alcohol is available for as little as 14p per unit in some parts of Scotland and two cans of ‘own brand’ lager can be purchased for less than the price of branded cola. The need for the establishment of a minimum alcohol unit price is clear.

An appropriately set minimum unit price will effectively remove ‘cheap’ alcohol from the market. Such products tend to be purchased by harmful drinkers and the evidence indicates that the intake of the heaviest drinkers will also be affected by price. A population based measure, such as minimum unit price, will, consequentially have targeted impact on specific groups.

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

It has been argued that minimum unit pricing could be against European legislation and that the law, once passed, will be challenged by the industry

\(^1\) NHS Information Centre Stats on Alcohol: 2011
\(^2\) Department of Culture, Media and Sport, 2010
\(^3\) The Societal cost of alcohol misuse in Scotland 2007, Scottish Government Social Research 2010
\(^4\) The Four Steps to Alcohol Misuse, Alcohol Focus Scotland, Scotland Health Action on Alcohol Problems, Balance, the North East Alcohol Office and Our Life, November 2011
resulting in a lengthy legal battle in the European courts. We would contend that this is a fight worth having as, to do otherwise, would allow supermarkets to continue to sell ‘low cost’ alcohol and allow the exacerbation of Scotland’s problem with alcohol.

It has also been postulated that minimum unit pricing will adversely impact on the poorer populations in Scotland. The Salvation Army in Scotland works on a daily basis with the socially excluded and marginalised and recognises that low income and socially disadvantaged families are, in fact, disproportionately affected by problematic alcohol use. Approximately two thirds of all alcohol related deaths in Scotland in 2007 were amongst the most deprived communities. Also, people living in the most deprived areas of Scotland are eight times more likely to be admitted to a psychiatric unit with an alcohol-related disorder than people living in the least deprived areas. A minimum unit price would, in fact, show the greatest health benefit in this group.

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

This is a matter for experts to decide, however, it is important that the minimum price set is high enough to have an impact on purchasing. We acknowledge that the research by The School of Health and Related Research, University of Sheffield in 2008 and 2009 produced a convincing model measuring the potential impact of minimum alcohol pricing on a variety of population groups. We are encouraged by the intention of the Scottish Government to re-run the Sheffield Model to secure up-to-date evidence in support of the minimum unit price.

The current research indicates that setting a level of 50p per unit would result in a significant reduction in alcohol related harms whilst ensuring that alcohol remains affordable for moderate drinkers. Alcohol consumption would be reduced across all populations groups with the most significant reduction in harmful drinkers (10.3%). Concurrent with the obvious health benefit to the people of Scotland would be the significant reduction in alcohol fuelled crime and disorder with a consequential improvement in the safety of our communities.

We would advocate that the minimum unit price is set by secondary legislation to enable ministers to vary the price as circumstances change.

We would support a starting position of 50p per unit.

The rationale behind the use of minimum pricing as an effective tool.

The Licensing (Scotland) Bill (2005) requires licensing boards to monitor density-related problems and to take action by banning new premises or revoking licenses in the interests of public health. Limiting “alcohol outlet

\[^{5}\text{Alcohol Statistics Scotland, 2009, ISD}\]
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density” as a public health measure is well supported in the literature\(^7\) and we welcomed this initiative. There is also a significant body of research literature on the relationship between the price of alcohol and consumption levels. In a recently published study\(^8\) the authors conclude that

“...price affects drinking of all types of beverages, and across the population of drinkers from light drinkers to heavy drinkers. We know of no other preventive intervention to reduce drinking that has the numbers of studies and consistency of effects seen in the literature on alcohol taxes and prices”.

The evidence suggests that consumers of alcohol increase their drinking when prices are low and decrease their consumption when prices rise. Therefore, public health can be further protected by increases in price. Governments can effect change at a societal level using the lever of price\(^8\),\(^9\),\(^10\). The window of opportunity presented by the Alcohol (Minimum Pricing) (Scotland) Bill must be taken if the objective to protect and improve public health is to be realised. The results of the Sheffield Modelling Study\(^11\) into minimum pricing in Scotland indicate that the physical and social harm caused to Scotland’s People could be ameliorated by the imposition of a minimum unit price. Reduced harm, saved lives, and the resultant cost savings to public services are positive outcomes that would be universally welcomed. We strongly support the establishment of a minimum unit price as part of a raft of measures to improve Scotland’s health and social wellbeing and to reduce the existing alcohol-attributable disease burden.

We accept that the introduction of minimum pricing will not, of itself, resolve the current alcohol related problems in Scotland. We continue to challenge the Government to fully enact present legislation dealing with alcohol, invest in social programmes to support families, generate attitudinal change which will enable positive choices about the role of alcohol in our lives and improve support and treatment for those who need it. However, we welcome the introduction of minimum pricing as a significant step in the right direction.

The harmful use of alcohol is a global problem and the eyes of the world are on the Scottish Parliament as the progress of the Alcohol (Minimum Pricing) (Scotland) Bill is monitored. The World Health Organisation (WHO) are


\(^11\) Model-based appraisal of alcohol minimum pricing and off-licensed trade discount bans in Scotland. A Scottish adaptation of the Sheffield Alcohol Policy Model version 2, ScHARR, University of Sheffield, September 2009.
currently developing a “Global Strategy to Reduce the Harmful Use of Alcohol”\textsuperscript{12} and Scotland is in the vanguard of countries who are developing innovative national policies to address the impact of the harmful use of alcohol on their citizens. Addressing price and availability through legislation are consistently recognised as effective, public health interventions and we would strongly encourage Parliament to continue to pursue these options.

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8 December 2011

\textsuperscript{12} Draft Global Strategy to Reduce the Harmful Use of Alcohol; Revised Version; WHO Executive Board 126\textsuperscript{th} Session, Geneva, 18\textsuperscript{th}-23\textsuperscript{rd} January 2010