Alcohol (Minimum Pricing) (Scotland) Bill

Scottish Medical and Scientific Advisory Committee

SMASAC, comprising Specialty Advisers to the Chief Medical Officer across Scotland, considers the principles behind the Bill as being sound. The concept is laudable and strongly to be supported.

SMASAC, and in particular liver specialists, are increasingly aware of the burden of liver disease predominately related to alcohol. In Scotland the total number of alcohol related discharges has increased over the last ten years (an overall increase of approximately 17%), however there has been a greater and unprecedented increase in hospital admissions attributable to alcoholic liver disease. Between 2001 and 2010 there has been a 56% increase in total with a 63% increase in female admissions with alcoholic liver disease and a 53% increase amongst males (figures from Alcohol Information Scotland). Whilst the number of alcohol-attributable deaths in Scotland is alarming (1 in 20 deaths in 2003), the number of patients with a diagnosis of alcoholic liver disease is particularly concerning. Alcohol related harm and alcoholic liver disease in particular disproportionately affect patients in the most deprived areas of Scotland. Mortality of liver disease in Scotland is now approximately double that in England, Wales and Northern Ireland.

Data from David Leon 'Scottish Mortality in a European Context'

In a European setting, mortality from chronic liver disease in Scotland exceeds that from traditionally high-mortality nations such as Poland and Hungary.

While not all of the rise in liver disease in Scotland can be attributed to alcohol, there is no doubt that alcohol has been a significant contributor to liver disease in Scotland both as a co-factor for other diseases and in its own right. Health care interventions such as liver disease services and liver transplantation cannot cope with the burden of alcohol related liver disease and the requirement for changing culture is much greater and more likely to offer success than putting additional resource into healthcare support. (This is not to say that healthcare does not require additional support.)
Minimum Pricing

There is an argument rehearsed that having a minimum pricing policy for alcohol in Scotland is likely to fail because the level of alcohol associated liver disease is higher in Scotland than in England in spite of alcohol pricing being broadly similar. This argument should not be a reason to do nothing and the problem of alcohol overuse needs to be tackled on a broad front of social policy and health education. This Bill would therefore represent just one of a number of social and health education measures designed to target alcohol overuse in Scotland.

The arguments in favour of minimum pricing of alcohol have been stated fully by several medical bodies including the Royal College of Physicians of Edinburgh and the Scottish Health Action on Alcohol Problems Group. There is a clear correlation between the affordability of alcohol and its ingestion and subsequent alcohol related harm. The number of hospital admissions with alcohol related hepatitis for example correlates very strongly with alcohol affordability.

There is now a large body of scientific evidence particularly from the University of Sheffield which has estimated the impact of such a policy on drinking behaviour. Whilst it should be recognised that the adoption of a minimum pricing policy is relatively untested, that is not a reason not to explore this policy through legislation. The cost, both financial and for society, of not addressing this problem is too great.

The exact level of a proposed minimum price is ultimately a political decision. The Sheffield University study has estimated the effect of a range of minimum prices of levels of health and social harm on Scotland. It was estimated that a minimum price of 40p would lead to a fall in consumption by 2.7%, a minimum price of 45p a fall in consumption by 4.7%, a minimum price of 50p leading to a fall by 7.2% and a minimum price of 55p leading to a fall in consumption by 10%. The estimate is that a 40p minimum price would reduce hospital admission by 3,600 per year and a 50p minimum price by 8,900 respectively. The greatest impact of any minimum pricing would be upon harmful drinkers and a 40p minimum price is the least that should be considered to have any significant impact upon Scotland’s health in the longer term.

Concerns

The only concern SMASAC might have regarding the minimum pricing strategy would be the potential for unintended consequences. These could include an increase in a “black market” of alcohol distribution or possibly the relative increased affordability of illicit drugs as an alternative to alcohol. However such possible consequences are very difficult to quantify. The relative benefits of a minimum pricing strategy, particularly with regard to a reduction in alcohol related liver disease, would likely far outweigh these potential disadvantages or adverse consequences.

Alcohol is linked to violence, domestic and child abuse. By limiting access to
alcohol through pricing there could likely be an effect to reduce these problems. However there is a risk in low income families that an alcohol addicted parent may not be willing to reduce intake after price increase and there may be a risk of increasing real child poverty levels as parents may spend less proportionately of their income on food and family essentials.

Too much focus on alcohol pricing may also distract from other very important issues in the area of alcohol related health concerns. It would be an ideal opportunity if funds generated from this measure could be directed to developing services for people of all ages with alcohol problems. Development of a clear strategy for helping this client group should be given priority. For Children and young people a strategy to improve leisure and educational opportunities more broadly would further support them in keeping away from alcohol.

It is not quite clear whether there would be additional revenue generated from a minimum pricing policy. If this was the case then, as mentioned above, it seems reasonable to expect that a fair proportion of this revenue should be directed to education and healthcare services supporting the burden of alcohol related disease.

There are also concerns that major supermarket retailers may have the option to bypass this bill through online sales. Measures should be taken or assurances should be made to try to prevent this from happening. Retailers ought to share the burden of responsibility for alcohol sales and enter into the spirit of this Bill which is aimed at encouraging a responsible attitude to alcohol.

**Conclusion**

In conclusion, SMASAC is in agreement with the move towards minimum pricing for units of alcohol. It is established through evidence that price affects access to alcohol and that higher price will limit access. This is particularly the case for children and young people. It is currently possible for them to purchase dangerous amounts of low-cost alcohol for pocket money prices. This raises child protection concerns. Alcohol is currently cheaper and more accessible than other leisure activities. The minimum pricing of alcohol would likely have wide ranging social and medical benefits. All evidence would suggest a significant reduction in alcohol related harm and in particular SMASAC would expect a significant reduction in alcohol related liver disease.

Scotland’s stance on minimum pricing of alcohol is viewed with some envy. This is a vital initiative. It is a forward thinking Public Health policy which is fully supported by health professionals working with alcohol related disease.

SMASAC is grateful for the opportunity to comment on this Bill.

Scottish Medical and Scientific Advisory Committee
12 December 2011