

IAS headed paper

BY EMAIL to healthandsport.committee@scottish.parliament.uk

24 November 2011

RE: Call for evidence on Alcohol (Minimum Pricing) (Scotland) Bill

Dear Sir or Madam,

In response to the above call for evidence, the Institute of Alcohol Studies (IAS) is writing to express support for the introduction of minimum unit pricing of alcohol in Scotland.

The World Health Organisation states: "Of all alcohol policy measures, the evidence is strongest for the impact of alcohol prices as an incentive to reduce heavy drinking occasions and regular harmful drinking. The gains are greatest for younger and heavier drinkers and for the well-being of people exposed to the heavy drinking of others."ⁱ

There is a wealth of evidence to show a direct correlation with alcohol affordability and levels of harm. Numerous studies across the world have shown public health benefits as a result of alcohol price increases and taxation policies: cirrhosis mortality rates, suicide rates, criminality hospitalisation rates, road traffic accident rates and youth fatality rates are all shown to be reduced as the price of alcohol is increased in populations or areas studiedⁱⁱ. Alcohol price increases have also been directly linked to reduced rates of homicides, rape, robbery, assaults, motor vehicle theft, domestic violence and child abuseⁱⁱⁱ

The affordability of alcohol in the UK has increased significantly over the last two decades. In particular, the affordability of alcohol in the off-trade sector has increased dramatically, with price promotions and deep discounts leading to the sale of super-cheap booze. Evidence shows that it is the cheapest alcohol that is causing high levels of harm – in the UK on average, harmful drinkers buy 15 times more alcohol than moderate drinkers, yet pay 40% less per unit^{iv}.

There is an increasing trend of drinking in the home which is exacerbated by easy access to low cost alcohol from the off-trade sector, which can pose a greater risk to drinkers due to lack of control over volume of alcohol consumed. This also presents a risk to children and young people who are becoming increasingly exposed to drinking in the home and have greater access to alcohol as a result of parental 'bulk buying'. A recent report by the Joseph Rowntree Foundation showed that children have a far greater risk of developing problems with alcohol if they are exposed to parental drunkenness and excessive drinking^v.

There is strong evidence to justify the introduction of a minimum price per unit. Studies have shown that young people and hazardous drinkers are particularly sensitive to price and would be the most affected by the introduction of a minimum price policy, as they consume cheap alcohol. 'Moderate' drinkers, however, will be less affected by the price changes. On the basis of such evidence, the WHO European Action Plan 2012-2020, which was endorsed by Member States (including the UK) in September 2011, recommends establishing a minimum price per litre of pure alcohol as an option for action to reduce levels of harm caused by alcohol^{vi}.

A study by the University of Sheffield in 2009^{vii} estimated the impact minimum unit pricing of alcohol would have in Scotland. We understand that this data is being updated concurrent to the call for evidence. However, we feel it is useful to highlight the following key findings from 2009:

- Upon achieving full impact, it is estimated that a minimum unit price of 50p would save approximately 520 lives per year
- Over a 10-year period it is estimated that a 50p minimum price per unit would reduce alcohol-related health and social care costs by £160m
- It is estimated that a 50p minimum price per unit would prevent 4,200 alcohol-related crimes each year
- Moderate drinkers would not be unfairly penalised by a minimum pricing policy - For a 50p minimum price, a harmful drinker will spend, on average, an extra £163 per year whilst the equivalent spend increase for a moderate drinker would be £12

On the basis of this data, IAS would support the introduction of a minimum unit price for alcohol set at a threshold that will maximise public health gains. We would happily review this threshold on the basis of the latest data presented by the Sheffield team.

Whilst price is often described as the most powerful policy tool at a government's disposal in the fight against alcohol harm, on its own it cannot be seen as a 'magic bullet' solution. Rather, a comprehensive framework of policy interventions is required, that tackles not only the affordability of alcohol, but also availability, promotion, drink-drive laws, health service response and education. The IAS, therefore, supports a policy of minimum unit pricing of alcohol, in conjunction with other such interventions to form a cross-government alcohol strategy.

We would be happy to answer any questions relating to the above recommendations.

Yours faithfully

Derek Rutherford
Chairman
Institute of Alcohol Studies

ⁱ European Alcohol Action Plan 2012-2020: Implementing regional and global alcohol strategies, WHO Europe, 2011

ⁱⁱ Babor, T, Caetano, R, Casswell, S, Edwards, G, Giesbrecht, N, Graham, K, Grube, J, Hill, L, Holder, H, Homel, R, Livingston, M, Osterberg, E, Rehm, J, Room, R, Rossow, I, Alcohol, No Ordinary Commodity, Oxford, second edition, 2010

ⁱⁱⁱ Room, R, Babor, T, Rehm, J, Alcohol and Public Health, The Lancet, 2005, 365

^{iv} Meier, P, Booth, A, Stockwell, T, Sutton, A, Wilkinson, A, Wong, R, Independent Review of the Effects of Alcohol Pricing and Promotion, ScHARR, University of Sheffield, 2010

^v Bremner, P; Burnett, J; Nunney, F; Ravat, M; Mistral, W: Young people, alcohol and influences - A study of young people and their relationship with alcohol, Joseph Rowntree Foundation, 2011

^{vi} WHO Europe, 2011

^{vii} ScHARR, University of Sheffield, 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, September 2009