Reducing the burden of alcohol harm in Scotland
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Context

• Growing public and political concern about high levels of alcohol harm.
• Effective public health advocacy to ‘re-frame’ the problem
• Increased awareness of evidence base and recognition that alcohol is no ordinary commodity.
• Political leadership
Liver Cirrhosis Death Rates 1950 - 2006

Men aged 45-64 years
- Other European countries
- Scotland
- England and Wales

Women aged 45-64 years
- Other European countries
- Scotland
- England and Wales
UK MORTALITY TRENDS

Figure 6: Movements in mortality 1971–2007 (Deaths per million of population)

% change vs 1971

Year

Liver
Diabetes
Cancer
Respiratory
Road
Heart
Stroke

British Liver Trust / ONS 2009
Alcohol and wider harm

• Alcohol misuse a contributory factor in 1 in 3 divorces
• 65,000 children under 16 estimated to be living with parents with alcohol problems
• Victims perceived the offender(s) to have been under the influence of alcohol in 62% of violent crime
• 50% of prisoners were drunk at the time of their offence, rising to \( \frac{3}{4} \) (77%) of young offenders
• 70% of assaults presenting to A&E likely to be alcohol related
Per capita (litres per head per year) consumption of pure alcohol in the UK population, 1900–2010

Sources: BBPA Statistical Handbook; Cancer Research UK
Price & Consumption Trends

Source: Tighe, 2003
Alcohol-related general hospital discharges, Scotland 1982/3 – 2009/10
Competing Frames

• Alcohol is normal. Problems arise when individuals misuse it. Solution - change the behaviour of the minority through education. [industry frame]

• Problem is not with the individual but with the product. Solution - make the environment less pro-alcohol and reduce per capita consumption. [public health frame]
Costs of alcohol misuse

Total cost of alcohol misuse in Scotland in 2006-7 estimated to be £3.5 billion

- Productivity / Economic £866m
- NHS Scotland £268m
- Social care £230m
- Crime £727
- Wider social costs £1,465m
Health Benefits (University of Sheffield Modelling 2012)

• 45p MUP + promotions ban will reduce consumption by 6% across the population.
• Alcohol-related deaths will reduce by 60 in the first year and by over 300 by year ten.
• 1660 less hospital admissions in year one increasing to 6630 by year ten.
Public Health Advocacy

• Public health advocacy is issue and policy orientated. It is not about changing knowledge, attitude or behaviour of individuals but rather the legislative, fiscal, physical and social environments in which individual knowledge, attitudes and behaviour change takes place. [Chapman 1994]
MUP of 50p will...

In the first year:
• Reduce deaths by 60
• 1,600 fewer hospital admissions
• A total value of harm reduction of £64 million
• Around 3,500 fewer crimes per year

By year 10
• Over 300 fewer deaths annually
• 6,500 fewer hospital admissions
• A cumulative value of harm reduction of £942 million
Alcohol etc. (Scotland) Act 2010

- Ban multi-buys in off-sale purchases.
- Ban the supply of an alcoholic drink free or at a reduced price on the purchase of another drink.
- Limit alcohol promotions to the alcohol display areas of off-sales premises.
- Require licensees to operate an age verification policy based on an age of 25.
- Make provision for the introduction of a social responsibility levy.
Key Legislation

- **Alcohol etc. (Scotland) Act 2010** (bans quantity discounts on off-sale purchases; limits alcohol promotions to the alcohol display areas of off-sales premises).
- **Alcohol Minimum Pricing (Scotland) Bill 2011** (50p minimum price linked to alcohol content, applies to all licensed premises, price set by Scottish Parliament).
- **Introduction of Public Health Levy**.
Minimum Unit Pricing Scotland

• Minimum retail price for a **unit of alcohol**
• Linked to alcohol content, not type of product
• Applies to all licensed premises
• Price set in regulation by Scottish Parliament, independently of retailers, producers or anyone else connected with alcohol industry.
Experience from Canada (1)

• 10% increase in minimum prices reduced alcohol consumption by 8.43%.
• Larger effects on off sales premises than on sales.
• Consumption of higher strength beer and wine declined the most.
Experience from Canada (2)

• “Minimum pricing is a promising strategy for reducing the public health burden associated with hazardous alcohol consumption, Pricing to reflect percentage alcohol content of drinks can shift consumption towards lower alcohol content beverage type.” [American Journal of Public Health October 2012]
Current Status

• Intensive lobbying campaign in Europe and UK by alcohol industry to prevent implementation of MUP.
• Court of Session Legal Challenge.
• EC officials public comment indicating taxation would be a less trade restrictive measure than MUP.
Challenges

• Promoting understanding of the evidence base.
• Seeing alcohol harm as a product problem not a people problem.
• Exposing the role of commercial vested interests in the policy process.
• Challenging the ubiquity and centrality of alcohol in our society.
Taxation V’s MUP

- Taxation and MUP are complementary but do different things. Under EU rules, it is not possible to tax cheaper alcohol products more than expensive ones. It would require an overall tax increase of several hundred % to raise the price of every alcohol product to a level that would reduce harm. This is because the range of alcohol products and retail prices is far greater than for tobacco.
Tobacco and Alcohol

- Previous ruling by the ECJ that found against MP for tobacco.
- Tobacco – limited range products and prices (£3.50 - £7.00). Alcohol – much greater range of products and prices and on/off sales distinction that substantially increases the price difference between the cheapest and most expensive alcohol products.
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