

RESPONSE FROM THE SCOTTISH DIRECTORS OF PUBLIC HEALTH, THE SCOTTISH HEALTH PROMOTION MANAGERS GROUP AND THE PUBLIC HEALTH ALCOHOL SPECIAL INTEREST GROUP

26 January 2018

Consultation on:

We invite comments on the proposed minimum price of 50 pence per unit which is set out in the draft Scottish Statutory Instrument at Annex A.

The Scottish Directors of Public Health (SDsPH), the Scottish Health Promotion Managers (SHPMs) and the Public Health Alcohol Special Interest Group welcome the opportunity to comment on the proposed minimum unit price (MUP) of alcohol. We are pleased that the UK Supreme Court has confirmed that the legislation which allows for the introduction of MUP is lawful.

The evidence of alcohol related harm in Scotland is extensive and we will not reiterate that here. The reasons why people drink are also many and varied, ranging from the pleasure and socialisation that comes from drinking with other people to using alcohol as a means of escape from adverse life circumstances and experiences. The World Health Organisation has evidenced the most effective interventions to reduce alcohol related harm with addressing price and availability as the top measures to be taken.

In addressing alcohol related harm by raising the price of alcohol, we have good evidence, such as that brought together by the Sheffield Alcohol Research Group, that there will be a reduction in harmful and hazardous drinking, which is the pattern of alcohol use for a quarter of the Scottish population.

One of the particular aspects of the introduction of MUP is the consideration of its impact on the current inequalities of alcohol related harm. This level of inequality of such harm is evident, with eight times more alcohol related admissions and six times more alcohol related deaths occurring in the most deprived quintile of our country compared to the least deprived. The Sheffield reports have shown that, whilst a smaller proportion of those in poverty are hazardous and harmful drinkers compared to those not in poverty (18.6% vs. 25.6%), people in poverty who are drinking at such

Secretariat:
ScotPHN
c/o NHS Health Scotland
Meridian Court
5 Cadogan Street
GLASGOW
G2 6QE

0141 414 2756

e: nhs.healthscotland-scotphn@nhs.net
w: www.scotphn.net


levels consume more alcohol than those not in poverty. Their work shows that MUP would reduce inequalities by reducing alcohol intake in harmful drinkers.

With regard to the level at which MUP should be set (ie the proposed 50pence per unit), given the passage of time since the legislation was first passed to the present day, it would be reasonable to review the modelling work in advance of the legislation coming into place especially given there have been significant changes to the economic climate to ensure that the price was reflective of present circumstances. However, the priority has to be bringing MUP into legislation as soon as possible without delay and we would be concerned not to put that at risk.

There should be a commitment to review MUP after a set time period to ensure that the value is maintained in line with inflation to achieve maximal effect. Ongoing monitoring from MESAS should enable Scottish Government to develop the evidence base needed for modification of the MUP and this would be our preferred option.

Finally we would wish to recognise the challenge that some people may have in reducing their alcohol intake when such intake become unaffordable. We need to be aware that alcohol services may experience pressure as MUP comes into force and Alcohol and Drug Partnerships, service commissioners and specialist services should be encouraged to think ahead and make sure there is sufficient capacity for people who may urgently request assistance.

Yours sincerely,



Dr Andrew Fraser
Chair of the Scottish Directors of Public Health Group

Secretariat:
ScotPHN
c/o NHS Health Scotland
Meridian Court
5 Cadogan Street
GLASGOW
G2 6QE

0141 414 2756

e: nhs.healthscotland-scotphn@nhs.net
w: www.scotphn.net