There is growing awareness of the high and rising levels of alcohol-related harm in Scotland. The impact of alcohol on Scotland’s mental health is considerable and affects all age groups. The direct effect of alcohol dependence includes the contribution to suicide and self-harm and the effects of alcohol on the moods, judgement, behaviour and functioning of consumers. Alcohol also has an indirect effect on health and well-being of partners, children, other relatives and the wider community.

The Royal College of Psychiatrists in Scotland is convinced by the international evidence on the key role of price, in particular the ‘floor price’ of the cheapest alcohol, in influencing rates of harm (Babor et al, 2010). This is why we support proposals for a minimum price for alcohol, alongside broadening the range of evidence-based services for people with alcohol-related problems. We believe that government regulation of alcohol is one of the most powerful factors in reducing the toll of avoidable early deaths.

Much of the work of the College’s members is with those who drink heaviest, including those with alcohol dependence. Minimum pricing has the potential to have a significant beneficial effect in that group. In addition to College members
working in addiction psychiatry, psychiatrists working in general hospitals see the impact of alcohol in accident and emergency services. This includes the major impact of cheap alcohol on young people and those with (or at risk of) alcohol-related brain damage. They therefore support a minimum unit price because of its likely beneficial effects in these groups. Child and adolescent psychiatrists in Scotland support minimum pricing because of alcohol’s role in domestic violence and child abuse and they are confident that minimum price will have a beneficial effect on children’s mental health.

**Minimum alcohol unit sales price advantages**

- There is considerable evidence on the relationship between price and harm (Wagenaar et al, 2009; Babor et al, 2010). Studies have shown that the price of the cheapest type of alcohol, the floor price, is of particular importance (Gruenewald et al, 2006). Changing the price of more expensive types of alcohol has less effect on alcohol-related harm.

- Minimum alcohol pricing affects the floor price and is thus targeted at the retail practices which are most likely to result in harm. For this reason, the Royal College of Psychiatrists in Scotland continues to support minimum pricing as currently one of the most effective measures to prevent alcohol-related harm.

- Those who engage in heavy drinking have been shown to be price sensitive, though studies looking at the impact of taxation changes have shown their consumption to be less price sensitive than others to ‘across the board’ price changes (Wagenaar et al, 2009). This is likely to be explained by the substitution practice where those who drink heavily move to cheaper brands. Minimum pricing is an effective way of preventing this ‘trading down’.

- The influence of price on the beverage choices of those in contact with alcohol services was investigated by a recent survey where 70% of the units of alcohol consumed were under 40p and 83% under 50p (Black et al, 2011). This is consistent with College members’ observations in clinical practice, who noticed the popularity of ‘super lagers’ in the 1990s was supplanted by white cider and vodka by 2000s as these drinks became cheapest.

- We believe that minimum pricing will have a considerable benefit in reducing the harm which comes from the consumption of the cheapest forms of alcohol. The University of Sheffield estimated that 64% of alcohol below 50p is consumed by those drinking more than 50 units (35 for women) per week. Only 9% of cheap alcohol is consumed by those who drink moderately (Meier et al, 2009).

- Minimum sales price has particular potential to reduce the consumption levels of those who drink most heavily and whose consumption leads to the greatest harm.
Minimum price level

The approach should be to establish the principle of minimum pricing, set an initial price, monitor closely the impact of this and adjust the price accordingly. Monitoring is essential and requires prompt and good-quality data. There should be a requirement on the retail sector to share the information they have on sales patterns in the interest of public health.

The initial minimum price should be high enough to be effective in reducing harm and should have a noticeable impact for all income groups. The alcohol market can change rapidly and this affects the impact of a particular unit price. We await the findings of new econometric studies but the College’s best advice at present is that a price of 50–60p per unit should be the starting point. However, an effective monitoring system and a simple implementation process where the price is adjusted are the most important issues. Experience in Canada and Australia suggests that the price should be reviewed at least annually and preferably twice per year (Scottish Parliament Information Centre, 2012). Alcohol retailers change prices frequently and so this should not present an undue administrative burden.

Some common objections

- Increased use of other drugs. Some have claimed that less cheap alcohol will lead to increased use of other drugs. On the contrary, the strongest evidence is that alcohol acts as a gateway drug for other drug use, including tobacco (Sumnall et al, 2004; Ludbrook, 2009).

- Increased expenditure on alcohol by families on low incomes. There have been arguments that increasing the price of low-cost alcohol will lead families on low incomes to spend less on other items such as food and children’s clothing and this will be detrimental to family health and welfare. We do not accept this. It is likely that those families where there is substantial expenditure on low-cost alcohol will already be experiencing alcohol-related harm; this includes the considerable harm to children from adult drinking. Minimum price is likely to reduce alcohol consumption which will in turn reduce harm to the individual and the family.

- Cross-border alcohol trade. The important question is whether the level of any increased importation of alcohol due to cross-border flow will be greater than a reduction brought about by minimum pricing. We believe the answer is no and international evidence supports this (Herttua et al, 2008a,b). Commentators who cite the example of the Irish border as an argument against differential pricing between Scotland and England neglect the crucial issue of currency exchange rates which are likely to be the main driver of consumer behaviour. We note that Scottish Police forces support minimum pricing (Ewing, 2011) and believe that the benefits will outweigh the effect of cross-border trade.
Overseas markets and the whisky industry. Arguments that minimum pricing in Scotland will disadvantage Scottish products overseas are unconvincing. International trade agreements which regulate the operation of markets will prevent this. The narrowing of the price gap between cheap and quality spirits will be beneficial to the Scotch whisky industry.

References


Scottish Parliament Information Centre (2012) SPICe Briefing: Alcohol (Minimum Pricing) (Scotland) Bill. SPICe.


Further reading
