

Alcohol (Minimum Pricing) (Scotland) Bill

British Psychological Society in Scotland

The British Psychological Society in Scotland thanks the Health and Sport Committee of the Scottish Parliament for the opportunity to submit evidence to the Stage 1 consideration of the Bill.

About the British Psychological Society

The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of almost 50,000.

Under its Royal Charter, the objective of the British Psychological Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge".

We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

About this Response

This response was prepared on behalf of the Society by:

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The advantages and disadvantages of establishing a minimum alcohol sales price based on a unit of alcohol

The British Psychological Society believes there is irrefutable evidence that misuse of alcohol is related to harms and negative health outcomes. It is associated with more social and individual harms, crime, violence, aggression, workplace problems and impact on family functioning etc. This Bill represents a genuine opportunity to reduce alcohol consumption in Scotland, which is higher than in England and Wales. The research cited in the documents is of a high standard and strongly supports the idea that having a minimum price per unit (MPU) will reduce alcohol consumption in Scotland.

The experience of practitioner psychologists is that problem drinkers tend to choose cheaper products (high ethanol per unit), and different types of problem drinker will respond differently to different pricing options (higher taxation, cost threshold pricing, minimum unit pricing).

The impact on people's decisions of raising prices is likely to be different depending on potential mediating factors – socio-economic, demographic and the type of alcohol. There are likely to be different impacts from different pricing options: taxation, minimum unit pricing and cost threshold pricing.

There are studies that show increased pricing leads to a greater drop in alcohol consumption in people from lower socioeconomic groups (Sutton et al, 1995), as spend is higher proportion of their income (Sutton and Godfrey, 2006). Minimum pricing for alcohol is concluded to be a highly cost-effective strategy to reduce alcohol related harm across areas such as alcohol related health conditions, incidence of drink-driving and injuries related to alcohol use (Anderson et al. 2009; Purshouse et al. 2009; Chaloupka et al. 2002). There is also useful economic modelling studies such as that undertaken by a team at the University of Sheffield (Purshouse et al 2011).

Record and Day's (2009) modelling study suggests spending on alcohol will decrease with minimum price increases, with a greater effect on harmful and hazardous drinkers than moderate drinkers.

Evidence from a study in Alaska strongly indicates that alcohol tax increases significantly reduced the number and rates of alcohol-related deaths (Wagenaar et al, 2009). This also showed a dose-response effect: harms such as cirrhosis and violence go down as consumption goes down. This relationship maintains but is slightly different for different alcohol types – beer, wine, spirits. Minimum pricing has been used in Canada but no reliable evaluation of impact is available. In Sweden there have been a number of restrictive measures employed to reduce alcohol consumption but these have been slowly relaxed over the years. Sweden has now started to place more focus on intensified efforts to disseminate information and change public opinion. Until 1995 Sweden adjusted the tax on beverages in relation to the alcohol content within a given beverage category but this ended in accordance with EU membership when Sweden had to adapt its alcohol taxation system to EU regulations.

The Committee will also be aware of the Rand Report for the UK Home Office (Hunt et al. 2011) which undertook a broad review of the relationship between price and consumption and concluded that: “On balance the evidence shows that increases in alcohol prices are linked to decreases in harms related to alcohol consumption. However, alcohol price is only one factor affecting levels of alcohol consumption with individual, cultural, situational and social factors also influential.”

The Rand study concludes: “[minimum pricing] ...specifically targets young, harmful and hazardous drinkers who tend to choose the cheapest drinks. The existing research also shows that minimum pricing would lead to increases in retailers’ revenues. Research on minimum pricing, however, has not yet considered alcohol producers’ and retailers’ responses in greater detail, the policy’s impact on employment, or its effect on the consumption of other goods (most notably tobacco and cannabis, which have been shown to be closely associated with alcohol use)”.

The UK evidence base around the impact of minimum pricing is likely to grow in the coming year. Professor Chick at Queen Margaret University is building on work he and colleagues have done on the impact of pricing on choices by patients with alcohol problems to evaluate the impact of legislation on heavy drinking. Hagger et al (2011) found a high level of misunderstanding amongst those questioned leading to scepticism about minimum pricing as a means of achieving behaviour change. Acceptance of the principle of introducing a minimum unit price increased when it was as part of a broader package of government policies to address excessive alcohol consumption, and where revenue generated would be used to fund other interventions.

We would also point the Committee to the work being undertaken at the moment by Dr Alasdair Forsyth at Glasgow Caledonian University (unpublished). His early findings from interviews and surveys of off-sales staff (including proprietors and counter servers) show a difference between the attitude of those working in affluent post codes, whose support for minimum pricing appears to be related to ‘levelling the playing field’ between their own business and supermarkets, and those in deprived postcodes whose support for minimum pricing appears to be as a means of reducing the daily harm they witness caused by alcohol in their communities. However some off-sales staff were less supportive, fearing that raising the price of alcohol would lead to an increase in shop crime, or that the supermarkets would find a way around it.

The actual minimum price set will dictate the effectiveness of pricing as a means of reducing consumption. If set too low, there could be no effect at a population level. The ability to vary the unit minimum price set, through secondary legislation, would allow the unit price to be revisited following evaluation of impact.

In summary, The British Psychological Society supports moves to establish a minimum price for alcohol as a means to reduce alcohol consumption. However we believe it must be implemented alongside a range of measures

that can challenge the culture of alcohol use within Scotland. That might include restrictions on alcohol advertising – where there is clear evidence to support limiting alcohol advertising, especially that aimed at young people – a review of the legal concentrations of alcohol in the blood for drivers, and increased resources to deliver treatment for harmful and dependent drinkers.

The Society would further suggest that the Committee encourage more research into the attitudes of people of particular ages and socioeconomic backgrounds, which might show that price does not, on its own, affect consumption amongst particular groups such as the more affluent (price does not affect their choice currently) and among young people (who might view more expensive drinks as more exclusive and, therefore, more desirable).

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References

Anderson, P., Chisolm, D. & Fuhr, D. C. (2009). Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet*, 373: 2234–46

Chaloupka, F. J., Grossman, M. & Saffer, H. (2002). The Effects of Price on Alcohol Consumption and Alcohol-Related Problems. *Alcohol Research and Health*, 26 (1), 22-34.

Hagger, M.S., Lonsdale, A.J., Baggott, R., Penny, G., Bowen M. (2011) The Cost of Alcohol: The Advocacy for a Minimum Price per Unit in the UK, *Alcohol Research UK* <http://alcoholresearchuk.org/2011/09/21/the-cost-of-alcohol-the-advocacy-for-a-minimum-price-per-unit-in-the-uk/>

Hunt, P., Rabinovich L. Baumberg, B. (2010) Preliminary assessment of the economic impacts of alcohol pricing policy options in the UK. *Rand Europe, Report for UK Home Office*

Purshouse, R. Yang M, Rafia, R. Meier P. and Brennan A. (2009) 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', *SCHARR, University of Sheffield*

Purshouse, R. C., Meier, P. S., Brennan, A., Taylor, K. B. & Rafia, R. (2010). Estimated effect of alcohol pricing policies on health and health economic outcomes in England: an epidemiological model. *Lancet*, 375, 1255-1364.

Record & Day (2009). Britain's alcohol market: how minimum alcohol prices could stop moderate drinkers subsidising those drinking at hazardous and harmful levels *Clinical Medicine* 2009, Vol 9, No 5: 421–5

Sutton M, Godfrey C. (1995) A grouped data regression approach to estimating economic and social influences on individual drinking behaviour. *Health Economics*, 4(3):237–247.

Sutton, M. and Godfrey, C. A Grouped Data Regression Approach to Estimating Economic and Social Influences on Individual Drinking Behaviour, *Health Economics*, 4,3, pp. 237–247, 2006.

Wagenaar AC, Maldonado-Molina MM, Wagenaar BH. (2009). Effects of alcohol tax increases on alcohol-related disease mortality in Alaska: time-series analyses from 1976–2004. *American Journal of Public Health*, 99(1)