19 November 2023

Scottish Government Minimum unit pricing (MUP) continuation and future pricing consultation

Alcohol Action Ireland consultation response

1. Do you think Minimum Unit Pricing (MUP) should continue?

   Yes  No

2. If MUP continues, do you agree with the proposed Minimum Unit Price of 65 pence?

   Yes  No

3. We invite comments on the Scottish Ministers’ proposal to continue MUP and the proposed Minimum Unit Price of 65 pence.

Overview

Alcohol Action Ireland (AAI) was established in 2003 and is the national independent advocate in Ireland for reducing alcohol harm. We campaign for the burden of alcohol harm to be lifted from the individual, community and State, and have a strong track record in campaigning, advocacy, research and information provision. Our work involves providing information on alcohol-related issues, creating awareness of alcohol-related harm and offering policy solutions with the potential to reduce that harm.

Our overarching goal is to achieve a reduction in consumption of alcohol and the consequent health and social harms which alcohol causes in society. In this, our work is closely aligned with the World Health Organisation’s (WHO) evidenced-based recommendations on the ‘best buys’ for alcohol harm reduction – i.e., controls on pricing, marketing and availability of alcohol.\(^1\) The WHO have highlighted that Minimum Unit Pricing is an effective pricing measure\(^2\) and this is borne out in the recent review of MUP in Scotland.\(^3\)

AAI strongly supports the proposals to continue MUP in Scotland. To maintain and enhance its effectiveness the price must be increased to at least 65 pence. We also recommend the introduction of an automatic price increment mechanism to ensure the linkage of the price to the retail price index to ensure that its effectiveness is not eroded through inflation. We further recommend the introduction of a health levy on alcohol to provide an income stream to address the burden of alcohol on Scotland.

\(^1\) SAFER-alcohol control initiative [who.int]
\(^2\) No place for cheap alcohol: the potential value of minimum pricing for protecting lives. Copenhagen: WHO Regional Office for Europe; 2022.
Alcohol harm in Scotland – the need for action
Scotland, in common with Ireland and many other jurisdictions, has a significant public health issue with alcohol. Data indicates that every day more than 3 people die^4^ and around 100 more are hospitalised^5^ directly due to alcohol. This data does not include other health conditions such as cancer and heart disease where alcohol also has a major impact or serious mental health issues such as depression and anxiety. When coupled with other harms such as impacts on the economy, social and justice systems, alcohol is estimated to cost Scotland in the region of £5-10 billion annually. ^6^

Behind such stark figures are devasted individuals, families and communities, often carrying a life-long legacy of intergenerational trauma. These burdens are frequently carried by those living in the most deprived areas^5^ which points to alcohol’s role in health inequalities.

There is no single solution to all of the harms from alcohol and indeed public health advocates do not make such claims. However, a policy package, including population wide preventative measures with controls on pricing, marketing and availability will help to reduce these burdens. MUP is an essential part of such a package which must also be coupled with increased treatment options.

Using a polluter pays policy, the cost of addressing these harms should be borne by the industry which profits enormously from alcohol.

Evidence for MUP
There is now a considerable body of international evidence which points to the effectiveness of MUP in areas such a reduction in alcohol related hospitalisations. ^7^ In Scotland the recent evaluation of MUP by Public Health Scotland^3^ has found that MUP:

1) Reduced population-wide consumption - 3% reduction in first 3 years of implementation
2) Reduced alcohol-specific deaths by 13.4% - 156 lives saved annually
3) Reduced other alcohol-related deaths – eg cancer/heart disease by 112 annually
4) Reduced alcohol specific and related hospitalisations by around 900 annually
5) Did not result in negatively unintended consequences
6) Is viewed positively by public

This evidence is compelling and entirely consistent with the modelling of MUP prior to its introduction.

Given MUP’s outcomes to date are closely aligned to those predicted by modelling this provides a large degree of confidence in continuing with MUP and using the findings of the recently published updated MUP modelling. ^8^ The report, which was commissioned by the Scottish government, highlights that a combination of high inflation and the long-term effects of the pandemic on drinking behaviour are likely to lead to increases in alcohol-related harm that will cancel out some of the beneficial impacts of MUP.

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^5^ Public Health Scotland (2023). Alcohol related hospital statistics
The same report indicates that an MUP of at least 65p would mitigate the against inflation and increase the benefits of the policy. Compared to increasing to 60p per unit, a 65p MUP would reduce consumption by an estimated 2.7%, leading to around 60 fewer deaths and 774 fewer hospital admission in the first year of operation.

The evidence is thus clear for the need for uprating the price. Equally clear is the need to provide a mechanism for automatic linking with the retail price index. Delaying such a provision will only reduce the successes of MUP and the question must be asked, who benefits from such a delay? Certainly not the health of people in Scotland.

**International alcohol pricing examples**

MUP was introduced in Ireland in Jan 2022 at a level of €0.10 per gram of alcohol, which equates to a price of €1 per standard drink – eg a half pint of beer, a pub measure (35.5 ml) of spirits or 100 ml of wine. Detailed analysis of the policy has not yet been published but there are indications that alcohol consumption per capita has decreased by 5% compared with pre-pandemic levels.⁹

There are jurisdictions which provide for automatic linkages in relation to alcohol pricing policies. For example, in Australia, alcohol taxes are revised twice annually in line with inflation¹⁰.

There is also a strong case for a levy on the alcohol industry to pay for the harms caused by their product. Such health taxes play a dual role in both helping to reduce the use of the product and providing a funding stream to address the harms caused. Such an approach is also supported by public health advocates across a range of areas – e.g. the European Alcohol Policy Alliance¹¹ and the NCD Alliance in Scotland.¹²

There are multiple ways in which such a levy could operate with examples from other countries available such as New Zealand which has legislation that allows for levies to be imposed for the purpose of enabling the Ministry to recover costs it incurs in addressing alcohol-related harm, and in other alcohol related activities.¹³

It is of note that the OECD¹⁴ advise that price policies to limit the affordability of alcohol, particularly for cheap alcohol, would have the biggest impact on reducing the alcohol burden.

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⁹ Annual alcohol consumption data 2022 – Alcohol Action Ireland (alcoholireland.ie)
¹⁰ Excise duty rates for alcohol | Australian Taxation Office (ato.gov.au)
¹¹ The Oslo Declaration - 9th European Alcohol Policy Conference
¹² NCD Prevention report | BHF Scotland - BHF
¹³ Pae Ora (Healthy Futures) Alcohol Levy Order 2023
¹⁴ OECD Health Policy Studies: Preventing Harmful Alcohol Use. May 2021
Scotland – a global leader in alcohol policy

Scotland has been a trail blazer in introducing MUP at a national level and its commitment to providing evidence for its impact is highly commendable. It has inspired other states such as Ireland to introduce MUP. The policy has been shown to reduce alcohol harms such as hospitalisations and deaths. Importantly it also reduces health inequalities as these harm reductions are most apparent in areas of high social deprivation.

Powerful global commercial forces have continually sought to denigrate, delay and diminish the policy of MUP. It is of note that the Scottish Whiskey Association’s shameful and ultimately unsuccessful legal action to thwart MUP delayed its implementation for six years\(^\text{15}\) – a delay that has cost at least 1600 lives.

Alcohol Action Ireland urges Scotland to follow through on the evidence, commit to learning from it and continue with the MUP policy in a way that ensures its ongoing effectiveness. Most importantly, put public interest ahead of vested interest.

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