

Advocating for alcohol policy in the public health interest  
– the story of minimum pricing in Scotland

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Scottish Health Action on Alcohol Problems (SHAAP)

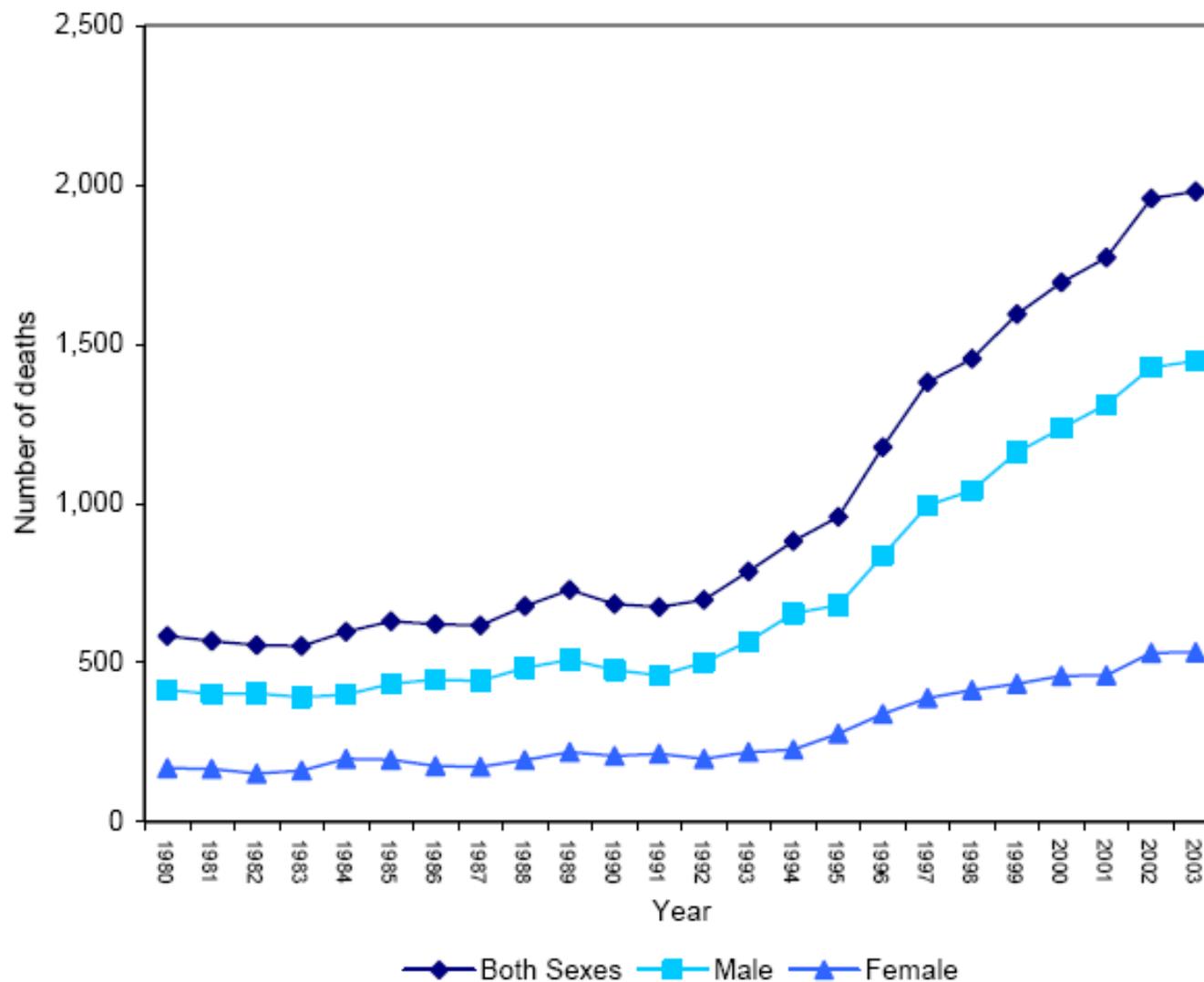
## Scottish Health Action on Alcohol Problems (SHAAP)

- Established by the Scottish Medical Royal Colleges and Faculties in November 2006 with funding from the Scottish Government to provide an authoritative medical voice on reducing the impact of alcohol-related harm on the health and well-being of the people of Scotland.
- Aims to raise awareness about alcohol harms; to review research and undertake new research to identify and promote effective interventions; to advocate for effective alcohol policy formulated by public health interests.
- *Evidence Advocate and Policy Intermediary.*

# Overview

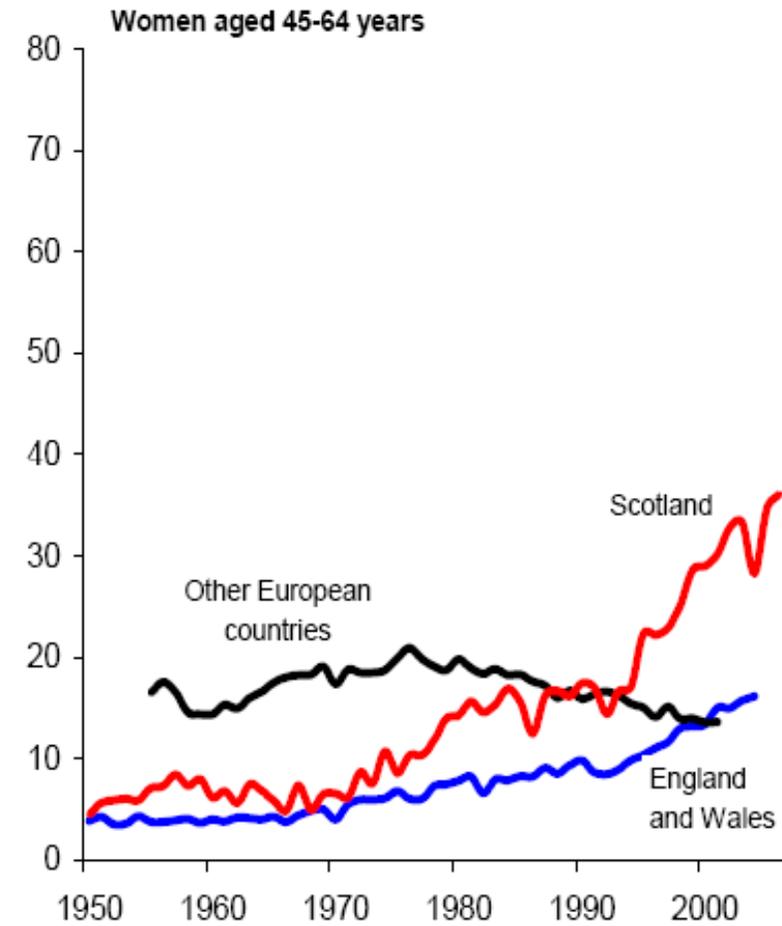
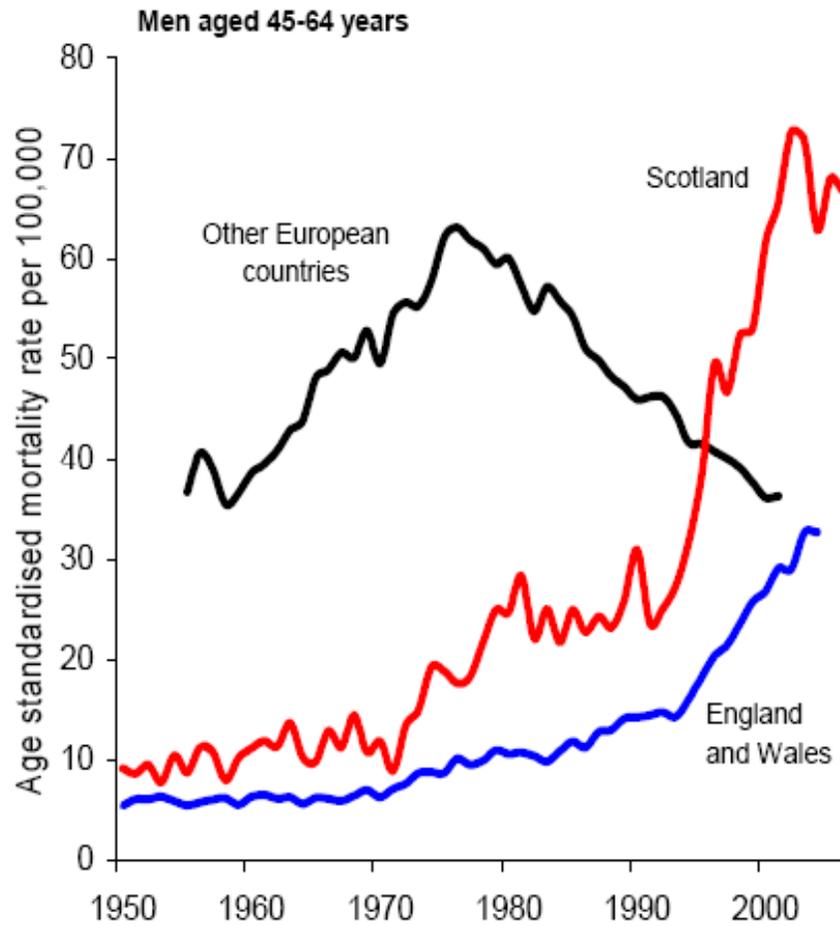
- How did minimum pricing get on the policy agenda in Scotland?
- Who were the influential voices in the public policy process?
- How has opposition to minimum pricing manifested itself?
- How might the experience in Scotland increase our understanding of the role of public health advocacy in advocating for alcohol policy in the public health interest?

# ALCOHOL RELATED DEATHS IN SCOTLAND 1990-2003



[Source: NAIR, based on GRO data. Table A28]

# Liver Cirrhosis Death Rates 1950 - 2006



David A Leon, Jim McCambridge

Lancet 2006; 367: 52-56

Updated for Scottish Alcohol Consultation. 2008

## ministerial foreword

Alcohol is widely used and enjoyed in Scotland. The drinks industry and the licensed trade make valuable contributions to our economy. Drinking small amounts of alcohol is compatible with a healthy lifestyle. Drinking too much can, however, lead to illness, accidents and anti-social and criminal behaviour.



There is already some good work to address alcohol problems across Scotland. However, there are some concerning upward trends. Young Scots are drinking more than ever before. The effects at an early age can be very serious. Binge drinking is also increasing and can harm individuals and society more generally. We are responsible for our personal behaviour and the impact it has on our families and communities. We estimate that alcohol problems are costing Scotland at least £1billion each year. We need to tackle these problems.

A handwritten signature in black ink that reads "Malcolm Chisholm". The signature is written in a cursive, flowing style.

**Malcolm Chisholm, MSP**  
**Minister for Health and Community Care**



31. Previous interventions have tended to target particular groups, such as those with alcohol dependency or young people, and over-relied on the promotion of general health information and education campaigns. The World Health Organisation (WHO) has stated that alcohol interventions targeted at vulnerable populations can prevent alcohol-related harm, but that policies targeted at the population as a whole can have a protective effect on vulnerable populations and reduce the overall level of alcohol problems. Action on a wider scale, both population-based and targeted to particular groups, is now required. A new approach is needed to rebalance Scotland's relationship with alcohol and the question is not whether to act, but how extensive our actions should be.

Scottish Strategy 2008

## Political and Policy Context 2006

- Scottish Parliament has devolved responsibility for health but Westminster controls alcohol taxation; advertising; drink-drive limits.
- Alcohol related harm in Scotland increasing and alcohol misuse identified as a public health priority.
- Alcohol policy in Scotland broadly in line with UK policy i.e. reliance on policies with the weakest evidence base and problem framed as *majority drink sensibly only a minority misuse alcohol*.
- Scottish Government/Alcohol Industry Partnership; Diageo employee seconded for two years to the Government's Alcohol Policy Team.
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- Policy divergence in licensing legislation. Nicholson Committee reviews all aspects of liquor licensing law and practice in Scotland in order to recommend changes *in the public interest*.

# Licensing for Public Health

- The Licensing Act 2003 (covering England and Wales) and the Licensing (Scotland) Act 2005 (which comes into force September 2009) both have four licensing objectives that Licensing Boards must seek to promote when granting or renewing licences:-
  - Preventing crime and disorder
  - Securing public safety
  - Preventing public nuisance
  - Protecting children from harm



## Licensing (Scotland) Act 2005

2005 asp 16

### The Licensing Objectives

- Prevention of Crime and Disorder
- Securing Public Safety
- Preventing Public Nuisance
- Protecting Children from Harm
- *Protecting and Improving Public Health.*

*Provisions in the Act to ban irresponsible promotions in the on- trade i.e. 'happy hours'*

# SHAAP Strategic Approach

- Re-frame the problem away from a focus on ‘problem’ drinkers, ‘individual responsibility’ and reliance on policies with the weakest evidence base towards a whole population approach.
- Raise public, political and media awareness of the burden of harm caused by alcohol and promote the implementation of evidence-based alcohol policy formulated by public health interests.
- Raise awareness of the evidence linking price, consumption and harm; call for a reduction in overall alcohol consumption and for alcohol control measures including action on price.
- Methods – publicising research; using scientific experts; issuing media releases; disseminating briefings to politicians and making specific recommendations for policy.

## SHAAP Key Advocacy Messages

- *Increasing alcohol consumption is driving alcohol harm .*
- *We are all drinking more than previously thought.*
- *We need to drink less and less often.*
- *Cheap alcohol is fuelling alcohol consumption.*
- *Best way to reduce consumption (and harm) is controls on price and availability*

## SHAAP Advocacy Activity 2006/07

- Call for an urgent increase in alcohol price following research showing 70% of assaults presenting to A&E are alcohol-related. (Dec 2006)
- Call on the Scottish Parliament to extend the ban on irresponsible promotions in the on- trade as described in the Licensing (Scotland) Act 2005 to the off- trade. (March 2007)
- Expert Workshop to explore implementation of minimum pricing in Scotland convened and two legal opinions commissioned (one on UK and EU Competition Law and the other on Scottish licensing law. (Sept 2007)
- *“Speaking plainly, the lower the cost of alcohol, the more alcohol is consumed and the worse our alcohol-related problems become.”* Dr Bruce Ritson, SHAAP Media Release Mar 2007

## SHAAP Advocacy Activity 2007/08

- Secondary analysis of government survey data and HMRC data to show that Scots are drinking more than previously thought. (Oct 2007)
- *Alcohol Price, Policy and Public Health* recommends that the Scottish Government implements alcohol control measures including minimum pricing for alcohol and makes representation to Westminster to increase alcohol duty and link alcohol taxation to alcohol strength. (Dec 2007)
- Convene expert seminars with international alcohol scholars. (Professor Tom Babor April 2008)
- *“We believe that setting minimum prices could save the lives of almost 750 Scots every year. No single policy initiative will solve all the alcohol problems in our society but price is a significant factor in rising consumption levels and associated harm.”* (SHAAP Media Release Dec 2007)

## Advocating for Minimum Pricing: Enabling Factors

- New Scottish National Party (SNP) minority Government elected in May 2007 identifies alcohol as no.1 public health priority.
- Justice Minister makes *tackling Scotland's booze culture* a personal political priority.
- Increasing evidence base showing health indicators continuing to go in the wrong direction; Scots drinking more than previously thought; alcohol harm costing Scotland over £2 billion; BMA Board of Science report.
- Advocacy coalition began to form in support of minimum pricing. Alcohol Focus Scotland, BMA, Health Scotland, and NHS Quality Improvement Scotland actively engaged in public debate.

## Scottish Government Consultation: June 2008

- *Changing Scotland's Relationship with Alcohol: a discussion paper on our strategic approach* calls for action in four areas – reduced alcohol consumption; supporting families and communities; positive public attitudes, positive choices and improved support and treatment.
- Measures proposed include extending the ban on irresponsible promotions in the on- trade to the off- trade; minimum pricing of alcohol; raising the minimum purchase age to 21yrs in off- sales; introducing a 'social responsibility' fee on some alcohol retailers to offset costs of alcohol misuse; restrictions on promotional material in licensed premises; separate checkouts for alcohol sales and raising the age of staff working in such checkouts.
- Document goes out for consultation June – December 2008.

## Response to Government Consultation

- Big Alcohol (producers and retailers) launch an intensive lobbying campaign against government proposals although Scottish Licensed Trade Association and CAMRA in support. Opposition led by Scottish Whisky Association, Wine and Spirit Trade Association and British Retail Consortium.
- Student groups come out against the proposal to raise the minimum purchase age in off- sales to 21. Campaign group established by National Union of Students and funding received from the industry to publish campaign material.
- Opposition politicians support the students and successfully move a motion in the Scottish Parliament against the proposal to raise the minimum purchase age in off- sales sector.

# Scottish Government Framework for Action: February 2009

- *Framework for Action* published with most of the alcohol control measures intact with two exceptions – separate checkouts for alcohol sales and raising the age of staff working in checkouts dropped.
- Raising the minimum purchase age to 21 in off- sales remains but is devolved to local Licensing Boards.
- *“The alcohol industry recognises there is a problem, although they consider it to be one requiring responses only targeted at specific groups in society. We remain firmly of the view that a broader and bolder approach is required and that the people of Scotland agree and rightly expect us to show leadership.”* Nicola Sturgeon, Health Minister, in the Ministerial forward to the Framework document.

## Response to Framework

- Industry intensify lobbying efforts and move from attacking the proposals to attacking the process.
- Opposition politicians join industry calls for the proposals to be brought forward through primary legislation (Government proposes amending existing licensing legislation).
- Scottish Whisky Association launches a campaign to oppose minimum pricing in order to “save jobs in the Scottish whisky industry”.
- Scottish Government announces that minimum pricing and other measures will now form a new Health Bill which will be introduced into the Scottish Parliament later on this year. New process will delay introduction of minimum pricing by 6 – 8 months.

## Arguments Used to Oppose Minimum Pricing

- Early arguments focused on the ‘illegality’ of minimum pricing.
- Opposition to process proposed – “secondary legislation will prevent measures being fully debated”.
- Arguments currently being used “will punish the majority for the actions of a minority”, “will penalise poor people”.
- Cast doubt on evidence base (CEBR critique of Sheffield Study)
- People will be further stretched in current economic climate.

## Current Situation

- Current make up of Scottish Parliament – Scottish National Party (47); Labour Party (46); Liberal Democrats (16); Conservatives (16); Green (2); Independent (2). SNP Government requires the support of either Labour or Liberal Democrats plus Green/Independent to get minimum pricing approved.
- Rapid Response Advocacy Coalition established (SHAAP, BMA, AFS) to co-ordinate advocacy activities and build political, media and public support for the forthcoming Health Bill.
- Close contact with Alcohol Health Alliance UK and other national and international public health colleagues to exchange information and collaborate on dissemination of research findings and advocacy activity.

# Role of Public Health Advocacy

- Robust scientific evidence is a crucial aspect of public health advocacy. However, it needs to be communicated in a way that can be easily understood by politicians, policy-makers and the general public (*evidence advocacy*).
- Effective public health advocacy requires active engagement in the public policy process and involves advocating for specific policy options to be adopted (*policy intermediary*).
- Political leadership is the *sine qua non* of alcohol policy in the public health interest given the commercial vested interests involved. Public health advocacy would benefit from more scientific studies which explore the inter-relationship between the policy and politics stream and how public health interests can intervene more effectively in the process.