

## Introduction

Scottish Families Affected by Alcohol and Drugs (Scottish Families) is a national charity that supports anyone impacted or concerned about someone else's alcohol or drug use in Scotland ([www.sfad.org.uk](http://www.sfad.org.uk)). Throughout this response, we may refer to people affected by someone else's alcohol or drug use simply as "family members". In responding to the consultation at hand, we aim to centre the voices and experiences of family members who are impacted by the physical, mental, and social harms of alcohol in Scotland.

Scottish Families' Ask the Family survey found that, on average, for every person that uses substances, 11 other people are affected by that person's substance use<sup>1</sup>. One family member we spoke to about alcohol harm reflected:

"It's had an impact on all of them. [My grandson] is the first one to come to the group... he's decided that he's going to make a point in coming to the group, because he has healing to do. He's got his own recovery to go through. And he's figuring out how that affected his life. This is where it's had that knock-on effect, on families -- and friends as well."

The family members we have spoken to in preparing for this consultation response want the experiences of families affected by alcohol use to be a catalyst for change when it comes to informing prevention and treatment strategies and tackling alcohol harm:

"We need stories from as many family members as possible."

The voices of people within families and communities affected by alcohol harm must be prioritised over the financial interests of the alcohol industry. This goes for Minimum Unit Pricing (MUP) for alcohol, as well as alcohol marketing and availability.

"It's accessibility, you turn the tele on and somebody's having a big cool pint, so do we need to do something about that? But the people making their money out of that, are they going to do anything?"

## Consultation Questions:

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

Yes.

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

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<sup>1</sup> Scottish Families Affected by Alcohol and Drugs (2021). *Ask the Family: Family Perspectives on Whole Family Support and Family Inclusive Practice*. <https://www.sfad.org.uk/content/uploads/2021/04/Ask-The-Family-Report-March-2021.pdf>

Yes.

**3. We invite comments on:**

- a. the Scottish Ministers' proposal to continue MUP**
- b. the proposed Minimum Unit Price of 65 pence.**

To reduce alcohol-related health harms at a whole population level and for people drinking at hazardous or harmful levels, MUP should continue and should be uprated to 65p as well.

From a whole population perspective, MUP is one of many policy measures vital to reducing alcohol harm. The aim of MUP is to reduce alcohol-related health harms amongst hazardous and harmful drinkers, as well as at a whole population level<sup>2</sup>. *Hazardous* drinking involves alcohol consumption at a level that increases the risk for harm – often defined as drinking more than 14 units of alcohol per week. *Harmful* drinking consists of drinking at level that causes physical or psychological harm, defined in units as consuming more than 35 units per week for women, and 50 units per week for men<sup>3</sup>.

Looking at the big picture of MUP's impact, statistic evidence indicates that MUP reduced death rates "wholly attributable to alcohol" by 13.4% -- which means that 156 lives per year were saved directly due to MUP<sup>4</sup>. In addition, MUP prevented 411 hospital admissions also wholly attributable to alcohol use, amounting to a 4.1% decrease in hospital admissions due to MUP. These decreases in deaths and hospitalisations were largest amongst men, people above the age of 65, and people living in the 40% most deprived areas in the country – showing that MUP has helped to mitigate alcohol-related health inequalities. Additionally, the statistics mentioned previously do not include the prevention of deaths and hospitals to which alcohol may have contributed, but may have not been the primary cause – meaning that MUP has positively impacted even more people in Scotland. Given the reductions in deaths and hospitalisations overall, MUP has been effective in reducing the health harms of people drinking at hazardous and harmful levels.

Changes in deaths and hospitalisations due to MUP have also been accompanied by changes in alcohol purchases. Over the past three decades, off-trade alcohol (sold in supermarkets and off-licenses) in the UK has become much more affordable – 64% more affordable compared to 1987<sup>5</sup>. Low alcohol prices mostly benefit hazardous and harmful drinkers, as they tend to purchase the most alcohol in off-trade settings<sup>6</sup>. Addressing the affordability of

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<sup>2</sup> Scottish Government (2023). *Alcohol: Minimum Unit Pricing (MUP): Continuation and Future Pricing: Consultation*. <https://www.gov.scot/publications/alcohol-minimum-unit-pricing-mup-continuation-future-pricing-consultation/documents/>

<sup>3</sup> National Institute for Health and Care Excellence (2010). *Alcohol use disorders: prevention*. <https://www.nice.org.uk/guidance/ph24/resources/alcoholuse-disorders-prevention-pdf-1996237007557>

<sup>4</sup> Public Health Scotland (2023). *Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report*. <https://publichealthscotland.scot/media/20366/evaluating-the-impact-of-minimum-unit-pricing-for-alcohol-in-scotland-final-report.pdf>

<sup>5</sup> Scottish Government (2018; amended in 2020). *The Scottish Health Survey*. <https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/documents/>

<sup>6</sup> National Institute for Health and Care Excellence (2010). *Alcohol use disorders: prevention*. <https://www.nice.org.uk/guidance/ph24/resources/alcoholuse-disorders-prevention-pdf-1996237007557>

alcohol – especially cheap alcohol -- contributes to reducing consumption by people who drink at hazardous and harmful levels.<sup>7</sup>

All studies looking at the impact of MUP on alcohol purchases in Scotland found an overall reduction in alcohol purchases, with the largest reductions in alcohol purchases being seen in the households that purchased the most alcohol<sup>8</sup>. To illustrate, the top 5% of alcohol-purchasing households reduced their purchasing by 14.8%<sup>9</sup>. Furthermore, most reductions were made for stronger products that had the highest increases in price due to MUP, such as cider and spirits. Therefore, consumption amongst people drinking at hazardous and harmful levels also changed as a result of MUP.

However, the terms hazardous drinking and harmful drinking refer to specific patterns of alcohol consumption and should not be conflated with alcohol dependency, which is a particular form of harmful drinking. People with alcohol dependence have clinical needs that require intensive, individualised intervention and specialised alcohol treatment. Many families we support are impacted by someone else's dependence on alcohol and have highlighted severe gaps in alcohol treatment services and other prevention measures. For these families, MUP is not a universal remedy, as they've reported it's had little to no effect on their loved one using alcohol, or themselves. Taking a holistic look at alcohol policy in Scotland, MUP is only one of many policy measures that must be implemented to change the picture of alcohol harm in Scotland. The public emergency response to alcohol harm in Scotland must not stop at continuing MUP, especially considering that there has been a 40% reduction in the number of people accessing alcohol treatment in the past ten years despite consistently high levels of alcohol harm<sup>10</sup>. There needs to be greater investment in specialised alcohol treatment and care to make it more available and accessible to those who need it, when they need it. There also needs to be concerted efforts by public bodies to address the ubiquitous availability and marketing of alcohol in our everyday lives, as well as stigma related to alcohol harm and seeking support for alcohol use.

To adjust to inflation and continue a minimum unit pricing policy that is actually effective, MUP should be uprated from 50p per unit to 65p per unit. Furthermore, an automatic uprating mechanism would be appropriate for ensuring MUP adjusts in line with inflation.

However, some family members have raised concerns over where the profits from increased prices would go, since retailers have likely seen increases in revenue due to MUP. During a discussion around MUP, one family member said:

“Try and get them to plow some of that [money] into treatment. That's the only reason I would say to increase it – if the increase was getting fed back into the treatment sector. As

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<sup>7</sup> Stockwell, T. and Thomas, G (2013). *Is alcohol too cheap in the UK? The case for setting a Minimum Unit Price for alcohol*. <https://www.ias.org.uk/uploads/pdf/News%20stories/iasreport-thomas-stockwell-april2013.pdf>

<sup>8</sup> Public Health Scotland (2023). *Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report*. <https://publichealthscotland.scot/media/20366/evaluating-the-impact-of-minimum-unit-pricing-for-alcohol-in-scotland-final-report.pdf>

<sup>9</sup> Griffith, R., O'Connell, M., & Smith, K. (2022). Price floors and externality correction. *The Economic Journal*, pg. 2273-2289. <https://academic.oup.com/ej/article/132/646/2273/6517679>

<sup>10</sup> Alcohol Focus Scotland (2023). Newly published figures reveal 40% drop in alcohol treatment in Scotland over 10 years. <https://www.alcohol-focus-scotland.org.uk/news/decline-in-alcohol-treatment-in-scotland/>

opposed to profiting the producers and retailers and the government and it's no helping people who need help."

We support introducing an Alcohol Harm Prevention Levy – as put forward by NCD Alliance Scotland – to make sure that retailers' profits from MUP go towards tackling alcohol harm through prevention and treatment services<sup>11</sup>.

MUP is a part of a multi-faceted strategy to tackle various forms alcohol harm in Scotland. If it is continued, MUP will continue to save lives and prevent hospitalisations. Its effectiveness in positively impacting hundreds of lives should not be discounted just because it has been less effective in reducing consumption within certain groups of people that many have specific needs when it comes to alcohol treatment and harm prevention.

However, families have commented on a variety of issues that must also be addressed in order to create more positive change for people affected by alcohol harm. These include changes in funding and staffing for services – to improve the availability of alcohol treatment and address long waiting times. Helping people to access treatment is vital, especially if that person needs additional support in accessing treatment. As one family member said:

"As I said before, I'm into advocacy as well. [ ]'s son and my son are lucky. They've got people like me that'll talk to people and try and get them help. We know we're not going to cure the person, but we'll get every bit of help that we can possibly get for them. But it's the people that don't have that. They give up."

In our discussions with families around MUP and alcohol treatment and care, families identified that promoting access to services includes meeting people "where they're at" and "valuing people for who they are". They also highlighted the importance of training for staff and education within communities, to address stigma towards people that may have a problem with alcohol and to promote better understanding around their needs. In addition to alcohol treatment and care and addressing stigma, other issues important to families include better pathways for dual diagnosis, peer pressure to drink alcohol, restricting alcohol marketing, addressing the ubiquity of alcohol in everyday spaces, 24-hour helplines, and more active promotion of community support – to name a few. All of these actions – in addition to MUP -- should exist within a framework of various prevention and treatment measures in order to address the diverse needs for different groups of people using alcohol.

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<sup>11</sup> NCD Alliance (2022). Introduce an Alcohol Harm Prevention Levy. *NCD Briefings*. <https://www.bhf.org.uk/-/media/files/what-we-do/in-your-area-scotland-pages/ncd/ncd-briefings-2022.pdf?rev=170c318f49fa4b39ba7c599ae28890fe&hash=1E4D82583304A48981A36CDE39D5AECA>