

THE GLOBE

2015



First Minister “vigorously” to defend minimum unit price

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THE GLOBE

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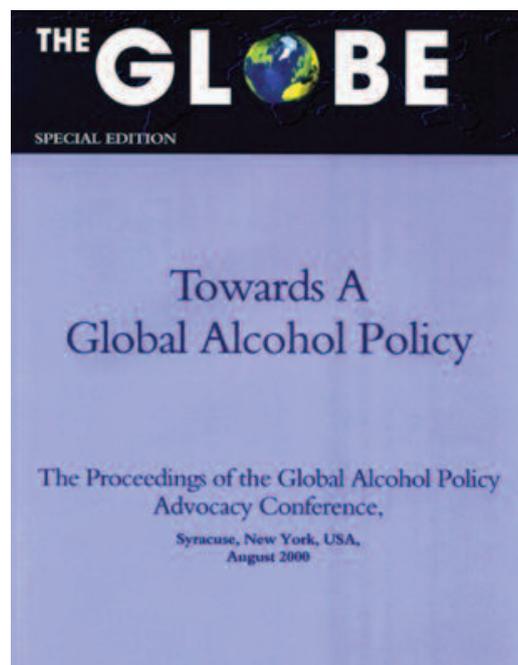
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A celebration active work

We will celebrate fifteen years of the Global Alcohol Policy Alliance at our fourth international conference to be held in Edinburgh in October. At the inaugural international conference on August 5th 2000 held in Syracuse, New York State, it was resolved to form the Alliance. Two hundred and forty participants representing twenty eight countries endorsed the resolution to establish an international network of organisations, independent of the alcohol beverage industry, to advocate for policies at international and country level to reduce the harm that can be done by alcohol. The theme of the inaugural conference was "Towards A Global Alcohol Policy".



of 15 years of

Our subsequent conferences have brought together a combined total of 1,970 participants from 59 countries. Our network extends to all continents.

Milestones for alcohol policy have been the adoption by the World Health Assembly in 2010 of its Global Strategy To Reduce the Harmful Use of Alcohol and in 2011 the United Nations Political Declaration on Non-communicable Diseases. GAPA will continue to be fully committed to achieving the goals set out in both these strategies. The response of the drinks industry and its financially sponsored social aspect organisations will require constant vigilant scrutiny.

Keeping the Drinks Industry at arms length

In 2001 the first edition of the *Globe* under its new proprietorship was published. In the leader of that edition we declared that the journal would give focus to the struggle against the worldwide influence of the drinks industry. Despite some governments and health experts who have advocated rapprochement with the drinks industry we have resisted and advocated a critical arms length approach. Events over the past 15 years have confirmed the wisdom of this strategy.

Politicians, Governments, both national and international, who accede to the demands of the alcohol industry that they have a place at the table of public health policy must take note of its stance towards effective and scientifically proven alcohol policy. A stance that displays a lack of integrity and calls into question its sincerity and trustworthiness.

The Scotch Whisky Association's action in causing the Scottish Government's legislative decision to be put before the European Court of Justice has had the following editorial riposte from Scotland's edition of the *Times Newspaper* (4th September 2015): *"that the Scotch Whisky Association believes it to be more important to protect its profits than the health of the nation is indefensible."*

Also indefensible is its opposition to the democratic will. After achieving a clear mandate from the Scottish electorate, the Scottish National Party introduced its minimum pricing Bill.

Two decades ago the hostility of the alcohol industry to the WHO European Alcohol Action Plan, and the scientific research that underpinned it, is a matter of record.

Another example of its desire to influence and control the alcohol policy agenda is seen in the discussions to achieve a European Union alcohol strategy. At the behest of the Industry, DG SANCO officials organised a roundtable discussion, through the aegis of the European Policy Centre, between representatives of the Commission, Member States, Industry and NGOs to discuss the draft proposals for such a Strategy. After four meetings, when the Industry had found it had not succeeded in winning over NGOs to their plan to deal with the problem, it attacked the process. Even before DG SANCO published its proposed Strategy, the Industry launched a sustained lobby campaign to the European Parliament and other Commission Directorates, misrepresenting the Strategy, which had yet to be agreed by the collegiate of the Commissioners.

Recently the Global Alcohol Producers Group claim that they are deeply committed to continuing to work with WHO, its Member States and other stakeholders to combat the harmful use of alcohol and the growing problem of non-communicable diseases. They maintain that they *"particularly welcome the recommendation that Member States advance implementation of the WHO Global Strategy to Reduce Harmful Use of Alcohol and develop comprehensive and multi-sectorial national policies and programmes based upon its ten recommended target areas."* How incredible since the industry has consistently opposed three of the most effective proven strategies namely: availability of alcohol, marketing of alcoholic beverages and pricing policies.

In this edition we report at length the battle with the drinks industry over minimum unit price. The impact of this is clearly pointed out by Eric Carlin, Director of Scottish Health Action on Alcohol Problems, *"In fact, the reality represented by the Scotch Whisky Association in continuing its action against this important health policy is that of a land where twenty people die every week because of alcohol-related causes and where rates of liver disease have quadrupled in 30 years."*

No more needs to be said in justification of GAPA's actions in relation to the drinks industry.

Derek Rutherford

Advocate General's opinion on minimum unit price

At the 2011 election for the Scottish Parliament, the Scottish National Party included in its Election Manifesto action for a minimum unit alcohol price :

“Over the past few years, we have made progress in addressing Scotland’s relationship with alcohol. The new Alcohol Act will further tackle irresponsible alcohol promotions, end quantity discounting and introduce a Challenge 25 age verification scheme. We have also supported the NHS to deliver more than 150,000 alcohol brief interventions. Our effort to introduce minimum pricing was blocked by opposition politicians who were prepared to put party politics ahead of public health.

“Minimum pricing of alcohol is evidence based, and supported by doctors, nurses, the police and all those on the front line who deal with the effects of alcohol abuse.”

An SNP government will introduce a Minimum Pricing Bill as a priority in our first legislative programme and we will seek to build a coalition of support for it in Parliament to match the one that already exists outside of Parliament.”

The SNP won 69 seats out of 129 gaining the first majority government since the opening of Scotland’s Parliament. In 2012 Parliament passed the Act that alcohol must not be sold at a price below a minimum price and empowered Scottish Ministers to determine the amount at which MUP should be set and the date on which it should come into force. The Scottish Ministers drew up the 2013 Draft Order for approval by its Parliament fixing the unit price at 50 pence sterling. The Scotch Whisky Association (SWA) lodged an application for judicial review of both the Act and Draft Order. Scotland’s Outer House of the Court of Sessions dismissed the appeal. SWA, together with the European Spirit Producers and European Committee of Wine Enterprises, lodged a further appeal against the decision. As a result of that appeal the Extra Division of the Inner House of the Court of Sessions decided to stay the proceedings in order seek guidance from the European Court.

European Union Law

The issue of its compatibility with EU law depends on Articles 34 and 36 Treaty of the Functioning of the European Union (TFEU) that state:

Article 34

Quantitative restrictions on imports and all measures having equivalent effect shall be prohibited between Member States.

Article 36

The provisions of Articles 34 and 35 shall not preclude prohibitions or restrictions on imports, exports or goods in transit justified on grounds of public morality, public policy or public security; the protection of health and life of humans, animals or plants; the protection of national treasures possessing artistic, historic or archaeological value; or the protection of industrial and commercial property. Such prohibitions or restrictions shall not, however, constitute a means of arbitrary discrimination or a disguised restriction on trade between Member States.

Scottish Court seeks guidance from European Court of Justice

The Scottish Court particularly sought guidance on the following matters:

- i) Whether it was lawful for a Member State to promulgate a national measure which prescribes a minimum retail - selling price for wine related to the quantity of alcohol in the sale product, thus departing from the free formation of price by market forces;
- ii) Where a Member State has concluded that it is expedient in the interests of human health to increase the cost of consumption of a commodity to consumers or a section of consumers and is free to levy excise duties or other taxes based on alcoholic content or volume or value or a mixture of such fiscal measures, is it permissible under

EU law, and if so under what conditions, for a Member State to reject such fiscal methods of increasing the price to the consumer in favour of legislative measures fixing minimum retail prices which distort intra-EU trade and competition?

- iii) During the appeal proceedings new material evidence had been laid before the court and the SWA maintained it to be inadmissible. Hence a question on this issue was also laid. Is the national court confined to examining only the information, evidence or other materials available to and considered by the legislator at the time at which the legislation was promulgated? And if not, what other restrictions might apply to the national court's ability to consider all materials or evidence available and offered by the parties at the time of the decision of the national court?
- iv) Where a court in a Member State is required, in its interpretation and application of EU law, to examine a contention by the national authorities that a measure otherwise constituting a quantitative restriction within the scope of Article 34 is justified as a derogation, in the interests of the protection of human health, under Article 36, to what extent is the national court required, or entitled, to form — on the basis of the materials before it — an objective view of the effectiveness of the measure in achieving the aim which is claimed; the availability of at least equivalent alternative measures less disruptive of intra-EU competition; and the general proportionality of the measure?
- v) In considering in the context of a dispute as to whether a measure is justified on grounds of the protection of human health under Article 36 the existence of an alternative measure, not disruptive, or at least less disruptive, of intra-EU trade and competition, is it a legitimate ground for discarding that alternative measure that the effects of that alternative measure may not be precisely equivalent to the measure impugned under Article 34 but may bring further, additional benefits and respond to a wider, general aim?
- vi) In assessing whether a national measure conceded, or found, to be a quantitative restriction in the sense of Article 34 for which justification is sought under Article 36 and in particular in assessing the proportionality of the measure, to what extent may a court charged with that function take into

account its assessment of the nature and extent to which the measure offends as a quantitative restriction offensive to Article 34?'

Opinion of Advocate General Bot

Advocate Bot examined the compatibility of the rules with the single Common Organization of Agricultural Products regulation (CMO) and maintained 'that regulation must be interpreted as meaning that it does not preclude national rules, such as those at issue in the main proceedings, that presents a minimum retail price for wines according to the quantity of alcohol in the product sold, provided that those rules are justified by the objectives of the protection of human health, and in particular the objective of combating alcohol abuse, and do not go beyond what is necessary in order to achieve that objective'.

He then went on to analyse the rules in the light of Articles 34 and 36 of the TFEU. Whilst he finds that these rules provide an obstacle within the meaning of Article 34, it is for the national court to ascertain whether it may reasonably be concluded on the evidence which the Member State is required to place before the national court that the means chosen are appropriate for attaining the objective pursued and that, in making that choice, the Member State did not exceed its discretion, and to take into account the extent to which that measure impedes the free movement of goods when it is compared with alternative measures that would enable the same objective to be attained and when all the interests involved are weighed up.

When dealing with an application for judicial review of national rules which have not yet come into force and remain, in part, at the draft stage, the national court must, in order to assess the proportionality of those rules to the objective pursued, examine not only the material available to and considered by the national authorities when the rules were being drawn up, but also all the factual information existing on the date on which it determines the matter.

A Member State can, in order to pursue the objective of combating alcohol abuse, which forms part of the objective of the protection of public health, choose rules that impose a minimum retail price of alcoholic beverages that restricts trade within the European Union and distorts competition, rather than increased taxation of those products, only on condition that it



First Minister Scottish Government Nicola Sturgeon

shows that the measure chosen has additional advantages or fewer disadvantages than the alternative measure. I shall add that the fact that the alternative measure of increased taxation is capable of procuring additional advantages by contributing to the general objective of combating alcohol abuse does not justify rejecting that measure in favour of the MUP measure.

Advocate's conclusion

Advocate Bot proposed that the Court should answer the questions referred by the Court of Session as follows:

(1) Regulation (EU) No 1308/2013 of the European Parliament and of the Council of 17 December 2013 establishing a common organisation of the markets in agricultural products and repealing Council Regulations (EEC) No 922/72, (EEC) No 234/79, (EC) No 1037/2001 and (EC) No 1234/2007 must be interpreted as meaning that it does not preclude national rules, such as

those at issue in the main proceedings, which prescribe a minimum retail price for wines according to the quantity of alcohol in the product sold, provided that those rules are justified by the objectives of the protection of human health, and in particular the objective of combating alcohol abuse, and do not go beyond what is necessary in order to achieve that objective.

- (2) In order to ascertain whether a measure satisfies the principle of proportionality, it is for the national court:
- to ascertain whether it may reasonably be concluded on the evidence which the Member State is required to place before the national court that the means chosen are appropriate for the attainment of the objective pursued and that, in making that choice, the Member State did not exceed its discretion, and
 - to take into account the extent to which that measure impedes the free movement of goods when it is compared with alternative measures that would enable the same objective to be attained and when all the interests involved are weighed up.
- (3) When, as in the circumstances of the main proceedings, it is dealing with an application for judicial review of national rules which have not yet come into force and remain, in part, at the draft stage, the national court must, in order to assess the proportionality of those rules to the objective pursued, examine not only the material available to and considered by the national authorities when the rules were being drawn up, but also all the factual information existing on the date on which it determines the matter. There are no particular restrictions on the national court's power to examine that material, other than those that result from the application of the *inter partes* principle and, subject to the principles of equivalence and effectiveness, from the national procedural provisions governing the production of evidence in judicial proceedings.
- (4) Articles 34 TFEU and 36 TFEU must be interpreted as meaning that they preclude a Member State, for the purpose of pursuing the objective of combating alcohol abuse, which forms part of the objective of the protection of public health, from choosing rules that impose a minimum retail price of alcoholic beverages that restricts trade within the European Union and

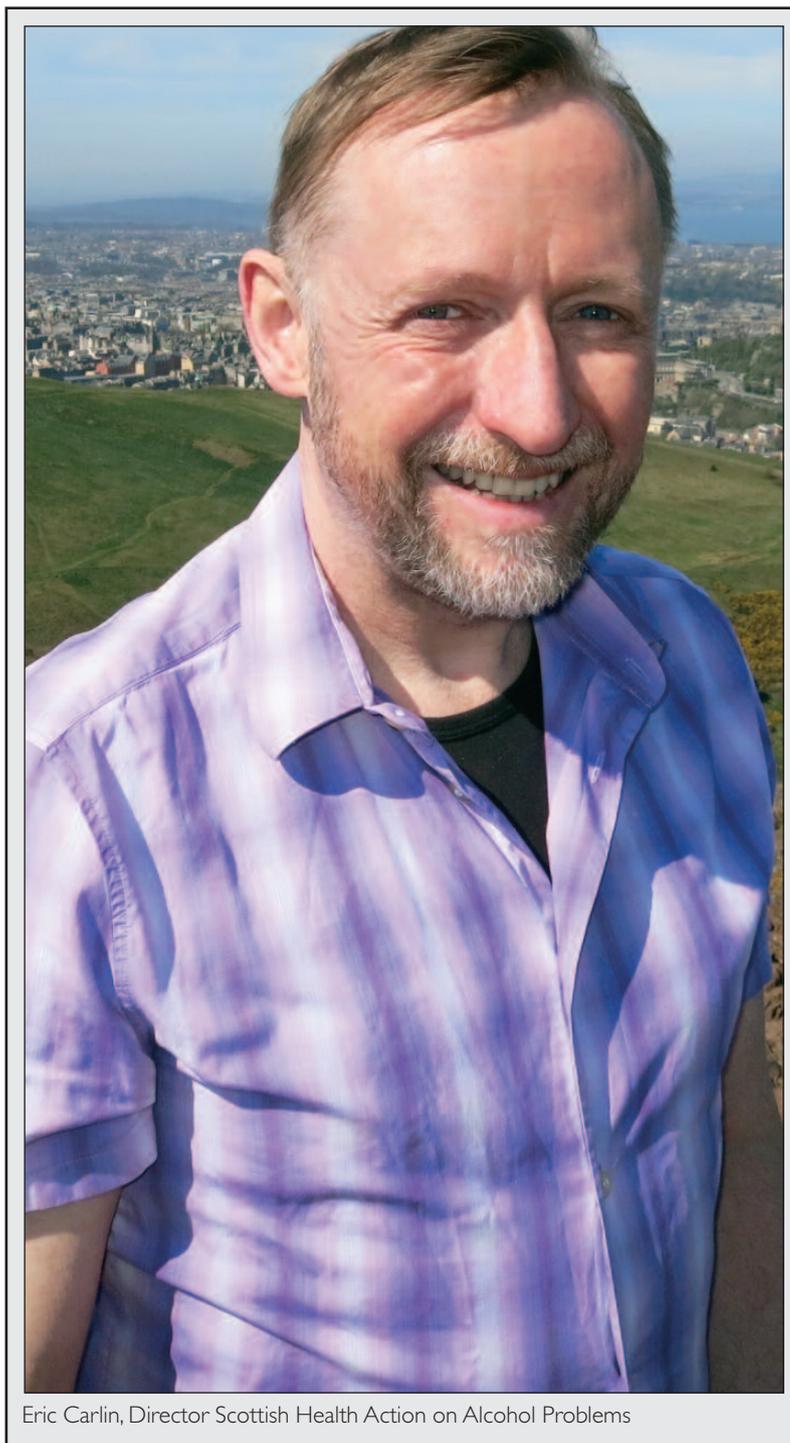
distorts competition, rather than increased taxation of those products, unless that Member State shows that the measure chosen has additional advantages or fewer disadvantages than the alternative measure. The fact that the alternative measure of increased taxation is capable of procuring additional advantages by contributing to the general objective of combating alcohol abuse does not justify rejecting that measure in favour of the measure imposing a minimum price.

Reaction to the opinion

Nicola Sturgeon, Scottish First Minister, said she welcomed the opinion, *“that minimum unit pricing is not precluded by EU law, but sets out tests that the national court has to apply. Importantly, this initial opinion indicates it will be for the domestic courts to take a final decision on minimum unit pricing.”* Nicola Sturgeon said she would *“vigorously”* defend her plans to fix a minimum price for alcohol in Scotland.

The Independent ran with the headline ‘Alcohol price increases in Scotland will be unlawful, says EU court.’ Obviously the journalist had not read the Opinion but could have been following Scotch Whisky Association sound bites. As Eric Carlin of the Scottish Health Action on Alcohol Problems points out:

“Three years after the Scottish Government passed legislation, with no opposition, to introduce a minimum unit price (MUP) for alcohol sold in Scotland, the Scotch Whisky Association and its associates continue to delay implementation of the policy. In the latest stage of the legal battle, the Advocate General of the European Court of Justice (ECJ) issued a ruling that the Scottish legislation does not contravene European law. The opinion also indicates that Scottish, rather than European courts, will make the final decision about whether this is the most effective public health measure available to regulate the supply of cheap alcohol. The Scotch Whisky Association is the trade association which has been fronting the legal challenge to the Scottish MUP policy, despite the latter figuring strongly in the SNP’s 2010 election manifesto. That means people voted for it. Whisky gloss is a term used by some commentators to refer to the impression that the Scotch Whisky Association likes to present that, like bagpipes and tartan, they represent deeply embedded cultural values which celebrate “Scottishness”. In fact, the reality represented by the Scotch Whisky Association in continuing its action against this important health policy is that of a land where 20 people die every week because of



Eric Carlin, Director Scottish Health Action on Alcohol Problems

alcohol-related causes and where rates of liver disease have quadrupled in 30 years.

“Although I welcome the Advocate General’s opinion, I regret that, just as was the case for many years with tobacco policy, this legal process continues. However, overall, this is a good day for public health and moves us in the right direction.”

The Scotland Edition of the Times in its leader of 4th September implored that the: Spirited Fight Must Go On - Legal setback should not stop minimum pricing for alcohol.

It went on to say that 'the SNP government has faced an uphill battle in its campaign to introduce minimum pricing for alcohol. It has experienced challenges at every stage from opposition parties and manufacturers. Yesterday's ruling from Europe has not made its task any easier. But Ministers are right to carry on. Their objectives are not only laudable, they are essential if Scotland's appalling health record is to be tackled and reversed.'

That the Scotch Whisky Association believes it to be more important to protect its profits than the health of the nation is indefensible...

Alcohol taxes may have gone up or down over many years and in many countries, but one thing has remained constant; the steady rise of alcohol related crime, disease and death. And the statistics in Scotland are devastating. The drink industry is quite wrong to argue that drink related diseases are on the decrease. On the contrary the number of deaths associated with alcohol in Scotland have once again started to rise. Last year 20 people a week died of alcohol related causes... with some drink selling at less than the price of water in supermarkets, targeting the unit price is the only effective weapon that a government has.

The only unfairness is that experienced by families across the land whose lives have been devastated by alcohol.

The SNP government must press ahead.'

Globe comment

The Advocate's opinion in Para 141 states: *"It is only where the Member State has a choice between different measures suitable for attaining the same aim that it is under an obligation to have recourse to the measure least restrictive of freedom of trade within the European Union."*

The Scottish Government's lack of fiscal powers under the devolved government arrangements with the UK Government needs to be taken into account by the European Court of Justice when discussing the matter and referring it back to the national court.

In March 2015 the Chancellor of the Exchequer's third consecutive budget cut alcohol duties despite health group warnings. Placating Scotch Whisky and its allies, by making alcohol relatively cheaper, can only exacerbate alcohol social and health harm in Scotland. The SNP government to counter such harm can only use MUP since by its actions the UK government has rendered duty levels ineffective in the desire of the Scottish government to reduce alcohol related harm.

The Wine and Spirit Trade Association and Scotch Whisky Association launched their "Drop the Duty Campaign in December 2014. This campaign did not make Paul Skehan, Director General of Spirits Europe, more astutely cautious when commenting on the Advocate's General Opinion and proffered: *"Is it time to now move on? Instead of wasting more time debating the illegality of (the measure), we believe it would be far better to discuss useful, legal ways of tackling the alcohol-related issues that persist, not only in Scotland, but around the EU."* What unbelievable double speak! Typically the industry rejects any effective policy whilst relying no doubt on ineffective education.

The OECD report Tackling Harmful Alcohol Use observes *"Minimum prices used in Canada may overcome some of the limitation of taxes. They may be more effective in tackling heavy drinking."* In the same report Martin McKie in the chapter on the Case for Minimum Unit Price writes,

"Detailed analyses of data from British Columbia supports the effectiveness of minimum prices. In that setting, minimum prices have been imposed since 1989, and have been increased over time. Research found that a 10% increase in average minimum price for all alcoholic beverages was associated with a 32% reduction in wholly alcohol attributal deaths, with associations still detectable up to three years after the price increases" and goes on to comment *"Unsurprisingly, given the compelling evidence that a price increase would reduce sales, this proposal has attracted criticism from large parts of the alcohol industry."*

Scottish Government's position on minimum unit pricing of alcohol



Introduction

1. The Scottish Government is proposing to introduce a Minimum Unit Price for alcohol in Scotland so that the harm caused by the excessive consumption of cheap, strong alcohol is significantly reduced. We are not suggesting that Minimum Unit Pricing should be adopted across the EU, this is a Scottish solution to a Scottish problem. The Minimum Unit Price is based on the number of UK units of alcohol (10 mls of pure alcohol) in a product multiplied by the Scottish Government's preferred minimum price, which is 50p (€0.63¹).

2. The Scottish Government's overarching aim is a reduction in alcohol-related harm. Minimum Unit Pricing targets excessive consumption of drinks which are very cheap compared to their high strength. These products cause the most harm to health, and are disproportionately favoured by those who are drinking at hazardous and harmful levels.
3. The Alcohol (Minimum Pricing) (Scotland) Act 2012 was passed in June 2012 and paved the way for the introduction of a preferred minimum price of 50p (€0.63) per unit with an anticipated implementation date of April 2013. Minimum Unit Pricing has not yet been introduced as the Scotch Whisky Association (in conjunction with the European Spirits Organisation and the Comité Européen Des Entreprises Vins) sought a judicial review of the Alcohol (Minimum Pricing) (Scotland) Act 2012.
4. The first stage of the judicial review was held in our domestic court, the Court of Session, in January 2013. The Court found comprehensively in favour of the Scottish Government's policy of Minimum Unit Pricing. The Court recognised the overwhelming evidence supporting the legitimate aims of Minimum Unit Pricing to reduce alcohol consumption, with a particular focus on reducing consumption by hazardous and harmful drinkers who experience so

much of the alcohol-related harm we see in Scotland. The Judge noted that there was no suggestion that the measure is a disguised restriction on trade. He went on to state that if the alternative measures would not be just as effective as minimum pricing in achieving the legitimate aims (which he found they would not), Minimum Unit Pricing would be necessary and proportionate. We accept that Minimum Unit Pricing is capable of affecting intra-Community trade (Article 34 of Treaty on the Functioning of the European Union). However, the Judge in his ruling concluded that Minimum Unit Pricing was justified under Article 36 (protection of health and life of humans) and proportionate. The subsequent appeal of that decision in favour of Minimum Unit Pricing has resulted in the case being referred to the Court of Justice of the European Union (CJEU).

5. The European Commission has suggested that new taxes could achieve a goal of reducing alcohol consumption generally and be less trade restrictive. However, as our domestic court has recognised, taxation would not deliver the aim of a targeted impact on those drinking at hazardous and harmful levels. Minimum Unit Pricing is more effective in achieving this aim because it has more of a progressive effect on those that drink the most in terms of consumption and alcohol-related harm.

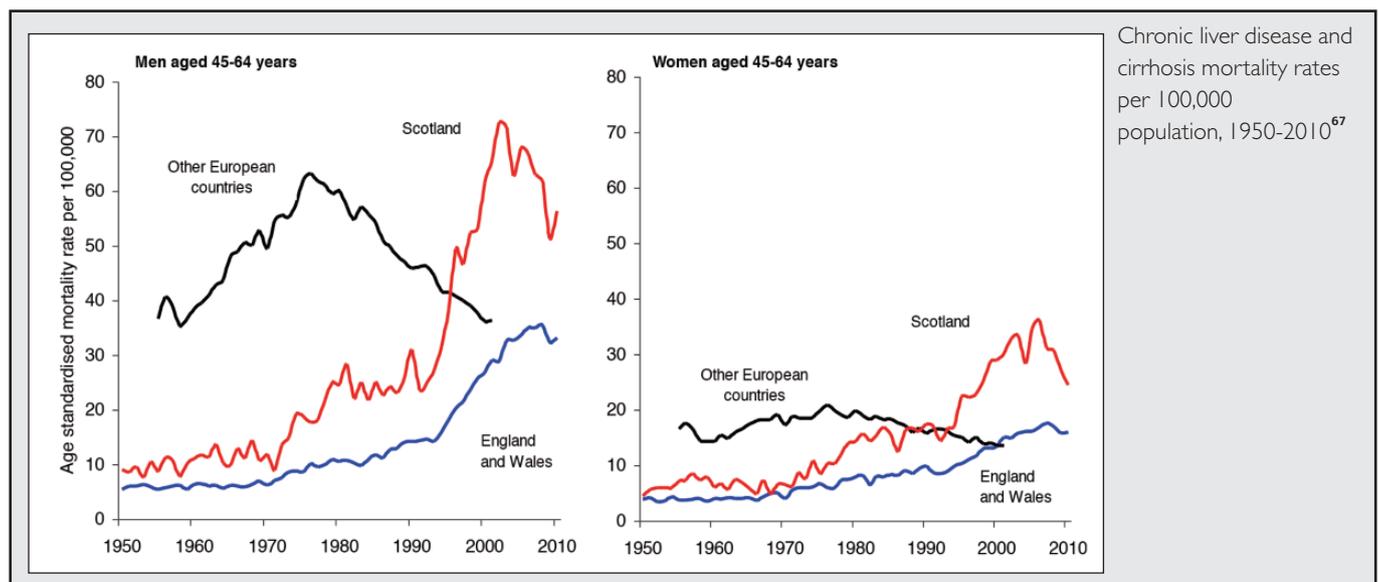
¹ Exchange rate of £1=€1.25 used throughout.

- 6. The Commission, and a small number of Member States, have previously questioned the compatibility of Minimum Unit Pricing with EU law on the free movement of goods, however, as our domestic court has recognised, Article 36 of the Treaty makes clear that public health measures can be justified, provided they are proportionate.
- 7. This paper sets out the case for Minimum Unit Pricing to be implemented in Scotland and the Scottish Government is looking to build support for the principle of its implementation via the CJEU referral process. The UK Government has supported our case in the domestic court and is fully supportive of our case going forward.

Scale of the alcohol problem in Scotland

- 8. By global standards, Scotland consumes very high levels of alcohol. Consumption levels within the EU are high (according to the World Health Organisation consumption in the EU is almost double the World average) and Scottish consumption is above the EU average and our pattern of consumption, allied to other health factors, means there is a very significant impact on individuals, families and communities. Alcohol misuse is costing Scotland £3.6 (€4.51) billion each year² – £900 (€1,125) for every adult.

- 9. Alcohol sales in Scotland in 2012 were equivalent to 21 UK units (210 mls pure alcohol) per person per week (10.9 litres of pure alcohol per year³) which is amongst the highest in Western Europe. This figure is likely to be an underestimate of true levels of alcohol consumption. While consumption in many countries (such as France, Italy and Spain) has fallen in recent decades, consumption in the UK has doubled since the 1950s (including a 6% increase in Scotland since the mid 1990s).
- 10. There have been slight reductions in alcohol consumption in recent years, however these must be considered in the context of the historically high levels which have been seen. These comparatively small reductions may be as a result of the economic downturn, which has depressed average incomes and once the economy recovers fully the recent decline may be reversed.
- 11. Alcohol is one of the world's largest risk factors for morbidity, disability and mortality. Driven by higher consumption, in recent decades Scotland has had one of the fastest growing chronic liver disease and cirrhosis rates in the world. Alcohol-related hospital discharges in Scotland have quadrupled since the early 1980s, with an average of around 100 Scots being admitted to hospital each day⁴. Deaths caused by alcohol have increased substantially in recent decades, with an average of 20 alcohol-related deaths a week⁵.



2 York Health Economics Consortium (2010) *The Societal Cost of Alcohol Misuse in Scotland for 2007*, Edinburgh: Scottish Government <http://www.scotland.gov.uk/Publications/2009/12/29122804/0>

3 An update of alcohol sales and price band data, August 2013 <http://www.healthscotland.com/documents/21782.aspx>

4 Alcohol-related hospital statistics Scotland 2012-13, February 2014 <https://isds.scotland.nhs.uk/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2014-02-25/2014-02-25-ARHS2012-13-Report.pdf?3411501647>

5 Alcohol-related deaths in Scotland, 1979 to 2012, August 2013 [http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/alcohol-related/Rates for Scotland and England & Wales updated to 2010; European rates to 2002.](http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/alcohol-related/Rates%20for%20Scotland%20and%20England%20&%20Wales%20updated%20to%202010%20;%20European%20rates%20to%202002)

7 Definition of 'other European countries' is Western and Southern/Mediterranean countries and the total number is 14.

12. Alcohol misuse not only affects the drinker, but also others such as family, friends, co-workers and the community. The harm alcohol causes to others can range from minor to more serious harms and can include injury, assault, traffic and workplace accidents, child neglect, partner abuse, relationship problems, harassment, noise and damage to property. These harms can take place in communities, town centres, workplaces and the home. A recent report published by Alcohol Focus Scotland Unrecognised and under-reported: the impact of alcohol on people other than the drinker in Scotland⁸ shows that 1 in 2 people report being harmed as a result of someone else's drinking and 1 in 3 people report having heavy drinkers in their lives. Minimum Unit Pricing will, therefore, positively impact not just on the drinker but the wider community.

Action already taken to reduce alcohol misuse

13. Given the scale of the alcohol problem in Scotland the Scottish Government views tackling alcohol misuse as a key public health priority and has a comprehensive alcohol strategy⁹ in place which sets out over 40 measures aimed at addressing alcohol-related harm through action at national and local level designed to both prevent and treat alcohol-related harm. These include a range of licensing restrictions, education programmes and treatment and intervention initiatives. The strategy was published in 2009 and is closely aligned with the World Health Organisation's Global strategy to reduce harmful use of alcohol. The Global Strategy recommends employing pricing policies to reduce alcohol-related harm and recognises the option to "establish minimum prices for alcohol where applicable" as an appropriate action.¹⁰

Alcohol Affordability

14. Despite these measures, Scotland's consumption and harm remain at unacceptably high levels and further action is required to achieve a long-term shift and reverse the trends that have arisen as affordability has increased. The key component

from Scotland's alcohol strategy that is not yet in place is an intervention to address the high volume of sales of low cost alcohol. There is clear evidence that the price and affordability of alcohol is a key factor in driving consumption and therefore harm, as acknowledged by the World Health Organisation and European Union. **Put simply, as alcohol becomes more affordable, consumption increases; as consumption increases, harm increases.**

15. Alcohol has become around 60% more affordable in the UK since 1980. This increasing affordability in the off-trade saw sales increase by 45% between 1994 and 2012, compared to a fall of 34% in the on-trade¹¹. Although the Minimum Unit Price would apply to all alcoholic drinks, alcohol sold in the on-trade costs on average £1.53 (€1.91) per unit and therefore would be unaffected.

16. The majority of alcohol off-sales¹² in Scotland are sold in the major supermarket chains (around 75% of sales). Very low prices for alcohol, including the existence of many heavily discounted products and the ability to sell alcohol at a loss and so raise the price of other non-alcoholic products, are a key feature of this retail sector.

17. As part of our Alcohol Strategy restrictions are already in place to prevent off-sales premises supplying alcohol free of charge or at a reduced price on the purchase of any other product, however without Minimum Unit Pricing the impact of these regulations is limited. This results in the continual availability of alcohol at very low prices, some as low as 20p (€0.25) per unit, with some products being sold more cheaply than bottled water. In Scotland, it is possible to exceed the weekly sensible drinking guidelines for alcohol for a man (21 UK units or 210ml of pure alcohol) for around £5 (€6.25).

18. The following graph shows the link between affordability and harm. It clearly demonstrates that as the affordability of alcohol has increased in the UK since the early 1980s, alcohol-related hospital discharges has followed a very similar trend.

8 <http://www.alcohol-focus-scotland.org.uk/media/1108/unrecognised-and-under-reported-full-report.pdf>

9 *Changing Scotland's Relationship with Alcohol: A Framework for Action*, published in 2009 <http://www.scotland.gov.uk/Publications/2009/03/04144703/14>

10 http://www.who.int/substance_abuse/alcstratenglishfinal.pdf?ua=1

11 *On-sales and on-trade refers to alcohol that is consumed on premises such as pubs, clubs and restaurants.*

12 *Off-sales and off-trade refers to alcohol that is bought from retailers such as supermarkets, small shops and is for consumption off these premises.*

Why Minimum Unit Pricing?

19. Scotland's Minimum Unit Pricing policy aims to reduce the alcohol-related harms caused by excessive consumption and, in particular, targets a reduction in consumption of alcohol which is very cheap relative to its high strength. Minimum Unit Pricing achieves this aim because it has a progressively greater effect in terms of consumption and alcohol-related harm for those who drink the most. Minimum Unit Pricing impacts on the cheap end of the market and it is the cheap alcohol that is favoured by heavy drinkers who suffer the most harm. Survey data show that 30% of the Scottish population drink over 80% of the alcohol and it is this group that Minimum Unit Pricing will target.
20. Research findings on the minimum pricing systems operating in two Canadian provinces provide the first empirical evidence of the effectiveness of Minimum Pricing. In Saskatchewan, a 10% increase in minimum prices was estimated to reduce consumption by over 8%. In British Columbia, a 10% increase in the average minimum price for all alcoholic beverages was associated with an estimated 32% reduction in wholly alcohol attributable deaths and a 9% fall in acute alcohol-related
- 13 The affordability index is for the UK as no Scottish index is available (however relative affordability will be similar across the UK). Affordability is measured on a calendar year, discharges on financial year. Discharge rates are assigned to the year from which the majority of the data comes from hospital

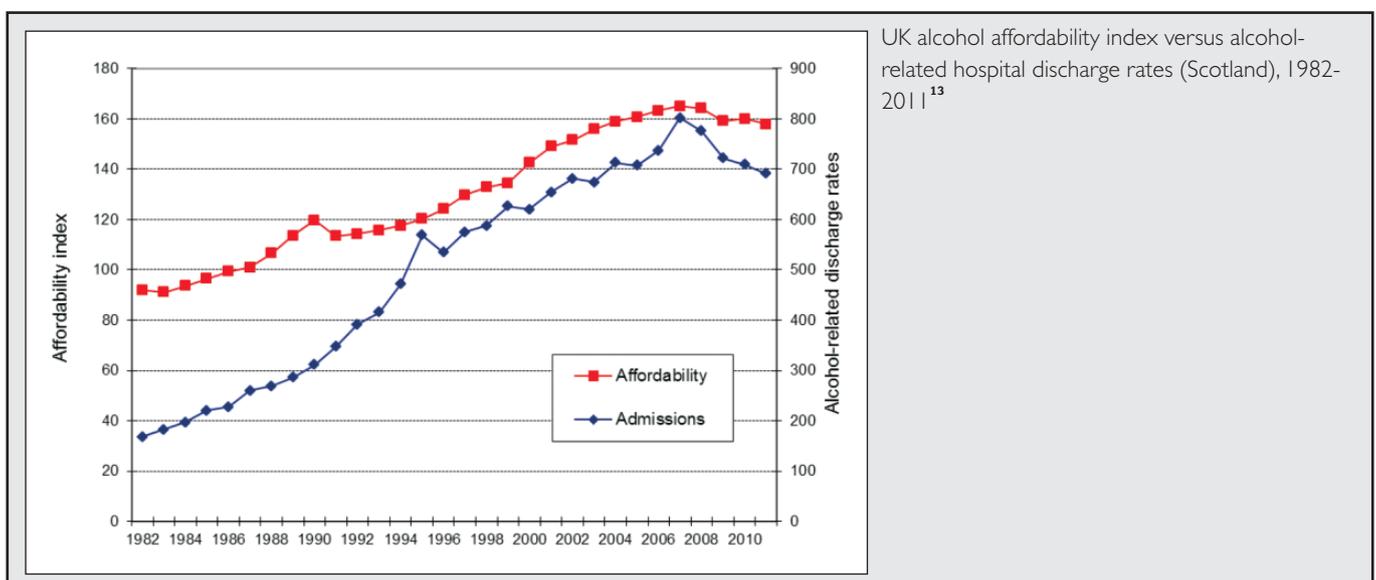
admissions. The research concludes that minimum pricing is a promising strategy for reducing the public health burden associated with heavy alcohol consumption and recommends careful consideration of the policy as part of any comprehensive strategy to reduce alcohol-related harm.

Anticipated benefits

21. The internationally respected work of the University of Sheffield Alcohol Policy Model has provided estimates on the impacts of a Minimum Unit Price in Scotland using an econometric approach to model consumer responses to changes in the prices of alcoholic beverages and epidemiological data on the relationship between alcohol consumption and various harms. This research shows that a Minimum Unit Price of 50p (€0.63) would save over 300 lives per annum in Scotland (equivalent to reducing alcohol-related deaths by over 17%). This substantial health impact would be supplemented by a range of other social benefits which include reduced crime, fewer alcohol-related absences from work and reduced unemployment among harmful drinkers. There is estimated to be a cumulative value of harm reduction of £942m (€1,178m) each year by year 10 of the policy.

Impact on the market

22. Scottish consumers have a wide range of alcohol products available to them. These are sourced both domestically and across a number of



13 The affordability index is for the UK as no Scottish index is available (however relative affordability will be similar across the UK). Affordability is measured on a calendar year, discharges on financial year. Discharge rates are assigned to the year from which the majority of the data comes

countries worldwide and cover a range of prices. The legislation sets a Minimum Unit Price based on the unit content of the product and, therefore, applies to all products equally, and also does not discriminate between domestic or imported products. Products already on the market in Scotland will need to comply with Minimum Unit Pricing, but the legislation does not require the producer to change the characteristics of those products, but nor does it prevent such change if the producer prefers.

23. In 2012, of the sales priced below the preferred Minimum Unit Price of 50p (€0.63) in the off-trade, in terms of pure alcohol, 40% were spirits (the vast majority of which are produced in the UK) 25% were beer (which vary in their country of origin but are predominantly UK produced – 86% of lager is UK produced¹⁴), 24% were wines (which are mainly imported), and 9% were ciders (which are generally domestically produced). Modelling estimates that following the introduction of Minimum Unit Pricing the value of wine sales in Scotland would increase by +£31.5m (€39.4m). Wine would also see the smallest reduction in sales (-3.2%) compared with beer (-6.3%) and spirits (-8.9%). These figures demonstrate that overall there is a greater impact on those products which are mainly UK-produced – Minimum Unit Pricing is not a protectionist measure.
24. There should be minimal impact on innovation for both existing products and the introduction of new products into the market. There may even be an incentive for the market to innovate, with one possible effect of Minimum Unit Pricing being the production of lower strength alcoholic products. These could be sold at a relatively lower price, because they contain fewer units of alcohol. This would be consistent with the aim of drinkers consuming less alcohol, whilst leaving the market free to determine the characteristics of products. New or existing high-strength products would have to be sold at or above the Minimum Unit Price, but this would not prevent them from being introduced or their sales continuing.

Why not tax or excise?

25. In considering the options available, the Scottish Government analysed a range of alternatives, including taxation. We do not doubt the potential

for taxation to deliver a population-wide effect in reducing consumption. The UK Government has already utilised taxation and has raised excise rates above general price inflation each year for alcohol products from 2008 to 2013 but consumption levels still remain unacceptably high.

26. Increased taxation would not – and cannot – deliver the targeted impact on hazardous and harmful drinkers that is so vital. The untargeted nature of taxation means that any attempt to design an excise regime capable of delivering a similar effect to a 50p Minimum Unit Price would, inevitably, mean a significant increase in the price of all products, regardless of their contribution to alcohol-related harm and would affect all consumers, regardless of their level of consumption. Such increases – roughly £3.30 (€4.13) increase on the price of all 75cl bottles of wine, or an extra £5 (€6.25) on a bottle of spirits – equates to a significantly higher level of intervention in the market.
27. Minimum Unit Pricing has the advantage over taxation in that those who do not drink or drink moderately (who disproportionately come from low income groups) will be largely or completely unaffected, by virtue of the fact that they drink very little and do not tend to purchase the type of products that will be affected by Minimum Unit Pricing. Moderate drinkers are estimated to pay a relatively small additional amount per year (around £8 (€10.00) on average for a 50p Minimum Unit Price). Of course, this must be seen in the context of the significant savings to health, criminal justice and productivity costs brought about by Minimum Unit Pricing.
28. The greatest health benefits from Minimum Unit Pricing are estimated to be seen amongst hazardous and particularly harmful drinkers as they disproportionately consume alcohol which is very cheap relative to its high strength. Those who drink at harmful levels in lower income groups drink greater amounts on average than those drinking at harmful levels in higher income groups. The harms caused by this increased consumption are compounded by the broader health inequalities that those from poorer backgrounds face. Alcohol-related deaths are around 7.7 times higher in the most deprived areas than in the least deprived areas, while for alcohol-related hospital discharges the figure is approximately 9.6 times higher.

¹⁴ Based on 2012 data. Figure provided by the Nielsen Company.

29. The Sheffield Alcohol Policy Model demonstrates that the heaviest drinkers reduce their consumption the most under Minimum Unit Pricing. These are the individuals experiencing the greatest harm and are predominantly from deprived households. Minimum Unit Pricing, therefore, effectively targets the high levels of consumption and harm of those individuals who will benefit most from a reduction in consumption. Alcohol taxation cannot achieve this aim.

Conclusion

30. Minimum Unit Pricing is essential for reducing alcohol-related harm in Scotland. This view is supported by the Scottish Parliament, the public health community, the Police, children's charities, much of civic Scotland and parts of the alcohol industry. The Minimum Unit Pricing legislation embodies the pre-eminence that the European Treaties place on health and the life of humans, and the recognition that it is for the Member States to determine the level of protection which they wish to afford to public health and the way in which that level is to be achieved.
31. In Scotland the level of excessive alcohol consumption, the related harms and the subsequent cost to the economy particularly in terms of health and justice services has become such that it needs to exercise its right to pursue measures that afford its citizens the level of protection which it deems to be necessary. Minimum Unit Pricing falls within that margin of discretion and can be justified on the grounds that it is proportionate. With this in mind, the Scottish Government will continue to press the case for the implementation of Minimum Unit Pricing in Scotland in the strongest possible terms and welcomes the referral to the CJEU and the opportunity that it provides to present its case.
32. The Scottish Government hopes that you are able to offer support for the principle of Minimum Unit Pricing within the referral process in the form of written observations to the CJEU to help make the case for the implementation of this vital public health tool in Scotland.

Scottish Government August 2014

All Scottish Parliament documents:

www.scottish.parliament.uk/parliamentarybusiness/Bills/43354.aspx

Act:

www.legislation.gov.uk/asp/2012/4/contents/enacted

Business and Regulatory Impact Assessment:

www.scotland.gov.uk/Resource/0039/00395549.pdf

Scottish Court Documents

Court of Session Outer House Judgement – May 2013:

<https://www.scotcourts.gov.uk/search-judgments/judgment?id=be2c86a6-8980-69d2-b500-ff0000d74aa7>

Court of Session Inner House Opinion – April 2014:

<https://www.scotcourts.gov.uk/search-judgments/judgment?id=482a86a6-8980-69d2-b500-ff0000d74aa7>

Canadian evidence to support MUP

Overview of Canadian findings

(and response to alcohol industry criticism)

www.ias.org.uk/uploads/pdf/News%20stories/iasreport-thomas-stockwell-april2013.pdf

Scottish Government Alcohol Strategy and monitoring

Changing Scotland's Relationship with

Alcohol: A Framework for Action – 2009:

www.scotland.gov.uk/Resource/Doc/262905/0078610.pdf

Changing Scotland's Relationship with Alcohol:

A Framework for Action: Progress Report –

2012:

www.scotland.gov.uk/Resource/0038/00388540.pdf

Monitoring and Evaluating Scotland's Alcohol

Strategy Third Annual Report – December

2013:

www.healthscotland.com/uploads/documents/22621-MESAS%203rd%20annual%20report%206.12.13.pdf

New government funded agency to tackle alcohol and substance abuse in Kerala

After wide consultation with alcohol and substance abuse organisations and faith groups, the Kerala Government is to set up a body under a new agency Subodham to coordinate alcohol and substance abuse prevention and rehabilitation work. Subodham is a Sanskrit word which means Good Conscience.

The new agency will be made up of representatives of government departments and non-governmental organisations. There has been growing concern in Kerala over the lowering in the age of initiation to alcohol use; increase in the number of young drinkers; greater social acceptance of drinking among women and hazardous or harmful drinking among users. The aims of the new body will be raise awareness of the magnitude and nature of the health, social and economic problems caused by harmful use of alcohol and substance abuse; strengthen the knowledge base on the magnitude and determinants of alcohol and drugs related harm and on effective interventions to reduce and prevent such harm; increase technical support to enhance capacity of various stake holders for preventing the harmful use of alcohol and drug abuse and managing such disorders. In addition strengthen partnerships and better coordination among stakeholders improving systems for monitoring and surveillance at different levels, and more effective dissemination and application of information for advocacy, policy development and evaluation purposes.

The proposed budget for 2016-17 is INR. 28,650 Lakhs (US\$ 47.75 million.)

“The concept of Project Subodham is the outcome of an intensive and sustainable alcohol advocacy and prevention campaign by non governmental organisations and faith groups with the Kerala Government and its Excise Department and Mr.V. M. Sudheeran, State President of the Ruling Congress Party,” said Johnson Edayarammula Director of ADIC India.



Above: Mr. K. Babu (Honourable Minister for Excise and Fisheries, Govt. of Kerala and Chairman of Subodham (far right) in conversation with Dr. K. Ampady Director, Subodham (far left) and Mr. Johnson J. Edayarammula Director, ADIC-India (centre).

Prevention award presented to Healthy Lanka

Healthy Lanka Alliance for Development has been presented with the award ‘The Best Preventive Education Institute’ in a ceremony in Colombo, Sri Lanka. HLAD is running a large alcohol and drug prevention programme in local communities in many parts of Sri Lanka.

A prize for the best prevention educational institute is awarded every year by the Sri Lanka National Dangerous Drug Control

Board in collaboration with the Ministry of Public Order and Christian Religious Affairs. The prize for 2014-2015 was awarded to the Healthy Lanka Alliance for Development.

The prize was presented to Healthy Lanka at a ceremony in Colombo attended by the Prime Minister, the Minister of Public Order and Christian Religious Affairs, and the chair of NDDCB. An audience of around 6000 participated in the occasion from civil society organizations and community workers on alcohol and drug prevention from the entire country.

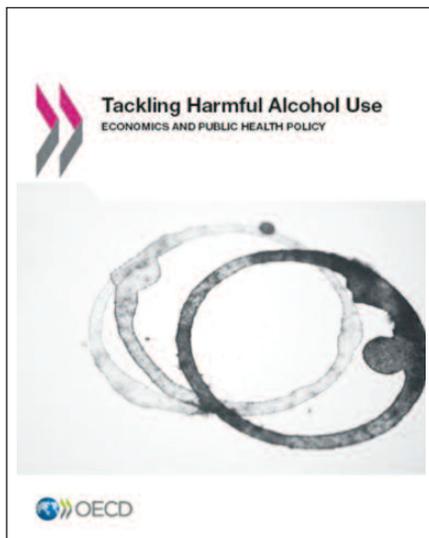
Healthy Lanka endeavours to create an environment that allows the fulfilment of the rights of every individual, family, and society.

Advocacy activities and lobbying are a major component of HLAD’s programmes and the organization is developing a national level framework for the prevention of substance use by networking with other community and national organizations working on similar projects.

Tackling Harmful Use of Alcohol

OECD 2015 Report

Alcohol control policies have the potential for reducing rates of heavy drinking, episodic drinking and alcohol dependence according to a report from the Organization for Economic Cooperation and Development(OECD).



In launching the report OECD Secretary-General Angel Gurría, said, “The cost to society and the economy of excessive alcohol consumption around the world is massive, especially in OECD countries. This report provides clear evidence that even expensive alcohol abuse prevention policies are cost-effective in the long run and underlines the need for urgent action by governments.”

Whilst, over the past 20 years, there has been a slight decline in average alcohol consumption, OECD countries remain well above the world average. OECD countries have an average consumption of 9.1% of pure alcohol per capita (10.3 litres if unrecorded consumption is added), compared with a world average of 6.2 litres. The majority of the alcohol is drunk by the heaviest drinkers – 20% of the population. Rates of hazardous drinking (a weekly consumption of 210 grams for men and 140 grams for women) and binge drinking (5 to 8 drinks in any one session in young people and women) have increased in many OECD countries. During the past decade the proportion of children aged 15 and under who had not yet drunk alcohol shrank from 41 to 30% among boys and from 50 to 31% among girls. The proportion of children who had experienced drunkenness increased from 30 to 43% in boys and from 26 to 41% in girls. Angel Gurría described these trends “as not comforting” since “this is long before their bodies are capable of coping with alcohol,

and contributes to an increased likelihood of addiction in the future.” Emphasizing that “harmful drinking takes a devastating toll on society”, they show that alcohol is linked with more than 200 diseases including cancers, injuries and neurological problems. Harmful alcohol use is the fifth leading cause of death and disability worldwide, up from 8th in 1990. ‘Every 10 seconds somebody dies from a problem related to alcohol and many more develop an alcohol-related disease.’

The report found that people with higher education and socio-economic status (SES) were more likely to drink. Less educated and lower SES men as well as more educated and higher SES women were more likely to indulge in risky drinking. In general people from minority ethnic groups drank less than the majority of the population with some exceptions in some countries.

The message of the report is that the target set by the 2013 World Health Assembly of reducing harmful alcohol use by 10% by 2025, as part of the Global Monitoring Framework on non-communicable diseases is achievable. Having examined trends and social disparities of alcohol consumption in OECD countries together with a detailed analysis of the impact of a range of alcohol policy options in three countries, Canada, the Czech Republic and Germany, and from their analyses have drawn out strategies for a broader set of countries. A package of fiscal, legislative measures and health care interventions have the potential to generate

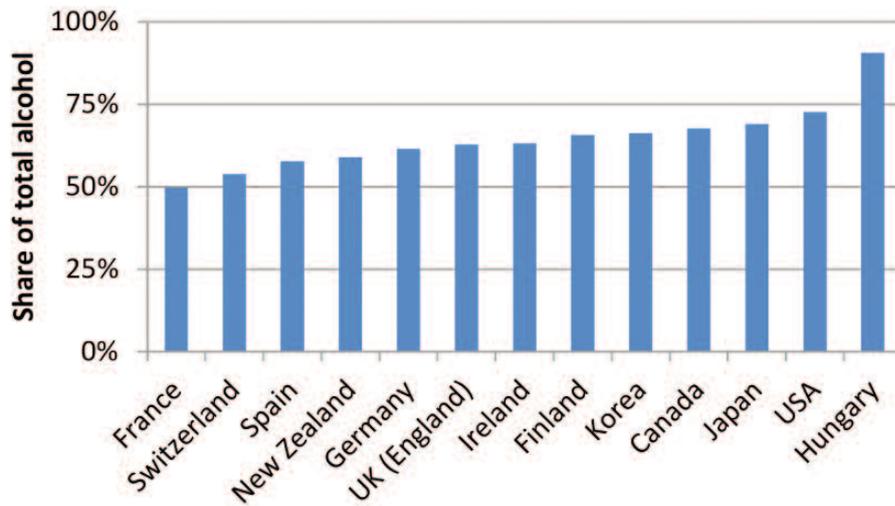


Figure 2. Share of total alcohol consumed by the 20% of the population who drink the most
Source: OECD estimates based on national surveys, latest available year.

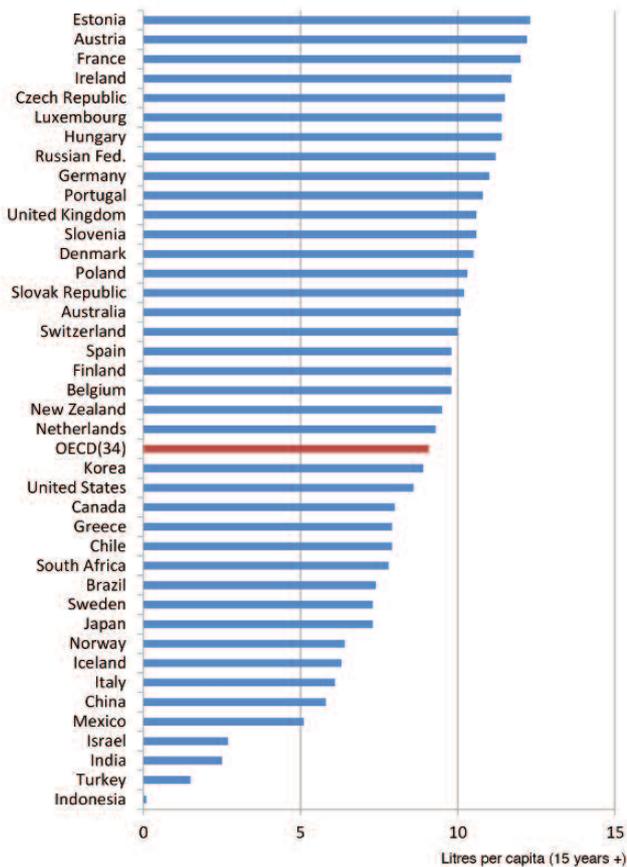


Figure 1. Alcohol consumption among adults, 2012 (or nearest year), litres of pure alcohol
Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.
Source: OECD Health Statistics 2014.

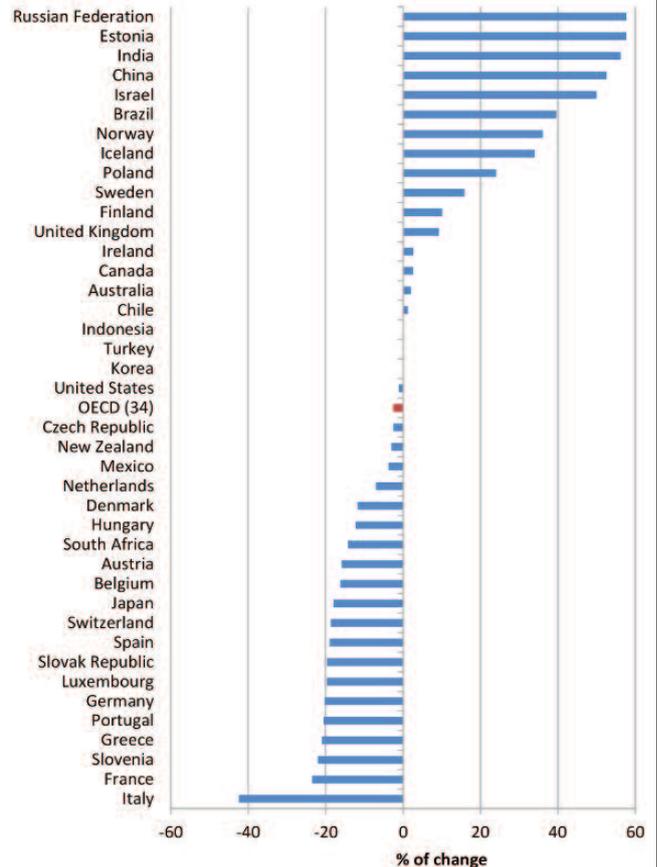


Figure 3. Change in alcohol consumption among adults, 1992-2012 (or nearest year)
Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.
Source: OECD Health Statistics 2014.

life and expectancy gains in the aforementioned countries of 37,000 Disability adjusted life years in Canada; 23-29,000 DALYs in the Czech Republic and 119,000 – 137,000 DALYs in Germany, roughly corresponding to 10 per cent of the burden of disease associated with harmful alcohol use. A tax hike amounting to a 10 per cent increase in alcohol prices and regulatory controls would also generate large impacts.

Policies delivered in health care settings are the most expensive to implement followed by enforcement of drink drive restrictions and work place programmes. Price and regulatory policies are substantially less expensive. However even the most expensive alcohol policies have very favourable and effective profiles in health terms.

In the Foreword to the work the point is raised that governments need a strong justification to intervene to change peoples behavior. In the case of alcohol policy the authors provide an answer: *‘the principle that your right to swing your arms ends just where the other man’s nose begins’ applies to alcohol as much as to other aspects of human life, and economics holds that principle very dear, as a justification of government action. When individual choices generate social costs, as alcohol does very clearly through road traffic accidents, domestic abuse and other forms of violence, and an increased burden on health services, just to cite the most important harms that may involve non drinkers, economics predicts two outcomes with certainty. First, more alcohol will be drunk than is socially desirable. Second, by making those responsible for the harms caused to others pay for the full cost of their choices, society will be better off. Taken together, these issues provide strong grounds for government action to address the problem of harmful alcohol use.’*

Harmful alcohol use is increasing in the Americas

The first
Regional Status
Report on
Alcohol and
Health in the
Americas by
the Pan
American
Health
Organization

“The Americas has a long history of alcohol production and consumption, and these ties have led to a high toll across gender, sex, class, and ethnic groups in the Region,” writes **Anselm Hennis, Director Department of Non-communicable Diseases and Mental Health in the Foreword to the report and cautions, “This burden will only continue to rise if effective actions are not immediately taken. Such measures do indeed exist. Governments have a responsibility to promote, protect, and improve the health and wellbeing of all of their citizens ahead of protecting commercial interests. Equity and sustainable development can be achieved with a whole-of-government approach to reducing the harmful use of alcohol, including the implementation of effective alcohol policies.”**



Alcohol consumption in the Americas is higher on average than the rest of the world. In particular, rates of heavy episodic drinking have risen in the past five years, from 4.6 to 13.0% among women and 17.9 to 29.4% among men. Ten per cent of all drinkers account for more than forty per cent of all alcohol consumed in the Americas. After Europe the region has on average the second-highest per capita consumption of all WHO regions. An estimated six per cent of the region's population suffers from an alcohol use disorder.

Alcohol led to approximately one death every 100 seconds, on average, in the Americas in 2012.

Alcohol contributed to more than 300,000 deaths in the Region—with more than 80,000 of those involving deaths that would not have occurred had alcohol not been consumed. Alcohol had a hand in more than 274 million years of healthy life lost (DALYs) in the Americas in 2012. About 5.7% of the Region's population reported suffering from an alcohol use disorder.

Alcohol contributes to much harm, not only to those who drink to excess, but also to those around them. Harms to others include fetal alcohol spectrum disorders, violence, injury (including traffic crashes or workplace injuries), emotional distress, and economic instability. There are also substantial costs to society, especially when drinking leads to arrest, job loss, or health service visits. Women, in particular, appear to suffer more from the drinking of others. Alcohol is the leading risk factor for death and disability among people aged 15–49.

Women are drinking more and more often, catching up to their male counterparts in many countries. "Equality" in consumption, however, means more gender inequity in health outcomes. Women in the Americas have the highest prevalence of alcohol use disorders in the world. Adolescents, on average, drink less frequently, but consume more per occasion when they do drink. Most students surveyed in the Americas had their first drink before the age of 14. Around 14,000 deaths of children and youth under 19 were attributed to alcohol in 2010.

The highest rates of harmful alcohol consumption in the Americas are found in Paraguay, Saint Kitts and Nevis, Dominica, Venezuela, and Trinidad and Tobago.

"The increase in problem drinking can be attributed to the high availability of alcohol in our region's countries, low prices, and extensive promotion and advertising of alcoholic beverages," said Maristela Monteiro, PAHO/WHO senior advisor on alcohol and substance abuse. In the Americas, alcohol was a contributing factor in the deaths of an estimated 300,000 people in 2012, and over 80,000 of these people would not have died if alcohol had not played a role. It is also the main risk factor in adolescent deaths.

In 2010, the World Health Assembly approved a global strategy to reduce the harmful use of alcohol, which seeks to reduce the devastating effects of alcohol consumption on individuals, families, and countries' development. A year later, during the 51st PAHO Directing Council, the ministers of health of the Americas committed themselves to implementing that strategy by approving a plan of action that seeks to reduce per capita levels of consumption and associated harms. The plan of action calls for measures ranging from increased taxes on alcohol sales and restrictions on marketing to training primary healthcare workers on the detection and treatment of drinkers who are at risk.

Seven countries in the Americas have no restrictions on alcohol sales to people under 18. Nearly 70% of the region's countries either lack regulations on advertising of alcoholic beverages, or their regulatory codes have been written by the alcohol industry itself. Only nine countries have alcohol taxes that reflect the amount of alcohol contained in beverages and that are adjusted to inflation. The implementation of restrictions on driving under the influence of alcohol is another measure that can reduce traffic injuries caused by alcohol consumption. However, only five countries in the Americas (Brazil, Chile, Colombia, Ecuador, and Uruguay) have set a statutory ceiling of less than 0.04 g/dl for blood alcohol concentration.

United Nations: Consensus reached over new Sustainable Development Goals

The Members States of the United Nations have reached agreement over 17 new Sustainable Development Goals. One of the goals addresses healthy lives and wellbeing, including the prevention of harm from alcohol and drug use and reducing mortality from non-communicable diseases.

Dag Endal and Øystein Bakke reporting.

Numerous meetings, conferences and public hearings, have been held with the aim of formulating new development goals to replace the Millennium Development Goals (MDG) which were formulated in 2000. The deadline of the MDGs was set for 2015, and over the past two years a participatory process has been ongoing to develop the Post 2015 Development Agenda.



Too Young To Drink 2015

On the 2nd of August a landmark decision was made by the United Nations when the Member States agreed on a proposal for 17 new Sustainable Development Goals (SDGs) for the period 2015-2030.

The new goals are part of a document with the ambitious title 'Transforming Our World: The 2030 Agenda for Sustainable Development'. Secretary General Ban Ki-moon describes this document as a "People's Agenda, a plan of action for ending poverty in all its dimensions, irreversibly, everywhere, and leaving no one behind. It seeks to ensure peace and prosperity, and forge partnerships with people and planet at the core. The integrated, interlinked and indivisible 17 Sustainable Development Goals are the people's goals and demonstrate the scale, universality and ambition of this new Agenda."

The new goals recognize alcohol and drug use as a global health and development challenge. Goal number 3 states: "Ensure healthy lives and promote well-being for all at all ages". As with all the 17 goals, this goal is specified with a number of targets. Target 3.5 states, "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol."

Target 3.4 aims "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being." WHO and the UN have recognized that alcohol as a risk factor for non-communicable diseases.

Over 150 world leaders are expected to attend the Sustainable Development Summit at the UN headquarters in New York between 25th to 27th September to formally adopt the outcome document of the new sustainable agenda.

A communication campaign to raise awareness of the risks of drinking alcohol during pregnancy has been launched by the European Fetal Alcohol Spectrum Disorders.

Too Young To Drink 2015, FASD is 100% preventable - by avoiding alcohol during pregnancy.

Too Young To Drink was conceived by Cuban artist Erik Ravelo, responsible for Social Engagement Campaigns at Fabrica.

The aims of the campaign are to: raise awareness of the dangers of drinking during pregnancy among the child-bearing aged population and in the community; spread accurate, research-based information on the risks of using alcohol during pregnancy; empower women to make their own choices, and encourage friends, families and society to support alcohol-free pregnancies. More than 65 organizations in 35 countries will promote Too Young To Drink



Tribute to Evelyn Gillan

As GAPA's tribute we print extracts of the eulogy delivered by Lesley Riddoch, at the Mansfield Traquair Church in Edinburgh at the celebration of Evelyn's life.

It was with great sadness that members of the GAPA Board learnt of the death of Evelyn Gillan on Tuesday 14th July 2015. Evelyn looked the picture of health when we met in Edinburgh to plan for GAPA15 six months before her death. Her dedication and contribution to the field of public health was outstanding. So much so the Royal College of Physicians of Edinburgh recognised her contribution by making her a Fellow of the College, an honour very rarely bestowed outside the medical field.

In May just past, some of us put an advert in the National newspaper – to let Evelyn know how her friends, sisters, campaigners, colleagues and admirers felt about her. Folk chose their own words: “Fearless and peerless, living politics with style, compassion and dignity – with a dollop of laughter thrown in. Self-effacing, loving, supportive. Nifty on the dance floor too. Visionary, staunch, breath-taking. Charismatic, intelligent, conscientious – a loyal friend. Unforgettable optimist for a better world – huggable. Bold, strong, analytic, challenging, visionary, feminist, collaborative.

Evelyn was born on August 4th 1959. The three Gillan girls were brought up in a traditional working class community in the mining town of Tranent, East Lothian. A charmed childhood in a strong extended family within a tight-knit community where everyone looked out for each other. She trained as a hairdresser and worked in Edinburgh's trendiest salon. After a couple of years roaming Europe, cutting hair on a beach in Greece, picking grapes in France and working in a Dutch bandage factory she came home to Edinburgh, decided further education might not be such a bad idea and studied social work at Moray House. The Moray House years offered a first encounter with politics when Evelyn was elected President of the Students Representative Council.

Evelyn moved to London next, to work for gap year specialists International Youth Year.

Like many of us, Evelyn had her Caledonia moment and came back up the road in 1985 – and thank goodness for it. She became a Campaigns Officer in the newly created Women's Committee of Edinburgh Council – and a minor blizzard of campaigns followed. Edinburgh for Free, a guide to free activities for under-fives; Safer streets, improving women's safety; Change the Change which produced the city's first ever menopause clinic and annual celebrations for International Women's Day. Margaret MacGregor, former Convener of the Women's Committee, remembers how she first encountered Evelyn: “I remember vividly the first time I saw her. It was at a Labour Party meeting in Edinburgh in the early eighties. The meeting was fairly packed, mostly men as usual. Several people succeeded in catching the eye of the chair and had risen to speak to various resolutions. Then a hand from the corner of the room shot up and Evelyn stood. Eyes turned. She had instantly succeeded in gaining the attention of the comrades. And then she opened her mouth. It was clear from the start that here was someone with something to say, who could say it clearly and logically. It was an attribute that stayed with her – clever, clear thinking, and an ability to put forward a well thought out argument – factually and calmly. For many at the time she was an obvious budding politician except for one thing – her principles. If she believed in something there could be no compromise or sell out.”

Zero Tolerance Campaign

She led the Zero Tolerance Campaign, co-created with the late Franki Raffles and Susan Hart. The campaign – jaw-droppingly bold – helped inspire the creation of an equally sassy wee feminist publication called

Harpies and Quines. Soon councils all over Britain wanted to run Zero Tolerance campaigns along with groups in New York and Australia.

Evelyn's successful move into public campaigning led to a new post with the Health Education Board for Scotland. Evelyn said 'the value of any legacy is the extent to which people pick up the baton and carry on with it.' The fact that charity is still going, 23 years on, tells us something. As former First Minister Jack McConnell confirms. He says; *"From the first time I met Evelyn Gillan as a student she stood out as a passionate, principled and tireless defender of the rights of women. Her work on domestic abuse and violence against women was to transform legislation and services in Scotland. She was an inspiration and leaves behind an incredible legacy."*

Director of SHAAP

Evelyn signed up for a Masters in Social Policy at Edinburgh University and after eight years with the Zero Tolerance Trust, became Head of Public Affairs for the Royal College of Nursing Scotland. A PhD at Edinburgh University, on policy-influencing in post-devolution Scotland followed. Before the PhD was even finished she became Director of SHAAP – Scottish Health Action on Alcohol Problems. The result was an effective organization that helped persuade the new Scottish government to tackle Scotland's difficult and sometimes deadly relationship with booze.

Evelyn soon moved from SHAAP to become Chief Executive at Alcohol Focus Scotland, where she worked with Barbara O'Donnell, Peter Brunt, Mac Armstrong and others to urge Minimum Unit Pricing as a way to reduce alcohol harm.

Minimum alcohol pricing campaign won the support of the Scottish Government, the admiration of all who could see the epic and vital nature of the task and the predictable opposition of big booze companies – organised bizarrely enough by the Scotch Whisky Association. Evelyn faced a lot of flak – though one description by a Scotsman letter writer rather pleased her – 'Dr Evil Glam'!

Evelyn believed her work at SHAAP and Alcohol Focus was amongst the most important undertaken in her working life. And it's fitting that her efforts mean the next Global Alcohol Policy Conference will be held this October – in Edinburgh. Evelyn took ill last year. When she arrived home from her first spell in hospital, there was a letter from David Cameron

asking her to accept an MBE. Though she appreciated the nomination by 'her doctors' as she called the folk she's been working with for years, Evelyn declined, saying she was more at home with nominees who had turned down such honours than those who had accepted them. But, when the Royal College of Physicians in Edinburgh nominated her for an Honorary Fellowship she had no hesitation in accepting that great honour.

A colleague once commented that all Evelyn's work amounted to one thing – sowing the seeds of change. Evelyn was happy with that interpretation of her life and wanted everyone to consider that aspiration truly means – working to leave the world a better place.

First Minister Nicola Sturgeon

Finally some words from the First Minister Nicola Sturgeon; *"For me, the single word that best describes Evelyn is 'passion'. She brought passion and enthusiasm to every cause she cared about - and, even more importantly, she possessed that all too rare ability to inspire other people to feel passionately about those causes too. Her work on violence against women - and women's rights in general - was outstanding and will be long remembered. For me though, it was her work at Alcohol Focus Scotland that stands out. It was during these years - when she was at AFS and I was Health Secretary - that our paths crossed most often. The road towards the Scottish Parliament eventually passing alcohol minimum pricing legislation was a long, winding and often arduous one. At the outset, it was a policy that enjoyed only minority support in both parliament and the wider public. It also had - and still has - some very powerful opponents. Throughout that journey, Evelyn was a source of advice and encouragement to me personally. She was a powerful advocate for the policy and, at media events we did together, I was always struck (usually enviously) by her ability to articulate the arguments more simply, powerfully and persuasively than I was able to manage. On more than one occasion - when I was feeling a bit downhearted about our chances of ever getting the policy through - she helped to lift my spirits and remind me that nothing worth doing is ever easy. It's in no small part down to Evelyn's passion and perseverance that we eventually won majority support in parliament and, I believe, in the country too. We are not yet home and dry on minimum pricing - it still has considerable legal hurdles to overcome - but if we prevail, as I hope we do, it will be a fitting legacy to a great woman. Evelyn will be missed enormously by so many in Scotland. My thoughts are with all who loved her. No words can ease the pain - but please know she made a difference. A big difference."*

Momentum for change: research and advocacy reducing alcohol harm

7-9 October 2015, EICC Edinburgh

<http://www.gapc2015.com>

Published by
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<http://globalgapa.org>