

Health, Social Care and Sports Committee inquiry into the general principles of the Public Health (Minimum Price for Alcohol) (Wales) Bill

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

RCPsych in Wales is an arm of the Central College, representing over 550 Consultant and Trainee Psychiatrists working in Wales.

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The general principles of the Public Health (Minimum Price for Alcohol) (Wales) Bill and the extent to which it will contribute to improving and protecting the health and well-being of the population of Wales, by providing for a minimum price for the sale and supply of alcohol in Wales and making it an offence for alcohol to be sold or supplied below that price.

1. The Royal College of Psychiatrists in Wales welcomes the proposals as set out in the Public Health (Minimum Price for Alcohol) (Wales) Bill and we are pleased to respond to the Committee's inquiry. The Bill is a clear indication of the Welsh Government's commitment to tackling problem drinking as a public health issue for individuals, their families, and the wider public.
2. The aim of this important piece of public health policy is to reduce, in particular, the consumption of harmful and hazardous drinking. Minimum unit pricing (MUP) of alcohol will not affect moderate drinkers but will have a significant impact on reducing alcohol related deaths, hospital admissions, and will result in fewer crimes.
3. The College has always supported MUP and pressed for all governments in the UK to adopt legislation. Our members across the UK see the harmful impact of low cost alcohol daily in their clinical practice, not just on drinkers, but on their families. Alcohol is a huge burden on our society, affecting the health of individuals and those around them and often hitting those hardest in deprived and poor communities.
4. We are pleased that the Welsh Government has pressed ahead with this policy, following the lead of the Scottish Government, and despite the many barriers that Scotland has faced. The Supreme Court's ruling is especially welcomed, which means that we can now pave the way for Wales to make real improvements to people's lives.
5. We believe that the general principles of the Bill will go a long way to addressing the concerns around problem drinking and youth drinking, and this is supported by robust evidence.^{1 2 3 4} We would hope that the Bill proceeds quickly through the Assembly given the overwhelming evidence that supports the benefits of MUP and the positive feedback from stakeholders received through previous consultations.

¹ Booth A, Meier P, Stockwel T et al (2008) *Independent review of the effects of alcohol pricing and promotion. Part A: systematic reviews*. School of Health and Related Research, University of Sheffield.

² Elder RW, Lawrence B, Ferguson A et al (2010) The effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms. *American Journal of Preventive Medicine* 38: 217-229.

³ Jackson R, Johnson M, Campbell F et al. (2010) *Interventions on control of alcohol price, promotion and availability for prevention of alcohol use and disorders in adults and young people*.

⁴ Wagenaar AC, Salois MJ & Komro KA (2009) Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction* 104: 179–90.

Why MUP works

6. The most notable in-depth studies into the impact on reducing alcohol related harm when applying a minimum unit price for alcohol have been conducted by Sheffield Hallam University. Their evidence shows that MUP is the most effective means of improving the health and wellbeing of individuals and those they are close to. The Sheffield Alcohol Research Group has gathered a wealth of international evidence on the impact that MUP has on people's drinking habits. They were commissioned by the Welsh Government to conduct a study into the impact in Wales for the purposes of the Bill and concluded that there would be a reduction in the consumption by those considered to be in the high-risk category of 7.2% and a reduction of 2.2% for moderate drinkers.^{5 6} Their research shows that an MUP set at 50p would result in 53 fewer deaths per year, 1400 fewer hospital appointments per year and save the public purse by £882m in 20 years. Their evidence also shows that an increase in MUP correlates with a decrease in harm – so that the benefits increase with an increase in the floor price. An MUP of 60p would have even more health and social benefits.
7. Countries that have adopted a floor price for alcohol are reporting benefits. British Columbia, Canada, has seen a marked reduction in harmful drinking⁷, hospital admissions⁸, deaths and crime⁹.
8. A survey in 2011 showed that 70% of the units of alcohol consumed were under 40p and 83% under 50p highlighting that the price influences the choices we make when buying alcohol.¹⁰ This is consistent with College members' observations in clinical practice, who noticed the popularity of 'super lagers' in the 1990s was supplanted by white cider and vodka by 2000s as these drinks became cheapest.
9. The UK Government has already recognised the importance of pricing to reduce alcohol related harm through its ban on the sale of alcohol below the total of VAT and excise duty. However, this policy has been found to affect only around 1% of the alcohol sold in the UK, and even then to have raised

⁵ Meng Y. et al. (2014); Sheffield: SchARR, University of Sheffield.

⁶ The Meng Model (2010) class moderate drinkers as men/women who consume no more than 21/14 U.K. units per week, hazardous drinkers as consuming between 21/14 and 50/35 units per week, and harmful drinkers as consuming more than 50/35 units per week, respectively.

⁷ Stockwell T, Auld MC, Zhao J et al (2012) *Does minimum pricing reduce alcohol consumption? The experience of a Canadian province*. *Addiction* 107 (5): 912-920

⁸ Stockwell T, Zhao J, Martin G et al (2013) *Minimum Alcohol Prices and Outlet Densities in British Columbia, Canada: Estimated Impacts on Alcohol-Attributable Hospital Admissions* *Am J Public Health*. 103:2014–2020. doi:10.2105/AJPH.2013.301289

⁹ Stockwell T, Zhao J, Martin G et al (2015) *Relationships Between Minimum Alcohol Pricing and Crime During the Partial Privatization of a Canadian Government Alcohol Monopoly*. *Journal of Studies on Alcohol and Drugs*, 76(4), 628–634 (2015).

¹⁰ Black, H., Gill, J. & Chick, J. (2011) *The price of a drink: levels of consumption and price paid per unit of alcohol by Edinburgh's drinkers with a comparison to wider alcohol sales in Scotland*. *Addiction*, 106, 729–736.

prices only slightly.¹¹ Minimum alcohol pricing affects the floor price and is thus targeted at the retail practices which are most likely to result in harm. An MUP would effectively ban the offering of price reductions for larger quantities of alcohol sales – multibuys for example. For this reason, the College continues to support minimum unit pricing as one of the most effective measures to prevent alcohol-related harm.

Why MUP is important

10. Overconsumption of alcohol can lead to many social problems, such as increased crime particularly violent crime. ONS figures from 2005 – 2016 show a fluctuation between 562,000 and 1.1m violent incidents recorded in England and Wales where the victim believed the offender to be under the influence of alcohol.¹² This translates into 39% and 55% of all violent crimes.
11. Overconsumption of alcohol also often increases the likelihood of accidents and it contributes to a multitude of health problems such as premature death, cirrhosis of the liver, heart disease, cancer, alcoholism, and mental health conditions. This places a huge cost on the NHS. In Wales, in 2016 there were 54,000 admissions to hospital for alcohol related harm¹³ and around 10,300 patients admitted to hospital in 2014 for a specific alcohol specific condition. Of those 10,300 patients, 66% had mental health and behavioural disorders (70.1% in males and 58.5% in females).¹⁴
12. According to the Welsh National Database for Substance Misuse, there were 9,127 referrals for alcohol and drug misuse treatment between January and March – up 1,827 on the same period in 2012-13.¹⁵ The latest figures by Welsh Government also show that 504 people died last year in Wales due to alcohol, which is an increase of 8.9% from 2015 to 2016.¹⁶
13. World Health Organisation data for OECD (Organisation for Economic Co-operation and Development) countries in 2015 show that the UK is ranked at number six by alcohol consumption per capita (at 12l).¹⁷ In the Government's Alcohol Strategy (2012) they recognised that Alcohol was one the three biggest lifestyle risk factors for disease and death in the United Kingdom, after smoking and obesity.¹⁸

¹¹ Brennan A, Meng Y, Holmes J et al. (2014) *Potential benefits of minimum unit pricing for alcohol versus a ban on below cost selling in England 2014: modelling study*. The BMJ 349: g5452

¹² Crime Survey for England and Wales, Office for National Statistics

¹³ Public Health Wales (2016) *Piecing the puzzle: The annual profile for substance misuse*. NHS Wales.

¹⁴ Public Health Wales (2014) *Alcohol and Health in Wales 2014: Wales Profile*. pg. 22.

¹⁵ <http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=41017>

¹⁶ Welsh Government (2017) *Substance Misuse Strategy: Working Together to Reduce Harm Annual Report*.

¹⁷ World Health Statistics data visualizations dashboard <http://apps.who.int/gho/data/node.sdg.3-5-viz?lang=en>

¹⁸ HM Government (2012). *The Government's Alcohol Strategy*. CM8336

14. A recent AHA review of prices found 3-litre bottles of 7.5% ABV cider, which contain the same amount of alcohol as 22 shots of vodka, being sold for just £3.50, or 16p per unit.¹⁹

How MUP should be set

15. We agree with current proposals that the price should be set in regulations, and not defined in the Bill, so that the rate can be adjusted in line with changes in the market. It is important that the MUP level reflects the growing affordability of alcohol, and affordability should be considered when MUP levels are under review in the future. We agree to monitoring the impact of the legislation to determine the reduction in harm.

16. The College feels that the MUP should be set at 50p initially and that a review of the price should take place annually, as it is the case in Canada and Australia. After the recent announcement by the Supreme Court, the Scottish Government will launch a consultation on the appropriate level of MUP and if the level of 50p, which was set five years ago, will have the desired impact.

Any potential barriers to the implementation of the provisions and whether the Bill takes account of them;

17. This is not our area of expertise; however, we would just like to raise a few points for the Committee to consider when speaking with other witnesses:

- 1) Local Authorities would be responsible for enforcing the Act and with ever decreasing budgets, will they have the resources to meet their statutory obligations?
- 2) The Assembly should consider the possibility of an increase in cross-border importation of alcohol and whether this increase could offset the advantages of a MUP. We would, however, hope that England will follow the devolved nations and themselves introduce an MUP so cross-border trade would not be an issue.
- 3) The Supreme Court Ruling on 15 November should pave the way for other UK nations to adopt similar public health legislation without legal challenges by the drinks industry.

Whether there are any unintended consequences arising from the Bill;

18. It is possible that the number of referrals to Community Mental Health Teams as well as Community Drug and Alcohol Teams would rise initially as a result of the legislation. This would be welcomed as it would indicate that the legislation was meeting its objectives and that people were instead seeking

¹⁹ Alcohol Health Alliance (2016). *Cheap Alcohol: the price we pay*. Available at http://12coez15v41j2cf7acjzaodh.wpengine.netdna-cdn.com/wp-content/uploads/2016/11/AHA-price-survey_FINAL.pdf

help and treatment. We would need to ensure that CMHTs and CDATs could cope with a possible increase in patients seeking help.

The financial implications of the Bill (as set out in Part 2 of the Explanatory Memorandum);

19. The Explanatory Memorandum takes evidence from the study commissioned to Sheffield University, which concluded that a MUP of 50p is estimated to be worth £882m to the Welsh economy in terms of reductions in illness, crime and workplace absence over a 20-year period. The cost in hospital admissions alone from alcohol related illnesses in Wales is currently £120m. The financial and societal burden of alcohol related harm is a major public health issue. We are pleased that the Welsh Government is seeking to address this through legislation and would urge robust evaluation of the policy post implementation.
20. We would like the Welsh Government to explore the possibility of working with retailers and alcohol producers to annex a portion of the retailers anticipated profits and ring fence the money for treatment services – services that are currently stretched, and likely to experience an increase of referrals as a result of the legislation.

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