

MPA 08

Bil Iechyd y Cyhoedd (Isafbris am Alcohol) (Cymru)

Public Health (Minimum Price for Alcohol) (Wales) Bill

Ymateb gan Goleg Brenhinol y Meddygon (Cymru)

Response from the Royal College of Physicians



**Royal College
of Physicians**

Coleg Brenhinol
y Meddygon (Cymru)

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

RCP Wales response

About us

The Royal College of Physicians (RCP) aims to improve patient care and reduce illness, in the UK and across the globe. We are patient centred and clinically led. Our 35,000 members worldwide, including 1,200 in Wales, work in hospitals and the community across 30 different medical specialties, diagnosing and treating millions of patients with a huge range of medical conditions.

Amdanom ni


Mae Coleg Brenhinol y Meddygon yn amcanu at wella gofal cleifion a lleihau salwch, yn y DU ac yn fyd-eang. Rydym yn sefydliad sy'n canolbwyntio ar y claf ac sy'n cael ei arwain yn glinigol. Mae ein 35,000 o aelodau o gwmpas y byd, gan gynnwys 1,200 yng Nghymru, yn gweithio mewn ysbytai a chymunedau mewn 30 o wahanol feysydd meddygol arbenigol, gan ddiagnosio a thrin miliynau o gleifion sydd ag amrywiaeth enfawr o gyflyrau meddygol.

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1. Introduction

1.1 The Royal College of Physicians welcomes the opportunity to respond to the committee's inquiry into the general principles of the Public Health (Minimum Price for Alcohol) (Wales) Bill. We would be more than happy to provide any further evidence to the committee or discuss any of the points raised in this submission in further detail.

1.2 We have focused our comments on the areas in which we hold expertise, as a membership body supporting the physician workforce and working to improve the health of the population.


2. Key points

- Strong evidence suggests that a minimum unit price for alcohol set at 50 pence, with a mechanism to regularly review and revise this price, will reduce the amount of alcohol drunk by the most vulnerable in society, while decreasing hospital admissions due to alcohol and levels of illnesses directly caused by excessive drinking.
- The increasing affordability and accessibility of alcohol - particularly high-strength drinks - is a key contributing factor to levels of excessive consumption and a minimum unit price will target high-strength, low-cost drinks while having a minimal impact on other alcoholic drinks sold.

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- MUP will deliver savings through lifting some burden from health services and reducing costs to the economy (for instance through reducing time taken off work due to alcohol) – but substance misuse services must be adequately funded to cope with any increase in demand. Local authorities must also be adequately funded to implement their duties under the Bill.

3. 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.

- 3.1 The RCP have long campaigned for the introduction of minimum unit pricing for alcohol across UK nations and are very pleased to see proposed legislation on this issue in Wales, as are a large number of health-focused organisations we work closely with. We hope that the wealth of available evidence supporting the principles and aims of the Bill will facilitate broad support for the legislation as it progresses.
- 3.2 The RCP is also a founding member of the [Alcohol Health Alliance](#) (AHA), a group of more than 50 health and alcohol organisations. We work together to promote evidence-based policies to reduce the damage caused by alcohol misuse. The AHA's key recommendations detailed later in this document are based on clear evidence that the most effective way to reduce the harm from alcohol is to reduce its affordability, availability and attractiveness.
- 3.3 Strong evidence suggests that a minimum unit price for alcohol set at 50 pence, with a mechanism to regularly review and revise this price, will reduce the amount of alcohol drunk by the most vulnerable in society. This will in turn increase the health of the population, and reduce the burden on clinicians and others who treat those with problems linked to alcohol.
- 3.4 The impact of alcohol harm in Wales is one of the most significant public health challenges facing us today. Welsh Government report that there were 504 alcohol-related deaths in Wales in 2016, an increase of 8.9% from 2015.



3.5 The increasing affordability and accessibility of alcohol - particularly high-strength drinks - is a key contributing factor to levels of excessive consumption. Alcohol is 60% more affordable than it was in 1980¹. Supermarket own-brand vodkas and high-strength ciders are typically the cheapest on offer. For example, a recent Alcohol Health Alliance 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 unit². A minimum unit price of 50 pence will target the price of these high-strength, low-cost drinks accessed by many of the heaviest drinkers, while having a limited impact on moderate drinkers.

3.6 For further evidence supporting the likely positive impact of minimum unit pricing in Wales, we refer the committee to the model-based appraisal of minimum unit pricing for alcohol in Wales³, commissioned by Welsh Government and published in 2014. The research sets out estimated reductions in hospital admissions, alcohol related deaths and crime under a policy of MUP.

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

3.1 We hope and expect that the Supreme Court decision announced on 15 November⁴ regarding minimum unit pricing in Scotland has decisively paved the way for smooth implementation of similar policies in other UK nations.


3.2 We also hope that the UK Government in Westminster will follow the other UK nations in proposing legislation for an identical minimum unit price for alcohol in England, thus removing potential barriers/complications that could arise from cross-border and online sales.

¹ NHS Digital (2017). *Statistics on Alcohol*. Available at <http://www.content.digital.nhs.uk/catalogue/PUB23940/alc-eng-2017-rep.pdf>

² 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

³ Model-based appraisal of minimum unit pricing for alcohol in Wales. Available at <http://gov.wales/docs/caecd/research/2014/141208-model-based-appraisal-minimum-unit-price-alcohol-en.pdf>


⁴ *Scotch Whisky Association and others (Appellants) v The Lord Advocate and another (Respondents)* (Scotland). Available at <https://www.supremecourt.uk/cases/uksc-2017-0025.html>



3.3 The issue of excessive alcohol consumption impacts on society in a variety of ways, spanning multiple policy areas. While we are fully behind the introduction of this Bill, we feel it is vital to take a long-term holistic view of how other measures could support the impact of MUP, and not to see it as a stand-alone solution. We would like the committee and Welsh Government to continue to consider further complementary measures to reduce alcohol related harm alongside MUP that could be introduced in future. The Alcohol Health Alliance has ten key recommendations, of which MUP is one. We have set out the other nine recommendations below. While many of the recommendations fall outside of the current legislative competence of the National Assembly for Wales, we believe a long-term vision for tackling these issues should include regular reviewing of changes and developments in legislative competencies, and the opportunities such developments could present.

3.4 Recommendations from the Alcohol Health Alliance:

- At least one-third of every alcohol product label should be given over to an evidence-based health warning specified by an independent regulatory body.
- The sale of alcohol in shops should be restricted to specific times of the day and designated areas. No alcohol promotion should occur outside these areas.
- The tax on every alcohol product should be proportionate to the volume of alcohol it contains. In order to incentivise the development and sale of lower strength products, the rate of taxation should increase with product strength.
- Licensing legislation should be comprehensively reviewed. Licensing authorities must be empowered to tackle alcohol-related harm by controlling the total availability of alcohol in their jurisdiction.
- All alcohol advertising and sponsorship should be prohibited. In the short-term, alcohol advertising should only be permitted in newspapers and other adult press. Its content should be limited to factual information about brand, provenance and product strength.
- An independent body should be established to regulate alcohol promotion, including product and packaging design, in the interests of public health and community safety.
- The legal limit for blood alcohol concentration for drivers should be reduced to 50 mg/100 ml.

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- All health and social care professionals should be trained to routinely provide early identification and brief alcohol advice to their clients.
 - People who need support for alcohol problems should be routinely referred to specialist alcohol services for comprehensive assessment and appropriate treatment.

4. Any unintended consequences arising from the Bill

4.1 A consequence of the Bill, though not necessarily an unintended one, is that more people will seek help from substance misuse support services. People who need support for alcohol problems should be routinely referred to specialist alcohol services for comprehensive assessment and appropriate treatment. An increase in demand could place existing services under pressure, and it is crucial that this is considered.

4.2 At a time of tight budget constraints for local government, we also recommend that it is ensured that local authorities in Wales are adequately funded to carry out their duties under the Bill should it pass successfully into an Act. Funding arrangements to support the Act should be regularly reviewed to ensure the delivery of the legislation is being properly resourced.