



Scottish Health Action on Alcohol Problems (SHAAP) response to National Assembly of Wales on 'Public Health (Minimum Price for Alcohol) (Wales) Bill' [submitted 14 December 2017]

Introduction

Scottish Health Action on Alcohol Problems (SHAAP) welcomes the opportunity to comment on the proposed measures contained in the **Public Health (Minimum Price for Alcohol) (Wales) Bill**. SHAAP provides the authoritative medical and clinical voice on the need to reduce the impact of alcohol related harm on the health and wellbeing of people in Scotland and the evidence-based approaches to achieve this.

SHAAP was set up in 2006 by the Scottish Medical Royal Colleges through their Scottish Intercollegiate Group (SIGA) and it now resides as a project within the Royal College of Physicians of Edinburgh (RCPE). SHAAP is advised by a Steering Group made up of members of the Royal Colleges and Faculties in Scotland and invited experts.

SHAAP works in partnership with a range of organisations in Scotland and beyond. Key partners include Alcohol Focus Scotland, the British Medical Association (BMA), the Scottish Alcohol Research Network (SARN), the Alcohol Health Alliance, the Institute of Alcohol Studies, Eurocare and the European Public Health Alliance (EPHA).

Consultation Response (general)

Scottish Health Action on Alcohol Problems (SHAAP) welcomes and supports the general principles of the Public Health (Minimum Price for Alcohol) (Wales) Bill as a measure which 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. SHAAP has long campaigned for the introduction of Minimum Unit Pricing (MUP) in Scotland because there is strong evidence to indicate that raising the price of alcohol, along with marketing restrictions and licensing regulation, is the best means of reducing consumption.

We think it relevant to note that the Scottish Parliament also took this view in 2012, when it passed with cross-party support and the backing of the medical professions the Alcohol (Minimum Pricing) (Scotland) Act. This legislation will be enacted in May 2018 with a minimum price per unit of 50p initially (as foreseen in the Wales Bill) and mechanisms have been put in place to monitor and evaluate the effect that introducing a minimum price for alcohol will have on the behaviours of the entire population, but in particular, those most affected by their hazardous drinking of the cheapest and most harmful, drinks. One of the agencies that contributed to the research for the Minimum Pricing Act in 2012 was the University of Sheffield's Alcohol Research Group and we note that this group also provided the evidence for the 2017 Wales Bill. This group's research and the experience

from British Columbia of price increases leading to reductions in harmful consumption were integral to the Scottish government's determination to implement this policy. SHAAP is satisfied that the research and modelling used to support the Wales Bill is robust and credible.

Price matters because it influences consumption. Alcohol is 60% more affordable today than it was in 1980. The latest sales figures show that enough alcohol is sold in England and Wales for every drinker to consume an average of 22 units per week, far higher than Chief Medical Officers' new weekly low-risk guidance of 14 units. The harms related to cheap alcohol are far-reaching. It is estimated that alcohol misuse costs the NHS £3.5 billion every year, equivalent to £120 for every UK taxpayer. The cost to wider society is even greater at around £21 billion. We are all paying the price of cheap alcohol in terms of lives and the wider impact of alcohol harm on families, communities and the criminal justice system. SHAAP therefore applauds the Welsh Assembly's intention to reduce these harms with this Bill.

SHAAP's response to the challenges:

1. Altering prices has a limited/weak effect on harmful consumption

The Memorandum claims there is disagreement about the extent to which harmful drinkers will react to price increases and whilst this is true, given the difficulty of researching the actual behaviour of such groups, MUP will still be effective if it achieves some reduction in their consumption, as most analyses suggest is likely – even if heavy drinkers are less price-sensitive. Much of the evidence for their habits comes from more modest price changes than MUP and even where heavy drinkers might react by buying cheaper products, this will not be possible as a MUP of 50p per unit will significantly increase the price of their preferred drinks. In Scotland, for example, Chick & Gill's interviews with patients receiving treatment for alcohol-related conditions in Glasgow and Edinburgh revealed that some had previously cut down in response to a fall in income, while others had traded down to cheaper drinks (which of course would be less possible under MUP). Similarly, a study of New Zealand drinkers in treatment found that 25% reported 'going without' alcohol when they were unable to afford any more – again, the authors note that this would likely be higher if there were less scope to trade down to cheaper products. These findings were replicated in a Canadian study, which found 80% of homeless drinkers have gone without alcohol when unable to afford it.

2. MUP will lead to illicit consumption and/or crime

With regard to the above possibility, interviews with harmful and dependent drinkers suggest that such fears are likely to be overstated. Chick & Gill found widespread suspicion of products of unclear provenance. As one participant put it: "I'm scared of what I put in my body. I know if it's on sale in a supermarket, then it's relatively safe. I wouldn't know what I'd be buying, and I wouldn't know what was in it, and that would scare me". Studies in New Zealand and Canada also found that non-beverage alcohol use was very uncommon when heavy drinkers were unable to afford alcohol, as were reports of crime to support drinking. Crucially, the evidence from Canada suggests that any such substitution – if it did occur – would be more than offset by the benefits to those who lower their drinking, since overall the number of deaths decline.

Additional considerations in support of Minimum Unit Pricing:

- **Public support:** We note that there is widespread public support for MUP. In Alcohol Health Alliance's most recent poll, conducted in August 2017, 51% of Welsh residents supported the policy, with only 15% opposed. Similarly in Scotland a majority of the public also supports MUP.
- **Effect on the licensed trade:** Concerns that a minimum unit price would negatively affect pubs and the licensed trade are, in our view, misplaced. During the campaign for MUP in Scotland, we found that there was considerable support for MUP within the alcohol industry, particularly among the pub trade and smaller producers. At a European event held by SHAAP in September 2014, industry supporters of MUP from the Scottish Licensed Trade Association and the C&C group which produces Tennent's Lager, spoke of the harm which the proliferation of cheap supermarket alcohol caused to UK business and growth. At a price level, pubs would be largely unaffected by a minimum unit price. The opposition to MUP comes from the global producers and from large retailers, in particular supermarkets.
- **Effect on health services:** In supporting a MUP policy for Scotland, the Scotland Health Minister Shona Robison MSP, recently quoted research by Health Scotland which showed that *'a minimum unit price of 50 pence would cut alcohol-related deaths [in Scotland] by 392 and hospital admissions by 8,254 over the first five years of the policy'*. It can therefore be assumed that the MUP policy for Wales would have a similar effect on reducing deaths and hospitalisations in Wales, positively influencing the health of the Welsh people and reducing pressure on health services.

In conclusions, SHAAP would like to congratulate the Welsh Minister of Health for bringing forward the Public Health (Minimum Price for Alcohol) (Wales) Bill and wish the Bill a speedy and successful passage through the Welsh Assembly.

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For more information about SHAAP, please visit <http://www.shaap.org.uk/>