To:	**Health Social Care and Sport Committee**
Subject:	Betsi Cadwaldr University Health Board (BCUHB) Response to Consultation on the Public Health (Minimum Price for Alcohol) (Wales) Bill
Contact:	**Executive Director Public Health- Teresa Owen**
Date:	**15th December 17**

Purpose

To provide an organisational response from Betsi Cadwaldr University Health Board (BCUHB) to the Consultation on the Public Health (Minimum Price for Alcohol) (Wales) Bill.

Introduction

There is strong and compelling evidence to suggest that the introduction of a minimum unit price (MUP) for alcohol across Wales would have positive and significant effects on the alcohol consumption of the population.

Alcohol consumption has increased among the population of North Wales, as in all other areas of Wales, over the last forty years and studies show that such an increase is linked to the affordability of alcohol. Published research from elsewhere in the world unambiguously shows that when the price of alcohol increases, consumption by most drinkers decreases. Evidence also shows that when alcohol consumption in a population declines, rates of alcohol related harm also decline.

Cancers, liver disease, high blood pressure, injuries and a variety of mental health conditions can all be linked to drinking alcohol. Alcohol is also related to increasing the risk of causing harms to the health of others and the financial burden associated with this is significant. In BCUHB's view harm-related costs could be substantially reduced if minimum unit pricing is introduced.

There is robust evidence that the health service in Wales would benefit through an overall decrease in alcohol related harm, morbidity and mortality. Whilst it may be challenging, particularly in the short term, to directly attribute reductions in measures such as alcohol related hospital admission, to the introduction of minimum unit pricing, other measures focussing on those populations likely to be most affected may be used. Over time, we believe that the health service is likely to see benefits in terms of cost savings related to both acute and chronic alcohol related harms.

Alcohol related crime including violent crime, acquisitive crime and criminal damage is well evidenced. Recent figures show that up to 53% of all reported violent crime is alcohol related and alcohol is a consistent element in domestic abuse, self harm and suicide.

The impact of a minimum unit price would particularly affect harmful and hazardous drinkers who would be considered to be a priority group for intervention. It is also believed that there

would be positive impact on children and young people who are also more likely to buy cheaper brands of alcohol.

BCUHB believe that the benefits of introducing MUP would not only be seen within targeted groups but felt by the whole of Wales both in terms of a reduction in burden on the NHS and the associated crime and disorder that is linked to alcohol.

In preparing the response key individuals/ areas within the Health Board including but not limited to Gastroenterology, Substance Misuse services and Psychiatric liaison were asked to input to the consultation. This document is representative of those collective views.

There is significant support from BCUHB for the introduction of Minimum Price for Alcohol, although a number of considerations are put forward to inform this consultation.

Information/ Considerations

The Bill appears to have considered fully potential loopholes and how MUP would apply in these situations e.g. multi purchase offers which should ensure intended impact is not diluted.

Learning from the Scottish model is vital to learn lessons and ensure a smooth implementation of this bill.

The set price point will be key to the success of the initiative and careful consideration is needed around this, discussion with Scottish colleagues has suggested that slightly higher than 50p would be advantageous but we understand that modelling has taken place on this basis and fully support this as a starting point.

BCUHB believe that minimum unit pricing should be linked to an inflationary measure to ensure it remains an effective measure to reduce affordability, consumption and resultant alcohol health harms. Review should be independent and at pre determined intervals based on key milestones for evaluation.

Consideration needs to be given to the potential to influence the alcohol industry's spend of the increased revenue, there may be opportunities to do this through their social responsibility policies and this should be examined in more detail.

Enforcement activity needs careful consideration and it is recommended there is accompanying guidance to ensure consistency of approach and to ensure the bill is prioritised and upheld. Resource implications for effective enforcement also need to be considered in more detail.

Current proposed fixed penalty of £200 may require further consideration as to whether this is sufficient to discourage non compliance in what is considered to be a buoyant industry.

Issues regarding border areas need to be considered where alcohol can still be obtained more cheaply in England. We believe that this will be a significant challenge which could compromise implementation and impact of the bill, particularly for North Wales in terms of its borders with England. Similarly, cross border online shopping and deliveries will require careful thought.

We also believe that potential unintended consequences need further discussion in order to minimise them as much as possible. They include:

- Potential for stronger illicit/ fake alcohol market

- Retailers substituting other products as loss leaders which may potentially have negative impacts for health e.g. high sugar, high fat foods
- Individuals in poverty who drink as much as they can afford each day having to either acquire debt to maintain their dependency or worse, aving to reduce their consumption abruptly. This resulting in potential harm and an influx of hospital admissions for those severely withdrawing. We understand that numbers are proportionately low, however, risk presented could be high and therefore it may be useful to consider a phased/ delayed implementation approach to try and manage this. This is at least worthy of a discussion and increased treatment/ support (e.g. detoxification) may be required to be in place in preparation.
- Potential for problematic/ dependent drinkers reprioritising alcohol over food, rent, electricity etc adding to the health inequalities that exist within this group.

In line with the above is the need for a clear communications strategy regarding implementation and lead up period to ensure readiness for adoption in considering unintended consequences. This is particularly pertinent for health services.

Need to understand a problematic/ dependent alcohol user perspective in order to minimise risks associated with this group and ongoing dialogue during implementation.

BCUHB believe MUP will be an important stride forward in terms of alcohol policy. However, although highly significant and much welcomed, care should be taken that it is not seen as the panacea to tackling alcohol related harm in its entirety as is a multi faceted and complex issue.

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