MPA 47

BIL IECHYD Y CYHOEDD (ISAFBRIS AM ALCOHOL) (CYMRU)

PUBLIC HEALTH (MINIMUM PRICE FOR ALCOHOL) (WALES) BILL

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RESPONSE FROM QUAKER ACTION ON ALCOHOL AND DRUGS

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Quaker Action on Alcohol and Drugs' written evidence to the Health, Social Care and Sport Committee of the National Assembly for Wales on the PUBLIC HEALTH (MINIMUM UNIT PRICE FOR ALCOHOL) WALES) BILL

1. Our work and principles

Quaker Action on Alcohol and Drugs is a Recognised Body of the Religious Society of Friends (Quakers) and a registered charity which became a company limited by guarantee in 1996. It is managed by a Committee of Trustees who are appointed and conduct their business in accordance with Quaker practice as observed by the Religious Society of Friends.

Over many years, QAAD's work has focused on three main strands:

- Reviewing research on issues relating to drug, alcohol and gambling addiction and disseminating key findings through our quarterly newsletter (QAADRANT); a biennial conference; regional meetings; and direct contact with Quakers and professionals, ecumenical colleagues and others with an interest and concern.
- Offering pastoral support and signposting for Friends and close others experiencing substance and gambling addiction and recovery.
- Providing young Quakers with information and resources to help them to make positive, healthy choices about the use and impact of drugs, alcohol and involvement in gambling.

We join with Ecumenical colleagues (the Methodists, the Church of England, the Evangelical Alliance, the Salvation Army and CARE) to demonstrate to MPs and to government that substantial numbers of people understand the need for and welcome changes in policy regarding alcohol.

In 2012, QAAD was included as a co-signatory to a letter to the Prime Minister, David Cameron from several faith based organisations (Appendix 1), calling on him to realise his government's commitment to implement minimum unit pricing for alcohol (MUP).

> *'There are various factors involved in problem drinking, but numerous studies have shown that price is the key determinant. Unless you include strong action on per unit pricing, other measures such as a ban on below-cost sales, a special tax on strong beers or a voluntary code for advertising are likely to be inadequate.'*

We welcome the findings of the 2017 annual report for the Welsh Government's 10 year substance misuse strategy, 'Working Together to Reduce Harm', particularly the progress that has been made on providing speedier access to treatment for those suffering from problematic substance, including alcohol, abuse.

QAAD is responding to this call for evidence due to our serious concern, and that of the Quaker community, with the human costs of alcohol-related harm. The spiritual perspective - that we are all connected - finds an echo in the evidence that problems in the minority are related to wider social behaviours and that 'whole population measures' are most effective.

We are aware that the Welsh Government has already received, and in some cases discussed, substantial quantitative and qualitative, academic evidence in response to this consultation. We judge that it would not add significant value to the process to reiterate data quoted by academics, charities and other specialists in this field. We strongly endorse the evidence which supports the implementation of a 50p MUP in Wales and have included, in the remainder of this submission, further data to support this view.

2 Alcohol harms

Alcohol has long had a central place in British culture. Popular thought tends to associate caution about drinking with old-fashioned moralistic or fringe religious positions. However, the fact remains that, despite more recent reductions in overall consumption, alcohol misuse continues to result in serious public health, criminal justice, community safety and child welfare problems throughout the UK. Awareness of these harms has grown, and clear policy recommendations have emerged from research, but there is still insufficient recognition of the national scale of the problem.

> '*There is...a clear association between per capita alcohol consumption in the UK and various alcohol-related diseases.... an increase of one litre in per capita consumption was associated with approximately ...a total of 928 deaths in the UK per annum.*'[i] Plant, M, (2009)

Such problems are not confined to a small minority of dependent drinkers: it has been estimated that a quarter of adults (10 million people) drink hazardously over weekly recommended levels and more exceed daily limits. About 6% exceed weekly limits by twice the recommended level.[ii] These drinkers account for 73% of total alcohol consumption.[iii]

Co-morbidity of alcohol misuse with drug and gambling addiction, and its dual diagnosis with mental ill-health, are widely recognised and place further, complex demands on health and recovery services. A 2011 European report indicated that, in the UK, 1 in 10 of male cancers and 1 in 33 female cancers are caused by alcohol.[iv]

Alcohol plays a part in a quarter to a third of cases of child abuse, and approximately 300,000 children live with a 'harmful' drinking parent, but with much higher figures for 'binge' or 'hazardous' drinking patterns [v] More recent research (Forrester D, 2012) suggests that one million children reside with a parent with an 'alcohol problem'.

> *'Parental alcohol problems are associated with negative outcomes in children, e.g. poorer physical and psychological health (and therefore higher hospital admission rates), poor educational achievement, eating disorders and addiction problems (West & Prinz, 1987; Girling et al., 2006), many of which persist into adulthood (Balsa et al., 2009).'*

In its 2014 report, Alcohol and Health in Wales 2014, the Public Health Wales Observatory confirmed that alcohol is a major cause of death and illness in Wales, with around 15,000 (1 in 20) deaths attributable to alcohol each year.

In addition, this report highlighted that 1 in 6 boys and 1 in 7 girls aged 11-16 years old had drunk alcohol and around 400 young people are admitted to hospital for alcohol-specific conditions each year, although this rate has been decreasing for several years. The percentages of young people drinking alcohol at least once a week are higher in Wales than in Scotland, England and Ireland. Cheap alcohol

plays a significant role in initiating and sustaining early problematic drinking that continues into adulthood. Minimum pricing per unit would mean fewer people become severely dependent.

Almost half (49%) of offenders have an alcohol problem relevant to their offending[vi], and a Parliamentary answer in November 2010 stated that 37% of offenders subject to community penalties have an alcohol issue.

2. Support for MUP

MUP correlates directly with the level of alcohol content in a drink, irrespective of the type of drink and where it is sold. This will enable the Welsh government to regulate the price of drinks favoured by the heaviest drinkers i.e. with the highest alcohol content, whilst sending out a clear message that alcohol content is the key issue for all drinkers.

MUP has previously been recommended by the Chief Medical Officer (2009), the Royal College of Physicians, the British Medical Association (2008), the National Institute for Clinical Excellence (NICE, 2010), the all-party Parliamentary Committee on Alcohol (2010), and Alcohol Concern (2016). National and international studies have consistently shown that consumption - both harmful and general - rises and falls with price[vii].

> *'The evidence reviewed supports the general principle that increasing alcohol price reduces alcohol consumption by young people, with a greater impact on more frequent and heavier drinkers.'* [viii] *'Home Office review of evidence on pricing, 2011*

3 The Potential Benefits of introducing an MUP

The ScHARR report estimates that a minimum price of 50p per unit would result in significant reductions in alcohol related hospital admissions and fatalities; violent crime, and absenteeism from work. It predicts reductions in consumption for young people and adults in higher-risk categories, and cost savings in the first year alone of £66m (health) and £49.6m (criminal justice). Potential savings in deep, long-term personal costs of family breakdown, child abuse and neglect, job loss, and many other impacts of alcohol misuse are incalculable.

Given that the Sheffield model suggests that such benefits increase over time, the introduction of an MUP would be a preventative measure as well as one that addresses current problems. Over ten years, £1.37 billion in health care costs could be saved, with an immeasurable benefit in quality of life for individuals, families and communities.

One of the strongest arguments for a minimum price per unit is that this policy is the most likely to be effective in reducing drinking and harmful drinking among children and young people.

> *'There is strong evidence to suggest that young drinkers, binge drinkers and harmful drinkers tend to choose cheaper drinks.' (ScHARR report, page 5)*

A study of 15-16 year olds showed that disposable income was related to consumption, and that drinking cheap alcohol in volume was associated with various kinds of harm. It also showed that these harms could occur at any level of drinking.[ix]

> *'Results suggest a strong relationship between consumption of cheaper alcohol products and increased proportions of respondents reporting violence when drunk, alcohol-related regretted sex and drinking in public places.' Bellis et al. (2009)*

MUP may also have an impact on the market. For example, Over half (57%) of women's total alcohol consumption is in wine,[x] which has become stronger over recent years. A bottle of 10% proof wine contains 7.5 units; a bottle of 14.5% proof wine contains 10.9 units. The respective cost, at 50p per unit, would be £3.75 and £5.45: cheap wine would be more likely to mean weaker wine.

4 Objections to minimum unit pricing

The majority of responsible drinkers should not be penalised for the minority

- There might be differential effects on individuals depending on the cost of the alcohol that an individual favours but the average financial impact on moderate drinkers would be relatively light.
- 'Softer' benefits, in terms of greater safety and amenity for example, would also be experienced by moderate drinkers. Environmental ill-effects are felt particularly acutely in poorer areas.
- Even drinking within recommended limits is not risk-free. Approximately 10% of those who drink within current daily/weekly limits have a lifetime risk of dying from an alcohol-related condition.
- Cheap alcohol enables daily drinking, which increases lifetime risk even at relatively low levels. The protective effects of small amounts of alcohol for the cardio-vascular system, which have received publicity, apply in small quantities and mainly to middle-aged people. [xi]

MUP would penalise those on lower incomes

- People in the most deprived groups are more likely not to drink at all: one study found only a third of households in the lowest income band purchased alcohol in the last week, as opposed to 70% in the highest.[xii] The same study showed that the purchase of low-priced alcohol is distributed across income groups.
- People on lower incomes are more likely to drink 'on-trade' (for example, in pubs) where prices would be largely unaffected.
- People in less advantaged socio-economic groups are more likely to suffer alcohol-related harm if they do drink, possibly due to health and social problems exacerbating each other (as the book 'The Spirit Level'[xiii] would also suggest). In the most deprived areas, men are five times as likely to die of an alcohol-related illness compared with those in the most affluent areas; women are three times as likely.[xiv]

  'The proportions of people exceeding 4/3 units and of people drinking heavily rose with increasing gross weekly household income. In households with a gross weekly income of £200 or less, 30% of men drank more than 4 units and 14% drank more than 8 units on at least one day in the previous week. In households with an income of over £1,000 the figures were 46% and 26% respectively.[xv]

Hazardous and problem drinkers would be unlikely to change their behaviour because they are dependent

- There is relatively little research on the most heavily dependent group and findings are inconclusive. Whilst some researchers have argued that they are less price-responsive, others suggest the opposite is the case:

  '*Contrary to our expectations, the heaviest drinkers changed their consumption most. They were quite sensitive to price. Furthermore, that group showed a marked reduction in all kinds of health measures.' Dr Bruce Ritson, describing the effects of increased prices in evidence to the Scottish health committee.*[xvi]

'Harmful drinkers have both a higher mortality risk and respond to policy changes with larger absolute changes in consumption than moderate and hazardous drinkers.' ScHARR report (p124)

- It is true that MUP could present difficulties for some dependent drinkers, but we strongly believe that increased access to high quality treatment and support (rather than to cheap alcohol) needs to be the response.

Falls in overall alcohol consumption suggest that problems will also begin to fall without such drastic measures

- It is true that there has been a fall in consumption and risky consumption from a high-point in 2007/8, although women's drinking and harmful drinking has shown one of the steeper increases[xvii]. However, levels of consumption and risky drinking are still extremely high in historical terms, and are now similar to those in 2004. Hospital admissions for alcohol-related conditions have continued to rise and 70% of peak time attendances to Accident and Emergency Departments are alcohol-related.

- The vast majority of people drinking over recommended limits are not dependent, but they are drinking enough to damage their health:

  'The health dangers of domestic drinking are less apparent because binge-drinking, though technically referring to episodes of heavy alcohol consumption, has come in cultural terms to mean dangerous drinking by young people in town centres. Thus many interviewees, whose home consumption far exceeded government-recommended weekly limits, continued to regard their own practice as unremarkable and felt unwarrantedly insulated from public health messages....' [xviii] Professor Gill Valentine

  'Our work has shown that the majority of these individuals are heavy social drinkers often with only mild levels of alcohol dependency but they present with diseases which are fatal in 25-50% of cases.' Dr Nick Sheron, Liver specialist.[xix]

- This group is the most likely to underestimate personal consumption, and switch to cheaper drinks if costs rise. The ScHARR research found that the higher the minimum price level is, the less 'switching' there would be, because there would be fewer 'pockets' of cheap alcohol:

  'Policies targeting price changes specifically on low-priced products lead to smaller changes in consumption, as they only cover a part of the market. Targeting low priced products also causes some switching.... Higher minimum prices reduce switching effects.' ScHARR report (p6)

- Even if consumption figures fall, they are far too high. The economic climate may be linked with the downturn in drinking, but whatever the reasons, alcohol consumption remains far too high given the serious risks to health and social wellbeing. The price of alcohol needs to be rebalanced to reduce harm - and this needs to be done on the rational basis of alcohol content.

Action targeting sales of alcohol to under-aged drinkers is enough to tackle youth alcohol problems

We welcome increased penalties for sale of alcohol to under-age drinkers, together with Identity/proof of age schemes. However, Scottish evidence suggests that despite more stringency about the law, the buying of alcohol by third parties remained an important problem, and this is obviously much harder to police.[xx] The affordability of alcohol for children and for young legal drinkers needs to be tackled alongside accessibility. These are complementary rather than alternative policies, which will be more effective if combined.

6. Conclusion

Should the decision be taken to implement an MUP, Wales will join Scotland as one of the first two territories in the world to introduce MUP based solely on the alcoholic strength of drinks. The impact cannot be guaranteed, only anticipated on the basis of extensive and peer reviewed research. We strongly support Alcohol Concern's call for a robust evaluation of MUP, together with a 'sunset clause' which would enable the Welsh Government to refine or reverse its implementation in the light of real world findings.

MUP alone cannot resolve the many and complex issues associated with the misuse of alcohol. QAAD supports a range of additional measures which, if combined with MUP, could make a significant, positive impact on individuals, families, employers and wider communities. These include tax or other incentives to favour lower alcohol drink; the banning of promotions/discounting; the prevention of advertising that affects children; an increase in licensing controls; and a lowering of the blood alcohol limit for legal driving to 50 mg. We strongly support increased investment in prevention and treatment.

APPENDIX 1

MISSION & PUBLIC AFFAIRS

27 January 2012

The Rt Hon David Cameron MP
Prime Minister
10 Downing Street
London
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Please respond to:
Joint Public Issues Team
Methodist Church House
25 Marylebone Road, London NW1 5JR
Tel: [redacted]
Email: [redacted]

Dear Prime Minister

We write to you as a coalition of Churches, charities and Christian volunteer groups with long running experience in the field of alcohol policy, and in helping individuals and communities harmed by alcohol misuse.

We welcome recent indications that, in recognition of the danger posed by cheap alcohol, the Government is seriously considering the introduction of a per unit minimum price. We believe that action on pricing must form the central element in the Alcohol Strategy which your Government is due to publish in February. There are various factors involved in problem drinking, but numerous studies have shown that price is the key determinant. Unless you include strong action on per unit pricing, other measures such as a ban on below-cost sales, a special tax on strong beers or a voluntary code for advertising are likely to be inadequate.

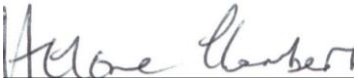
We recognise that there may be complex legal issues involving competition law. But current levels of ill health and public disorder associated with problem drinking mean that these issues must be addressed. In 2011, leading medical experts including Sir Ian Gilmore (Chairman of the UK Alcohol Health Alliance) and Andrew Langford (Chief Executive at the British Liver Trust), predicted that unless strong action is taken 250,000 lives could be lost over the next 20 years. They specifically advocate introducing a minimum unit price of 50p and implementing stricter controls on advertising. Alcohol misuse costs the UK an estimated £25 billion per year in public spending, without even considering the serious (but

harder to measure) effects on people's wellbeing, including their mental health, family and social relationships and careers.

A YouGov poll commissioned by the Methodist Church and its partners in November 2011 found that 61% of UK adults felt that excessive drinking was a problem in their neighbourhood. We have seen the effects of cheap, strong drink on our streets, in our hospitals and police stations. It is in local communities that the damage caused by alcohol misuse is felt most deeply, particularly disadvantaged communities, which continue to suffer disproportionately from alcohol-related harms. Furthermore, it is estimated that between 1.3 and 2.6 million children are affected by parental problem drinking. Neglect is a particular concern and these children are more vulnerable to developing other problems, including substance misuse. A joined-up national solution for these issues is clearly in the UK's best interests as a whole.

Some are concerned that per unit minimum pricing would penalise responsible drinkers. But research by the University of Sheffield found that a minimum price of between 40p and 50p per unit would save thousands of lives at the cost of only a few extra pence per week to the average drinker.
Legislation containing provisions for per unit minimum pricing will soon be considered by the Scottish Parliament. Northern Ireland and the Republic of Ireland are developing a cross-border alcohol strategy and working towards the possibility of agreeing a minimum price by December 2012. We are very encouraged by reports that you have taken a lead on per unit minimum pricing, as this is central to ensuring the success of the Alcohol Strategy. This is an opportunity for the Government to make a real difference to communities and vulnerable people across the UK.
Yours sincerely,

Dr Dave Landrum
Director of Advocacy
Evangelical Alliance



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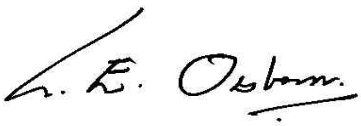

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