



**SHAAP RESPONSE TO A CONSULTATION ON DELIVERING THE GOVERNMENT'S POLICIES TO
CUT ALCOHOL FUELLED CRIME AND ANTI SOCIAL BEHAVIOUR**

JANUARY 2013

Question 1:

Do you agree that this MUP level (i.e. 45p) would achieve these aims (i.e. is targeted and proportionate whilst being able to achieve a significant reduction of harm)?

Yes

SHAAP supports the principle of MUP because there is compelling evidence that it will contribute to a reduction in alcohol related harm by making the cheapest products less accessible. A minimum price should be set at the level the evidence indicates will reduce the burden of harm for alcohol. The Scottish Government made the decision to opt for a 50p MUP based on the most up to date evidence provided by Sheffield University.

Evidence from the Sheffield University (2012)¹ report suggests that a 50 minimum price would reduce overall consumption by 5.7%, compared to a reduction of 3.5% to be gained from a 45p minimum unit price. The same report indicates that as the minimum price threshold increases, alcohol related hospital admissions and alcohol related crime both decrease.

Evidence from a recent Canadian study (Stockwell, 2012: Does minimum pricing reduce consumption?) suggests that a 10% increase in the minimum price of any alcoholic product reduced its consumption by between 14.6% and 16.1%. Evidence from this study also suggests that minimum unit pricing can have a positive effect on drinking preferences: with

¹ Model-Based Appraisal of Alcohol Minimum Pricing and Off-Licensed Trade Discount Bans in Scotland

an increase in the price of the cheapest, strongest alcohol consumers shifted to lower alcohol content beer, wine and cocktails.

In addition, it may also be beneficial to have some consistency of price across the whole of the UK. A single MUP would have the advantage of creating uniformity for consumers and producers and allow a comparative analysis of benefits and impacts across all parts of the UK.

Question 2:

Should other factors or evidence be considered when setting a minimum unit price for alcohol? If yes, then please specify.

Yes

The Government's consultation focuses on cutting alcohol fuelled crime and anti-social behaviour. Whilst these are important objectives, SHAAP would like to express its concern that there is less mention and emphasis of Public Health issues and more concern expressed about crime and anti-social behaviour.

This is at odds with SHAAP's, and other organisations (such as the Alcohol Health Alliance), concerns in promoting MUP and other actions, specifically to promote health. As cited in response to question 1, an overall reduction in alcohol consumption will reduce alcohol related hospital admissions and deaths. Introducing a minimum unit price will also target those more harmful drinkers who tend to purchase cheaper, stronger alcohol.

Where health is mentioned, for example, in the ministerial forward, there is an assertion that we should really be worried about binge drinkers and people drinking at hazardous levels- the extremes. We think there needs to be more emphasis on actions to reduce broader harms across all the population who drink; that is to encourage people to drink within the weekly guidelines and to refrain from alcohol for at least three days per week.

Given the consultation papers emphasis on crime and anti-social behaviour, we fear the potential for policy makers to overlook the biggest change in drinking behaviours in the UK

in recent years, namely that most harmful drinking now takes place at home (with cheapest products often causing most harm for the most problematic drinkers).

Third party damage due to alcohol also needs to be stressed: the impact on children (child protection concerns) family breakdown (there is an increasing emphasis on home drinking and domestic violence and neglect). There is also advantages in protecting the environment and improving quality of life e.g. nuisance, noise, minor vandalism.

Question 3: How do you think the level of MUP set by the Government should be adjusted over time? Select one option.

- Do nothing – the price should not be adjusted
- MUP should be automatically updated in line with inflation each year
- ***The MUP should be reviewed after a set period – SHAAP option***
- Don't know

Question 4:

The aim of minimum unit pricing is to reduce the consumption of harmful and hazardous drinkers, while minimising the impact on responsible drinkers. Do you think that there are other people, organisations or groups that could be particularly affected by minimum unit price for alcohol?

Yes

The introduction of MUP will impact on a wide range of people, organisations and groups. There is extensive evidence (Sheffield University 2012) to suggest that price controls targeted at the cheapest alcohol products in the cheapest retail setting can deliver significant health and social benefits for people who consume alcohol and for the wider community. For example, evidence from the modelling undertaken at Sheffield University suggests potential benefits for the NHS (reduction in alcohol-related admissions and improvements in health), community safety (reduction in crime) and for business (reduction in alcohol-related absenteeism).

Setting a minimum unit price for alcohol will also have some impact on retailers and producers, as the price of the cheapest and strongest products will be raised. However, there are also opportunities for both groups to diversify their products and a number of producers have and are developing lower alcohol strength products.

Setting a minimum unit price for alcohol will have little or no impact on pub counter prices, so will not have a negative effect for the on licence trade.

Introducing a minimum price for alcohol will have a collective benefit which we believe outweigh any costs. The collective benefit of introducing MUP has been widely accepted in Scotland with support coming from the police, directors of public health, social work, children's charities, church representatives and other civil society organisations.

Question 5:

Do you think there should be a ban on multi-buy promotions involving alcohol in the off trade?

Yes

Question 6:

Are there any further offers which should be included in a ban on multi-buy promotions?

Yes

Consideration should be given to banning special package deals including food with alcohol; examples include 'meal deals' with wine for £10 which effectively 'sell' alcohol at below a minimum unit price of 50p or 45p. It would also be helpful to consider banning 'all you can drink' offers in pubs and clubs.

Question 7:

Should other factors or evidence be considered when considering a ban on multi-buy promotions?

Yes

SHAAP would like to see greater consideration of how alcohol is marketed overall rather than just focusing on the promotion on multi-buys. Consideration could be given to the

introduction of similar restrictions to those implemented in Scotland. Current legislation on promotion embraces alcohol displays, posters and advertising for in-store offers.

Question 8:

The aims of a ban on multi-buy promotions is to stop promotions that encourage people to buy more than they otherwise would, helping people to be aware of how much they drink, and to tackle irresponsible alcohol sales. Do you think that there are other groups that could be particularly affected by a ban on multi-but alcohol promotions?

No

Question 9:

Do you think each of the mandatory licensing conditions is effective is promoting the licensing objectives?

	Prevention of crime	Public safety	Prevention of public nuisance	Protection of harm from children
Irresponsible promotions	y	y	y	y
Dispensing alcohol directly into the mouth	y	y	y	DK
Mandatory provision of tap water	Y	Y	Y	DK
Age verification policy	y	y	y	y
Mandatory provision of small measures	y	y	y	y

Question 10:

Do you think that the mandatory licensing conditions do enough to target irresponsible promotions in pubs and clubs?

No

Detection and enforcement is a major obstacle. Some consideration should be given to the appointment of monitoring and enforcement officers.

Question 11:

Are there other issue related to the licensing objectives (e.g. prevention of crime) which could be tackled through a mandatory licensing condition?

YES

One option would be to include mandatory training for bar staff, particularly those working in late night bars. Possible areas to be covered by training are, the effects of alcohol, alcohol legislation, how to refuse service and conflict management.

Mandatory training for bar staff and Licensing Boards is already established in Scotland.

Question 12:

Do you think the current approach, with five mandatory licensing conditions applying to the on-trade and only one of those to the off-trade is appropriate?

No.

With increasing numbers of people drinking 'at home' and purchasing off trade more attention needs to be given to the availability of alcohol in general.

Question 13:

What sources of evidence on alcohol related harm could be used to support the introduction of a cumulative impact policy (CIP) if it were possible for a CIP to include consideration of health?

We suggest the following sources of information:

- Alcohol related hospital admissions – specifically for liver disease and alcohol related cancers

- Alcohol-related Discharges (general acute and psychiatric separately) i.e. acute intoxication, harmful use, alcohol dependence syndrome, alcoholic psychosis, liver cirrhosis, unspecified alcoholic liver disease
- Alcohol related deaths
- Data relating to alcohol consumption from ONS
- Accident and Emergency data on alcohol related injury
- Data on alcohol related crime and public nuisance

Question 14:

Do you think any aspects of the current cumulative impact policy process would need to be amended to allow consideration of data on alcohol-related health harms?

YES

The consultation document stresses that the decision to introduce a CIP is discretionary rather than an obligation. The Government also indicates that it expects those areas with the highest levels of alcohol-related health harm to be more likely to use this power. SHAAP considers that some thought should be given to at least encouraging, if not making it obligatory, for licensing bodies to undertake a CIP.

Question 15:

What impact do you think allowing consideration of data on alcohol-related health harms when introducing a cumulative impact policy would have if it were used in your local area? Please specify and please provide evidence to support your response.

SHAAP believes that the use of cumulative impact policy to consider data on alcohol-related health harm would allow policy makers, health care professionals and members of the community to firmly establish the link between the availability, consumption and price of alcohol and the harm resulting from said consumption. Such an approach would address not just the drinking habits of hazardous drinkers but would encourage a reduction in overall alcohol consumption. Licensing authorities should be expected to set criteria that need to be met before permitting a license rather than having to argue each individual application

SHAAP has not commented on the remainder of the consultation document.