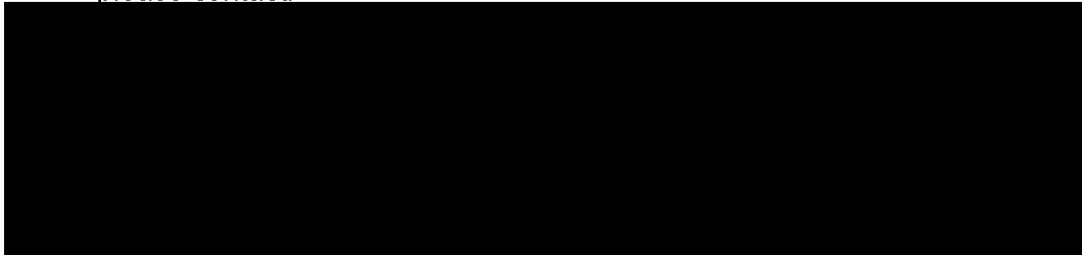


Alcohol strategy consultation

Response from Mentor, the national drug and alcohol prevention charity

We welcome the opportunity to respond to this consultation. If you have any questions, please contact:



1. Do you agree that this MUP level would achieve these aims? (Please select one option):

Yes

A minimum unit price (MUP) of 45p would be a useful tool in reducing alcohol-related harm, with the potential to reduce alcohol consumption among those who drink at more harmful levels and underage drinkers, while having minimal impact on the majority of responsible drinkers.

It is not clear, however, why the Government has chosen 45p as the proposed level rather than 50p as in Scotland. Research indicates that a MUP of 50p compared to a MUP of 45p would save annually an additional 1,000 deaths; 31,000 alcohol-related hospital admissions; 18,000 crimes. Among under-18s, it would save 4,600 crimes a year, including 500 violent crimes, and 100 hospital admissions (Purshouse et al., 2009).

While we fully support minimum unit pricing and other measures in this consultation to limit the availability of cheap alcohol and irresponsible trading, we hope that Government will devote equal energy to ensuring that other elements of a comprehensive prevention strategy are in place. These include evidence-based programmes in schools, work with families, limitations on alcohol advertising, and a review of the impact of public health messages to ensure that they affect behaviour as desired.

2. Should other factors or evidence be considered when setting a minimum unit price for alcohol?

Yes

The impact on young people should be considered separately from adult drinkers, since early drinking is harmful not just in itself, but also as a precursor to future alcohol misuse and dependence. Early drunkenness is a significant risk factor for smoking, cannabis use, injuries, fights, and low academic performance (Kuntsche et al., 2012). Across 38 European and North American countries, Wales came 8th and England 9th (Scotland was 6th) ranked in probability of having been drunk by age 13. Only Denmark and Greenland ranked higher among Western European countries (WHO, 2012).

Young drinkers are particularly price-sensitive. Among 15-16 year olds, frequent drinking, binge drinking and public drinking are all strongly linked to disposable income (Bellis et al, 2007). Seven in ten (69%) 16-24 year olds surveyed agreed that the difference in the price of alcohol bought from pubs and bars compared with off-licences influences how people drink. (Alcohol Concern and Balance, 2012)

3. How do you think the level of minimum unit price set by the Government should be adjusted over time?

The minimum unit price should be automatically updated in line with inflation each year.

4. Do you think that there are any other people, organisations or groups that could be particularly affected by a minimum unit price for alcohol?

Yes

We know that underage drinking is strongly related to young people's disposable income (Bellis et al, 2007). We therefore expect a minimum unit price to have a significant impact on alcohol consumption among young people, particularly in its most harmful forms, frequent drinking, binge drinking and early drinking (under the age of 15). These are particularly risky to health because of immediate impacts on developing brains and bodies and links to increased risk of alcohol misuse and dependency in adulthood. Alcohol consumption also increases the probability of young people being injured, a victim or perpetrator of crime or engaging in regretted or unprotected health (Donaldson, 2009).

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

The alcohol market has now shifted so that around two-thirds is bought from the off-trade. 'Pre-loading' with cheaper alcohol before nights out is linked to drinking to excess and to violent crime in the night-time economy (Barton and Husk, 2012; Hughes et al., 2008).

13. What sources of evidence on alcohol-related health 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?

Research commissioned by Alcohol Concern shows a positive correlation between the density of off-licensed premises and harm from alcohol in underage drinkers (Alcohol Concern, 2011). They found that nearly 10% of all alcohol specific hospital admissions in England, excluding London, are directly attributable to off-licence density. For every 100,000 people, on average every two extra off-licences per 100,000 of population results in one alcohol specific hospital admission of a person under-18- years-old per 100,000 of population.

Local authorities would benefit from better data on alcohol-related harm for patients in both accident and emergency departments, and via hospital admissions, ideally via nationally standardised systems for recording this. The Children and Young People's Health Outcomes Forum has recommended that there should be a population-based survey of children and young people which could provide local level information to inform the JSNA, covering lifestyle areas such as smoking prevalence, alcohol and

drug use. If implemented, this could be a vital tool to help local authorities understand the prevalence of early, frequent and binge drinking in young people, the majority of which passes under the radar if only hospital and police data is used.

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

Public health data may be difficult to analyse at the neighbourhood level. It may be more practical for a public health objective to be linked to district/borough-wide saturation policies.

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?

Local authorities would be given an additional means to control the availability of alcohol, including to young people. It would help them, with their new public health responsibilities to take a strategic approach to alcohol health harms, which may be less obvious than public order and crime problems.

35. Do you have any comments on the methodologies or assumptions used in the impact assessments? If so please detail them, referencing clearly the impact assessment and page to which you refer.

We are concerned about the lack of transparency around the choice of 45p as the recommended minimum price. The House of Commons Health Committee report on the Government's Alcohol Strategy states that "If the minimum unit price in England were to be fixed at a different level to that in Scotland, we would expect the evidence supporting that decision to be set out clearly". We would therefore expect to see a comparison with other levels such as a 50p MUP.

The Health Select Committee has urged Government to use an evidence-based approach to setting, monitoring, and if necessary adjusting, a MUP level, particularly if the MUP was to be at a different level from that in Scotland. We strongly support this recommendation.

References

Alcohol Concern (2011) One on every corner: The relationship between off-licence density and alcohol harms in young people, London, Alcohol Concern.

Alcohol Concern and Balance North East (2012) Binge. Alcohol Concern and Balance North East

Barton, A. and Husk, K. Controlling pre-loaders: alcohol related violence in an English night time economy. *Drugs and Alcohol Today* 12, 89-97

Bellis, M., Hughes, K., Morleo, M., et al. (2007). Predictors of risky alcohol consumption in schoolchildren and their implications for preventing alcohol-related harm. *Subst Abuse Treat Prev Policy*. 2:15

Donaldson, L. (2009) Guidance on the consumption of alcohol by children and young people. Department of Health

Hughes, K., Anderson, Z., Morleo, M., Bellis, M. (2008) Alcohol, nightlife and violence: the relative contributions of drinking before and during nights out to negative health and criminal justice outcomes. *Addiction* 103, 60-5

Kuntsche, E. et al. (2013) Not Early Drinking but Early Drunkenness Is a Risk Factor for Problem Behaviors Among Adolescents from 38 European and North American Countries. *Alcoholism: Clinical and Experimental Research* 37, 308–314

World Health Organization (2012) Social determinants of health and well-being among young people: Health Behaviour in School-Aged Children (HBSC) study: international report from the 2009/2010 survey. World Health Organization