

6 February 2013

### **National Alcohol Consultation**

Alcohol is an addictive drug that has a devastating impact more so across the North East of England affecting individuals, families and communities. The Government's Alcohol Strategy is a real opportunity to make significant progress in tackling alcohol misuse in our region.

Within the NHS the effect alcohol is having on the health of patients is considerable with an ever increasing demand on scarce resources needed to treat and support them.

Here in the North East we have:

- the highest rate of alcohol-related alcohol admissions in England,
  - the highest rate in England of young people drinking
  - increasing rates of alcohol-related liver deaths
- and Hartlepool is
- in the top 10% of worst LA's for under 18's alcohol specific hospital admissions
  - alcohol specific deaths have increased for both men and women.

This places immense pressure on the services and staff particularly at a time when resources are stretched. At a time of austerity, it is imperative that we reduce the impact on our services caused by alcohol-related health harms. The new Government Alcohol Strategy presents us with an opportunity to do so.

#### **Proposal to introduce a minimum unit price**

I welcome the Government's continued commitment to introduce a minimum price per unit of alcohol. It is a highly targeted and effective approach that would have the greatest impact on younger and heavier drinkers as illustrated in research by University of Sheffield. However, I believe that this measure does not go far enough and needs to be set at an effective and realistic level – no lower than 50p per unit.

The University of Sheffield has modelled the effects of MUP on a number of parameters. 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 and would reduce consumption by a further 2.4%. That extra 5p per unit would provide invaluable improvement for the individuals whose health has been compromised but also for the criminal justice system and victims.

The previous Chief Medical Officer called for a 50p MUP of alcohol in 2009. A 50p MUP is also supported by a range of organisations and businesses including the Association of North East Council's Leaders' and Elected Mayors' Group and the British Medical Association. Recent surveys carried out in the North East also indicate that MUP has the support of the police, GPs and the majority of the general public. Surveys in Hartlepool confirmed that 56% of the public support a MUP of 50p or more and that support rises to over 80% in regard to reducing the negative impact on young people's consumption and risk taking behaviour associated with alcohol misuse.

### **Proposal to end multi-buy promotions**

A ban on multi-buy discount deals are to be welcomed as they encourage people to purchase and consume more than intended. But it should both on and off trade. In a recent report from Alcohol Concern and Balance, the North East Alcohol Office ('Drinking to Get Drunk – Influences on young adult drinking behaviours') it was noted that a North East focus group of 16 and 17 year olds felt that promotions such as 'Buy One Get One Free' attracted young people to drink more than they would and to 'drink to get drunk'.

### **The mandatory licensing conditions**

The mandatory licensing conditions, which target problems such as irresponsible promotions in pubs and clubs don't go far enough. Anything which encourages greater levels of consumption than intended should not be allowed, including:

- Price-based promotions
- Other incentives, eg meal deals or voucher scheme
- offering an alcoholic drink cheaper than one without alcohol, ie vodka and coke vs coke alone
- The sale of bottles of spirits in on trade premises

Importantly the 35ml spirit measure should be withdrawn, leaving the 25ml single measure which equates to one unit of alcohol and is easy to track for those counting their alcohol intake.

### **Health as a licensing objective**

I welcome the proposal that health becomes a new alcohol licensing objective, but it should be given equal weight with the other licensing objectives. Local people need to be given greater control over the density of premises and availability of alcohol in their communities. Given their new responsibilities, public health and wellbeing in its widest sense should be a fundamental consideration when it comes to evaluating everything a local authority does.

### **Reducing red tape**

The proposals set out in this section of the consultation will only increase the availability of alcohol and further cement our pro-alcohol culture. There needs to be a robust regulatory framework around the sale and provision of alcohol encouraging responsibility and accountability. Reductions of licensing requirements and regulations will worsen health inequalities. It will say to our children that alcohol has to be a central part of adult life. They must not be allowed to go ahead.

This consultation is a real opportunity to make significant progress in tackling alcohol misuse and I would urge the Government to take note of the independent evidence base and public health, police and other frontline professionals and reduce the affordability and availability of alcohol for the benefit of all of us.

