

British Society of Gastroenterology Response to the Home Office's Alcohol Strategy Consultation

Introduction

The British Society of Gastroenterology (BSG) is a professional society dedicated to the advancement of standards of care, research, education and training in gastroenterology and hepatology. The improvement of clinical services for patients suffering with alcohol-related ill health is a stated priority for the BSG's Council and broader membership:

- The BSG has for many years supported the introduction of a Minimum Unit Price (MUP) for alcohol and greater regulation of the marketing and availability of alcohol based on the international evidence available.
- It fully supports the submission of the Alcohol Health Alliance (AHA); in particular its call for the initial level for MUP for alcohol to be set at least 50p per unit. The BSG's response will however concentrate on the day to day practice of gastroenterologists
- Alongside these effective measures for reducing availability, the BSG would like to see the promotion and widespread establishment of Alcohol Care Teams given a higher priority and prominence in the Government's Alcohol Strategy
- These teams will facilitate integration between primary and secondary care, as well as develop wider community and Local Authority services. This will reduce admissions, improve outcomes and save money. Further details can be seen on the NHS Evidence website: <http://arms.evidence.nhs.uk/resources/qipp/29420/attachment>

Response to specific consultation questions

The Government wants to ensure that the chosen minimum unit price level is targeted and proportionate, whilst achieving a significant reduction of harm

Consultation Question 1:		
Do you agree that this MUP level would achieve these aims? (Please select one option)		
Yes	<input checked="checked" type="checkbox"/>	No <input type="checkbox"/> Don't know <input type="checkbox"/>
<p>If you think another level would be preferable please set out your views on why this might be in the box below (keeping your views to a maximum of 200 words)</p> <p>The BSG has long supported the introduction of a MUP as one of the most effect measures for addressing the increase in alcohol-related problems and ill health in the UK. We strongly believe that MUP is the fairest and most targeted way of addressing harm as it will impact most on those at the greatest risk of harm, the heaviest and underage drinkers. The BSG is thus extremely supportive of its inclusion in the Government's Alcohol Strategy.</p> <p>There is much evidence to support the conclusion that an MUP level set at 50p will be significantly more effective than 45p. Modeling by Sheffield University suggests that setting</p>		

the level at 50p would save an additional 1000 lives, as well as reducing hospital admissions by a further 31,000. Consumption would be significantly reduced by an extra 2.4%¹

If the MUP is set at the right level, the impact on the most serious drinkers will be seen within a relatively short time frame of approximately 3-4 years. Setting the MUP at a different price to Scotland also risks the potential for cross-border trade and altered purchasing/consumption behaviour.

The BSG strongly recommends the introduction of MUP at 50p due to the considerably greater impact on alcohol consumption and related mortality.

Consultation Question 2:

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

(Please select one option)

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------	------------	--------------------------

If yes please specify in the box below (keeping your views to a maximum of 200 words)

The demand on the NHS as a result of alcohol is ever increasing with more patients attending with alcohol-related ill health. Hospital admissions result in greater costs for the NHS and Exchequer and should be a consideration for Government. Price has been a principle driver of this trend- in 2011, alcohol was 45% more affordable than in was in 1980. MUP will thus go a long way in preventing and reducing hospital admissions and mortality. Canada is the best natural experiment of minimum unit pricing and the work of Tim Stockwell clearly demonstrates that an increase in price of 10% resulted in a reduction of 31.7% of wholly attributable deaths.²

There is a strong link between social deprivation and alcohol-related mortality. Research has shown that such mortality is substantially greater for those in more disadvantaged socio-economic classes. In particular, these socio-economic differences were greater at younger ages, especially for men at ages 25-49.³ Equally, the wider societal costs must be considered. MUP will impact families by reducing exposure to the effects of parental alcohol misuse: 6% of children have a parent with alcohol dependency, 22% have a parent who drinks hazardously and 30% have a parent who binge drinks.⁴

The Government must ensure demand on the NHS is being met with appropriate services. The introduction of better alcohol services, through models such as Alcohol Care Teams, will act to tackle alcohol-related problems, further reducing admissions and releasing efficiency

¹Purshouse, R. Et al. (2009) 'Modelling to assess the effectiveness and cost-effectiveness of public health related strategies and intervention to reduce alcohol attributable harm in England using the Sheffield Alcohol Policy Model version 2.0 Report to the Public Health Development Group

²Stockwell T et al (2012). The raising of minimum alcohol prices in Saskatchewan, Canada: impacts on consumption and implications for public health. Am J Public Health. 2012 Dec;102(12)

³ Erskine S, Maheswaran R, Pearson T, et al. Socioeconomic deprivation, urban-rural location and alcohol-related mortality in England and Wales. BMC Public Health. 2010. <http://www.biomedcentral.com/1471-2458/10/99>

⁴ Children's Commissioner (2012), Silent Voices: Supporting children and young people affected by parental alcohol misuse. London: The Office of the Children's Commissioner

savings in the system. We estimate that these teams could generate £1.6m in savings for a District General Hospital serving a 250,000 population- equating to approximately £640,000 per 100,000 population.

The BSG support the nationwide introduction of alcohol care teams concomitantly to MUP to ensure maximum impact in terms of health benefits and savings for the economy.⁵

Consultation Question 3:

How do you think the level of minimum unit price set by the Government should be adjusted over time? (Please select one option)

Do nothing – the minimum unit price should not be adjusted	<input type="checkbox"/>
The minimum unit price should be automatically be updated in line with inflation each year	<input checked="" type="checkbox"/>
The minimum unit price should be reviewed after a set period	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Consultation 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 any other people, organisations or groups that could be particularly affected by a minimum unit price for alcohol?

(Please select one option)

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------	------------	--------------------------

If Yes please specify in the box below (keeping your views to a maximum of 100 words)

MUP will have a positive impact on the work of health professionals as reduced alcohol-related admissions diminishes the strain on resources and have a positive impact on those accessing NHS Services. Overall, it will be beneficial for the NHS budget and tax payers' money.

The on-trade stands to benefit with price increases in the off-trade.

Evidence demonstrates that 80% of people on low incomes will be largely unaffected by MUP.⁶ Note that 45% of those with alcohol-related ill health come from areas of high deprivation. MUP would target hazardous, rather than moderate, drinkers within this income group, leading to improvements in welfare in such areas.

Consultation Question 5:

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

⁵Alcohol Care Teams QIPP, NICE: <http://arms.evidence.nhs.uk/resources/qipp/29420/attachment>

⁶Health Analytical Services Division, (2010): Alcohol consumption and harm across income groups, ScottishGovernment.

(Please select one option)

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------	------------	--------------------------

Consultation Question 6:

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

(Please select one option)

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------	------------	--------------------------

If Yes please specify in the box below (keeping your views to a maximum of 100 words)

Given the related health implications, any promotion that encourages the drinking of larger volumes of alcohol than the participant intended should be included, whether in the on or off trade.

Young drinkers are particularly influenced by price, with research demonstrating that 33% are influenced to drink by cheap price promotions, 35% by the drink with the lowest price, and 28% by buy-one-get-one-free offers.⁷ Heavy drinkers have also been shown to be drawn to multi-buy deals given the incentive to buy a high volume of alcohol for a low price.

Ensuring such details do not encourage excessive consumption is thus vital.

Consultation Question 7:

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

(Please select one option)

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------	------------	--------------------------

If Yes please specify in the box below (keeping your views to a maximum of 200 words)

As demonstrated by the Sheffield modeling, multi-buy bans make MUP more effective and as such, the two go hand in hand. It has been shown that deals on alcohol positively encourage the purchase and consumption of greater quantities of alcohol. Those who only intended to purchase one alcoholic product are persuaded to buy more in search of a 'bargain' and increasing the availability of alcohol to them. Multi-buy bans will prevent retail tactics which play on this tendency in order to increase sales elsewhere throughout stores through methods such as below cost selling.

These deals are especially attractive to younger drinkers and those who drink hazardously as they ensure the greatest volume of alcohol for the lowest price.

Equally, the wider societal costs must be considered. MUP and a multi-buy ban will substantially assist families by reducing exposure to the effects of parental alcohol misuse.

⁷Craig DG, Dakkak M, Gilmore IT, Hawkey CJ, Rhodes JM, Sheron N, The British Society of Gastroenterology: A drunk and disorderly country: a nationwide cross-sectional survey of alcohol use and misuse in Great Britain. Frontline Gastroenterology 2012, 3:57-63.

Consultation Question 8:

The aim 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 any other groups that could be particularly affected by a ban on multi-buy promotions?

(Please select one option)

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------	------------	--------------------------

If Yes please specify in the box below (keeping your views to a maximum of 100 words)

Given the mutually supporting role multi-buy bans plays with MUP, those who will be impacted by MUP, will also be by multi-buy bans. As with MUP the measure will be targeted at those who drink hazardously.

The night-time economy will be boosted, helping local economies, as there will be less of an incentive for people to 'pre-load' at home with high volumes of cheap alcohol ahead of a night out. Health professionals and frontline public services will also benefit from reduced consumption, with fewer hospital admissions and a decrease in drunk and disorderly behaviour.

Consultation Question 9:

Do you think each of the mandatory licensing conditions is effective in promoting the licensing objectives (crime prevention / public safety / public nuisance / prevention of harm to children)?

Please state Yes/No/Don't know in each box

		Prevention of crime and disorder	Public Safety	Prevention of public nuisance	Protection of harm to children
A	Irresponsible promotions	Yes	Yes	Yes	Yes
B	Dispensing alcohol directly into the mouth	Yes	Yes	Yes	Yes
C	Mandatory provision of free tap water	Yes	Yes	Yes	Yes
D	Age verification policy	Yes	Yes	Yes	Yes
E	Mandatory provision of small measures	Yes	Yes	Yes	Yes

Consultation Question 10:

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

(Please select one option)

Yes	No <input checked="" type="checkbox"/>	Don't know
-----	--	------------

If no please state what more could be done in the box below (keeping your views to a maximum of 100 words)

Considerations of public health must be taken into account and mandatory licensing conditions must ensure that price-based promotions that encourage excessive drinking are prohibited. Anything that promotes consumption of alcohol in place of a non-alcoholic option should most definitely be disallowed in mandatory licensing conditions, for example where it is cheaper to have alcohol in the drink than without.

Consultation Question 11:

Are there other issues related to the licensing objectives (prevention of crime and disorder / public safety / prevention of public nuisance / protection of children from harm) which could be tackled through a mandatory licensing condition?

(Please select one option)

Yes X	No	Don't know
--------------	----	------------

If Yes please specify in the box below (keeping your views to a maximum of 200 words)

- Provision and promotion of lower strength beers and wines
- Prohibition of upselling
- There should always be soft drinks available which are cheaper than the cheapest alcoholic drink
- Training for age verification

Consultation 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? (Please select one option)

Yes	No X	Don't know
-----	-------------	------------

If no please explain why you think the current approach is not the best approach in the box below (keeping your views to a maximum of 100 words)

The off-trade poses the most significant problem for alcohol-related health problems at present, with an increase in the culture of people drinking before they go out due to the price and availability of alcohol in the off-trade. This often leads to higher volumes of consumption of alcohol, due to more liberal servings as the size of a measure is overestimated, making it extremely difficult to monitor units and increasing potential health harms.

The off-trade now accounts for 65% of the market-share and licensing conditions need to reflect this shift in drinking culture of the modern age. Conditions for the off-trade therefore need to be tightened in line with the on-trade.

Consultation Question 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?

Please specify in the box below (keeping your views to a maximum of 200 words)

Preventing health harm as a result of alcohol consumption should be of utmost importance as a material consideration for licensing authorities.

The BSG agrees with the AHA's suggestion that a Joint Strategic Needs Assessment would ensure a consistent approach to data for CIPs. These should include:

- A&E, and urgent care centre data
- Ambulance data
- Alcohol specific hospital admissions
- Alcohol attributable hospital admissions
- All alcohol-attributable deaths
- Demand/unmet demand for alcohol treatment services
- Domestic abuse and child protection data
- Alcohol related crime figures
- Local data sources, e.g. residents' surveys.

Consultation 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? (Please select one option)

Yes X	No	Don't know
--------------	----	------------

If yes please specify which aspects in the box below (keeping your views to a maximum of 200 words)

It is critical that there is the necessary public health data available for authorities to take into consideration, such as admissions, mortality and the uptake of alcohol services. For practical purposes, in order to give a full and accurate picture on the health impact of alcohol it is most appropriate for public health objectives to be linked to district/borough wide saturation policies.

Ensuring there is the right expertise to interpret public health data to support effective implementation of the changes in the process. This would be best achieved through guidance which clearly signposts how this data should be incorporated into policies.

Consultation 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 in the box below, keeping your views to a maximum of 200 words. Please provide evidence to support your response.

Availability of alcohol is intricately linked to health harms as a result of alcohol consumption. Ensuring that public health is an objective would ensure these harms are given thorough consideration in licensing decisions and that local authorities are able to react to levels of availability in their local area. Relevant and useful data on alcohol-related harm in a locality will support licensing authorities to make informed decisions about current health impacts and emerging trends

Ultimately, reducing availability through considered approaches to licensing will thus have positive health impacts.

Consultation Question 16:

Should special provision to reduce the burdens on ancillary sellers be limited to specific types of business, and/or be available to all types of business providing they met key criteria for limited or incidental sales? (Please select one option in each row)

		Yes	No	Don't know
A	The provision should be limited to a specific list of certain types of business and the kinds of sales they make			
B	The provision should be available to all businesses providing they meet certain qualification criteria to be an ancillary seller			
C	The provision should be available to both a specific list of premises and more widely to organisations meeting the prescribed definition of an ancillary seller, that is both options A and B			

Consultation Question 17:

If special provision to reduce licensing burdens on ancillary sellers were to include a list of certain types of premises, do you think it should apply to the following? (Please select one option in each row)

		Yes	No	Don't know
A	Accommodation providers, providing alcohol alongside accommodation as part of the contract –		X	
B	Hair and beauty salons providing alcohol alongside a hair or beauty treatment		X	
C	The provision should be available to both a specific list of premises and more widely to organisations meeting the prescribed definition of an ancillary seller, that is both options A and B		X	
D	Florists providing alcohol alongside the purchase of flowers		X	
E	Regular charitable events providing alcohol as part of the wider occasion		X	

Consultation Question 18:

Do you have any suggestions for other types of businesses to which such special provision could apply without impacting adversely on one or more of the licensing objectives? Please write your suggestions in the box below, keeping your views to a maximum of 200 words)

Alcohol is a drug and has serious health implications and therefore any reduction in the burden for sellers is thus completely unacceptable. The level of harm is not indicative of the type of seller as availability of alcohol is the ultimate concern. Therefore special provision of any type would necessary adversely impact on the licensing objective to promote and protect public health.

Consultation Question 19:

The aim of a new 'ancillary seller' status is to reduce burdens on businesses where the sale of alcohol is only a small part of their business and occurs alongside the provision of a wider product or service, while minimising loopholes for irresponsible businesses and maintaining the effectiveness of enforcement (see paragraphs 9.2 and 9.3). Do you think that the qualification criteria proposed in paragraph 9.6 meet this aim? (Please select one option)

Yes	No X	Don't know
If no please describe the changes you would make in the box below (keeping your views to a maximum of 200 words)		
<p>The BSG strongly disagree with this aim and the intention to deregulate certain types of alcohol sale as it will create normalization of sales in new venues, potentially creating an additionally type of licensed premise. The sale of alcohol as ancillary to these business would integrate the consumption of alcohol further into everyday life, for example, making it acceptable to drink whilst your hair is styled or when you buy flowers would add additional units to weekly intake. Similarly to retailers loss leading on alcohol sales to increase overall revenues, new 'ancillary sellers' would be enabled to use alcohol as a hook to gain customers and could be used for competitive advantage.</p> <p>It would act to simply compound the lack of consideration given to overall consumption and perpetuate the perception of alcohol as an everyday commodity. Alcohol is a drug and as such should be treated as one. The Governments proposals undermine this idea.</p>		

Consultation Question 20:

Do you think that these proposals would significantly reduce the burdens on ancillary sellers?(Please select one option in each row)

		Yes	No	Don't know
A	Allow premises making ancillary sales to request in their premises licence application that the requirement for a personal licence holder be removed			
B	Introduce a new light touch form of authorisation for premises making ancillary sales – an 'ASN' but retain the need for a personal licence holder			
C	Introduce a new light touch form of authorisation for premises making ancillary sales – an 'ASN' but with no requirement for a personal licence holder			

Consultation Question 21:

Do you think that the following proposals would impact adversely on one or more of the licensing

objectives? (Please select one option in each row)

		Yes	No	Don't know
A	Allow premises making ancillary sales to request in their premises licence application that the requirement for a personal licence holder be removed	X		
B	Introduce a new light touch form of authorisation for premises making ancillary sales – an 'ASN' but retain the need for a personal licence holder	X		
C	Introduce a new light touch form of authorisation for premises making ancillary sales – an 'ASN' but with no requirement for a personal licence holder	X		

Consultation Question 22:

What other issues or options do you think should be considered when taking forward proposals for a lighter touch authorisation? (please specify in the box below keeping your views to a maximum of 200 words)

The BSG does not agree with the premise of this question as it fails to account for the underlying purpose behind the introduction of the Alcohol Strategy. As discussed in the previous questions, deregulation of any type is contradictory to the objective of improving health outcomes.

With 1.2m alcohol related admissions - 47,400 of which were for alcoholic liver disease- the health harms as a result of the current availability and attitude towards alcohol is clear. Any attempt to make alcohol easier to sell, completely neglects the cause of the negative relationship the nation has with alcohol and will only act to compound the issue.

Consultation Question 23:

Do you agree that licensing authorities should have the power to allow organisers of community events involving licensable activities to notify them through a locally determined notification process? (Please select one option)

Yes	No X	Don't know
-----	------	------------

Consultation Question 24:

What impact do you think a locally determined notification would have on organisers of community events? (Please select one option in each row)

		Yes	No	Don't know
A	Reduce the burden		X	
B	Increase the burden	X		

Consultation Question 25:

Should the number of TENs which can be given in respect of individual premises be increased? (Please select one option)

Yes	No X	Don't know
-----	------	------------

Consultation Question 26:

If yes, please select one option to indicate which you would prefer:

15	
18	
Don't know	

Consultation Question 27:

Do you think that licensing authorities should have local discretion around late night refreshment in each of the following ways? (Please select one option in each row)

		Yes	No	Don't know
A	Determining that premises in certain areas are exempt		X	
B	Determining that certain areas are exempt in their local area		X	

Consultation Question 28:

Do you agree that motorway service areas should receive a nationally prescribed exemption from regulations for the provision of late night refreshment?

(Please select one option)

		Yes	No	Don't know
A	Motorway services should receive a nationally prescribed exemption from regulations for the provision of late night refreshment			

Consultation Question 29:

Please describe any other types of premises to which you think a nationally prescribed exemption should apply (keeping your views to a maximum of 100 words)

None

Consultation Question 30:

Do you agree with each of the following proposals? (Please select one option in each row)

		Yes	No	Don't know
A	Remove the requirements to advertise licensing applications in local newspapers		X	
B	Remove the centrally imposed prohibition on the sale of alcohol at MSA's for the on and off trade		X	
C	Remove the centrally imposed prohibition on the sale of alcohol at MSA's but only in respect of overnight accommodation – "lodges"		X	
D	Remove or simplify requirements to renew personal licences under the 2003 Act		X	

Consultation Question 31:

Do you think that each of the following would reduce the overall burdens on business? (Please select one option in each row)

		Yes	No	Don't know
A	Remove the requirements to advertise licensing applications in local newspapers			X

B	Remove the centrally imposed prohibition on the sale of alcohol at MSA's for the on and off trade		X	
C	Remove the centrally imposed prohibition on the sale of alcohol at MSA's but only in respect of overnight accommodation – "lodges"		X	
D	Remove or simplify requirements to renew personal licences under the 2003 Act		X	

Consultation Question 32:

Do you think that the following measures would impact adversely on one or more of the licensing objectives? (Please select one option in each row)

		Yes	No	Don't know
A	Remove the requirements to advertise licensing applications in local newspapers	X		
B	Remove the centrally imposed prohibition on the sale of alcohol at MSA's for the on and off trade	X		
C	Remove the centrally imposed prohibition on the sale of alcohol at MSA's but only in respect of overnight accommodation – "lodges"	X		
D	Remove or simplify requirements to renew personal licences under the 2003 Act	X		

Consultation Question 33:

In addition to the suggestions outlined above, what other sections of or processes under the 2003 Act could in your view be removed or simplified in order to impact favourably on businesses without undermining the statutory licensing objectives or significantly increasing burdens on licensing authorities? (Please specify in the box below keeping your views to a maximum of 200 words)

No processes should be removed or simplified.

Consultation Question 34:

Do you think that the Impact Assessments related to the consultation provide an accurate representation of the costs and benefits of the proposals? (Please select one option in each row)

		Yes	No	Don't know
A	Minimum unit pricing	X		
B	Multi-buy promotions			
C	Health as an objective for cumulative impact			
D	Ancillary sales of alcohol			
E	Temporary Event Notices			
F	Late night refreshment			
G	Removing the duty to advertise licensing applications in local newspapers			
H	Sales of alcohol at motorway service stations			
I	Personal licences			

Consultation Question 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.

Yes X	No	Don't know
--------------	----	------------

If yes please specify in the box below, referencing clearly the impact assessment and page to which you refer (keeping your views to a maximum of 400 words).

'Impact assessment: A minimum unit price for alcohol'- pp.10

The BSG are concerned about the lack of data provided from the new methodology for calculating the benefits of MUP. No comparative data is provided which considers levels other than 45p which therefore makes it difficult to understand the rationale behind the decision to choose 45p. With the application of the new methodology, data for a range of prices should have been provided to clearly demonstrate which price would be most proportionate and suitable for meeting the policy objectives. This has meant that comparisons have had to be made using the Sheffield modeling, which utilises a different methodology and means that a direct comparison is not possible.