

To whom it may concern

As I'm sure you're aware, alcohol is having a devastating impact across the North East of England and we see the cost this is having upon our communities on a daily basis. The Government's Alcohol Strategy is a real opportunity to make significant progress in tackling alcohol misuse in our region.

Working within the NHS as a GP I see the effect alcohol is having on the health of patients and the demand on 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 of under 18s in alcohol treatment
- the highest rate of male alcohol related deaths in England
- the second highest rate of alcohol-related female deaths in England
- the highest rate in England of young people drinking
- increasing rates of alcohol-related liver deaths
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As in many deprived areas, we are increasingly seeing young people dying from alcohol related liver disease.

In Middlesbrough specifically, we have:

- The 3<sup>rd</sup> highest rate of alcohol-related alcohol admissions in England, with 2286 per 100,000 for men and 1276 per 100,000 for women
- Alcohol liver disease admissions have increased year on year, rising from 155 in 2007/08 to 285 in 2011/12.

Although alcohol treatment services are a cost effective way to deal with alcohol related problems, clearly there must also be a public health response to the problem involving dealing urgently with the problem of cheap alcohol. There is a clear relationship between relationship between average per capita consumption of alcohol and harms associated with alcohol. There is also a clear relationship, known for decades, between the relative price of alcohol and average per capita consumption of alcohol. Successive governments have chosen to ignore the evidence until now.

### **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. 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%. Do we really value life so cheaply that we'd sacrifice a thousand lives for the sake of 5p extra per unit?

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.

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

Plans to introduce 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 also cover the on 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, are having some effect but don't go far enough. Anything which encourages greater levels of consumption than intended should not be allowed, including:

- Price-based promotions
- student 'drink the bar dry' promotions
- drinks sold in one large container for consumption from that container, e.g. 'goldfish bowls'
- mobile sales, e.g. shots sold from a tray or dispensed from a tank at your table
- offering an alcoholic drink cheaper than one without alcohol, i.e. vodka and coke vs coke alone
- the sale of bottles of spirits in on trade premises

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. It will lead to increased personal and social harm. It 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.

Yours Sincerely

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