

Governments Consultation on Alcohol Strategy – Safer Hartlepool Partnership Response

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"/>
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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)

Safer Hartlepool Partnership supports the proposal to introduce minimum unit pricing (MUP) as an effective measure to reduce excessive drinking. This will raise the price of the cheapest alcohol and there is evidence that the greatest impact will be on reducing the consumption levels of younger and heavier drinkers. The MUP however should be increased to at least 50p (as recommended by the previous Chief Medical Officer in 2009) (1) rather than the 45p proposed. Research such as that from the University of Sheffield suggests that the increase would make annual savings of an additional 1,000 deaths; 31,000 alcohol-related hospital admissions; 18,000 crimes and would reduce consumption by a further 2.4%.

The 50p MUP is also supported by the Faculty of Public Health in their "12 Steps to Better Health Manifesto" and The Association of North East Council's Leaders' and Elected Mayors' Group.

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="checked" type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
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If yes please specify in the box below (keeping your views to a maximum of 200 words)

The cost of alcohol-related harm across health, crime, lost productivity and wider social harm to children, families and communities is considerable. There is significant evidence and support for increasing the price of alcohol as one of the measures to tackle irresponsible consumption and address these harms.

Alcohol misuse is associated with at least 60 medical conditions and deaths directly associated with alcohol have risen by 22% in the period 2001 - 2010. The North East has the highest rate of under 18 alcohol specific hospital admissions (2) with 80% NE GP's supporting MUP (3)

Pubs are closing (4) with 82% of publicans in the North East (NE) reporting supermarket promotions are hitting their trade (5), and 70% of publicans in the NE support MUP (5).

The general public in the NE also support MUP (53%) with a higher percentages (81%) more likely to support MUP if it reduced drunk and rowdy behaviour (6)

When introduced in Canada minimum pricing reduced consumption, especially of higher strength drinks, and impacted to a greater degree on off trade sales rather than on trade (Stockwell et al 2012) Whilst research in British Columbia (Zhao et al) illustrated a 31.7% reduction in wholly attributable alcohol deaths following their 10% increase in the minimum price for all alcoholic beverages.

MUP should be set at no less than 50p per unit (the level proposed in the Sheffield model in 2009 though inflation would now value that MUP recommendation at 54p) and introduced in line with Scotland provision. Once set MUP would need to be subject to vigorous regular review and independent evaluations on its effectiveness to ensure that alcohol does not become more affordable over time.

There should also be exploration of a means whereby the increased monies received from MUP by retailers should be channeled into reducing the problems and harms caused by alcohol at the local level.

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"/>
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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"/>

<p>Consultation Question 4:</p> <p>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)</p>		
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
<p>If Yes please specify in the box below (keeping your views to a maximum of 100 words)</p> <p>Alcohol related harm impacts on many sectors of society who would benefit from the introduction of MUP:</p> <ul style="list-style-type: none"> • Reduced consumption in young people and fewer children exposed to parental alcohol misuse and associated risks. In 40% of child protection cases (8) alcohol is identified as a factor. • Reduced crime, fewer victims and reduced fear of crime. A MUP of 50p will result in 42,500 fewer crimes per year and around 40% of domestic violence incidents are linked to alcohol (9) • Reduced hospital admissions and pressure on frontline services – i.e. MUP of 50p will result in 97,700 fewer hospital admissions per year and reduced assaults on A & E and police staff. • Reduce the cost of dealing with alcohol harm in the North East which costs more than £1 billion a year (7) • Benefit community pubs and bars who cite the cheap alcohol available in the off-trade as the major contributing factor in the decline and closure of facilities (18 pubs closing per week) 		

<p>Consultation Question 5:</p> <p>Do you think there should be a ban on multi-buy promotions involving alcohol in the off-trade? (Please select one option)</p>		
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

<p>Consultation Question 6:</p> <p>Are there any further offers which should be included in a ban on multi-buy promotions? (Please select one option)</p>		
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
<p>If Yes please specify in the box below (keeping your views to a maximum of 100 words)</p> <p>Alcohol should be recognised as an addictive substance and Safer Hartlepool Partnership supports an end to any promotion that offers an incentive to purchase and consume more than intended. We would support an end to multi-buy promotions in the off and on trade, and initiatives such as money off items; reductions linked to other products or services; voucher and loyalty points; alcohol as part of a meal deal; offering free alcohol on flights or as part of first-class rail travel should be prohibited.</p>		

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

The varied and considerable harms from alcohol misuse need to be addressed by a coherent and coordinated number of measures. Joined up policies which address the price and availability of alcohol as well as the quality and co-ordination of evidence based hospital and community services, will deliver reductions in alcohol related mortality (2) and reductions in consumption levels particularly improving health in lower income groups. For example alcohol related deaths are 45% higher in areas of high deprivation (10).

Alcohol is identified as the most dangerous drug in the UK in a report presented to the HASC (29/6/2012) by Prof. Nutt (11) yet the last price survey by Balance identified that it was being sold for as little as 12p per unit

Modelling by the University of Sheffield Work on behalf of the Scottish Government indicated that a MUP of 50p plus an off trade discount ban would lead to further falls in consumption resulting in more lives saved, greater falls in hospital admissions, a larger fall in alcohol related crimes and bigger falls in absence days and unemployment (12)

An Alcohol Concern and Balance Report 'Drinking to Get Drunk' surveyed 16-17 year-olds and confirmed that price promotions 'attracted young people to drink more than they would have' (13)

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

Groups that would benefit include :

- Young people would be less incentivised to drink more than they would otherwise choose (as discussed above)
- Frontline services such as police, ambulance services and hospitals would be dealing with fewer cases of alcohol-related harm and reduced levels of pre-loading
- There will be reduced negative impact on families and children through excessive home drinking which cannot always be identified and addressed.
- Reduced consumption for those on low incomes resulting in health improvement. In the most deprived areas men are five times, and women three times, more likely to die an alcohol related death than those in the least deprived areas (10).

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	Yes	Yes	Yes	Yes

	water				
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 x	Don't know
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If no please state what more could be done in the box below (keeping your views to a maximum of 100 words)

There should be an extension to restrict promotions of all kinds that encourage excessive consumption e.g. student 'drink the bar dry' promotions; drinks sold in one large container for consumption 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, happy hours and voucher and reward card deals which are becoming increasingly common.

The mandatory condition relating to irresponsible promotions should have the clause referring to the need to 'demonstrate a link with crime and disorder' removed as it makes the condition very difficult to use, and age verification policies should stipulate the need for a written policy to be advertised within the venue.

We recommend that smaller measures should be utilised, wine should not be sold by the 250ml measure and the 35ml spirit measure should be withdrawn, leaving the 25ml single measure which equates to one unit of alcohol and is easy for those counting their alcohol intake to monitor.

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

SHP would suggest the introduction of a condition to ensure availability of at least one soft drink (not just free water) at a price cheaper than cheapest alcoholic drink to encourage the customer to consider alternating drinking of non alcohol and alcohol drinks

There is need for enhanced training around age verification, promotion of soft drinks and lower strength beers and wines and point of sale information should be made compulsory stipulating units of alcohol and the recommended limits together with health harms.

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
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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)

There has been a doubling of off licence premises since the 1950's to 45,000 with facilities increasing the availability of alcohol at all times. The conditions relating to irresponsible promotions should be applicable to both the on and off trade instead of off trade only having one condition. There is research that illustrates more alcohol is purchased from supermarkets (14,15) then consumed in the home increasing the hidden risks of domestic violence and child protection issues. Purchases from off trade allow for preloading at home with publicans reporting an increase in people entering the night time economy drunk which heightens the

potential for increased alcohol related crime and violence.

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)

Health-related statistics and data are a valuable source of information and public health should be a licensing objective in its own right and not just tied to CIPs. There may be practical difficulties to using public health data at a local area or linking data to specific locations such as a licensed premise, but consideration should be given on the standardisation and development of effective systems to record and evaluate A&E , hospital admissions and similar alcohol related health data.

Public Health should be a consideration at the highest level in local authorities, playing a central role in planning and economic development and experience in Scotland suggests that public health data should be used to underpin over-provision policies, covering entire local authority areas, to ensure the overall availability of alcohol is taken into account.

Sources of information include:

- A&E data
- Ambulance data
- Alcohol specific hospital admissions
- Alcohol attributable hospital admissions
- Under 18 admissions
- Liver and other alcohol related deaths
- 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
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If yes please specify which aspects in the box below (keeping your views to a maximum of 200 words)

Clear guidance is required concerning how health information should be used when introducing CIP. An evaluation commissioned by Alcohol Focus Scotland (2008) on the introduction of public health as a licensing objective found the need for guidance on how to translate health data to a micro level with concern that compelling data PCT wide once reduced to neighbourhood / ward could be easily dismissed. It may be more practical for a public health objective to be linked to borough-wide saturation policies. Furthermore, it gives local politicians the opportunity to take control of the availability of alcohol in their council areas, helping to fulfil their new responsibility for public health. Health bodies should be able to object to any licence application on the basis of identified health harm.

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.

Licensing decision-making must include consideration of alcohol health harms data. Introducing a public health objective, particularly to support over-provision or saturation policies at the borough-wide level, would enable licensing decisions to take account of the full impact of alcohol harm within that council's boundaries. There would be more opportunity to control the availability of alcohol and density of outlets selling alcohol which would impact on the associated level of harm (World Health Organisation (16))

<p>Consultation Question 16:</p> <p>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)</p>				
		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			

<p>Consultation Question 17:</p> <p>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)</p>				
		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	

<p>Consultation Question 18:</p> <p>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 suggestion in the box below, keeping your views to a maximum of 200 words)</p>	
<p>There is no support for proposals to reduce any licensing requirements to ease the sale of alcohol, which is an addictive substance, misuse of which results in adverse health, crime and community consequences. There is need for rigorous procedures to regulate the sale of alcohol and applied to all to ensure that the sale of alcohol is undertaken responsibly and in accordance with the licensing objectives and protocols. Allowing ancillary licences would lead to increased work in determining who and what was eligible.</p> <p>Any provision of 'ancillary license' or reduced requirements contradicts proposals in the Police Reform and Social Responsibility Act which, through measures such as the Night Time Levy and Early Morning Restriction Orders sets out to give localities greater power to restrict the availability of alcohol in their own neighbourhoods.</p> <p>The expansion of alcohol available from facilities with a more relaxed regulatory requirement would undoubtedly increase the health harm as illustrated in several sections above and increase the pressure on front line services trying to deal with those harms. In a recent survey of 1,100 frontline police officers in the North East of England Balance found that 60 per cent of respondents estimated that dealing with alcohol related crime and disorder took up at least half of their time. The same survey found that 97% of frontline officers felt at 'high risk' or 'some risk' from being assaulted when policing the night time economy with over a third having suffered injury four or more times when dealing with drunken members of the public. (17)</p>	

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
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If no please describe the changes you would make in the box below (keeping your views to a maximum of 200 words)

There is no clarity or legal definition of 'small part of, or incidental to' to allow an accurate assessment of the impact but police and local authority partners have serious concerns about determining who would be eligible and the investigation and management of eligible premises. This proposal seems to minimise and dismiss the serious negative impact alcohol has on society in terms of health harms, crime and disorder and wider societal and economic issues to benefit the commercial interests of business.

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)

Safer Hartlepool Partnership does not support proposals for a lighter touch authorisation as there needs to be accountability and a robust regulatory framework for the sale of alcohol, an addictive and harmful drug.

There should be no removal of the need for a personal licence holder as it is essential that a designated

individual can be identified as being responsible when Police, Fire Officers and Licensing officials need to engage with a premise or address any issues. Our partners have significant concerns that the legislation would provide loopholes for irresponsible businesses to abuse

The proposal to remove the need for a premises licence is not supported nor is the removal of need to advertise as this will disadvantage local residents from participating in the decision or object to additional premises selling alcohol in their area. It will contradict the government's consultation: Rebalancing the Licensing Act - a consultation on empowering individuals, families and local communities to shape and determine local licensing and to encourage communities to participate in licensing at a local level.

The proposal to withdraw the annual fee for ancillary sellers is also a concern to local authorities as licensing even with the licensing fees is not cost neutral. Again, the previous consultation introduced the ability to set fees to cover costs, yet with this proposal, a significant number of premises would be exempt

Community premises are generally non-profit making whilst the proposed ancillary sellers are businesses. At a time when businesses are under pressure, there would be a temptation to make alcohol a more important part of their offer to customers.

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
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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			
B	Increase the burden			

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
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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	

<p>Consultation Question 28:</p> <p>Do you agree that motorway service areas should receive a nationally prescribed exemption from regulations for the provision of late night refreshment?</p> <p>(Please select one option)</p>				
		Yes	No	Don't know
A	Motorway services should receive a nationally prescribed exemption from regulations for the provision of late night refreshment		X	

<p>Consultation Question 29:</p> <p>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)</p>				
<p>Safer Hartlepool Partnership does not support a nationally prescribed exemption for any types of premises. The suggestions laid out here risk compounding the increasing health, crime, family and community harms linked to the increased availability and consumption of alcohol and the sale of alcohol should be regulated by a robust licensing and monitoring framework.</p>				

<p>Consultation Question 30:</p> <p>Do you agree with each of the following proposals? (Please select one option in each row)</p>				
		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	

<p>Consultation Question 31:</p> <p>Do you think that each of the following would reduce the overall burdens on business? (Please select one option in each row)</p>				
		Yes	No	Don't know
A	Remove the requirements to advertise licensing applications in local newspapers			
B	Remove the centrally imposed prohibition on the sale of alcohol at MSA's for the on and off trade			
C	Remove the centrally imposed prohibition on the sale of alcohol at MSA's but only in respect of overnight accommodation – "lodges"			
D	Remove or simplify requirements to renew personal licences under the 2003 Act			

<p>Consultation Question 32:</p> <p>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)</p>				
		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	X		

	MSA's for the on and off trade			
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)

31 & 32 A – Members of the public should be able to engage with and make their views known in licensing decisions this section limits the ability to engage local communities, an ambition set out in 'Rebalancing the Licensing Act.

31 & 32 B & C – There is no support for removing the prohibition of alcohol sales at motorway service areas. It is in the best interest that alcohol and driving are disassociated given that there were nearly 10,000 drink-drive casualties in Great Britain in 2011. This section send a negative mixed message about drinking and driving, increases availability, and underlines a pro-alcohol culture.

31 & 32 D – the need for a personal license underlines the seriousness of selling alcohol and makes an individual directly responsible for the safe and responsible sale of alcohol. It should not be removed.

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		X	
D	Ancillary sales of alcohol		X	
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
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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

Ref: p5: The estimates are likely to under represent the costs associated with alcohol harm. For example, a report from the National Social Marketing Centre which includes wider social harm puts the economic cost at £55 billion (18). Balance's own work in this area includes social services related costs of £1.9 billion (7). Their discussion with police officers from three constabularies in the North East, suggest that the costs associated with crime and disorder are significantly higher than has been assumed and alcohol-related crime

is under recorded, as evidenced by a Balance survey of over 1,000 frontline officers in the North East of England which found that 60 per cent perceived alcohol related crime and disorder to take up at least half of their time. (17)

Ref p10: New methodology has been applied to work out the benefits delivered by a MUP at 45p. While we accept that the methodology should be updated to take account of inflation, no comparison has been provided for a MUP set at alternative levels such as 50p.

There is also no rationale as to why the figure of 45p has been chosen, other reports have used 50p as the optimum MUP. In its report on the Government's Alcohol Strategy the House of Commons Health Committee 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." (19)

Impact Assessment: Health as an objective for cumulative impact

Ref p7: Local Authorities should be enabled to take wider alcohol-related health harm into account in licensing decisions. Public health as an objective should be ranked alongside the other four licensing objectives and not tied to CIPs. We do not accept the rationale for restricting public health information to cumulative impact assessment. The industry should have responsibility to promote sensible drinking and low and non-alcoholic drinks as part of their corporate social responsibility. A Balance survey of over 1,800 members of the North East public, confirmed awareness of measuring alcohol in units was 87%, down from 92% in 2010. Awareness that there is a maximum recommended limit has fallen from 82% to 69% over the same period, with less than half of those interviewed being able to name the limits.

Impact Assessment: Ancillary sellers

Ref p 1, 2, 3: There is concern that the potential benefits to business will be at the cost of increased pressure and resources needed by frontline services to deal with the harms and are insufficient to justify the risk of increased alcohol-related health harms.

Ref p6: The section on "Minimal" sales is highly ambiguous and provides no reassurance that loopholes would not be created. Local decisions by licensing authorities are likely to be subject to legal challenge, an expensive process for local authorities, especially given the current economic climate.

Ref p8: An outcome of Option 2 estimates that up to 9,116 new alcohol sales venues could be created after three years, if accurate this is a significant increase in the availability of alcohol. This figure is partly based on the take up of licenses by 'community premises'. The report 'Achieving positive change in the drinking culture of Wales (Bailey, J et al 2011) noted that previous relaxations in licensing laws governing availability have probably been a major factor in increased consumption so any measure to increase availability within communities would be unwise.

EVIDENCE

- (1) http://graphics8.nytimes.com/packages/pdf/world/lede_drinking.pdf
- (2) NWPHO, Local Alcohol Profiles for England (2012)
- (3) Balance, GPs and Alcohol Research (2012)
- (4) CAMRA (November 2012)
- (5) Balance, Publican Survey (2012)
- (6) Balance, Public Perception Survey (2012)
- (7) Balance, Alcohol Cost Profiles (2012)
- (8) National Association for the Children of Alcoholics
- (9) British Crime Survey (2010)
- (10) Alcohol Concern, Making Alcohol a Health Priority (2011)
- (11) Prof. Nutt The Lancet, Volume 376, Issue 9752, Pages 1,558 – 1,565
- (12) http://www.shef.ac.uk/polopoly_fs/1.150021!/file/scotlandupdatejan2012.pdf
- (13) [http://www.alcoholconcern.org.uk/assets/files/Publications/2012/Drinking to get drunk.pdf](http://www.alcoholconcern.org.uk/assets/files/Publications/2012/Drinking_to_get_drunk.pdf)
- (14) LjMU, Blood alcohol levels and drunkenness amongst people visiting nightlife in the North West (2009)
- (15) LjMU, Alcohol, nightlife and violence: the relative contributions of drinking before and during nights out to negative health and criminal justice outcomes (2008)
- (16) World Health Organisation, Global strategy to reduce the harmful use of alcohol (2010)
- (17) Balance, Impact of Alcohol on Policing (2013)
- (18) [Lister G, Evaluating social marketing for health – the need for consensus. Proceedings of the National Social Marketing Centre, 24-25 September, Oxford. \(2007\)](#)
- (19) <http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/132/132.pdf>