



AHA UK response to the consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour

January 2013

About the Alcohol Health Alliance UK (AHA)

The Alcohol Health Alliance (AHA) UK brings together thirty-two organisations whose mission is to reduce the damage caused to health by alcohol misuse. Members include medical bodies, charities and alcohol health campaigners. AHA UK works together to:

- highlight the rising levels of alcohol-related health harm
- propose evidence-based solutions to reduce this harm
- influence decision makers to take positive action to address the damage caused by alcohol misuse.

Members of the Alliance:

Academy of Medical Royal Colleges, Action on Addiction, Alcohol Concern, Alcohol Focus Scotland, Balance North East, British Association for the Study of the Liver, British Liver Trust, British Medical Association, British Society of Gastroenterology, Centre for Mental Health, College of Emergency Medicine, Drink Wise North West, Faculty of Dental Surgery, Faculty of Occupational Medicine, Faculty of Public Health, Institute of Alcohol Studies, Medical Council on Alcohol, National Addiction Centre, National Heart Forum, National Organisation for Foetal Alcohol Syndrome, Royal College of Anaesthetists, Royal College of General Practitioners, Royal College of Nursing, Royal College of Physicians Edinburgh, Royal College of Physicians London, Royal College of Physicians and Surgeons, Glasgow, Royal College of Psychiatrists, Royal College of Surgeons of England, Royal Pharmaceutical Society, Royal Society for Public Health, Scottish Health Action on Alcohol Problems, Scottish Intercollegiate Group on Alcohol

The following response is consensus-based, following consultation with AHA members.

For more information about the AHA UK see: <http://www.rcplondon.ac.uk/projects/alcohol-health-alliance-uk>

Response to 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"/>

If you think another level would be preferable please set out your views on why this might be in the box below

Minimum unit pricing (MUP) is an effective, proportionate and targeted approach that will have the greatest impact on younger and heavier drinkers.

As highlighted by the previous Chief Medical Officer,ⁱ a MUP of 50p would be even more proportionate by providing a significantly greater reduction in harm while still targeting the cheapest alcohol.

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 and would reduce consumption by a further 2.4%. The research also shows that 50p would continue to have the biggest effect on heavier drinkers with minimal impact on 'moderate drinkers'.ⁱⁱ

50p would create consistency with the MUP set to be introduced in Scotland, negating any concerns about cross-border purchases that would arise if the level varied across nations.

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"/>

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

Canadian evidence shows minimum pricing does reduce alcohol consumption, particularly of higher-strength drinks, and has a greater impact on off-trade sales than on-trade.ⁱⁱⁱ Research (in press) found a 10% increase in the minimum price for all alcoholic beverages in British Columbia has resulted in a 31.7% reduction in wholly alcohol attributable deaths.^{iv}

The MUP level must reflect the growing affordability of alcohol, which is linked to increased consumption and alcohol-related harm. Alcohol in 2011 was 45% more affordable than in 1980.^v There must be robust independent evaluation and an effective mechanism for adjusting the MUP over time to account for inflation and rising disposable incomes.

MUP as part of a comprehensive strategy will contribute to the Government's priority to reduce preventable mortality. To support this broader strategy, the Government should explore a mechanism for channeling any additional money received by retailers from MUP into reducing the problems 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"/>
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"/>
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If Yes please specify in the box below (keeping your views to a maximum of 100 words)

MUP will help the many groups who experience the effects of 'passive drinking', including:

- Children: reducing their exposure to parental alcohol misuse and poor role models—some 54% of children live with an adult binge, hazardous or harmful drinker^{vi}
- Communities: by reducing crime, social disorder and helping to improve safety of community spaces
- Frontline workers: helping to reduce alcohol-fuelled assaults on ambulance, A & E and police staff, and resources saved dealing with excessive alcohol misuse

Scottish evidence found 80% of people on the lowest incomes will be largely unaffected by MUP. The minority of low income drinkers who drink at harmful levels are much more likely to be admitted to hospital or to die from an alcohol related cause,^{vii} therefore they will benefit from the greatest reduction in health harms as a result of MUP.

Owners/employees of community pubs will also be positively affected by the reduced gap between on and off sale prices.

Consultation Question 5:

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

(Please select one option)

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
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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	Don't know
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If Yes please specify in the box below (keeping your views to a maximum of 100 words)

Alcohol is not an ordinary product – it is an addictive substance that causes more than 60 medical conditions.^{viii} Therefore any incentive to purchase and consume additional quantities of alcohol than originally intended should be stopped. This includes prohibiting:

- multi-buy or volume-based discounts in the on-trade as well as the off-trade
- money off or reductions to other products or services in conjunction with an alcohol sale
- voucher points or other associated reward systems for alcohol purchases

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	Don't know
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If Yes please specify in the box below (keeping your views to a maximum of 200 words)

- University of Sheffield research indicates that a ban on multi-buy promotions would increase the effectiveness of MUP. For example, 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^{ix}
- Cheap alcohol deals may result in young people drinking more, a 2012 report highlighted that 16-17 year-olds feel that price promotions 'attracted young people to drink more than they would have'^x
- Retail tactics associated with alcohol sales, such as using alcohol as a loss leader by supermarkets. Trading Standards will require a strengthened operation to monitor and enforce a multi-buy ban effectively as it is unlikely that relying on consumers policing the ban will be effective enough.

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)

- People on low incomes are likely to benefit most from any measure which leads to a

<p>reduction in consumption as health harms have a greater impact on lower income groups. For example, alcohol related deaths are 45% higher in areas of high deprivation^{xi}</p> <ul style="list-style-type: none"> Community pubs would benefit as they are currently struggling to compete with cheap supermarket prices. Our front line services would benefit as multi-purchase deals encourage pre-loading which, in turn, leads to more problems in the night time economy. Families and children would benefit from reduced access and availability of alcohol in the home environment.

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 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)

The mandatory conditions are having some effect but don't go far enough. Any promotion that encourages or rewards greater consumption than intended should be prohibited. This includes:

- price-based promotions
- happy hours as they sell discounted alcohol.
- offering an alcoholic drink cheaper than an one without alcohol

This will level the playing field for pubs and clubs by reducing the need to compete with other licensed premises on price-related offers.

The 35ml spirit measure should be withdrawn, as the 25ml single measure is easy to track for those counting their alcohol intake.

The irresponsible promotions condition should have the clause regarding 'demonstrate a link with crime and disorder' removed as it makes the condition very difficult to use.

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 <input checked="" type="checkbox"/>	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)

- Mandatory training to sell alcohol, including training on verification of age
- High volume licensed premises should adopt automated age verification systems to deter underage drinkers.
- Provision and promotion of lower strengths beers and wines
- Promotion - not simply provision - of small measures; active promotion of soft drinks
- Upselling should be prohibited
- Point of sale information should be made compulsory stipulating units of alcohol and the recommended limits together with health harms.
- Soft drinks should be priced cheaper than the cheapest alcoholic drink to remove the incentive for people to drink alcoholic drinks.

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 <input checked="" type="checkbox"/>	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)

Since 2000, off-trade sales of alcohol have come to be dominant over on-trade sales. By 2009, the off-trade share had advanced to 65%.^{xii} Drinking alcohol purchased in the off-trade prior to heading to on-trade premises (pre-loading) is also a growing consequence of this shift to off-trade sales. Evidence shows that people pre-loaded before they go out into the night-time economy are more likely to be a victim or perpetrator of crime.^{xiii}

Licensing conditions must be amended to cover the off-trade to reflect this change in drinking patterns. Irresponsible promotions and the provision and promotion of smaller measures could both be applied to the off 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)

Creating a robust Joint Strategic Needs Assessment would ensure a consistent approach to data for CIPs. JSNAs should include:

- A&E, and urgent care centre data
- Ambulance data
- Alcohol specific hospital admissions
- Alcohol attributable hospital admissions
- Under 18 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.

The AHA support making the prevention of health harm a material consideration for licensing authorities by making it a fifth objective of the Licensing Act, rather than tying it to CIPs. We do not accept the rationale on Page 7 of the relevant impact assessment stating that it would be disproportionate because the alcohol industry is already taking action as part of the Responsibility Deal. Relying on voluntary industry action is not a substitute for empowering local authorities to assess the impact of the on and off-trades on local residents' health. Unlike regulation, the Responsibility Deal cannot ensure a consistent, universal approach to local alcohol policy.

Furthermore, public health should be a consideration at the highest level in local authorities, playing a central role in planning and economic development.

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 ☒

No

Don't know

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

There is a concern that public health data at the neighbourhood level may be small and too easily dismissed. It may be more practical for a public health objective to be linked to district/borough-wide saturation policies as this is the level at which data becomes meaningful.

Providing effective guidance on how to incorporate and interpret public health data would be essential to support changes in process.

There should be capacity to hear representation from all responsible authorities, not just the police, so that health harms can be accurately taken into account as well as crime and disorder issues.

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.

There is strong evidence that the availability of alcohol affects the level of harm.^{xiv}

Introducing a public health objective, particularly to support over-provision or saturation policies, would enable licensing decisions to be made taking into account the full impact of alcohol harm within that council's boundaries. It would enable local authorities to control the availability of alcohol in their area, including limit the availability of alcohol at a local level to young people. Fewer premises within a particular area would also reduce the need for competitive pricing.

Through sources such as A&E data, it would help to record the level of alcohol-related assaults reporting to A&E, many of which are not reported to and recorded by the police. It would evidence the hidden harm of excessive alcohol consumption in the home.

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 suggestion in the box below, keeping your views to a maximum of 200 words)

The AHA disagrees with the premise that Government should reduce the burden on any business to make it easier to sell alcohol. Alcohol is not an ordinary commodity and should not be treated as such by any business wishing to sell or provide alcohol to customers.

Reducing existing licensing requirements for ancillary sellers would result in increased availability of alcohol and strengthen the culture of drinking as an every-day activity. The WHO states that, 'An increased density of alcohol outlets is associated with increased levels of alcohol consumption among young people, increased levels of assault, and other harm

such as homicide, child abuse and neglect, self-inflicted injury and, with less consistent evidence, road traffic accidents.^{xv}

This proposal would create a third tier of licensed premises as it would create a category outside Early Morning Restriction Orders/Late Night Levy and CIPs. This extra category of licensed premises could be contributing to the harm of excessive alcohol consumption but would not contribute to the costs, for example through a Late Night Levy being applied to licensed premises. It would also be counter to the intention of giving localities greater power to restrict the availability of alcohol in their own neighbourhoods.

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)

This provision represents a real risk that alcohol becomes even more normalised, thus failing to take into account the negative impact it has on society in terms of health harms, crime and disorder and wider societal and economic issues. The provision may force other businesses who provide the same service (eg other hairdressers in the same locality) to introduce or increase the provision of alcohol in order to compete.

The opportunities to exploit loopholes in these provisions would be considerable. The AHA remains concerned about how a 'small part of', or 'occurs alongside' would be defined in this context, and whom and how premises would be investigated to ensure that they are still eligible to be classed as an ancillary seller.

The Impact Assessment highlights that it is not clear how popular Ancillary Sales Notices would be, raising the possibility that there will be a significant increase in the number of businesses who apply for and are granted an ASN. This leaves open the possibility that ASNs may be a significant challenge for inspection and enforcement authorities dealing with a large number of extra businesses on top of their responsibility for all licensed premises.

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		

<p>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)</p> <p>The AHA does not agree with any deregulation or unregulated sales of alcohol. The consumption of alcohol should be de-normalised in our society. This can be achieved through proper regulation which would help to reduce consumption with resulting benefits to the health and wellbeing of society.</p> <p>Under these proposals, who would be responsible for ensuring alcohol is not sold to children or people who are already intoxicated; that training is provided to staff; that staff are protected from abusive/intoxicated customers; that the business is run in support of the licensing objectives?</p> <p>Community premises are generally non-profit making whilst the proposed ancillary sellers are businesses. AHA remains concerned that the legislation would provide loopholes for irresponsible businesses to abuse.</p> <p>Exempting ancillary sellers would undo the gains made through the Government's consultation <i>Rebalancing the Licensing Act</i> – which sought to empower individuals, families and local communities to shape and determine local licensing.</p>

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	X		

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)

There are no processes that could be removed or simplified without having an adverse effect on the licensing objectives or increasing the burden on responsible authorities or the local community.

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

Ref p10: We are concerned that 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. 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."^{xvi}

Impact Assessment: Health as an objective for cumulative impact

Ref p7: In principle 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 the link made in the impact assessment. It is not disproportionate for the industry to promote sensible drinking and low and non-alcoholic drinks.

Impact Assessment: Ancillary sellers

Ref p 1, 2, 3: We are concerned that the potential benefits to business are insufficient to run the risk of increased alcohol-related health harms, a risk highlighted on also highlighted in the document.

Ref p6: We are concerned that 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: The document estimates that up to 9,116 new alcohol sales venues could be created after three years, a significant increase in the availability of alcohol. This figure is partly based on the take up of licenses by ‘community premises’. While the figure has been increased from 4% to 6%, we believe that increase may be insufficient given the profit motive behind businesses which is not so present for community premises.

ⁱ Donaldson, L (2009) ‘150 years of the Annual Report of the Chief Medical Officer: On the state of public health 2008’

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_096231.pdf

ⁱⁱ Purshouse, 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

ⁱⁱⁱ Stockwell 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)

^{iv} Zhao J (in press) ‘The Relationship between Minimum Alcohol Prices, Outlet Densities and Alcohol Attributable Deaths in British Columbia, 2002 to 2009’ *Addiction*

^v NHS Information Centre (2012) *Statistics on Alcohol: England 2012* Health and Social Care Information Centre

^{vi} Children’s Commissioner (2012) *Silent Voices: supporting children and young people affected by parental alcohol misuse*. London: The Office of the Children’s Commissioner.

^{vii} Health Analytical Services Division, (2010): *Alcohol consumption and harm across income groups*, Scottish Government.

^{viii} Rehm J. et al (2004) *Alcohol Use* In: Ezzati M et al (eds.) *Comparative Quantification of Health Risks: Global and regional burden of disease attributable to selected major risk factors* Geneva: World Health Organisation.

^{ix} Meng, Y. et al. (2012) ‘Model-based appraisal of alcohol minimum pricing and off-licensed trade discount bans in Scotland using the Sheffield Alcohol Policy Model (v.2): Second update based on newly available data’ *SCHARR*, University of Sheffield

^x Alcohol Concern and Balance North East (2012) *Binge Alcohol Concern and Balance North East*

^{xi} Alcohol Concern (2011) *Making alcohol a health priority – Opportunities to reduce alcohol harms and rising costs*, London: Alcohol Concern.

^{xii} British Beer and Pub Association (2010) *Statistical Handbook: a compilation of drinks industry statistics*, London: BBPA

^{xiii} Hughes K et al (2008) *Alcohol, nightlife and violence: the relative contributions of drinking before and during nights out to negative health and criminal justice outcomes*. *Addiction*. 2008 Jan;103(1):60-5.

^{xiv} World Health Organization (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva: WHO.

^{xv} World Health Organization (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva: WHO.

^{xvi} House of Commons Health Committee (2012) *Third Report of Session 2012-13: Government’s Alcohol Strategy* London: House of Commons.