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World Cancer Research Fund UK response to the consultation on the Government's Alcohol Strategy

Submitted to: Home Office

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Contact:

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Response to the consultation on the Government's Alcohol Strategy

About WCRF UK

WCRF UK is part of a global network[a,b] of charities dedicated to the prevention of cancer through *food, nutrition, physical activity,* and *prevention and control of body fatness.* Our mission is to empower people to make choices today to prevent cancer tomorrow by:

1. Bringing together the scientific research on the relationship between food[c], nutrition, physical activity, body fatness and cancer into recommendations for people and populations to reduce their cancer risk. This involves a continually updated rigorous review process which builds on the WCRF International's *Second Expert Report, Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective* (2007), and an expert panel of leading academics[d.]
2. Awarding funding to cutting-edge research on food, nutrition, physical activity, body fatness and cancer. Since 1982, the WCRF network has funded £84 million worth of research, including research by the WHO Agency, IARC – the International Agency for Research on Cancer.
3. Communicating the evidence and recommendations to scientists, health professionals, policymakers and individuals around the world.
4. Providing science-based information about healthy eating and physical activity. This information is targeted at the supporters of the charities, health professionals, children and their families. The WCRF International Academy also educates young scientists and decision-makers about the relationship between diet, physical activity and cancer.
5. Conducting activities to advance policy at all levels of society. This includes communicating its set of evidence-based policy recommendations for the prevention of cancer[e.]

a. American Institute of Cancer Research (AICR); World Cancer Research Fund UK (WCRF UK); Wereld Kanker Onderzoek Fonds (WCRF NL); World Cancer Research Fund Hong Kong (WCRF HK).
b. WCRF International and the four charities are collectively referred to as the WCRF global network. WCRF International leads and directs the science and policy activities of the network.
c. Includes alcohol
d. The 'Continuous Update Project' is an ongoing review of cancer prevention research that builds on the WCRF/AICR report Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective (2007), a comprehensive analysis of the literature on food, nutrition, physical activity and cancer. Available at: http://www.dietandcancerreport.org
e. WCRF/AICR. Policy and Action for Cancer Prevention (2009): http://www.dietandcancerreport.org/

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ABOUT THIS RESPONSE

WCRF UK welcomes this opportunity to comment on the measures set out in the Government's alcohol strategy, published in 2012.

As an organisation, WCRF UK has a specific focus on the prevention of cancer through eating a healthy diet, being physically active as part of everyday life, maintaining a healthy body weight and limiting the consumption of alcohol. Evidence from our Second Expert Report and Continuous Update Project, which constitute the best available evidence on the relationship between food, nutrition, alcohol, physical activity, body fatness and cancer, has shown that the consumption of alcohol increases the risk of cancers of the mouth, pharynx and larynx, the oesophagus, colorectum (men) and breast[1]. The evidence linking alcohol and cancer in these sites does not show any 'safe' limit of intake.

Our comments aim to ensure that the alcohol strategy is a valuable tool in setting the ambition for, and ensuring progress towards, the goal of reducing alcohol-related harm. We are convinced that this requires a reduction in overall consumption of alcohol. We also believe that the strategy should have a clear vision and be informed by evidence and learning from other countries.

RESPONSE TO CONSULTATION QUESTIONS

The government wants to ensure that the chosen minimum unit price level is targeted and proportionate, whilst achieving significant reduction of harm. Do you agree that the chosen MUP level would achieve these aims?

Yes.

Of all alcohol policy measures, evidence is strongest for price as an incentive to reduce heavy drinking occasions and regular harmful drinking[2]. Available research and modelling suggests that minimum price per unit is the most effective of all available price-related policy options for reducing alcohol-related harm[3,4]

We are convinced that minimum unit pricing is an effective, proportionate, and targeted policy approach that will have the greatest impact on heavy and young drinkers. Modelling undertaken by the University of Sheffield showed that hazardous and harmful drinkers would be impacted more than those who drink modestly. Harmful drinkers are estimated to reduce their consumption by 10.5%, which could make substantial reduction to their risk of health harms[3]. In the UK, moderate drinkers are much less

[1] WCRF/AICR (2007) Food, Nutrition, Physical Activity and the Prevention of Cancer: A Global Perspective; WCRF/AICR Continuous Update Project Reports on Breast Cancer (2008) and Colorectal Cancer (2010)
[2] World Health Organization Regional Office for Europe (2011) European Alcohol Action Plan 2012-2020: Implementing regional and global alcohol strategies
[3] Meng Y et al (2012) Model-based appraisal of alcohol minimum pricing and off-licensed trade discount bans
[4] British Medical Association Board of Science (2012) Reducing the affordability of alcohol

likely to consume the cheapest alcohol and the impact on their expenditure will be modest.

As highlighted by the previous Chief Medical Officer[5], a minimum unit price of 50p would be even more proportionate by providing greater reduction in harm while still targeting the cheapest alcohol. Research indicates that a minimum unit price of 50p as opposed to 45p would save an additional 1,000 deaths annually; 31,000 alcohol-related hospital admissions; 18,000 crime incidents and would reduce consumption by a further 2.4%[6].

A 50p minimum unit price would create consistency with Scottish policy, negating any concerns of cross-border purchases.

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

Yes.

A number of factors have combined in the UK to increase the affordability of alcohol:

- Increasing disposable income, without concomitant use of price levers (such as taxation) to keep price of alcohol high to manage consumption and health harm[7].
- Processes of industrialisation, globalisation and consolidation of alcohol production in recent decades has resulted in higher volumes of alcohol being produced at a much lower unit cost[8,9].
- Large sums of money being invested in the promotion and marketing of alcohol brands, including heavy discounting in the off-trade[10].

Over the same timeframe there has been substantial deregulation of the alcohol market in Britain with the liberalisation of licensing legislation leading to increased availability. Alcohol has become a key commodity for UK supermarkets that have been found to use alcohol as a “loss leader” which attracts business and profit is made on other goods[11]. As supermarket prices fell, consumption moved from pubs to the home.

Since 2000, off-trade sales of alcohol have come to dominate on-trade sales. By 2009, off-trade sales had advanced to 65%[12].

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[5] Donaldson L (2009) Report of the Chief Medical Officer: on the state of public health in 2008
[6] Purhouse 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
[7] Rand Europe (2009) Affordability of Alcoholic Beverages in Europe
[8] Jernigan et al (2000) Towards a global alcohol policy: alcohol, public health and the role of WHO
[9] Stockwell, T (2001) Supply and Demand for alcohol in Australia: relationships between structures, regulation and the marketplace.
[10] British Medical Association (2012) Reducing the affordability of alcohol
[11] Institute of Alcohol Studies (2008) Use of alcohol as a loss leader
[12] British Beer and Pub Association (2010) Statistical handbook: a compilation of drinks industry statistics

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In 2011, alcohol was 45% more affordable than in 1980[13]. A decision on minimum unit pricing for alcohol should reflect the growing affordability of alcohol, particularly in the off-trade, which has been linked to increased alcohol consumption and alcohol-related harm.

Empirical evidence from Canada shows that minimum unit price has reduced alcohol consumption by 3%-5%, particularly from higher-strength drinks, and has had greater impact on off-trade sales than on-trade sales[14].

The minimum unit price should be automatically updated in line with inflation each year.

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?

Yes.

In addition to reducing harmful and hazardous consumption of alcohol, minimum unit pricing has the potential to benefit others, including groups that experience second-hand harm from the misuse of alcohol:

- Children: around 54% of children live with an adult binge, hazardous or harmful drinker[15]
- Communities: by reducing crime, social disorder and helping to improve the safety of community spaces
- Frontline workers: helping to reduce the amount of assaults and violence experienced by ambulance, A&E and police workforce, and limiting the resources spent on dealing with excessive alcohol misuse.

Evidence from Scotland has found that 80% of people on the lowest incomes will be largely unaffected by minimum unit pricing.

The minority of low-income drinkers that do drink at harmful levels are at increased risk of hospitalisation and are much more likely to die from an alcohol-related cause[16]. As such, they will stand to gain most from the reduction in health harms as a result of minimum unit pricing.

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

Yes.

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[13] NHS Information Centre (2012) Statistics on alcohol in England

[14] Stockwell T et al (2012) The raising of minimum alcohol prices in Saskatchewan, Canada: impacts on consumption and implications for public health. American Journal of Public Health, 2012 Dec; 102

[15] Children's Commissioner (2012) Silent voices: supporting children and young people affected by parental alcohol misuse

[16] Health Analytical Division of the Scottish Government (2010) Alcohol consumption and harm across income groups

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Alcohol is not an ordinary product, given the health and social harms associated with excess consumption. Any incentives to purchase and consume additional quantities than originally intended should be stopped. These include:

- Multi-buy or volume-based discounts in both on-trade and off-trade settings
- Money off or discounts on other products or services in conjunction with an alcohol sale
- Voucher points or other associated rewards systems for alcohol purchases

Scotland has already implemented restrictions on irresponsible promotions in both the on-trade and off-trade sectors with some evidence of benefit already recorded[17].

Consideration will need to be given to the implementation of a ban and the need to strengthen the operations of Trading Standards to monitor its enforcement.

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

Yes.

Modelling from the University of Sheffield indicates that a ban on multi-buy promotions would enhance the effectiveness of a minimum unit price policy, and would lead to further falls in consumption, associated health and social harm, and lost productivity[18].

Furthermore, evidence indicates that price promotions on alcohol encourage young people to drink more than they would have. A ban on multi-buy promotions would help protect young people from unnecessary harm[19].

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

The licensing conditions should be expanded to include any promotions that encourage greater consumption than intended. These include:

- Price-based promotions
- Happy hours that *de-facto* result in discounted alcohol
- Offering an alcoholic drink cheaper than a non-alcoholic version

This will create a level playing field for all licensed premises.

We are also convinced that public health should be a separate consideration in licensing, informed by data from the local Joint Strategic Needs Assessments. Relying on current voluntary initiatives by the alcohol industry as part of the Responsibility Deal – as proposed by the Government – is not adequate substitute for empowering local authorities to consider the public health impact of on- and off-trade alcohol sales in their licensing decisions. Voluntary initiatives cannot guarantee a consistent and universal

[17] Scottish Health Action on Alcohol
[18] Meng Y et al (2012) Model-based appraisal of alcohol minimum pricing and off-licensed trade discount bans
[19] Alcohol Concern (2012) Binge

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approach that is tailored to the local/borough-wide context (e.g. saturation and density of outlets). It is thus important that local authorities have the mandate to regulate alcohol licensing to respond to public health needs at the local level.