

Royal College of Nursing response to the Home Office *consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour*

The Royal College of Nursing (RCN) is the UK's largest professional association and trade union for nurses, with over 410,000 members. The RCN works locally, nationally and internationally to promote high standards of care and the interests of patients and nurses, and of nursing as a profession. We welcome the opportunity to respond to this consultation.

The RCN acknowledges that moderate alcohol consumption is generally considered to be a socially acceptable part of British culture. However, binge drinking and excessive consumption can cause both short and long term damage to individual's health, and also contribute to anti-social and criminal behaviour.

RCN members see the impact of harmful drinking every day, whether this is dealing with violent and aggressive patients in A&E or caring for people with chronic or long term conditions caused by alcohol misuse. Whilst all nurses have a role in promoting good health and sensible lifestyle choices by providing education and support, we also believe strongly that there is a role for government to help shape the environment in which people make those choices. We therefore warmly support key policy proposals in this consultation, such as the introduction of a minimum unit price (MUP) and greater restriction on irresponsible alcohol promotions.

Consultation Question 1. Do you agree that this MUP level would achieve these aims?

Yes. The RCN strongly supports an MUP for alcohol. We believe, that alongside other policy measures, the MUP is an essential policy lever to reduce the impact of harmful drinking.

We warmly welcome the government's recognition of the role of pricing and determination to take action. We agree that the proposed MUP would achieve the aims set out. However, we call for the government to make sure it takes the most effective action available, which we believe means establishing a higher minimum price than proposed. RCN favours an MUP of 50p.

The RCN notes the findings of the modelling work carried out by the University of Sheffield in 2009, which suggests that price increases have a significant effect in reducing demand for alcohol. Given that harmful drinkers (and young drinkers) often

choose cheaper drinks, we believe that taking action on price is a proportionate response given the scale of the health and social harms caused by harmful drinking.

The modelling carried out by the University of Sheffield in 2009 demonstrates significant health benefits to implementing a 50p rather than a 45p MUP. These include preventing 1,000 additional deaths and 31,000 less alcohol-related hospital admissions. The research suggests that the 50p MUP would reduce alcohol consumption by a further 2.4% compared to the 45p MUP.

We believe the University of Sheffield research demonstrates that the biggest effect of the higher MUP would still be felt by the heaviest drinkers, with a minimal impact on moderate drinkers.

We further note that setting an MUP of 50p in England and Wales would create consistency with the plans of the Scottish Government.

Consultation Question 2. Should other factors or evidence be considered when setting a minimum unit price for alcohol?

The RCN believes it is essential that once the MUP is established, there must be a clear mechanism to review the MUP to ensure it continues to be appropriate and achieve the intended purpose. This review mechanism needs to take into account for example, future changes in price, general affordability of alcohol and levels of alcohol-related harm. Central to this is ensuring that the impact of the MUP is subject to robust, independent evaluation.

The RCN is a member of the Alcohol Health Alliance, an alliance of organisations whose mission is to reduce the damage caused to health by alcohol misuse. We refer the Home Office to the AHA's consultation response for a more comprehensive response to those consultation questions and issues which fall outside the competencies of the RCN to answer.

Consultation Question 3. How do you think the level of minimum unit price set by the government should be adjusted over time?

The MUP should be automatically updated in line with inflation each year.

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?

There are a number of groups – some of them vulnerable members of society – who experience damaging effects and impacts as a result of the harmful drinking behaviours of others. These people would therefore benefit from a reduction in

harmful drinking – the AHA lists the following groups and how they would be impacted by the MUP:

- Children: reducing their exposure to parental alcohol misuse and poor role models and protecting children in the family context – It is estimated that 30% of children live with an adult binge drinker, 22% with a hazardous drinker and 2.5% with a harmful drinker (Children's Commissioner 2012)
- Victims of domestic abuse: helping to protect both current and future victims, as around 40% of which are linked to alcohol (Home Office 2010)
- Communities: reducing crime, social disorder and helping to improve the safety of community spaces
- Frontline workers: helping to reduce alcohol-fuelled assaults on ambulance, A & E and police staff, time and money saved dealing with excessive alcohol misuse

Consultation Question 5. Do you think there should be a ban on multi-buy promotions involving alcohol in the off-trade?

Yes. The RCN supports regulatory action to stop the alcohol trade (both on- and off-trade) from carrying out promotions which encourage excessive consumption of alcohol.

Consultation Question 6. Are there any further offers which should be included in a ban on multi-buy promotions?

The specific nature of this question falls outside RCN's area of expertise and as noted above, we therefore refer the Home Office to the response by the AHA for a more comprehensive response to this question.

Consultation Question 7. Should other factors of evidence be considered when considering a ban on multi-buy promotions?

Again, as stated above, the RCN supports the submission of the AHA in relation to this question. We do however note that the University of Sheffield research suggests that a ban on multi-buy promotions would increase the effectiveness of the MUP.

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?

The RCN does not have the expertise to answer this question.

Consultation Question 10. Do you think that the mandatory licensing conditions do enough to target irresponsible promotions in pubs and clubs?

This question falls outside the expertise of the RCN. However, our members witness the consequences of these irresponsible promotions – and the hazardous and harmful drinking which they encourage - every day. These include short term harms which result in trips to A&E as well as long term and chronic conditions brought about by harmful drinking. We therefore fully support measures to ensure licensing conditions are as strong as possible in targeting irresponsible promotions in pubs and clubs.

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?

The RCN believes licensing conditions and objectives could be better utilised to restrict harmful drinking in the on-trade. The AHA response to this consultation proposes the following areas for action:

- Mandatory training to sell alcohol including training on verification of age
- Ensuring that low strength beers and wines are available and promoted
- Ensuring that soft drinks and small measures are not just available but also promoted
- Soft drinks should be available at a cheaper price than the cheapest alcoholic drink
- Compulsory point of sale information relating to units of alcohol, recommended limits and related 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?

This falls outside the RCN's area of expertise.

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?

The RCN supports the creation of a fifth licensing objective relating to the prevention of health harms. Like other members of the public health community, we called for this in our response to the Home Office's 2010 consultation *Rebalancing the Licensing Act – a consultation on empowering individuals, families and local communities to shape and determine local licensing*. We were disappointed this was not taken forward.

RCN therefore encourages the Home Office to re-consider this issue to empower local authorities to make licensing decisions which will protect the health of their communities.

We believe a stand-alone fifth licensing objective would be more effective than trying prevention of health harms to the CIPs.

In response to the above question on evidence of health harm, the RCN supports the AHA's assertion that a comprehensive and robust Joint Strategic Needs Assessment (JSNA) would provide a basis for ensuring CIPs have all the necessary data required to consider the health impact. 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.

Consultation Questions 14 - 35.

These questions fall outside the expertise of the RCN.

Policy and International Department, February 2013