

Dear Sir/Madam,

I would like to comment on the governments consultation document on the minimum pricing for alcohol. As a member of the British Society of Gastroenterology and a Liver specialist working in a large district General Hospital in the North of England I am only too aware of the ever increasing impact of alcohol on health and social welfare of our population. I congratulate the government on it's acknowledgement of this fact and I welcome this document as a first step in trying to address these issues. My comments are specific to certain questions raised in the document.

Consultation On Minimum Unit Pricing For Alcohol

Question 1: The impact of minimum unit pricing will depend on the price per unit of alcohol. The government wants to ensure that the chosen price level is targeted and proportionate, whilst achieving a significant reduction of harm. The government is therefore consulting on the introduction of a recommended minimum unit price of 45p. The government estimates a reduction in consumption across all product types of 3.3 per cent, a reduction in crime of 5,240 per year, a reduction in 24,600 alcohol-related hospital admissions and 714 fewer deaths per year after ten years.

Do you agree that this minimum unit price level would achieve these aims?

The minimum unit price for alcohol should be set at 50pence. This will avoid 3,000 alcohol-related deaths and 40,000 crimes. At this MUP, there would be a reduction in hospital admissions amounting to 20,000 in the first year and the drop in alcohol consumption would be more meaningful at almost 7%. There is an obvious additional advantage of the same MUP in Scotland.

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

Yes

The original research demonstrating the value of an MUP of 50p is now nearly four years old – so any decision made now should incorporate 4 years of inflation ie, closer to 55pence.

The estimated cost of alcohol related harm does not incorporate the cost of “social harm” such as effect on children, partners and community as a whole.

Thirdly, alcohol plays a pivotal role in the pathogenesis of numerous other medical conditions (dementia, heart failure, neuropathies, pneumonias, numerous cancers etc), yet this insidious contribution of alcohol is not accounted for.

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?

Yes

MUP will reduce crime, benefitting potential victims and police. MUP will benefit resource stretched hospitals by reducing attendances and admissions to emergency and medical admission units. Social benefits from a reduction in sick leave days and also a benefit on mental health and social care providers. Traditional views of alcohol dependents/abusers do not focus on the elderly or children, but minimum pricing will

have a benefit on these individuals both directly and indirectly.

Question 6: Do you think there should be a ban on multi-buy promotions involving alcohol in the off-trade?

Yes

Multi-buy promotions are a well established retail strategy across the food and drink sectors. Data shows that multi-buy promotions frequently lead to consumers purchasing and consuming more than they otherwise would. The persistence of such offers throughout the retail industry attests to their success. However, as alcohol causes significant health and social harm, it should *not* be viewed in the same way as other products, such as shampoo or packets of biscuits. Hence all offers and promotions, including multi-buy, loyalty points should be specifically banned.

Question 8: Should other factors or evidence be taken into account when considering a ban on multi-buy promotions?

Yes

AS for question 4, frontline services including police, ambulance, casualty departments etc will benefit from a reduction in the demand on their services which directly results from alcohol-related harm. Young people will not be prompted to drink more alcohol than they would choose to. People in areas of high deprivation are more likely to die from an alcohol-related cause and low-income families are disproportionately affected by alcohol-related harm

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

No

Pubs and clubs should be banned from promotions such as “happy hour” or card deals and this should extend to student bars and facilities that promote ‘pub crawls’ etc.

Yours sincerely,