

Dear Sir

[REDACTED] the devastating impact of alcohol across the North East of England is more evident to me than most members of the public. The Government's Alcohol Strategy is a real opportunity to make significant progress in tackling alcohol misuse in our region.

Here in the North East we have:

- the highest rate of alcohol-related alcohol admissions in England,
- the highest rate of male alcohol related deaths in England
- increasing rates of alcohol-related liver deaths especially in those under age 40

### **Proposal to introduce a minimum unit price**

I welcome the Government's continued commitment to introduce a minimum price per unit of alcohol. It is a highly targeted and effective approach that would have the greatest impact on younger and heavier drinkers. However, I believe that this measure does not go far enough and needs to be set at an effective and realistic level – no lower than 50p per unit.

The University of Sheffield has modelled the effects of MUP on a number of parameters. 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%. Do we really value life so cheaply that we'd sacrifice a thousand lives for the sake of 5p extra per unit?

The previous Chief Medical Officer called for a 50p MUP of alcohol in 2009. A 50p MUP is also supported by every organisation concerned with health including the Alcohol Health Alliance together with the Association of North East Council's Leaders' and Elected Mayors' Group. Recent surveys carried out in the North East also indicate that MUP has the support of the police, GPs and the majority of the general public. **Since 80% of alcohol is purchased by 30% of the population, the distorted alcohol market where cheap alcohol promotions by supermarkets mean that the 70% of responsible drinkers effectively subsidize the alcohol being purchased by those who drink too much will be ended.**

I am concerned that the impact assessment document shows that because of the welcome fall in alcohol consumption there will be a £200 million annual reduction in tax receipts while an extra one billion pounds will be received by the retail trade. We note "the Government's intention to work with the alcohol industry to use any additional revenue to provide better value to customers in other areas" although there is no mechanism mentioned about how this will be achieved. A minimum price of 50p/unit would enable retailers to reduce the prices of other products by 2.8% (Record and Day Clinical Medicine 2009; 9: 421-5) and price competition for non-alcohol sales is likely to at least partially realise this once an MUP has taken alcohol out of the competition equation. The impact document also shows in Table 9 that 74% of spirits, 58% of wine, 67% of beer and 85% of cider is currently sold below 45p/unit and 83% of spirit, 67% of wine, 81% of beer and 88% of cider below 50p/unit. An overall increase in alcohol duty would thus have a much greater effect on alcohol below the minimum price than that above. I therefore believe that in these

times of austerity, the introduction of a minimum price of alcohol should be coupled to an increase alcohol duty to offset the tax loss.

Those of us in in health have always wanted wine and cider duty to more closely reflect that collected on beer. Currently wine from 8.5 -15% and ciders up to 7.5% are taxed at the same rate while beer duty is linked to the vol%. On 1<sup>st</sup> Oct 2011 the coalition government introduced a 25% supplement on the general excise duty rate of high strength (7.5%) beers. I believe there should also be a similar 25% supplement on the duty of high strength (>12%) wines and ciders (>5%) while the strength of beers attracting the supplement should be reduced to >5%. These measures coupled with an MUP would partially offset the tax loss with only a minimal effect on moderate drinkers.

### **Proposal to end multi-buy promotions**

Plans to introduce a ban on multi-buy discount deals are to be welcomed as they encourage people to purchase and consume more than intended. The proposals should ensure the minimum order for all alcohol products is not more than one item and should cover both the on and off trade.

### **The mandatory licensing conditions**

The mandatory licensing conditions, which target problems such as irresponsible promotions in pubs and clubs, are having some effect but don't go far enough. Anything which encourages greater levels of consumption than intended should not be allowed, including:

- Price-based promotions
- Other incentives, e.g. meal deals or voucher schemes
- student 'drink the bar dry' promotions
- organised pub crawls associated with students
- the sale of bottles of spirits in on trade premises

The 35ml spirit measure should be withdrawn, leaving the 25ml single measure which equates to one unit of alcohol and is easy to track for those counting their alcohol intake. The 250ml wine measure (usually 3 units) should also be withdrawn as it promotes consumption of alcohol at increasing or higher risk levels.

***Now that 70% of alcohol is consumed in the home I am dismayed at the 24 hour availability of alcohol in the off trade and believe that the review of licensing conditions should be coupled to a limitation of the off trade sale of alcohol to 8am to 10pm each day.***

### **Health as a licensing objective**

I welcome the proposal that health becomes a new alcohol licensing objective, but it should be given equal weight with the other licensing objectives. Local people need to be given greater control over the density of premises and availability of alcohol in their communities. Given their new responsibilities, public health and wellbeing in its widest sense should be a fundamental consideration when it comes to evaluating everything a local authority does.

### **Reducing red tape**

The proposals set out in this section of the consultation will only increase the availability of alcohol and further cement our pro-alcohol culture. It will lead to increased personal and

social harm. It will worsen health inequalities. It will say to our children that alcohol has to be a central part of adult life. They must not be allowed to go ahead.

This consultation is a real opportunity to make significant progress in tackling alcohol misuse which is costing the NHS 2.7 billion per year.

