



Home Office consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour

Royal College of Physicians' written submission

January 2013

About the Royal College of Physicians

The Royal College of Physicians (RCP) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. The RCP undertakes a range of public health-related activity, including on the social determinants of health, obesity, tobacco and alcohol. As an independent body representing over 27,000 fellows and members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare.

The RCP also provides the Secretariat for the Alcohol Health Alliance UK.



1. Introduction

The RCP welcomes this opportunity to inform the implementation of key initiatives from the government's 2012 alcohol strategy.

The growing costs to individuals and society of excessive alcohol consumption are well documented. Alcohol is a factor in over 60 medical conditions and is a contributing factor for accidents, violence, self-harm and sexual assault. In 2009/10 there were 1,168,300 alcohol related admissions to hospital in England, more than twice as many as in 2002/03.¹ The current trend in liver disease is of particular concern - between 2000 and 2009, deaths from chronic liver disease and cirrhosis, mostly alcohol related, in the under 65s increased by around 20% in England, while they fell by the same amount in most EU countries.²

To reverse these trends, the RCP supports a comprehensive, evidence-based strategy that addresses the price, promotion and availability of alcohol, as well as providing comprehensive high quality services for the early identification and treatment of alcohol-attributable health conditions.

The RCP supports many of the initiatives proposed in this consultation, including the introduction of a minimum unit price for alcohol, banning multi-buy promotions in the off-trade and introducing a public health condition for cumulative impact policies. However we do not support the proposals to reduce the licensing requirements for some businesses.

The RCP also endorses the Alcohol Health Alliance UK's detailed response to this consultation.

2. Minimum unit price for alcohol

The RCP strongly supports the government's commitment to introduce a minimum price on alcohol in England and Wales. Minimum unit pricing is an effective and proportionate approach that will have the greatest impact on younger and heavier drinkers. Evidence shows that it is the cheapest alcohol that is causing high levels of harm – in the UK on average, harmful drinkers buy 15 times more alcohol than moderate drinkers, yet pay 40% less per unit.³

The Canadian experience demonstrates that minimum pricing is effective in reducing alcohol consumption, particularly of higher-strength drinks and has a greater impact on off-trade sales than on-trade.⁴


A minimum unit price of 50p would be even more effective than the proposed 45p in achieving the Government's aim of creating a targeted approach that significantly reduces harm. Modelling suggests that this would reduce total alcohol consumption by 6.7%, saving around 20,000 hospital admissions in the first year and 97,000 a year, once the policy has been in place for ten years.⁵ 50p is also consistent with the minimum unit price that is to be introduced in Scotland.

Alcohol in 2011 was 45% more affordable than it was in 1980.¹ In light of this, it will be essential to establish an effective mechanism for reviewing and adjusting the minimum unit price over time to account for inflation and rising disposable incomes. Robust independent evaluation of the impact of the minimum unit price will also be necessary – including an assessment of whether the level has been set appropriately.

3. Ban on multi-buy promotions in the off-trade

The RCP also supports the proposed ban on multi-buy promotions in the off-trade, in addition to the introduction of a minimum unit price.

Research from the University of Sheffield indicates that a ban on multi-buy promotions would increase the effectiveness of minimum unit pricing. For example, a minimum price of 50p per unit plus an off-



trade discount ban should lead to further falls in consumption - resulting in more lives saved and a greater reduction in hospital admissions, alcohol related crimes and absence days.⁶

The RCP believes this ban should be extended to include multi-buy promotion in the on-trade. More broadly, there should be an end to any promotion or incentive offered to customers to purchase and consume more alcohol than originally intended.

4. Licensing and addressing the availability of alcohol

We welcome the Government's proposal to allow local authorities to take the health harms of alcohol into account when determining the density of licensed premises in their local area. However, the RCP believes that public health should be a licensing objective in its own right, rather than tied to cumulative impact policies.

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 limiting 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.

The RCP disagrees with the proposals to reduce existing licensing requirements for ancillary sellers. Alcohol cannot be considered an ordinary commodity, and it is essential that procedures are in place to ensure that the sale of alcohol is effectively regulated, even where such sales may not be regarded as part of the core business.

Reducing existing licensing requirements for any business would increase availability of alcohol and strengthen the culture of drinking as an every-day activity. There is clear evidence that an increased density of alcohol outlets is associated with increased levels of alcohol consumption among young people, and increased levels of violence.⁷

Reference List

¹ The NHS Information Centre. *Statistics on Alcohol: England, 2012*. London: NHS Information Centre, 2012.

² Davies, SC. *Annual Report of the Chief Medical Officer, Volume One, 2011, On the State of the Public's Health*, London: Department of Health, 2012.

³ Meier PS, Purhouse R and Brennan A. Policy options for alcohol price regulation: response to the commentaries, *Addiction*, 2010;105:400–401.

⁴ Stockwell T *et al*. 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

⁵ Purhouse, R *et al*, *Modeling to assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributable harm in England using the Sheffield Alcohol Policy Model version 2.0*. Report to the NICE Public Health Programme Development Group, 2009.

⁶ Meng Y. *et al*. *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*, Sheffield: ScHARR, University of Sheffield, 2012.

⁷ World Health Organization. *Global strategy to reduce the harmful use of alcohol*. Geneva: WHO, 2010.