

## Royal College of Psychiatrists Consultation Response

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**DATE: 6 February 2013**

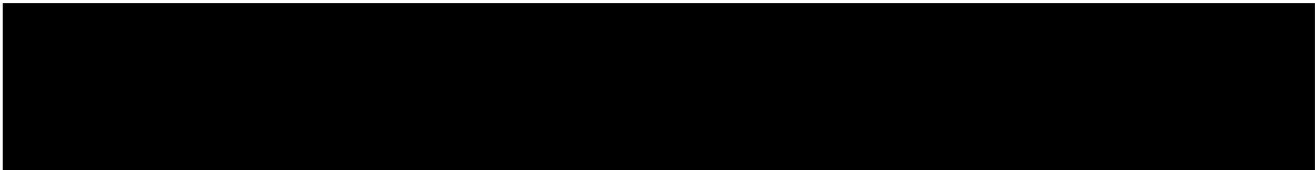
**Submission of:** THE ROYAL COLLEGE OF PSYCHIATRISTS

**Submission to: A consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour**

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. This consultation was prepared by the Addictions Faculty of the College. The College is part of the Alcohol Health Alliance (AHA), and our members have also contributed to the comprehensive AHA response. This submission from the RCPsych should be read in conjunction with the AHA submission.

This consultation was approved by: Dr Peter Rice, member of the Addictions Faculty and Chair of the Royal College of Psychiatrists in Scotland.



**Response to a consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour**

***Note: This response focuses only on the questions related to minimum pricing and multi-buy promotions.***

The Royal College of Psychiatrists (RCPsych) welcomes the overall direction of the Government's alcohol strategy. Effective controls on both pricing of the cheapest alcohol and other retail strategies such as multi-buy discounts are essential in order to reduce alcohol-related harm. While the strategy document emphasises the crime and anti-social behaviour benefits of doing so, we consider that the benefits of these measures to health, including mental health, will be considerable, and should be given equal weight. We therefore welcome moves to strengthen the public health role in licensing.

We regret that key elements of the government's Alcohol Strategy published in March 2012 have not been included in this Home Office consultation. A comprehensive alcohol harm reduction strategy also requires the following:

- improvement in the care and treatment of people who are experiencing or are at risk of alcohol problems. The Strategy acknowledged the need to improve the current care and treatment response, and the College will continue to work to achieve this.
- a focus on alcohol marketing, which is crucial. Effective regulation, with a specific aim of reducing the exposure of children to marketing, should be a high priority.

### Consultation questions

#### **1. Do you agree that this minimum unit price level would achieve these aims?**

Yes. In the present circumstances, the priority is to establish the principle of the need for intervention to control the “floor price” of alcohol. Modelling studies have been consistent with clinical experience in showing that changes in the price of the cheapest alcohol are particularly important in reducing consumption and harm among the heaviest drinkers. Benefits increase with increasing minimum price. Because of this and because of the benefits of a common Minimum Unit Price (MUP) across the UK, the College supports an MUP of 50p. However, an MUP of 45p would be a step which will result in considerable benefit to health and we commend the Government for their support of the principle of MUP.

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

Yes. A range of health and other indicators will be need to be monitored to measure the impact of MUP and the other proposed measures. The RcPsych would wish to be involved in the detailed planning of this. Measures should include trends such as the use of illicitly produced alcohol, which some commentators have predicted as a result of MUP. This is very uncommon in clinical practice, and we do not believe that MUP will increase this, but it is an example of an evaluation which will be necessary. Accurate data on levels and trends in sales of alcohol is clearly essential. The government should work with industry and health academics to develop a robust system to provide continuous real-time data on the UK alcohol market. We believe this is achievable without breaching commercial confidentiality.

**3. How do you think the level of minimum unit pricing set by the government should be adjusted?**

The MUP should be reviewed after a set period. This is very important and we would suggest the government recognises this from the start. The review needs to be done on the basis of good data, with adjustments governed by a formula including rates of harm as well as economic measures.

**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. There are many people who will benefit from MUP. These include children and other family members of heavy drinkers, users of city centres, and taxpayers. In addition, many people who come into the government description of 'responsible drinkers' will benefit from a reduction in alcohol consumption. An example of this is breast cancer, where the risk increases from low levels of consumption. MUP may thus also have the benefit of leading a 'responsible' consumer to change from 14% to 11% wine. For a female moderate drinker this would reduce her consumption by 2-3 units per week, which would appreciably reduce her breast cancer risk.

### **Multi-Buy Promotions**

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

Yes.

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

The law should be framed to ensure that there are no incentives for higher volume purchase. Allowing a multipack to be priced at any level if items are not available to buy individually is a potential loophole. For instance, a 10-pack of beer should cost 2 ½ times the cost of a 4-pack, a litre of spirits should cost 1.4 times the cost of a 700ml bottle, a 3l box of wine should cost 4 times the cost of a 750ml bottle and so on. While discounts for bulk buy are common in retail, alcohol is not a typical commodity. Harm increases with consumption and the incentives should be to drink lesser, not greater amounts.

**7. Should other factors or evidence be taken into account when considering a ban on multi-buy promotions?**

Yes. Monitoring the effect of a multi-buy ban will require accurate and current data from retailers. There should be a requirement on retailers to provide information to permit effective monitoring of the multi-buy ban and other measures.

**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?**

We agree the main purpose of a multi-buy ban is to stop promotions which encourage people to drink more than they otherwise would. The widespread use of alcohol multi-buy promotions establishes a general cultural norm that “the more you consume the better” which is inappropriate for a product like alcohol. A multi-buy ban, like MUP, will be an important step in improving cultural attitudes to alcohol across the whole population.

**February 2013**