



The Association of Directors of Public Health

Response to Public Health (Minimum Price for Alcohol) (Wales) Bill Consultation

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

ADPH welcomes the opportunity to respond to this consultation and continue to make the case for the implementation of a Minimum Unit Price (MUP) in Wales. As has been shown by a large body of evidence MUP is an effective tool for reducing alcohol harm and its introduction is a key priority for ADPH members.

We are delighted that the Supreme Court on Wednesday 15th November 2017 judged that MUP is legal, clearing the way for its implementation in Scotland. We hope this will further make the case for its implementation in Wales and across the UK.

1. The general principles of the Public Health (Minimum Price for Alcohol) (Wales) Bill and the extent to which it will contribute to improving and protecting the health and wellbeing of the population of Wales, by providing a minimum price for the sale and supply of alcohol in Wales, and making it an offence for alcohol to be sold or supplied below that price.

1.1 ADPH strongly supports the introduction of a MUP in Wales.

1.2 ADPH responded to the previous consultation on the Draft Public Health (Minimum Price for Alcohol) (Wales) Bill and that consultation response is [available here](#). In this response we made the case that there is significant evidence for the effectiveness of MUP for reducing alcohol harm, that the legislation would help to strengthen existing strategic action by the Welsh government to reduce alcohol harm, and that MUP would lead to huge savings to society in terms of health costs, crime costs, reduced workplace absence and gains in societal health including the number of years of healthy life.

1.3 The introduction of MUP is a top priority for ADPH members and was the number one policy priority for members in our most recent policy survey. 75% of DsPH who responded said this was in their top five priorities.¹

1.4 A plethora of evidence exists to support the fact that MUP is an effective policy lever for reducing alcohol harm particularly amongst at-risk groups. A recent systematic review exploring the effectiveness of minimum unit pricing for alcohol concluded that it was highly probable that



introducing MUP would reduce alcohol consumption and alcohol-related harms.² We were pleased to see such an extensive body of evidence quoted in the Explanatory Memorandum (EM) as part of the Bill and are delighted that the case for MUP has been so strongly made.

- 1.5 The overall societal cost of alcohol misuse in Wales is estimated at £15.3bn over 20 years.³ As detailed in the EM, the Sheffield Alcohol Research Group has concluded that the introduction of MUP in Wales would reduce alcohol consumption and alcohol-related harm, have a small impact on moderate drinkers but a larger impact on hazardous drinkers, and deliver great gains to the Welsh economy through reduction in crime, illness and workplace absence.⁴
- 1.6 We believe that the case for MUP has been made robustly and repeatedly and look forward to seeing it becoming reality in Wales. We applaud the Welsh government for taking this step and hope to see a similar approach implemented in all four nations of the UK in the future.
- 1.7 We note that the MUP will be specified by Welsh Ministers in secondary legislation. We are keen to stress that it must be equivalent to or more than 50p per unit as this is where there is evidence of potential to reduce alcohol consumption among hazardous and harmful drinkers while only having a small impact on moderate drinkers.⁵
- 1.8 It is important to note that the introduction of MUP will not be a 'silver bullet' for reducing alcohol harm and the introduction of other policy interventions alongside MUP would be helpful in this regard. For example, action is needed on alcohol advertising, standardised health risk warning labels should be introduced, the tax escalator on alcohol should be re-introduced and we would like to see the introduction of a public health licensing objective.

2. Any potential barriers to the implementation of the provisions and whether the Bill takes account of them.

- 2.1 The Bill places the responsibility for enforcing MUP at the local level. This is the most appropriate lever but it must be recognised that there are costs associated with enforcement. Appropriate funding must be available to enable local authorities to carry out this new duty.

3. Whether there are any unintended consequences arising from the Bill.

- 3.1 There is an argument that the introduction of MUP has a disproportionate impact on those from low-income households. We believe that the argument for the benefits of MUP and the harm reduction it will bring outweighs this argument as, while the impact on low income drinkers is likely to be higher than on high income drinkers, the policy only has a substantial impact on those drinking at a high level.
- 3.2 For example, if a 50p MUP were implemented in England moderate drinkers with low incomes would reduce their consumption by six units per year. However, harmful drinkers with low



incomes would reduce their consumption by 425 units per year (over 200 pints of beer) and harmful drinkers with higher incomes would reduce their consumption by 50 units per year.⁶

3.3 Modelling carried out by Sheffield University has found that, in Wales, for a 50p MUP moderate drinkers are expected to reduce their consumption by 6.4 units per year with a change in spending of £2.37 per year. However, high risk drinkers in poverty would reduce their consumption by 490 units per annum.⁷

3.4 We are pleased that the Bill will set out the applicability of MUP in situations where alcohol is bought as part of a multi-buy, supplied with other goods or where some alcohol in a special offer is a different strength. It is vital that loopholes are not inadvertently created which allow alcohol to be purchased at price that represents below MUP on some occasions.

3.5 If MUP is not applied correctly to multi-buy or special offer purchases this could have the inadvertent effect of incentivising bulk buy or the purchase of special offer high strength drinks.

4. The financial implications of the Bill.

4.1 No further comment.

5. The appropriateness of the powers in the Bill for Welsh Ministers to make subordinate legislation.

5.1 No comment.

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¹ The Association of Directors of Public Health, '[ADPH Policy Survey Report 2016](#)' (November 2016)

² Boniface S, Scannell JW, Marlow S. Evidence for the effectiveness of minimum pricing of alcohol: a systematic review and assessment using the Bradford Hill criteria for causality. *BMJ Open* 2017;7:e013497. doi:10.1136/bmjopen-2016013497

³ University of Sheffield, '[An adaption of the Sheffield Alcohol Policy Model version 3](#)' (September 2014)

⁴ University of Sheffield, '[An adaption of the Sheffield Alcohol Policy Model version 3](#)' (September 2014)

⁵ University of Sheffield, '[Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Scotland](#)' (April 2016)

⁶ Sheffield Research Alcohol Group, 'Frequently asked questions' [<https://www.sheffield.ac.uk/scharr/sections/ph/research/alpol/faq>] accessed 13th November 2017

⁷ University of Sheffield, '[An adaption of the Sheffield Alcohol Policy Model version 3](#)' (September 2014)