The Association of Directors of Public Health

House of Commons Health Committee session on alcohol minimum unit pricing (MUP): ADPH Evidence

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.

Introduction

ADPH welcomes the opportunity to provide evidence to the Health Committee on this topic and to continue to make the case for the implementation of a Minimum Unit Price (MUP) in the UK.

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 to our 2016 Policy Survey said this was in their top five priorities for improving and protecting the health of their population.[1]

We note that MUP is now on the way to implementation in both Scotland and Wales. 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.

Evidence is clear that reducing the affordability of alcohol through taxation and MUP is the most effective and cost-effective way of reducing alcohol harms. MUP would also have the most positive impact in terms of reducing health inequalities associated with alcohol consumption.

However, 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 to restrict promotion and availability alongside MUP would be helpful in this regard. Action is needed on alcohol advertising and marketing, particularly to protect children and standardised health risk warning labels should be introduced on all alcohol products. The tax escalator on alcohol should be re-introduced at 2% per annum ahead of inflation.

We would also like to see a review of the licensing act which includes the introduction of a public health licensing objective alongside the ability to take account of alcohol health harms at a population level when considering a licensing application or review.

1. Alcohol harm in the UK

1.1 Liver disease has increased by 400% since 1970.[2] In England, alcohol misuse is the biggest risk factor attributable to early mortality, ill-health and disability for those aged 15 to 49 years.[3]

1.2 Between 1980 and 2008 there was a 42% increase in the sale of alcohol in England and Wales.[4] There has been a shift in how alcohol is consumed, with greater consumption now taking place in the home.[5]

1.3 Sales figures show that enough alcohol is being sold in England and Wales for drinkers to consume 20.8 units per week, compared to the Chief Medical Officer's guidance which recommends no more than 14 units. In the North of England, this figure is higher, with 22.3 units sold per drinker.[6]

1.4 UK alcohol consumption per capita remains higher than the average for all OECD countries [7] and, for example, in England, one in six people drink at hazardous or harmful levels.[8]

1.5 Alcohol harm costs both individuals and society. The impact on the health system is clear to see. In 2015/16 there were 1.1 million admissions in England where an alcohol-related disease, injury or condition was the primary reason for admission or a secondary diagnosis. This was 4% more than 2014/15 and represented 7% of all hospital admissions.[9]

1.6 It has been estimated that 167,000 years of working life were lost in England in 2015 due to alcohol, and the total societal harm costs associated with alcohol have been estimated to range between £21 to 52 billion.[10]

1.7 In Northern Ireland, alcohol misuse costs up to £900m every year[11] and alcohol harm costs Scotland £3.6 billion a year in health, social care, crime, productive capacity and wider costs.[12] Alcohol costs Welsh society more than one billion each year. [13]

2. Evidence for effectiveness of MUP

2.1 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.

2.2 ADPH supports the introduction of MUP at 50p or above. There is strong evidence that an MUP of 50p or more per unit has the potential to reduce alcohol consumption among some of the most vulnerable in the population, in particular young people and hazardous and harmful drinkers, while only having a small impact on moderate drinkers.[14]

2.3 ADPH supports the findings of the recent evidence review of alcohol policy by Public Health England which concludes that reducing the affordability of alcohol through taxation and MUP is the most effective and cost-effective way of reducing alcohol harms, including premature death.[15]

2.4 The review highlighted that in recent years many indicators of alcohol harm have increased, alcohol mortality has increased, and the public health burden of alcohol is wide ranging encompassing health, social and economic harms. It stated that 'implementing a minimum unit price (MUP) is a highly targeted measure which ensures tax increases are passed onto the consumer and improves the health of the heaviest drinkers'.[16]

2.5 Modelling work by Sheffield University and Cancer Research UK in 2016 found that over 20 years a 50p minimum price per unit of alcohol in England could reduce deaths linked to alcohol in England by around 7,200, including around 670 cancer deaths. It would also reduce healthcare costs by £1.3 billion.[17]

2.6 In 2013, University of Sheffield Analysis suggested that one year after introducing MUP in England there would be 50,700 fewer crimes, 376,000 fewer days absent from work and 192 fewer deaths.[18]

2.7 Modelling carried out for the Scottish government by Sheffield University indicates that to achieve the same reduction in alcohol-related deaths as a 50p MUP, a 28% increase in alcohol tax would be needed and this would lead to smaller reductions in consumption amongst harmful drinkers in poverty, who are at the greatest risk from their alcohol consumption.[19]

2.8 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.[20]

2.9 Internationally, introduction of MUP has been found to be an effective way of reducing alcohol consumption. In the Canadian province of Saskatchewan, a 10% increase in minimum unit prices in 2010 reduced consumption of beer by 10.1%, spirits by 5.9% and wine by 4.6%. The biggest impact was on higher strength beer and wine: the consumption of higher strength beer fell by 22.0% compared to an 8.2% decrease for lower strength beer.[21] In British Columbia, the 10% increase in minimum unit prices was also associated with a 19.5% decrease in alcohol-related traffic offenses, a 10.4% decrease in violent crimes and a 32% reduction in alcohol attributable deaths.[22]

2.10. It has been argued that the introduction of MUP would have a negative impact on pubs. However, assuming the MUP is set at 50p, pub prices will be left unchanged. For example, with a 50p MUP, a pint of average strength beer could not be sold for less than around £1, but this is well below the cost of average beer prices. Where pub managers express a view one way of the other, they support MUP by a margin of 2 to 1.[23]

3. MUP and health inequality

3.1 Research by Sheffield University in 2016 found that MUP, among various pricing options, had the most positive impact in terms of reducing health inequalities. It was found to have a more beneficial impact than any tax options.[24]

3.2 People with low individual or neighbourhood socioeconomic status are more susceptible to the harmful effects of alcohol – lower socioeconomic status is associated with an almost twofold greater risk of alcohol related death.[25] In England, alcohol-related deaths for the most deprived decile were 53% higher than the least deprived in 2013.[26]

3.3 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.[27]

3.4 Research by Sheffield University indicates that 82% of the reduction in deaths due to MUP would be amongst routine and manual workers.[28]

Case Study: The Case for MUP in Liverpool

Over recent years, during the months of June to September, a street drinking drop-in facility has been run in Liverpool. The facility is known as a REST (Rehabilitation, Education, Support, Treatment) Centre. It is staffed by a team of professional health and social outreach workers and provides a haven for the most vulnerable and chaotic drinkers.

Street drinkers typically have multiple complex needs and are a hard to reach group. They are often difficult to engage with, requiring multi-agency, intensive long-term support. In 2016 a total of 173 street drinkers used the REST facility and were drinking on average 21.5 units a day. Cumulatively this equates to a total of 26,037 units per week.

The most popular drink of choice amongst those using the Liverpool REST Centre was Crofters Apple Cider (7.5%). A 2-litre bottle of Crofters Apple Cider can be bought locally for as little as £2.05 (despite it containing 17.2 units of alcohol). If a Minimum Unit Price (MUP) of 50p were to be applied the cost of this product would escalate to £8.60. The cost of drinking 21.5 units of cider would increase from £2.58 to £10.75.

Modelling has shown that an MUP of 50p would reduce consumption by 5.4% across harmful drinkers not in poverty and by 15.1% for harmful drinkers in poverty. A 5.4% drop in consumption across the 173 REST Centre users would see a reduction of 1406 units of alcohol per week. A 15.1% decrease in consumption would result in a reduction of 3,931 units per week.

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