



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

About the UK Faculty of Public Health

The Faculty of Public Health (FPH) is a membership organisation for nearly 4,000 public health professionals across the UK and around the world. We are also a registered charity. Our role is to improve the health and wellbeing of local communities and national populations.

We do this in a number of ways: we support the training of the next generation of public health professionals by designing and managing the curriculum and exams that people training for a career in public health need to take, we support our members in their continuing professional development and help them revalidate their licenses, we are a hub for public health learning and policy development through our over 30 Special Interest Groups, we encourage and promote new public health research through the Journal of Public Health, and we seek to improve public health policy and practice at local, national, and international level by campaigning for change and working in partnership with local and national governments.

For us 'public health' is about promoting and protecting the health and wellbeing of people at a population-level. It's a very broad agenda covering everything from tobacco to transport, children's health to climate change, and violence to viruses – pretty much anything which directly or indirectly impacts on people's health and wellbeing.

Introduction

The UK Faculty of Public Health welcomes the opportunity to respond to the Health, Social Care and Sport Committee's consultation on the Public Health (Minimum Price for Alcohol) (Wales) Bill. We strongly support the implementation of a minimum unit price (MUP) for alcohol in Wales. There is compelling evidence, which is presented thoroughly in the formal consultation document, that it is an effective and cost effective measure targeting heavy drinkers that would lead to significant improvements in health and well-being, and narrow health inequity. We believe MUP forms a key part of a national strategy to tackle alcohol-related harm. We fully endorse the comprehensive evidence response by our colleagues in Public Health Wales, and from the UK Health Forum. We will not duplicate their comments but would highlight the following points.

1) Comment on the general principles of the Bill and the extent to which it will contribute to improving and protecting the health and well-being of the population of Wales

1. Alcohol consumption increases the risk of over 60 conditions in the drinker and also has major effects on the health of others such as through adverse child events and domestic violence. Alcohol misuse is a major public health problem in the UK; recent decades have seen increases in alcohol consumption and its associated health harms, with for example over 1 million hospital admissions attributed to alcohol. The impacts are not only on health, but on employment and productivity and the social care and criminal justice systems. The Lancet Liver Commission as highlighted the increasing toll of alcohol related harm in the UK, with a 400% increase in liver disease mortality since 1970 largely ascribed to alcohol. (1)
2. National health surveys have shown that there has been an increase in the proportion of alcohol drunk by the heaviest drinkers (>75 units/week) which has increased from 13% to 17% from 1990-

2014. (1) It is these heavy drinkers who are most at risk of alcohol related morbidity and premature mortality.
3. There is a paradox that alcohol related mortality has an inverse gradient with socio-economic status, and yet data from national health surveys do not find the corresponding pattern of risky consumption. However, recent research from pooling such surveys has identified a key explanation: whilst lower socioeconomic status is associated with lower likelihood of exceeding recommended limits for weekly and episodic drinking, there are higher likelihoods of exceeding more extreme thresholds (for weekly >110units in men and ><85 in women). (2) To maintain such high consumption levels very heavy drinkers migrate to cheap higher strength alcohol such as strong cider.
 4. There is convincing evidence that alcohol consumption is directly driven by its price. (i.e., there is elasticity to price) and heavy drinkers are most responsive to price changes. However the 'affordability' of alcohol (which compares price to earnings) has increased significantly over the last twenty five years. Between 2008 and 2012, the UK Government increased the alcohol duty escalator automatically by 2% above inflation each year, with consequent effect on affordability and on overall consumption. (1, 3) However, this was stopped for beer in 2013 and for wine, cider and spirits in 2014. Alcohol duties were then cut or frozen in 2015 and 2016. Whilst they were all increased in line with inflation in the 2017 Spring Budget in March, the 2017 Autumn Budget announced that they will be frozen for a year from February 2018. The net effect is alcohol will become even more affordable; compared to 2012 by 2018/19 beer duty will be 16% lower, cider and spirits duty 8% lower and wine duty 2% lower. Whilst the Government intends to introduce a new duty band in 2019 for cider of a strength between 6.9-7.5% alcohol by volume, the Institute of Alcohol Studies says the impact of this new band will be modest. (3) They recommend implementing a MUP by 2018/19, to deal with the particular problem of the cheapest strongest drinks favoured by the heaviest drinkers, with MUP being complementary to reforming the alcohol duty structure for other products.
 5. MUP differentially effects the consumption of heavy drinkers (including dependent drinkers) who are most likely to consume low cost high strength alcohol. Such drinkers are most at risk of the health harms of alcohol, particularly alcoholic liver disease. There is minimal impact of MUP on moderate drinkers or poor drinkers who are not also drinking heavily. It would increase the cost of the cheapest alcohol sold in off-licences settings but not those in pubs and other on sale settings. This may target young people who pre-load before going out for a night.
 6. The level at which the MUP is set needs to take not account the affordability of alcohol (as above) and inflation, it needs to be broadly applied, enforced and reviewed.
 7. A recent systematic review of the global evidence found 33 studies which included natural experiments of introducing MUP in Canada and comprehensive modelling studies in the UK. (4) It concluded that the Bradford Hill criteria for causality were satisfied for MUP and there was very little evidence that minimum alcohol prices were not associated with consumption or subsequent harms. MUP is likely to reduce alcohol consumption, alcohol-related morbidity and mortality. Nevertheless the overall quality of the evidence was variable with uncertainty in many quantitative estimates. In Wales, modelling suggests that a 50 pence MUP would result in substantial fall in consumption in heavy drinkers especially poorer ones, and significant annual reduction in alcohol related deaths and alcohol related hospital admissions of about 10%.
 8. Additionally, recent drinking (e.g. during the working day) is a major cause of accidents at work. From steel mills to docks, making alcohol consumption less frequent during the day, may reduce this costly disruption of economic activity. Tourism, sport and transport are also all blighted if antisocial behaviour fuelled by alcohol disrupts them, and puts off their potential customers.

9. In conclusion if MUP is introduced in Wales it would reduce the health harms from alcohol in heavy drinkers by reducing their consumption of cheap strong alcohol, and their effects on 'others' and would reduce the health inequity. It may also contribute to greater workplace productivity. However the extent of the proposed benefits of MUP are based on modelling and recognised as uncertain, so we fully support the need for the proposed evaluation of MUP if it is introduced in Wales, and to robust measures to see it is enforced to maximise impact.

References

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