Making the case for a minimum unit price in England and Wales

What’s the problem?

Every hour a person in the UK dies from alcohol. Every month, 75,000 violent incidents take place where the victim believes the offender to be under the influence of alcohol and every year, 1.2 million people are admitted to hospital due to alcohol-related causes.

The availability of alcohol has increased far beyond the local pub, and is now 61% more affordable than it was in 1980. The majority of alcohol is now sold in supermarkets and off licences, where it is routinely offered at very low prices. Even with the new ban on ‘below cost’ sales a can of super strength white cider, such as Frosty Jack’s, can currently be sold for about 16p. Of all alcohol sold, very cheap products play the biggest part in driving alcohol-related harm.

And alcohol does not just harm the individual drinker; it all too often affects innocent bystanders, contributing to rates of child abuse and neglect, domestic violence, family breakdown and crime and disorder.

> 74% of child mistreatment cases in the UK are alcohol-related.
> 93,500 babies under the age of one live with a parent who is a problem drinker.
> A fifth (21%) of all calls to ChildLine are from children worried about drinking by a parent or other significant person. They describe fears of neglect, violence, isolation and fear.
> Over a third of victims of domestic violence perceived their attackers to have been under the influence of alcohol.
> Victims of violent crime believe the offender(s) to be under the influence of alcohol in around half (49%) of all violent incidents.
> Around 43% of school children admit to having drunk alcohol, and amongst 11–15-year-olds the frequency of spirit-drinking has almost doubled since 1990 – with a staggering 95% increase amongst girls.

It’s currently cheaper for our children and young people to buy a 3-litre bottle of cider than it is a cinema ticket.
As well as the human toll, alcohol costs our country £21 billion every year.11

Due to existing health inequalities, the cruellest effects of alcohol are felt most by those who can least afford it. Even though as a group they don’t consume as much alcohol as more affluent groups, people in the most deprived areas of the country are disproportionately more likely to experience the impacts of alcohol-related crime, are more likely to suffer the impacts of alcohol-related health conditions and are more likely to die from an alcohol-caused condition.12

Alcohol tears apart families and damages entire communities – its impact is felt across the board and there is not a neighbourhood in the UK that remains untouched. We are experiencing nothing short of a national crisis because of alcohol – we must act now to stop this.

What’s the solution?

A minimum unit price would allow all alcoholic beverages to be priced based on their strength. Stronger drinks, such as high-strength white cider and spirits, would have a higher price than their lower-strength alternatives. This precisely targets the products that are consumed by young drinkers and people drinking harmful quantities, without penalising moderate drinkers, including those on low incomes.

- Patients with alcohol-related cirrhosis drink an average of 146 units of alcohol per week.
- These harmful drinkers currently pay only 33p/unit.
- In contrast, low risk drinkers already pay an average of £1.10 per unit.13

Minimum unit pricing (MUP) would not adversely impact moderate drinkers, with the price of the majority of alcohol on our shelves and in our pubs remaining unaffected. In fact, it is estimated that moderate drinkers across all income groups would spend just 78p more on alcoholic drinks per year.14

Estimated effects of a 50p MUP compared with the current below cost ban in England15

Research commissioned by the government as part of its 2012 consultation on the alcohol strategy confirms that MUP is far more effective at tackling alcohol-related harm than the government’s current ban on the ‘below cost sales’ of alcohol:

<table>
<thead>
<tr>
<th></th>
<th>50p minimum price per unit</th>
<th>Ban in below cost sales</th>
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</thead>
<tbody>
<tr>
<td>Overall reduction in alcohol consumption</td>
<td>2.50%</td>
<td>0.04%</td>
</tr>
<tr>
<td>Reduction in crimes by the end of year one</td>
<td>50,700</td>
<td>900</td>
</tr>
<tr>
<td>Reduction in days absent from work due to alcohol consumption by the end of year one</td>
<td>376,600</td>
<td>5,700</td>
</tr>
<tr>
<td>Reduction in deaths related to alcohol abuse by the end of year ten</td>
<td>960</td>
<td>14</td>
</tr>
<tr>
<td>Reduction in hospital admissions by the end of year ten</td>
<td>35,100</td>
<td>500</td>
</tr>
<tr>
<td>Total cost reduction to health, crime and workplace absence over ten years</td>
<td>£5.1bn</td>
<td>£77m</td>
</tr>
</tbody>
</table>

Case study: Canada

Canada is among six countries to have already implemented some form of MUP. In most provinces, there is a minimum dollar value per litre of alcohol beverages. Evaluations in British Columbia (43p per unit) and Saskatchewan (45–60p per unit) showed the following.

- In Saskatchewan, analysis showed that a 10% increase in average minimum prices resulted in an 8.4% reduction in total alcohol consumption.
- Consumption in Saskatchewan has also shifted towards lower strength varieties of beer and wine, perhaps due to minimum price rates being calculated on the basis of alcohol content.
- When minimum prices rose in British Colombia, two studies found that the number of deaths due to alcohol fell. It is estimated that a 10% increase in average minimum alcohol prices was strongly associated with a 32% reduction in wholly alcohol-caused deaths.
- A 10% increase in average minimum price was estimated to be associated with 2% fewer hospital admissions in the first year and 3% fewer chronic admissions two years later.

Source: Is alcohol too cheap in the UK? The case for setting a minimum unit price for alcohol. www.ias.org.uk
How would MUP affect pubs and supermarkets?

<table>
<thead>
<tr>
<th></th>
<th>In the pub</th>
<th>In the supermarket</th>
</tr>
</thead>
<tbody>
<tr>
<td>pint cider</td>
<td>£2.60</td>
<td>£2.60</td>
</tr>
<tr>
<td>glass wine</td>
<td>£4</td>
<td>£4</td>
</tr>
<tr>
<td>shot vodka</td>
<td>£2</td>
<td>£2</td>
</tr>
<tr>
<td>2.5lt bottle cider</td>
<td>£2.99</td>
<td>£6.45</td>
</tr>
<tr>
<td>75cl bottle wine</td>
<td>£3.49</td>
<td>£5.05</td>
</tr>
<tr>
<td>70cl bottle vodka</td>
<td>£11.15</td>
<td>£14</td>
</tr>
</tbody>
</table>

How much does it cost now?*  

<table>
<thead>
<tr>
<th>How much does it cost now?*</th>
<th>£2.60</th>
<th>£4</th>
<th>£2</th>
<th>£2.99</th>
<th>£3.49</th>
<th>£11.15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost with a minimum price of 50p per unit</td>
<td>£2.60</td>
<td>£4</td>
<td>£2</td>
<td>£6.45</td>
<td>£5.05</td>
<td>£14</td>
</tr>
</tbody>
</table>

Benefits of MUP

MUP would play a pivotal role in tackling health inequalities without penalising moderate drinkers on low incomes. As lower-income households disproportionately suffer the harms of alcohol, they would see the greatest benefits from MUP. University of Sheffield data suggests that routine and manual worker households would account for over 80% of the reduction in deaths and hospital admissions brought about by a minimum unit price and yet the consumption of moderate drinkers in low income groups would only drop by the equivalent of 2 pints of beer a year.13

MUP would also reduce drinking among children and young people, as they are particularly sensitive to price changes, as research into tobacco pricing has demonstrated.16,17 The affordability of alcohol, and particularly the attractive price promotions in off licences, supermarkets and other shops, means that it is often cheaper for our children and young adults to drink than to participate in other social activities such as going to the cinema or bowling.18,19

MUP supports important and socially responsible local pubs by addressing irresponsibly low prices in the off trade. Prices in pubs are likely to be unaffected, as most drinks cost more than 50p per unit.20

There is wide support for MUP from organisations including:

> Public Health England
> British Medical Association
> Association of Chief Police Officers
> Royal College of Physicians
> Retailers including Tesco, Waitrose, and the National Federation of Retail Newsagents
> Brewery companies including Greene King and Molson Coors
> More than half of pub landlords surveyed by the British Institute of Innkeeping.21

Drinking to get drunk: www.alcoholconcern.org.uk

63% of 16–24 year-olds agree that cheap alcohol encourages drinking to get drunk.

Our recommendations for action

1. Introduce a minimum unit price of 50p for all alcohol sales, together with a mechanism to regularly review and revise this price.

MUP will bring benefits not only to heavy drinkers but also to the many others affected by their behaviour – their partners, their children and their friends. MUP is considerably more effective than banning below cost sales in terms of reducing harmful consumption, hospital admissions and preventing alcohol-related deaths. It would have immediate and long-term benefits to health, crime prevention and economic growth. The broad social and economic benefits from reduced health and crime costs mean that many stand to gain from the introduction of MUP – particularly the most vulnerable.

2. All bulk purchase discounting of alcohol including ‘happy hours’ should be prohibited.

Discounted alcohol distorts public attitudes to alcohol; it ceases to be a potentially harmful product and simply becomes a good bargain which consumers are encouraged to buy in bulk. There is a strong correlation between the increasing affordability of alcohol and the increasing levels of alcohol-related harm.22 By tackling extremely cheap alcohol, we will tackle alcohol-related harm.

3. Taxes should be used to raise the real price of alcohol products such that their affordability declines over time.

Over the last 30 years, the affordability of alcohol in the UK has increased despite rises in alcohol tax – alcohol is 6% more affordable than it was in 1980, which is reflected by the increased levels of alcohol consumption since then.23 A more robust approach to the taxation of alcohol should be implemented, linking tax increases to the affordability of alcohol. On their own, tax rises are unlikely to stem the tide of very cheap alcohol but when implemented alongside a minimum unit price, they remain an important and effective tool in reducing the harm of alcohol.
References


7. NSPCC. Estimates of the numbers of infants (under the age of one year) living with substance misusing parents. London: NSPCC, 2011


About the Alcohol Health Alliance UK
The Alcohol Health Alliance (AHA) is a coalition of more than 40 organisations who share an interest in reducing the damage caused to health by alcohol misuse in the UK. Our members include medical bodies, charities and alcohol health campaigners. For further information and/or to set up a meeting with an AHA representative, please contact us:

alcohol@rcplondon.ac.uk | 020 3075 1612 / 020 7566 9809.