

Consultation on Minimum Unit Pricing of Alcohol in Northern Ireland

Introduction

The Drinkaware Trust is a registered charity with the mission to reduce alcohol harm and provide alcohol education in the UK. Drinkaware's response is anchored in its remit of reducing alcohol harm by encouraging positive changes in drinking behaviour. Drinkaware is committed to being led by the evidence in all our work. We conduct our own research and commission external research from a range of organisations including universities and independent research bodies.

Drinkaware acknowledges the World Health Organization (WHO) position on the three key influencers of alcohol consumption – price (affordability), ease of purchase (availability) and the social norms around its consumption (acceptability)¹ – and within this alcohol education has a role to play in supporting behaviour change.

Drinkaware aims to change drinking behaviour through public education concerning the facts and health implications of alcohol. The following response draws upon the charity's insights and evidence around alcohol and drinking behaviour. We have therefore shaped our response on the basis of a targeted review of the evidence, based on current peer-reviewed and published evaluation studies on Minimum Unit Pricing (MUP) with the objective of considering how the introduction of MUP in Northern Ireland might more effectively contribute to protecting public health and reducing alcohol harm.

Consultation Question 1

Do you agree with the overall policy aim of reducing the harm alcohol causes?

We recognise that alcohol impacts physical and mental health^{2,3} and so affects family life, relationships, and sexual behaviour^{4,5}. It also has economic impacts with alcohol-related sickness and absence estimated to cost UK industry £7.3 billion a year,⁶ with up to a further £1.4 billion a year estimated due to alcohol-related presenteeism⁷.

Results from the 2021 Drinkaware Monitor^{8,9} (our annual survey of drinking habits in the UK) show that in Northern Ireland¹⁰:

11% of adults in Northern Ireland drink alcohol four or more times a week, compared to 17% of all UK adults, and this did not spike during the pandemic unlike in other parts of the UK. 31% of drinkers in Northern Ireland also reported never binge drinking in 2018, rising to 38% in 2021.

But when Northern Ireland drinkers do drink, they drink more. One in five (20%) drinkers in the country report having seven or more units of alcohol on a typical drinking day, more than any other UK nation.

Northern Ireland has more high risk drinkers than other parts of the UK and they are still drinking more than pre-pandemic levels. Based on the AUDIT-C screening tool¹¹, 20% of drinkers in Northern Ireland are high risk, higher than any other UK nation. 38% of high risk drinkers in the country also reported drinking more than pre-pandemic levels in the last 30 days (May/June 2021), compared to 31% of UK high risk drinkers.

Our data shows there are clear and specific trends in Northern Ireland that cause alcohol harm. As a charity focused on the reduction of alcohol harm we are in complete support of the policy aim of reducing the harm alcohol causes.

Consultation Question 2

Do you believe that introducing MUP for alcohol into Northern Ireland will have an impact on reducing alcohol-related harm?

As a charity focused on reducing alcohol harm, we believe the greatest weight should be given to the evidence of reducing drinking amongst high drinkers, that is people who are drinking more than the Chief Medical Officers' (CMO) recommended low-risk drinking guidelines of no more than 14 units a week, putting their health at risk, with some risking serious long-term damage to their health.

On the evidence to-date, Drinkaware is in favour of the introduction of MUP in Northern Ireland as a proportionate and targeted solution to supporting a reduction in alcohol-related harm which targets high risk drinkers but does not affect the majority of drinkers who drink within the CMOs guidelines.

Evidence from systematic reviews in other countries, as well as real-world empirical studies indicate that policies linked to increased alcohol prices (including MUP and taxation) are associated with reductions in alcohol consumption^{12, 13}.

The evidence we have seen found no evidence of a beneficial impact of MUP on alcohol-related emergency department (ED) attendances and drinking patterns among ED attendees¹⁴ For in-patient admissions, evidence from Canada found that MUP can have a beneficial impact on hospital admission rates¹⁵.

There is strong evidence¹⁶ that the introduction of a minimum unit price might reduce off-trade alcohol purchases (eg, from shops or online) and consumption, seemingly despite COVID-19-associated changes, and that the effect is considerably concentrated in households that generally purchase the most alcohol.

The evidence from Scotland indicates that while the impact on drinking levels in general is not dramatic, it does reduce alcohol use in the drinkers drinking at a level that is likely to be harmful to health and wellbeing¹⁷. In the UK, less affluent people experience a higher rate of alcohol-related health problems, despite people in different socioeconomic groups having similar alcohol consumption levels¹⁸, referred to as the alcohol harm paradox¹⁹. Evidence from Scotland also indicates that MUP may influence the alcohol harm paradox for the better²⁰.

There is strong evidence that MUP in Scotland and Wales have been effective in reducing sales of alcohol, with significant reductions in off-trades sales and reductions in household alcohol purchases, especially in households that bought the most alcohol^{21, 22}. The reduction in sales have mainly been from falls in sales of higher strength beer and cider and spirits, which was a core feature and intended benefit of the policy²³.

There is also evidence that MUP is not causing the heaviest drinkers, those drinking to a level that is likely to harm health, to swap into other alcoholic beverages. Evidence from interviews with "heavy drinkers" and with staff and people accessing alcohol treatment services in Scotland, suggests that people who are possibly alcohol dependent, were in the main not swapping their preferred type of alcoholic beverage for another (for example switching from cider to spirits)^{24, 25}.

As with all policy measures, MUP needs to be seen as one piece of a complex jigsaw. It will not remove all alcohol harm, and other measures remain important.

There is significant ongoing research and evaluation of the impacts of the introduction of MUP and we will continue to keep our position under review as further evidence emerges. It will be important to see data which disentangles the impact of MUP from that of the pandemic on drinking levels amongst high risk drinkers.

Consultation Question 3

Do you foresee the introduction of MUP into Northern Ireland as impacting negatively upon any specific groups?

We have not seen any evidence that would lead us to believe the introduction of MUP would impact negatively upon any specific groups. Rather, if as the evidence implies, MUP may address the alcohol harm paradox, its introduction should have a beneficial impact on those groups who are most affected by and at the highest risk of alcohol harm.

Moreover, several studies indicate that MUP in Scotland is not associated with people who drink switching to other drugs^{26,27,28,29,30}, including young people (aged between 13 and 17 years)³¹.

Consultation Question 4

Do you believe that of the pricing options considered, that MUP for alcohol is the most effective way of achieving the policy aim of reducing harm? Are there other pricing policy options that should have been considered?

In our response to the HM Treasury's Alcohol Duty Review call for evidence, Drinkaware noted that the duty system could be used to incentivise and support product innovation in lower ABV products, and the reformulation of products to reduce alcohol content by volume, which could make a significant contribution to reducing alcohol harm, particularly amongst consumers who are willing to switch to lower ABV options³².

In the 2020 update report on the evidence and recommended policy actions for alcohol pricing in the WHO European Region, the WHO recommends that MUP should not be viewed in isolation and that combining MUP with increases in duty rates may be more effective than either policy individually. One of the benefits of combining the policies is that a greater proportion of the increase in sales is returned to the exchequer. This in turn could be used to provide additional funding to activities that counter illicit alcohol production and use or for specialist alcohol treatment services for example³³.

Consultation Question 5

Do you have any opinion on the level on which MUP should be set initially and why?

As an independent alcohol education charity, Drinkaware is not best placed or in possession of sufficient evidence to comment on the level on which MUP should be set initially.

Consultation Question 6

Do you agree that the level of the MUP should be varied over time? If so, what other information or evidence do you think should be considered when amending the MUP?

As an organisation that believes in being led by the evidence in all our work, we believe that future changes to the level of MUP should be driven by research and evaluation of the impact that the introduction of MUP brings. We note that in the consultation it is stated that:

Indicators and outcomes will be set to enable the impact of MUP to be measured and to evaluate its ability to achieve the overall aim of reducing alcohol related harm. The Department believes the main outcomes would be in relation to a percentage reduction in alcohol related deaths, and a percentage reduction of alcohol related hospital admissions, after 5 and 20 years of the policy implementation. However, the level at which these targets would be set will be very much influenced by the level at which an MUP is set and how it is varied over time.

To understand the appropriate level of MUP over time, we believe that alongside these and the wider indicators in the Substance Misuse Strategy, any resetting of the level should consider alcohol harm holistically and take into account the wider impact of any changes, for example, the impact on families.

We also note that the UK Government are considering changes to the way alcohol duty is levied and that they will publish the impact of their alcohol duty reforms on public health in a tax information and impact note when the policy is final, or near final³⁴. We believe that any future changes to the level of MUP should take into account an understanding of the public health impacts of any duty changes the UK Government may introduce.

Consultation Question 7

If the MUP rate is to be varied over time, what do you believe would be the best method of achieving this?

As an alcohol education charity, Drinkaware is not best placed or in possession of sufficient evidence to comment.

Consultation Question 8

Do you agree with the use of the formula for setting the total minimum price for a product?

As an alcohol education charity, Drinkaware is not best placed or in possession of sufficient evidence to comment.

Consultation Question 9

Do you agree with the enforcement proposals and sanctions that would be added to the necessary legislation?

As an alcohol education charity, Drinkaware is not best placed or in possession of sufficient evidence to comment.

Consultation Question 10

Do you agree with the proposed targets and monitoring arrangements?

As noted in answer to Question 6, we believe that the monitoring and evaluation of the impact of MUP should consider alcohol harm holistically, for example, the impact on families, and take into account changes to the wider impact of the policy to best evaluate how it is working.

Consultation Question 11

Do you agree with the outcome of the Impact Assessment Screenings? Have you any comments on either the Equality/Good Relations or Rural screening documents? Is there anything you believe we

should be considering in future Equality/Good Relations or Rural screenings or future impact assessments?

As an alcohol education charity, Drinkaware is not best placed or in possession of sufficient evidence to comment.

Consultation Question 12

Do you agree with the outcome of the Regulatory Impact Assessment? Have you any comments on the Regulatory Impact Assessment? Is there anything you believe we should be considering in future regulatory impact assessments?

As an alcohol education charity, Drinkaware is not best placed or in possession of sufficient evidence to comment.

27 May 2022

¹ Public Health England. (2016). The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review

² Department of Health. (2016). UK Chief Medical Officers' Alcohol Guidelines Review: Report from the Guidelines development group to the UK Chief Medical Officers. London: Department of Health. [Online]. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545739/GDG_report_an2016.pdf.

³ Departments of Health, UK. (2016). UK Chief Medical Officers' Low Risk Drinking Guidelines. [Online]. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf.

⁴ NHS Choices website. Male sexual problems. The Information Standard member organisation. Last reviewed: 10/06/2014. Available at: <http://www.nhs.uk/Livewell/men4060/Pages/Malesexualdysfunction.aspx>

⁵ Christmas, S. and Seymour, F. (2014). Drunken nights out: motivations, norms and rituals in the night-time economy. Drinkaware. Available at: https://www.drinkaware.co.uk/media/1567/drinkaware_drunken-nights-out-report_full-report_vfinalpdf-version-without-page-breaks-_dec-2014-amend.pdf

⁶ Home Office. (2012). A minimum unit price for alcohol. Impact Assessment. (November 2012). Home Office, London. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/157763/iaminimum-unit-pricing.pdf

⁷ Institute of Alcohol Studies. (2019). Financial headache. The cost of workplace hangovers and intoxication to the UK economy. [Online]. Available at: <http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp35062019.pdf>

⁸ Drinkaware Monitor. An annual nationally representative survey conducted by YouGov of UK adults aged between 18 and 85 years with a sample of around 9,000 participants. Available at: <https://www.drinkaware.co.uk/research/drinkaware-monitors>

⁹ Drinkaware welcomes secondary analysis of its data and more information can be found here <https://www.drinkaware.co.uk/research/data-library>

¹⁰ Pearson A., & Slater, E. (2021, November). Spotlight on Northern Ireland. Drinkaware Monitor 2021. PS Research and Drinkaware.

¹¹ Alcohol Use Disorders Identification Test – Consumption (AUDIT-C) consists of the consumption questions from the World Health Organization's (WHO) full Alcohol Use Disorders Identification Test (AUDIT).

¹² Livingston, Wulf, et al. "Adapting Existing Behaviour: Perceptions of Substance Switching and Implementation of Minimum Pricing for Alcohol in Wales." Nordic Studies on Alcohol and Drugs, vol. 38, no. 1, Feb. 2021, pp. 22–34, doi:10.1177/1455072520972304.

¹³ World Health Organization Regional Office for Europe. (2020). Alcohol pricing in the WHO European Region: update report on the evidence and recommended policy actions. World Health Organization. Available at: <https://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2020/alcohol-pricing-in-the-who-european-region-update-report-on-the-evidence-and-recommended-policy-actions-2020>. [Accessed 14 April 2022].

¹⁴ So V, Millard AD, Katikireddi SV, Forsyth R, All staff S, Deluca P, et al. Intended and unintended consequences of the implementation of minimum unit pricing of alcohol in Scotland: a natural experiment. Public Health Res 2021;9(11)

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- ¹⁵ Full Research Report: Buhociu, Holloway, May, Livingston, and Perkins (2021). Assessing the Impact of Minimum Pricing for Alcohol on the Wider Population of Drinkers - Baseline. Cardiff: Welsh Government, GSR report number 45/2021.
- ¹⁶ Anderson, O'Donnell et al. "Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: controlled interrupted time series analyses." *The Lancet Public Health*, Volume 6, Issue 8, E557-E565, August 01, 2021, DOI:[https://doi.org/10.1016/S2468-2667\(21\)00052-9](https://doi.org/10.1016/S2468-2667(21)00052-9)
- ¹⁷ Alcohol Change, (2020), Studying individual-level factors relating to changes in alcohol and other drug use, and seeking treatment following Minimum Unit Pricing implementation. Executive summary, [Online], Available at https://s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/documents/Ind-level_factors-in-alcohol-and-other-drug-use-following-MUP-Exec-summary.pdf [Accessed 24 April 2022]
- ¹⁸ Bellis, M. A., Highes, K., Nicholls, J., Sheron, N., Gilmore, I. and Jones, L. (2016) The alcohol harm paradox: using a national survey to explore how alcohol may disproportionately impact health in deprived individuals, *BMC Public Health*, 16:111
- ¹⁹ [Understanding the Alcohol Harm Paradox | Drinkaware](https://www.drinkaware.co.uk/research/research-and-evaluation-reports/understanding-the-alcohol-harm-paradox) Available at: <https://www.drinkaware.co.uk/research/research-and-evaluation-reports/understanding-the-alcohol-harm-paradox>
- ²⁰ Anderson P, O'Donnell A, Jané Llopis E, Kaner E (2022) The COVID-19 alcohol paradox: British household purchases during 2020 compared with 2015-2019. *PLoS ONE* 17(1): e0261609. <https://doi.org/10.1371/journal.pone.0261609>
- ²¹ Anderson, P., O'Donnell, A., Kaner, E., Llopis, E. J., Manthey, J., & Rehm, J. (2021). Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: controlled interrupted time series analyses. *The Lancet Public Health*.
- ²² Giles L, Robinson M and Beeston C. Minimum Unit Pricing (MUP) Evaluation. Sales-based consumption: a descriptive analysis of one-year post-MUP off-trade alcohol sales data. Edinburgh: NHS Health Scotland; 2019.
- ²³ Llopis, E. J., O'Donnell, A., & Anderson, P. (2021). Impact of price promotion, price, and minimum unit price on household purchases of low and no alcohol beers and ciders: Descriptive analyses and interrupted time series analysis of purchase data from 70, 3030 British households, 2015-2018 and first half of 2020. *Social Science & Medicine*, 113690.
- ²⁴ Buykx, P., Perkins, A., Hughes, J., Livingston, W., Johnston, A., McCarthy, T., ... & Holmes, J. (2021). Impact of Minimum Unit Pricing among people who are alcohol dependent and accessing treatment services: Interim report: Structured interview data.
- ²⁵ Alcohol Change, (2020), Studying individual-level factors relating to changes in alcohol and other drug use, and seeking treatment following Minimum Unit Pricing implementation. Final report, [Online]. Available at: https://s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/documents/Ind_level_factors-in-alcohol-and-other-drug-use-following-MUP-Final-Report.pdf [Accessed 24 March 2022]
- ²⁶ Krzemieniewska-Nandwani, K., Bannister J., Ellison, M., et al. (2021). Evaluation of the impact of alcohol minimum unit pricing (MUP) on crime and disorder, public safety and public nuisance [Online]. Available at: <https://www.publichealthscotland.scot/publications/evaluation-of-the-impact-of-alcohol-minimum-unit-pricing-mup-on-crime-and-disorder-public-safety-and-public-nuisance> [Accessed 10 March 2022]
- ²⁷ So V, Millard AD, Katikireddi SV, Forsyth R, All staff S, Deluca P, et al. Intended and unintended consequences of the implementation of minimum unit pricing of alcohol in Scotland: a natural experiment. *Public Health Res* 2021;9(11)
- ²⁸ O'May, Fiona, et al. "Heavy Drinkers' Perspectives on Minimum Unit Pricing for Alcohol in Scotland: A Qualitative Interview Study." *SAGE Open*, July 2016, doi:10.1177/2158244016657141
- ²⁹ Public Health Scotland, (2020). Minimum Unit Pricing (MUP) for alcohol evaluation. The impact of MUP on protecting children and young people from parents' and carers' harmful alcohol consumption: A study of practitioners' views [Online]. Available at: <https://www.drugsandalcohol.ie/31971/1/mup-children-and-young-people-harm-from-others-main-report.pdf> [Accessed 21 March 2022]
- ³⁰ Alcohol Change, (2020), Studying individual-level factors relating to changes in alcohol and other drug use, and seeking treatment following Minimum Unit Pricing implementation. Executive summary, [Online], Available at: https://s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/documents/Ind-level_factors-in-alcohol-and-other-drug-use-following-MUP-Exec-summary.pdf [Accessed 24 March 2022]
- ³¹ Scottish Government, Department of Health and Social Care, (2021). A Review of the Existing Literature and Evidence on Young People Experiencing Harms from Alcohol and Drugs in Scotland [Online]. Available at: <https://www.gov.scot/publications/review-existing-literature-evidence-young-people-experiencing-harms-alcohol-drugs-scotland/pages/6/> [Accessed 15 March 2022]
- ³² Drinkaware response to the Alcohol Duty Call for Evidence November 2020 [drinkaware-response-alcohol-duty-call-for-evidence-nov-2020-website-version.pdf](https://www.drinkaware.co.uk/evidence-nov-2020-website-version.pdf)
- ³³ World Health Organization Regional Office for Europe. (2020). Alcohol pricing in the WHO European Region: update report on the evidence and recommended policy actions. World Health Organization. Available at: <https://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2020/alcohol-pricing-in-the-who-european-region-update-report-on-the-evidence-and-recommended-policy-actions-2020>. [Accessed 3 March 2022].
- ³⁴ House of Commons Written Question 19 April 2022 151215 <https://questions-statements.parliament.uk/written-questions/detail/2022-03-31/151215>