

Bil Iechyd y Cyhoedd (Isafbris am Alcohol) (Cymru)

Public Health (Minimum Price for Alcohol) (Wales) Bill

Ymateb gan Ganolfan Gymraeg am Weithredu ar Ddibyniaeth

Response from Welsh Centre for Action on Dependency and Addiction



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9<sup>th</sup> January, 2018

Dr. Dai Lloyd AM,  
Chair, Social Care and Sport Committee,  
National Assembly for Wales,  
Cardiff Bay,  
CARDIFF,  
CF90 1NA

Dear Dr. Lloyd,

RE: Public Health Minimum Price for Alcohol (Wales) Bill

In response to your letter dated 14<sup>th</sup> December, 2017 WCADA would like to provide you with the following information that I trust will help you and the committee in your decision making process during your scrutiny of the Bill.

We would like to provide assurance at the outset that we are in agreement with the implementation of this Bill and refer to the following points in support:

- A higher minimum price can be a factor in dealing with the very high social costs of alcohol misuse.
- It can particularly discourage young drinkers from over-consumption including 'preloading' on cheap alcohol from supermarkets. Additionally, a reduction in 'preloading' may have a positive effect on reducing the alcohol related harms witnessed every week in our towns and cities, thereby reducing the burden on our Accident and Emergency Services and the requirement in some of our cities to provide alcohol centres to treat individuals who are in a vulnerable state due to excess alcohol.
- There is a direct link between the consumption of harmful amounts of alcohol and the availability of cheap alcohol. It may raise awareness and encourage more people to access treatment.
- Those who drink within low risk guidelines (not regularly drinking more than 14 units weekly) will likely see little difference to the amount they spend on alcohol,



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promoting a healthier relationship with alcohol.

However, the implementation of the Bill may have some unintended consequences as follows:

- It may not persuade long-term problem drinkers or those who drink to get drunk to change their behaviour.
- The minimum price will affect those on low incomes the most. The cheapest drinks tend to be favoured not only by those who drink excessively, but also those with less disposable income. However Alcohol Concern states: the key factor that determines whether you are likely to buy cheap alcohol is not your income but how heavily you tend to drink.
- There may additionally be an increase in unregulated trade of alcohol or growth of black markets. It could also lead to an increase in petty crimes, such as theft in order to obtain alcohol or money to purchase it.
- A higher minimum price could encourage people to switch to illicit 'home brews' and replacement alcohol, which could be potentially dangerous due to the unknown quantity or composition. However Alcohol Concern states: the argument that dependent drinkers will turn to substitute or illicitly distilled alcohols, or steal alcohol, is unproven.
- There is also the argument that increasing the tax on alcohol would be more productive and utilising this additional revenue to fund the cost of treating alcohol-related harms. However, this argument would require further thought as the additional revenue would need to be 'ring fenced' for it to be utilised effectively to address its intended aims.

The Minimum Unit Price for Alcohol alone is unlikely to reverse and/or prevent alcohol dependency. There will need to be a structured approach to its implementation to ensure that awareness is raised among the most affected members of society. It is worth implementing and we are in agreement with the 'sunset clause' that has been proposed that a review be conducted for example after 5 years and should such reductions in harm not be evidenced, then the measure could be reversed.

We are concerned that the most vulnerable, such as the homeless, will suffer significant health issues, if resources are not made available to increase treatment places in preparation for this potential unintended consequence. Substance misuse providers already have waiting lists for in-patient detoxification and treatment and should there be an increase in referrals, we need to be ready to respond quickly. More people accessing services would have such a beneficial effect on themselves, their families and the wider community and would avoid the significant health issues and costs associated with long-term alcohol dependency.

We have tried to provide you with as much information as possible to inform your discussion, but should you require any further detail, please do not hesitate to contact me.

Yours faithfully,



Karen J. Ozzati

Chief Executive