

12 March 2018

## **Minimum Price for Alcohol**

Hello Mr Lloyd,

In relation to the Plenary debate and wider progress/development of this legislation, there are a number of important considerations that I would like to bring to your attention.

### **A highly polarised debate**

It merits recognition that the public debate on this issue is highly polarised - both in Wales and in the rest of the UK. That the exploration of effective approaches to tackle misuse is divided along the lines of public health advocates and the drinks industry (retailers and producers) is unhelpful.

The risk that arises is that assumptions are made on motives based on which 'side' an individual or organisation sits rather than the quality of the evidence presented.

I sincerely hope the level of scrutiny in Wales is different.

Though to illustrate the point, I met with two Scottish MPs in Westminster recently and despite the policy being a 'live' consideration for several years, they were still unclear on several fundamental points. They were also very concerned that in many instances the single source of information is the Sheffield Alcohol Research Group (SARG). Whatever appraisal might be attached to their work, this is not robust or in keeping with either academic or industry practice.

Specifically, I was asked by an MP, "where the money goes with MUP?"

That might be surprising, yet in a 100-page report for the Welsh Government on [the comparative impacts of MUP and taxation policies in Wales](#), the difference in public revenues from the two approaches was not in the Executive Summary and was barely mentioned in the balance of the report. Yet, that was the research aim of the report as the issue of public revenues is so significant. As you will know this is because those revenues might be used to fund services to support those in crisis and/or education for other hazardous drinkers (especially when the Westminster Government continues to reduce funding for such services, directly and indirectly).

All those engaged in the debate are committed to reducing the harm associated with alcohol misuse, for the individuals concerned and those around them. If this is acknowledged then there can be balance in the assessment of the evidence presented. A drinks producer has a clear vested interest, as does the SARG given their financial existence and academic credibility is inextricably linked to whether their forecast model and related work are valid.

On both the fundamental premise of the Sheffield Alcohol Policy Model (SAPM) and the assessment of the impact of MUP, there is evidence that the policy fails on both counts (details below).

That this evidence has not been widely presented is a failing on the part of drinks industry bodies and of producers. Whether this is because the legal challenge somehow served as a distraction or whether there was complacency, I do not know. Though on an issue of such importance, it must be possible to inform those developing and implementing public policy - hence this approach.

### **Flawed premise for the SAPM**

In all versions/revisions of the SAPM the fundamental premise is that an increase in the cost of a substance misused will prompt dependent drinkers to curb their consumption of the substance misused. This assumption is entirely at odds with the consensus view of frontline professionals working in drug and alcohol services and in the homelessness sector. Attached is the full results of an independent study of over 100 of these professionals.

To extract just one finding, when asked what happened in the event of a substance being misused, increasing in price or becoming somehow restricted in supply, their assessment of the response of dependent drinkers was:

- 37% said misuse continues with a greater proportion of resources used to obtain the substance (making matters worse)
- 55% said misuse switches to another substance (either cheaper and/or more accessible)
- 5% said misuse reduces but does not stop entirely
- 2% said misuse stops altogether and (2% of respondents did not know or did not respond)

The issue of displacement was flagged in evidence to the Health, Social Care and Sport Committee from people like [Richard Edwards of the Huggard Centre](#) and it was [acknowledged by the Committee](#). In the study, frontline professionals also point to the substance being misused (legal or otherwise) not being the issue, i.e. 78% agreed that the use of a substance was as a coping mechanism for individuals given the challenging circumstances they faced.

### **Disproportionate impact of MUP**

The SAPM suggests that a moderate drinker is hardly likely to notice the impact of MUP (at the level of 50p per unit). The reality based on actual market data reveals that this assessment is simply wrong, and by a considerable margin.

As MUP will be introduced in Scotland from 1st May, the data used here relates to Scotland, though prices will be consistent (even if there is a modest change in consumption patterns, i.e. beer consumed versus cider, versus wine etc.) For those 'Just About Managing' households on low incomes, they are very likely to purchase value products (in drinks and in most other product categories).

So taking cider as the category in question, around 25% of cider is in the 'value' bracket and that will all increase by 100% or more. Some two-thirds of the cider category is represented by mainstream products and they will (typically) increase in price by more than 80%. Take as an example an older person on a fixed/low income - a typical shopper for the value/own label 4-pack of cider - if they buy just one 4-pack of Tesco cider a week then they will be consuming less than 9 units of alcohol a week, but the cost to them will double making them £114.40 a year worse off.

If the same pattern of consumption might be maintained in Wales after the introduction of MUP, then the cost to consumers will be tens of millions of pounds. This money will be a windfall for retailers and it will be at the expense of lower income households - not those that already choose drinks that will not be (so) affected. As identified, in the view of frontline professionals it will not impact dependent drinkers or if it does it will only displace their misuse to another, potentially more harmful, substance.

Public health advocates also point to MUP as effective in terms of "problem drinks like white cider". Quite apart from the evidence of frontline professionals that there are not 'problem drinks' rather people that misuse a range of substances given their circumstances, it is simply misleading to consider a fixation on white cider as anything other than irrelevant. White cider represents around 0.27% of total alcohol and is in long-term decline. By definition, it can neither be the cause of a major issue or contributing to an increasing problem.

I would urge you to share with your colleagues these notes. I/we are available to discuss any part of issue covered here.

It is too important an issue to pursue an approach predicated on a flawed premise from a single source and where the projected impact conducted by the same body is so widely inaccurate in relation to real-world data.

Please let me have any comments or questions you have. My thanks in anticipation of your consideration.

Regards, Simon

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