

**National Assembly for Wales / Cynulliad Cenedlaethol Cymru**  
**[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal](#)**  
**[Cymdeithasol](#)**

**[Inquiry into alcohol and substance misuse / Ymchwiliad i](#)**  
**[gamddefnyddio alcohol a sylweddau](#)**

**Evidence from Alcohol Concern Wales – ASM 05 / Tystiolaeth gan**  
**Alcohol Concern Cymru – ASM 05**



**Alcohol Concern**  
Promoting health; improving lives

**National Assembly for Wales Health and Social Care Committee inquiry into alcohol and substance misuse**

Alcohol Concern Cymru is delighted to respond the National Assembly for Wales' Health and Social Care Committee inquiry into alcohol and substance misuse. There are five key areas in which Wales can make meaningful progress in tackling the harms associated with alcohol misuse, namely:

- Action on price
- Restrict alcohol advertising
- Curtail alcohol availability
- Cut the drink-drive limit
- Reduce the stigma associated with alcohol problems

**1. Action on price**

1.1 Alcohol is 45% more affordable than it was in 1980, and channels for its availability have multiplied far beyond the local pub. The majority of alcohol is now sold in the off-trade (such as in off licences and supermarkets),<sup>1</sup> where alcohol is routinely offered at knockdown prices to entice people into stores.<sup>2</sup>

1.2 Currently it is possible, for as little as £3, to buy a three litre bottle of strong cider (3 litres at 7% strength such as Frosty Jacks cider contains 22 units of alcohol in one bottle, the equivalent to a man's recommended maximum intake for a week). Much of this type of alcohol is drunk by the youngest drinkers (including under-18s) and vulnerable dependent drinkers (including street drinkers).

1.3 Action is urgently needed to effectively control the price of alcohol, and Alcohol Concern strongly contends that the best way to achieve this is to set a minimum unit price (MUP) below which drinks cannot be sold in the retail market. This method would ensure that such price increases reach consumers and could not be circumvented by retailers. It would also relate directly to the amount of ethanol – i.e. the number of 10ml units of pure alcohol – being sold. A new report, from the University of Sheffield's Alcohol Research Group (SARG), estimates that introducing a

50p MUP in Wales would reduce alcohol related deaths by 53 per year and save healthcare services £131 million over 20 years.<sup>3</sup>

1.4 This position is supported by a wide range of organisations including Public Health Wales, the Welsh Association of Chief Police Officers, the British Medical Association, the Royal College of General Practitioners, the Royal College of Physicians and the Royal College of Nursing, as well as the Chief Medical Officer for Wales, the Scottish Government and the Northern Ireland Executive. In addition, a survey conducted by YouGov in 2012 of 2,075 randomly selected respondents showed high levels of public concern about alcohol harms and many more people supporting than opposing MUP.<sup>4</sup>

1.5 Moreover, although some parts of the drinks industry have been critical of MUP, this has by no means been universal. In 2010, the Rural Development Sub-Committee of the National Assembly for Wales noted that a number of representatives of the Welsh drinks industry (typically small-scale producers) were in favour of MUP as a means of “tackling binge drinking and irresponsible alcohol consumption”.<sup>5</sup> The Campaign for Real Ale (CAMRA) has also indicated its support for MUP.<sup>6</sup> In 2012 an Alcohol Concern survey found that 77% of publicans in Wales were in favour of a minimum price of 50p per unit.<sup>7</sup>

## **2. Restrict alcohol advertising**

2.1 There are significant links between advertising and young people’s consumption. Alcohol advertising increases the likelihood that young people will start to use alcohol and will drink more if they are already using alcohol.<sup>8</sup> Evidence also shows that frequent exposure lowers the age of drinking onset,<sup>9</sup> and around 17% of males and 14% of females aged 11-16 in Wales drink alcohol at least once a week.<sup>10</sup> Compared with adults, children and young people in Wales are exposed to significantly more alcohol adverts than would be presumed given their viewership patterns. Children are highly aware of alcohol brands, with research showing 10 and 11 year olds in Wales are more familiar with leading alcohol brands than some leading biscuit or ice-cream brands.<sup>11</sup>

2.2 Current regulation is failing to adequately curb the activities of the alcohol industry both in terms of the volume of young people’s exposure to alcohol advertising and the appeal of content. No regulation exists to tackle the volume of advertising to which audiences are exposed; the weak wording of the self-regulated codes and a failure by the Advertising Standards Authority to apply the codes in full, including the spirit behind the codes, means content frequently makes associations with prohibited themes. If restrictions on alcohol advertising are to have any meaningful effect, they must go beyond defining exclusions, which advertisers can work around or simply ignore.<sup>12 13</sup>

2.3 The focus of alcohol advertising needs to switch to defining what advertisers can say, rather than what they cannot. Alcohol advertising content should be restricted to promoting just factual information about the product such as origin, composition and means of production. Removing lifestyle images of drinkers, characters, celebrities and drinking atmospheres is likely to reduce the appeal of content to younger audiences. Focusing on product provenance allows alcohol companies to continue to promote their brand identities and to differentiate themselves from

competitors. This is a measure, with precedence, that balances commercial and public health interests.

- 2.4 A phased ban on alcohol sponsorship of sports, music and cultural events in Wales is also needed. Sponsorship, like other advertising, gives companies a platform to develop positive associations with their products and, by its very nature, sponsorship of such events sends the message that alcohol consumption is normal, and indeed often necessary. Alcohol sponsorship of sport in particular sends contradictory messages about the health benefits of participation. Moreover, it is particularly difficult to monitor and prevent underage exposure to alcohol sponsorship and branded merchandise. The phased removal of tobacco sponsorship from Formula One motor racing and other sports demonstrated that these measures can be successfully implemented, and that with appropriate support sports bodies can find alternative sponsors.
- 2.5 The Welsh Government currently lacks the necessary powers to impose restrictions on alcohol advertising and sponsorship, and this is therefore an area of policy in which it will need to negotiate with the UK Government (and possibly the European Union) in order to achieve the best results for public health in Wales.

### **3. Curtail the availability of alcohol**

- 3.1 In recent decades, Wales has seen the growth of a 'drinking to get drunk' culture. Qualitative research conducted on behalf of Alcohol Concern Cymru has found that many drinkers regard heavy consumption as an essential part of a 'good night out', with drunkenness seen by some as not only acceptable but something to look forward to, even though it often led to regrettable incidents, like causing nuisance and harm to others.<sup>14</sup> Alcohol-related anti-social behaviour and crime remains a particular concern in communities across Wales – a survey of 500 Newport residents in 2014 found nearly half (47%) of respondents said they regard their city centre as a "no-go" area at night due to alcohol-related problems.<sup>15</sup>
- 3.2 The number of premises licensed to sell alcohol has risen sharply, particularly in the off-trade, where off-licensed premises (including supermarkets) in England and Wales has more than doubled since 1950 (23,532 in 1950 compared to 49,074 in 2009);<sup>16</sup> over the same period, the British population grew by only a fifth.<sup>17</sup>
- 3.3 This growth is largely a result of a liberalisation of licensing regulations in the last few decades, especially since the implementation of the Licensing Act 2003, which introduced the requirement that local authorities must automatically grant licences to sell alcohol unless doing so would be contrary to one or more of the four licensing objectives. Consequently, we have increased high outlet density (the clustering of a large number of premises within a small geographical area) in our town and city-centres across the country, including the rise of 'superpubs' (modern drinking establishments with up to twenty times the capacity of a traditional pub), as well as an increase in overall number and variety of places where we can purchase alcohol, from corner shops and supermarkets, to bars and late night alcohol delivery services.
- 3.4 There is strong evidence that introducing restrictions on availability will have a positive effect in reducing alcohol-related harm. Several international studies, for example, have identified a link between outlet density and physical violence.<sup>18</sup> Limiting outlet density within a community may be effective because this will likely increase the time and inconvenience that a typical drinker

encounters in obtaining alcohol; limit competition between retailers and thereby reducing the likelihood of cut-price promotions and under-age sales; and avoid high crowd density that frequently accompanies the bunching of outlets and that may exacerbate incidences of violence.<sup>19</sup>

- 3.5 Restricting the availability of alcohol lowers overall consumption and associated harms; increasing availability has the reverse effect.<sup>20</sup> In Finland in 1970, following the relaxation of a state monopoly of alcohol sales in the previous year which allowed beer of up to 4.7%ABV to be sold in grocery stores, overall consumption increased by 46%. Five years later, liver cirrhosis rates had increased by 50%, hospital admissions for alcohol psychosis rose by 120%, and arrests for drunkenness increased by 80% for men and 160% for women.
- 3.6 A key means to restrict alcohol availability is through the licensing legislation. Alcohol Concern Cymru is calling for the introduction of a fifth licensing objective, namely the protection and improvement of public health, which will enable local authorities to turn down new applications and extension of hours based on local population health data. Scotland already has this fifth objective resulting in increased engagement of public health in the licensing process.<sup>21</sup> Again, this is an area in which the Welsh Government lacks clear powers, and so change may have to be negotiated with the UK Government.

#### **4. Cut the drink-drive limit**

- 4.1 A combination of law enforcement and sustained publicity campaigns has substantially reduced the number of drink-drive accidents in recent years, from a total of 1,640 in 1979 to a low-point of 230 in 2011.<sup>22</sup> However, the latest figures published by the Welsh Government suggests that around 7% of road accidents in Wales still involved drivers over the blood alcohol limit.<sup>23</sup> Alcohol Concern Cymru's survey of drivers in Wales in 2013 also highlights that many drivers do not know the permitted level of blood alcohol for driving - a majority of respondents (61%) thought that the limit was 30mg, 23% did not know what the limit was, and 8% thought it was 50mg. Just 9% were able to give the correct limit of 80mg.<sup>24</sup>
- 4.2 Wales, along with England, has one of the highest blood alcohol limits for driving in the world at 80mg of alcohol per 100ml of blood. Drivers with a blood alcohol level between 50mg and 80mg are 2 to 2½ times more likely to crash than those with no alcohol in their blood, and up to 6 times more likely to be involved in a fatal collision.<sup>25</sup>
- 4.3 There is international evidence that a reduction in such limits is accompanied by major falls in road fatalities.<sup>26</sup> The introduction of a national limit of 80mg across the USA produced a 15% reduction in fatal collisions on the roads. In Australia, the limit was reduced from 80mg to 50mg, with an 8% reduction in fatal crashes and an 11% reduction in crashes resulting in hospital admission. Estimates by the National Institute for Health and Clinical Excellence (NICE) and quoted in the North Review, suggest that around 7% of current road deaths could be avoided in the first year of 50mg limit.<sup>27</sup>
- 4.4 Alcohol Concern Cymru believes that, In line with common practice in most of the European Union, including Scotland since December 2014, the blood alcohol limit for driving in England and Wales should be reduced from 80mg/100ml to 50mg/100ml as soon as possible. This must be accompanied by national publicity explaining the change and its implications.

## 5. Reduce the stigma associated with alcohol problems

- 5.1 Local treatment services in Wales provide a unique pool of experience and expertise in addressing alcohol problems. They can often draw on staff and volunteers who have faced problems with alcohol and other drugs themselves, and are therefore able to bring that perspective to the treatment and support of current alcohol misusers.
- 5.2 However, a significant barrier to access to treatment is that, whilst our society in Wales is often tolerant of alcohol misuse, especially when there is still a social stigma attached to admitting a drink problem and seeking help for it. As one service provider commented during an Alcohol Concern Cymru analysis of the role of alcohol treatment services, a plan to site a pub on a street is likely to provoke less concern from local residents than a proposal for a new alcohol treatment centre.<sup>28</sup>
- 5.3 Alcohol Concern's snapshot survey of shoppers in Cardiff in December 2011 found that many people felt that seeking help for drink problem could be personally and socially difficult. Around 30% of respondents cited shame or embarrassment as reasons why people might not seek help, whilst over 40% referred to issues of denial: "they're either embarrassed or they don't realise it is a problem"; "[they] don't realise, and [are] afraid what will happen with [their] job, car"; "they don't want to be judged by other people".<sup>29</sup>
- 5.4 More work is needed to break down these barriers, and to promote the idea that recognising an alcohol problem is a positive step rather than a cause for shame. As part of this, we need to challenge the notion of alcohol as a neutral product; emphasising that whilst it is an established part of most of our social lives in Wales, it is also a toxic and addictive substance with a number of intrinsic dangers, and that a society that uses alcohol must be ready to dealing compassionately with those who fall into the trap of misuse.

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<sup>1</sup> Statistics on Alcohol: England 2012, NHS Information Centre

<sup>2</sup> Bennetts R. (2008) *IAS Briefing Paper: Use of alcohol as a loss-leader* London: Institute of Alcohol Studies

<sup>3</sup> See <http://www.sheffield.ac.uk/news/nr/northern-ireland-minimum-pricing-1.423978>

<sup>4</sup> Gilmore, I. et al. (2013) *Health First: an evidence-based alcohol strategy for the UK*, A report published in association with the British Liver Trust and the Alcohol Health Alliance UK.

<sup>5</sup> op cit. National Assembly for Wales Rural Development Sub-Committee.

<sup>6</sup> CAMRA submission to UK Government's alcohol strategy consultation (2013).

<sup>7</sup> Alcohol Concern press release (2012) *Welsh pubs back plans for minimum alcohol price*, online, available from:

<http://www.alcoholconcern.org.uk/projects/alcohol-concern-cymru/news/Welsh-pubs-back-plans-for-minimum-alcohol-price> [accessed 04/02/2014].

<sup>8</sup> Anderson P, de Bruijn A., Angus K., Gordon R., and Hastings G. (2009b) *Impact of alcohol advertising and media exposure on adolescent alcohol use: Systematic review of longitudinal studies*, *Alcohol and Alcoholism* 44, pp229-43.

<sup>9</sup> *ibid.*

<sup>10</sup> Public Health Wales Observatory (2014) *Alcohol and health in Wales 2014*, Cardiff, Public Health Wales NHS Trust.

<sup>11</sup> Alcohol Concern Cymru (2012) *Making an impression: Recognition of alcohol brands by primary school children*, Cardiff, Alcohol Concern.

<sup>12</sup> Hasting, G. Et al (2010) *Failure of self regulation of UK alcohol advertising (Alcohol advertising: the last chance saloon)*. *BMJ* 340: p b5650, doi: 10.1136/bmj.b5650

<sup>13</sup> McCreanor, T. Et al (2005) *Consuming identities: Alcohol marketing and the commodification of youth experience*, *Addiction Research & Theory* 13(6): pp579-590.

<sup>14</sup> Alcohol Concern Cymru (2010) *A drinking nation? Wales and alcohol*, London, Alcohol Concern.

<sup>15</sup> Survey findings available from Alcohol Concern Cymru.

<sup>16</sup> British Beer and Pub Association (2010) *Statistical Handbook*, London, Brewing Publications Limited.

<sup>17</sup> Alcohol Health Alliance UK (2013) *Health First: An evidence-based alcohol strategy for the UK*, Stirling, University of Stirling.

<sup>18</sup> Alcohol Concern Cymru (2012) *Full to the brim? Outlet-density and alcohol-related harm*, London, Alcohol Concern.

<sup>19</sup> *ibid.*

<sup>20</sup> Anderson, P. and Baumberg, B. (2006) *Alcohol in Europe: A public health perspective. A report for the European Commission*, London, Institute of Alcohol Studies.

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- <sup>21</sup> Alcohol Focus Scotland and Alcohol Research UK (2014) *Using licensing to protect public health: from evidence to practice*, online, available from [http://alcoholresearchuk.org/downloads/finalReports/FinalReport\\_0114.pdf](http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0114.pdf) [Accessed 23/12/2014].
- <sup>22</sup> BBC News (2013) *Drink-drive deaths show 26% rise*, online, available at: <http://www.bbc.co.uk/news/uk-23529736#TWEET841426> [accessed 2 August 2013].
- <sup>23</sup> See [http://wales.gov.uk/statistics-and-research/drinking-driving/?lang=en&dm\\_i=40Q,32PNU,ZI192,B1139,1](http://wales.gov.uk/statistics-and-research/drinking-driving/?lang=en&dm_i=40Q,32PNU,ZI192,B1139,1)
- <sup>24</sup> Alcohol Concern Cymru (2013) *On the road: Alcohol and driving* (forthcoming).
- <sup>25</sup> Royal Society for the Prevention of Accidents (2012) *Drinking and driving*, online, available at: [http://www.rospa.com/roadsafety/info/drinking\\_and\\_driving.pdf](http://www.rospa.com/roadsafety/info/drinking_and_driving.pdf) [accessed 4 September 2013].
- <sup>26</sup> Bailey, J. et al. (2011) *Achieving positive change in the drinking culture of Wales*, London, Alcohol Concern, online, available at: <http://www.alcoholconcern.org.uk/assets/files/Publications/Wales%20publications/Achieving-positive-change-final.pdf> [accessed 6 August 2013].
- <sup>27</sup> National Institute for Health and Care Excellence (2010) *Cutting drink-drive limit 'could save 168 lives in the first year'*, online, available at: <http://www.nice.org.uk/newsroom/pressreleases/NICEReviewsWaysToReduceDrinkDrivingInjuries.jsp> [accessed 23 August 2013].
- <sup>28</sup> Alcohol Concern Cymru (2012) *Everyone's problem*, London, Alcohol Concern.
- <sup>29</sup> *ibid.*