



# Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

**Working to improve the public's health**

The Faculty of Public Health is pleased to respond to this consultation. Consultation questions are framed to reflect to specific matters in the retail trade.

The Faculty of Public Health can contribute most effectively in applying evidence, and principles of practice, to these questions.

Before turning to answer these specific questions, we set out principles relevant to the consultation:

## 1. **Consumption of alcohol**

Beyond a very low level of consumption, increasing intake of alcohol by whatever pattern carries with it a greater risk of health-related harm to the individual and those around them. The risk of harm over any benefit rises steadily with an increase in consumption.

## 2. **Price**

There is a clear relationship between price and consumption. Rising prices are associated with falling consumption of alcohol. Rising price affects the highest consumers to the greatest extent. Moderate drinkers can experience a modest rise in the price of alcohol, for a given overall price rise; the price rise is even more modest if they already avoid cheaply priced liquor. The most compelling arguments relating to price and consumption of hazardous drinking in Britain should be aimed at those who drink to get drunk. They tend to drink towards intoxication at a fast rate and by the most efficient/cheapest means. Therefore, a price floor per unit of alcohol has compelling logic.

## 3. **Availability**

There is a clear relationship between availability of alcohol and consumption. The greater the availability, the greater the consumption. This is true across a range of settings in the on-licence and off-licence trade, and at home for those who do not buy it, but have access to it (young people). Regulating, or restricting the availability of alcohol will have the overall effect of reducing alcohol-related harm and has compelling logic to it for it affects the heaviest drinkers - those who drink at hazardous amounts over short periods, and chronic heavy drinkers.

## 4. **Context of drinking alcohol**

The context of drinking alcohol is crucial to modifying the risk of alcohol-related harm. Drinking alcohol quickly, alone, or in the absence of any other pursuits is likely to cause the most harm. Drinking alcohol in a social setting, with company, in association with other leisure pursuits, and with food, perhaps also with people who do not drink alcohol (including children) would tend to modify downward the overall level of drinking in that setting.

## 5. **Limited evidence individual public policy measures**

Evidence for individual public policy measures that curtail alcohol-related harm, and their effects that aim to curtail alcohol-related harm and their subsequent effects is less

firm. For instance, complementary measures to ensure a well-run on-licence premises have limited evidence to support them, but plenty of empirical evidence that they have positive effects.

## **6. Specific interventions are ineffectual.**

Specific preventive interventions in isolation have little evidence for distinct benefit. Examples that include education relating to alcohol consumption and its hazards are, in isolation, likely to be barely effective. A cohesive set of measures to have accumulated effect for prevention or early detection of drinking problems in a particular setting is most likely, on an empirical basis, to have health-related benefits of reduction in health-related harm.