



Response to the Department of Health Northern Ireland Consultation on Minimum Unit Pricing of Alcohol in Northern Ireland

SPECTRUM is a research consortium of academic, public health agencies and advocacy partners working together to generate new evidence to inform the prevention of non-communicable diseases (NCDs). SPECTRUM provides a unique overview of NCD prevention strategies including action on price, availability and marketing of tobacco, alcohol and unhealthy food products, and industry influence on health policy. We investigate the conduct and influence of unhealthy commodity industries (UCIs) in driving unhealthy consumption, build understanding of the systems that perpetuate those drivers, and support the prioritisation of political, social and other measures to prevent harm to health and reduce the social health gradient.

SPECTRUM welcomes the opportunity to respond to the Department of Health Northern Ireland's consultation on Minimum Unit Pricing (MUP) of alcohol in Northern Ireland, and strongly supports the policy's aim of reducing alcohol harm.

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

Yes.

Consumption of tobacco, alcohol and foods high in fat, salt and sugar (HFSS) are causes of non-communicable diseases (NCDs) and drivers of health inequalities in Northern Ireland and worldwide. Consumption is driven by complex systems of production, distribution and promotion dominated by transnational companies. NCDs, such as cancer, heart disease, diabetes, liver and lung disease and stroke are a leading cause of death and disability worldwide with 41 million people dying from these causes each year.¹

Alcohol contributes significantly to this burden of harm: it is a causal factor in more than 200 different diseases and injuries² and is the biggest risk factor for death, ill health and disability among 15-to-49-year-olds in the UK.³ Alcohol plays a causal role in seven cancers, including breast, liver and bowel cancer.⁴ In 2020, an estimated 4% of cancer cases in the UK were linked to alcohol consumption.⁵ Higher levels of drinking are also associated with socio-economic factors and consequences, such as a greater risk of unemployment and more absenteeism from work.⁶

Alcohol harm does not just affect the person who drinks, but also their family, friends and wider society. In 2009, it was estimated that one in five under-16-year-olds in the UK lived

¹ NCD Alliance. [Non Communicable Diseases Information | NCD Alliance](#)

² World Health Organisation (September 2018). [Fact sheets: alcohol](#).

³ Public Health England (2016). [The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies](#).

⁴ Schütze M. et al. (2011). [Alcohol attributable burden of incidence of cancer in eight European countries based on results from prospective cohort study](#). British Medical Journal.

⁵ Runggay, H. et al (2021). [Global burden of cancer in 2020 attributable to alcohol consumption: a population-based study](#). The Lancet Oncology. Davis, N. (2021) [Alcohol caused 740,000 cancer cases globally last year – study](#). The Guardian.

⁶ The Institute of Alcohol Studies (2017). [Splitting the bill: alcohol's impact on the economy](#).

with a hazardous drinker.⁷ While this figure is old, it illustrates the scale at which alcohol is indirectly harming those around the person who drinks. While never an excuse for violence, alcohol use is linked to increases in both the occurrence and the severity of domestic violence.⁸ In Northern Ireland, alcohol was a factor in almost 34% of domestic abuse crimes.⁹

In Northern Ireland, alcohol is involved in around one in five crimes, with 30% of violence against a person crimes being linked with alcohol in 2020/21.¹⁰ Alcohol has been estimated to cost Northern Ireland up to £900 million annually.¹¹ Alcohol also contributes to socio-economic and health inequalities: in Northern Ireland, the rate of alcohol-specific mortality and alcohol-related admissions is around four-fold higher in the most deprived 20% compared to the least deprived 20%.¹²

It is also important to note that the Covid-19 pandemic has significantly increased alcohol harm across the UK. The number of deaths arising from alcohol-specific causes increased by 18.6% in 2020, the highest year-on-year increase recorded.¹³ In Northern Ireland, like England and Wales, 2020 saw the highest number of alcohol-specific deaths since records began.¹³

The World Health Organisation (WHO) identifies pricing policies and alcohol taxation as being among the most effective and cost-effective measures for reducing alcohol harm.¹⁴ Northern Ireland, similar to other countries such as Scotland and Wales, is lacking the devolved powers necessary to implement all of the WHO's recommended interventions. However, similar to Scotland and Wales, Northern Ireland has the power to raise alcohol prices through pricing policies such as MUP. SPECTRUM supports action by all countries to seek to reduce the significant burden of harm from alcohol they experience and welcomes the inclusion of MUP for alcohol in the strategy being pursued by the Northern Ireland Government.

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

Yes.

There is a significant body of international evidence that price and affordability are linked to alcohol consumption and alcohol harm: the more affordable alcohol is, the more alcohol is

⁷ Manning V, Best D, Faulkner N & Titherington E (2009). 'New estimates of the number of children living with substance misusing parents: results from UK national household surveys'. *BMC Public Health* 9: 377.

⁸ World Health Organisation (2006) [Intimate partner violence and alcohol](#).

⁹ Police Service of Northern Ireland (2021). [Trends in Domestic Abuse Incidents and Crimes Recorded by the Police in Northern Ireland 2004/05 to 2020/21](#).

¹⁰ Police Service of Northern Ireland (2021). [Trends in Police Recorded Crime in Northern Ireland 1998/99 to 2020/21](#).

¹¹ Northern Ireland Audit Office (2020). [Addiction services in Northern Ireland](#).

¹² Information Analysis Directorate (2021). [Health inequalities: Annual report 2021](#).

¹³ Office of National Statistics (2021). [Alcohol-specific deaths in the UK: registered in 2020](#).

¹⁴ World Health Organisation (2018). [The SAFER initiative: A world free from alcohol related harm](#).

consumed and, therefore, more harm is caused.¹⁵ The World Health Organisation has included targeting price as one of its three best-buy policies¹⁶, and Public Health England echoed the effectiveness and cost-efficiency of affordability affecting policies in 2016.¹⁷

As outlined in the consultation document, MUP particularly targets high-strength and cheap alcoholic drinks, which are known to be both the most harmful drinks and the drinks consumed by those who drink the most in our society.¹⁸

The World Health Organisation has also highlighted MUP as an approach that can reduce both alcohol consumption and health inequalities, as it effectively targets cheap, high-strength products that drive these inequalities.¹⁹ A previous study has found that MUP would be a more effective alcohol pricing policy to reduce health inequalities, compared to different systems of alcohol taxation.²⁰

Public Health Scotland (PHS), a SPECTRUM partner, was appointed by the Scottish Government to lead a rigorous five-year, multi-project evaluation of MUP in Scotland. The evaluation evidence to date shows that in the first full two years since its implementation, MUP had the intended effect of reducing alcohol consumption. Prior to the pandemic, the evaluation was also beginning to find encouraging early evidence that this reduction was translating into reductions in health harm. Amongst the benefits of MUP identified by PHS and others in evaluation studies are:

- A 3.5% reduction in off-trade sales per adult in the first year of MUP²¹.
- Reductions in household alcohol expenditure, particularly in households that bought the most alcohol before MUP^{22 23}
- The volume of alcohol sold per adult in Scotland in 2020 was 9.4 litres, the lowest level in 26 years²⁴.

¹⁵ Public Health England (2016). [The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies.](#)

¹⁶ World Health Organisation (2017). [Tackling NCDs: “best buys” and other recommended interventions for the prevention and control of noncommunicable diseases.](#)

¹⁷ Public Health England (2016). [The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies.](#)

¹⁸ Black, H., Gill, J. S., & Chick, J. (2011). [The price of a drink: levels of consumption and price paid per unit of alcohol by Edinburgh’s ill drinkers with a comparison to wider sales in Scotland.](#)

¹⁹ WHO (2020). [Alcohol pricing in the WHO European Region. Update report on the evidence and recommended policy action](#)

²⁰ Meier, P.S. et al. (2016). [Estimated effects of different alcohol taxation and price policies on health inequalities: a mathematical modelling study.](#)

²¹ Giles, L. et al. (2021). [Using alcohol retail sales data to estimate population alcohol consumption in Scotland: an update of previously published estimates.](#)

²² Anderson, P. et al. (2021). *Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: controlled interrupted time series analyses.* The Lancet Public Health. [doi.org/10.1016/S2468-2667\(21\)00052-9](https://doi.org/10.1016/S2468-2667(21)00052-9)

²³ O’Donnell, A. et al. (2019). *Immediate impact of minimum unit pricing on alcohol purchases in Scotland: controlled interrupted time series analysis for 2015-18.* BMJ, 366:l5274. doi.org/10.1136/bmj.l5274

²⁴ Giles, L., & Richardson, E. (2021). *Monitoring and Evaluating Scotland’s Alcohol Strategy: Monitoring Report 2021.* Edinburgh: Public Health Scotland. Available at:

<https://www.publichealthscotland.scot/media/8090/mesas-monitoring-report-2021.pdf>

- A 10% reduction in alcohol-specific deaths in the first full year after the introduction of MUP, the lowest level since 2013.²⁵
- Reduction in consumption of cheap, high-strength products related to harmful drinking.^{26,27}
- High levels of compliance with MUP by retailers²⁸ and no significant negative impacts on alcohol producers or sellers.²⁹

Similarly, Wales saw an 8.6% decrease in household purchasing of alcohol compared to England, despite MUP in Wales being launched at the start of the first national Covid-19 lockdown.³⁰ In both nations, the decrease in alcohol household purchases occurred particularly among heaviest drinking households.³¹

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

The evidence emerging from Scotland and Wales supports the view that MUP does not have negative impacts for any specific group. Evidence from Scotland shows that prices in the on-trade sector have largely been unaffected³² and that there has been no significant negative impact on alcohol producers or sellers.³³ In fact, small retailers felt that MUP had improved their ability to compete with big supermarkets.³⁴ Research from PHS has demonstrated that

²⁵ National Records of Scotland (2020). *Alcohol-specific deaths (new National Statistics definition) registered in Scotland, 1979 to 2019*. Edinburgh: National Records of Scotland. Available at: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-deaths>

²⁶ Stead, M. et al (2020). *Evaluating the impact of alcohol minimum unit pricing in Scotland: Observational study of small retailers*. University of Stirling and University of Sheffield. Available at: <https://www.stir.ac.uk/media/stirling/services/faculties/sport-and-health-sciences/research/documents/MUP-evaluation-Small-Convenience-Stores-report.pdf>

²⁷ Frontier Economics (2019). *Minimum Unit Alcohol Pricing. Evaluating the impacts on the alcoholic drinks industry in Scotland: baseline evidence and initial impacts*. Frontier Economics. Available at: <http://www.healthscotland.scot/media/2810/frontier-economics-mup-evaluating-the-impacts-on-the-alcoholic-drinks-industry-in-scotland.pdf>

²⁸ Dickie, E., Mellor, R., Myers, F. & Beeston, C. (2019). *Minimum Unit Pricing (MUP) for alcohol evaluation: Compliance (licensing) study*. Edinburgh: NHS Health Scotland. Available at: <http://www.healthscotland.scot/media/2660/minimum-unit-pricing-for-alcohol-evaluation-compliance-study-english-july2019.pdf>

²⁹ Stead, M., Eadie, D., Purves, R. I., McKell, J., Critchlow, N., Angus, K. (2022). *Implementation of alcohol minimum unit pricing (MUP): a qualitative study with small retailers*. *Drugs: Education, Prevention and Policy*. <https://doi.org/10.1080/09687637.2022.2075251>

³⁰ Anderson, P. et al. (2021) [Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: controlled interrupted time series analyses](#).

³¹ Anderson, P. et al. (2021) [Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: controlled interrupted time series analyses](#).

³² Giles, L., & Richardson, E. (2021). [Monitoring and Evaluating Scotland's Alcohol Strategy: Monitoring Report 2021](#).

³³ Frontier Economics (2019). [Minimum Unit Alcohol Pricing. Evaluating the impacts on the alcoholic drinks industry in Scotland: baseline evidence and initial impacts](#).

³⁴ <https://publichealthscotland.scot/media/8242/mup-evaluation-small-convenience-stores-reportfinal.pdf>

only 3% of people stated they had travelled to another part of the UK solely to buy alcohol.³⁵

MUP is a population-based prevention policy. Some early data from Scotland suggests that some people from vulnerable groups – such as those who are dependent on alcohol³⁶ and homeless and street drinkers³⁷ – might not change their behaviour following the introduction of MUP. It is therefore crucial that MUP be introduced along with wider complementary measures, such as tougher marketing restrictions and an increase in treatment service provision and its quality. SPECTRUM would also advocate for robust monitoring and evaluation processes to accompany implementation of the policy, to monitor compliance, monitor the policy's effectiveness, measure outcomes and identify any unintended outcomes.

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?

As stated above, MUP should form a component part of a comprehensive alcohol harm reduction strategy. It should not be considered a stand-alone policy, but rather a vital tool in the harm prevention toolbox. We therefore strongly support the introduction of MUP alongside the introduction of the Substance Use Strategy and are strongly in favour of the proposed option of implementing MUP along with a ban on promotions. The two policies would complement each other and work better together to reduce harm alongside the framework of the Substance Use Strategy.

Scotland has implemented an approach that goes some way to combining MUP with restrictions on promotions. The Alcohol etc. (Scotland) Act 2010 includes a multi-buy discount ban which was implemented in 2011. This prevents promotions such as “buy one, get one free” and “3 bottles of wine for £10” but does not prevent straight price discounting.³⁸ Research found that the multi-buy discount ban had delivered a reduction in off-sales of 2.6%, but also found that other promotions had been enhanced in response to the multi-buy ban with 50% of all off-trade alcohol sold in the 12 months following the introduction of the ban being sold on price-promotion.³⁹

³⁵ Public Health Scotland. (2022). [Cross-border purchasing unlikely to affect alcohol consumption.](#)

³⁶ Buykx, P. et al. (2021). [Impact of Minimum Unit Pricing among people who are alcohol dependent and accessing treatment services: Interim report: Structured interview data.](#)

³⁷ Chief Scientist Office (2022). [Minimum Unit Pricing: Qualitative Study of the Experiences of Homeless Drinkers, Street Drinkers and Service Providers: Research Project Briefing.](#)

³⁸ Scottish Government. Alcohol etc. (Scotland) Act 2010: guidance for licensing boards. Available at: <https://www.gov.scot/publications/alcohol-etc-scotland-act-2010-guidance-licensing-boards/pages/3/>

³⁹ Robinson, M. et al (2013). *Monitoring and Evaluating Scotland's Alcohol Strategy: The impact of the Alcohol Act on off-trade alcohol sales in Scotland.* NHS Health Scotland.

Northern Ireland potentially can give their alcohol harm reduction strategy fuller meaningful effect and achieving greater reductions in harm by combining MUP with a total ban on promotions.

SPECTRUM notes the point in the consultation document at 4.22 on self-regulation and agrees that self-regulation is not a policy option that could or should be considered here. In addition to the consultation document's statement on the limitations of the alcohol industry to set prices or include any provisions on pricing, the World Health Organisation has stated categorically that any public health interaction with commerce "should be confined to discussion of the contribution the alcohol industry can make to the reduction of alcohol-related harm only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion".⁴⁰

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

SPECTRUM would suggest that the level at which MUP should be set should be based on several key considerations identifying the optimum level to achieve desired outcomes. Foremost in these considerations should be the intended impact of the policy in response to the levels of alcohol harm in Northern Ireland. Modelling evidence has shown that the higher the rate of MUP, the greater the impact, but as the level increases it is likely that the targeted nature of the policy reduces. SPECTRUM notes the use of 50p per unit in the modelling example included in the consultation paper which suggests (along with evidence from Scotland and Wales which have set the MUP level at 50p per unit) that positive impacts on levels of harm could be achieved with this price. However, we would note that the lengthy delay in implementation of the policy in Scotland from when the price was originally set (in 2012) has seen significant erosion via inflation, of the intended effect. Based on the retail price index, a minimum unit price of 50p in 2012 is equivalent to 61p in 2021. Therefore, the proportion of alcohol products affected by MUP in Scotland has significantly reduced. There are now discussions in Scotland to increase the MUP level to 65p.⁴¹ Additionally, a higher level of MUP in Northern Ireland would also reduce the potential alcohol price differences between Northern Ireland and the Republic of Ireland.

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?

Yes.

As noted in the previous question, inflation significantly impacts the effectiveness of MUP. Therefore, failure to index the level of MUP to inflation or a measure of affordability will only erode its impact over time.

⁴⁰ WHO (2007). WHO expert committee on problems related to alcohol consumption, Second report. WHO technical report series; no. 944. Geneva: World Health Organisation.

⁴¹ Alcohol Focus Scotland and Scottish Health Action on Alcohol Problems (2021). [Minimum Unit Price: Time to uprate.](#)

Since 1987, alcohol has become 72% more affordable in the UK.⁴² Between 1987 and 2020, the affordability of beer in the off-trade sector more than tripled.⁴³ It is evident that to maintain the impact of any price-based alcohol harm reduction measure, it must keep in line with the affordability of alcohol.

SPECTRUM strongly supports linking MUP level to inflation or affordability.

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

As noted above, SPECTRUM strongly supports linking MUP to inflation or affordability.

The possible methods for achieving this are relatively under-explored and there are many options. These options include: linking MUP to a measure of inflation such as the Retail Price Index; linking MUP to a measure of affordability; or linking MUP to a stated policy outcome and adjusting periodically based on a review of progress towards the stated outcome. SPECTRUM colleagues based at the School of Health and Related Research at Sheffield University, are developing research in this area which we hope can inform considerations of these options.

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

Yes.

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

SPECTRUM agrees that for the impact of MUP to be optimised, clear enforcement and sanction processes should accompany the policy.

9. Do you agree with the proposed targets and monitoring arrangements?

Yes.

In addition to the indicators set out in the consultation document at section 5.16, SPECTRUM would suggest including monitoring:

- Health inequalities data;
- Alcohol indicators by socio-economic group;
- Alcohol price data;
- Alcohol-related costs – costs to the health service, the criminal justice service, loss of economic productivity etc.

⁴² NHS Digital. (2021). [Statistics on Alcohol, England 2021](#).

⁴³ The Institute of Alcohol Studies (2020). [Budget 2020 analysis](#).

10. 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?

N/A

11. 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?

N/A

