Alcohol structures consultation

Dear Sir/Madam

The BMA (British Medical Association) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care.

Doctors are increasingly seeing the devastating impact of alcohol on the health and wellbeing of their patients and, as such, we welcome the opportunity to respond to this consultation. We have a long history of supporting actions to reduce alcohol-related harm and we believe that measures should be introduced that reduce the affordability and availability of alcohol, whilst also restricting the way it is promoted.

The BMA is a member of the AHA (Alcohol Health Alliance UK), an alliance of more than 40 non-governmental organisations which work together to promote evidence-based policies to reduce the damage caused by alcohol misuse. Members of the AHA include medical royal colleges, charities, patient representatives and alcohol health campaigners.

We have responded to the questions where we have a specific view or relevant expertise.

A new still cider and perry band below 7.5% abv (alcohol by volume)

Do you agree that there is a case for a new still cider and perry band below 7.5% abv?

The BMA supports the introduction of a new duty band to specifically target high-strength ciders up to 7.5%. Anomalies in the excise system allow ciders of 7.5% to be taxed at the lowest price per unit of any drink. This can be as low as 16p per unit. The ability to purchase high-strength alcohol for relatively little cost has significant consequences for health. For example, it is easy to find a 3 litre bottle of white cider, containing 22.5 units of alcohol, on sale in some high-street retailers for as little as £3.49. The CMO (Chief Medical Officers) recommend that adults do not drink more than 14 units a week, and this should be spread across 4-5 days during the week. Consuming a whole bottle of white cider would substantially exceed this recommended limit. In alcohol treatment services in Glasgow and Edinburgh, for example, 25% of patients...
drink white cider, and 45% of white cider drinkers, drink it exclusively.³

Evidence shows that white cider drinkers choose this product because of its high strength and low-cost.⁴ It is particularly favoured by the homeless community and underage drinkers. Data from the homeless charity, Thames Reach, show that 78% of the deaths in their hostels are attributed to high-strength alcohol,⁵ and the police recognise this as a particular problem.⁶ There is also evidence that young drinkers are particularly attracted to white cider, due to its cheap cost.⁷ Data show that one of the leading high strength cider brands has consistently been among the top five consumed brands by underage drinkers in treatment.⁸

Public health groups have been calling for action to tackle white cider for a number of years.⁹ While others such as the IFS (Institute of Fiscal Studies) have also recommended changes to these rates of duty,¹⁰ 50% of white cider drinkers themselves support a price increase.¹¹ There is compelling evidence that altering duty bands can influence manufacturer and consumer behaviour.¹¹,¹² A revised duty structure would provide a targeted and proportionate response to the harms caused by the sale of cheap, white cider – aligning their cost more with the burden drinking white cider costs the Treasury further down the line.

Where do you think the lower threshold should be set? Please provide evidence to support your answer. We would also welcome any evidence about reducing the alcohol content of ciders.

The AHA have campaigned for a band of 5.5% to 7.5% abv, which is a level we also support. Setting the duty band at this level would specifically isolate the highest strength, and most harmful ciders, at the top of the current duty band. This would incentivise companies to develop lower-strength products in order to ensure the price of popular products do not rise. Market data show that relatively few mainstream ciders would be affected, and around 80% of the total cider market would not be subject to a duty increase.¹²

While we would support the introduction of a new, targeted duty band below the current highest band, it is important that the duty rate set within bands disincentivises consumption. Should the rate of the new band exceed the current rate of the higher band, we would expect the duty on 7.5-8.5% abv to increase to reflect this. It would be counterproductive if the new band encouraged the production and sale of ciders over 7.5%, due to increases in duty in this band not keeping up with reforms elsewhere. Further analysis of the impact of the new duty band on Treasury tax revenue is required, but by focussing specifically on the most harmful ciders, this will be limited.

We would welcome evidence on the impacts a new still cider and perry duty could have. This includes but is not limited to, the impacts on:

1. businesses
2. consumers
3. public health.

Tackling the underlying causes of alcohol-related harm, through measures such as targeted duty bands, should be a key public health focus. Liver disease in particular is responsible for 86% of directly attributable mortality from alcohol in the UK.¹³ White cider has been suggested to produce far more stomach problems than similar products, for example, high strength lager at 9% abv.¹⁴

The impact of a targeted duty band for high-strength cider would be most felt by underage drinkers and the homeless community, who are the biggest consumers of these products. As these groups are more sensitive to price, a targeted duty band is more likely to deliver an increased public health benefit. The most recent data show 36.6 per 100,000 population under the age of 18 were admitted to hospital for alcohol-specific conditions in 2012/13-2014/15. Evidence also shows that the most deprived populations are significantly more likely to be admitted to hospital for alcohol-specific conditions, and the most likely to be in treatment for alcohol.¹⁵

There is good evidence that more targeted duty bands can be effective at reducing consumption. Following the introduction of the current top band for ciders over 7.5%, the market of these products shrunk from
20% in 1996, to less than 2% in 2010.\textsuperscript{1} A higher duty band in the beer market saw a 23% decrease in the two years following its introduction in 2011.\textsuperscript{12} We believe a similar reduction in the sales of high-strength cider would benefit public health.

**The impacts of a new still wine band between 5.5% and 8.5% abv**

The government would welcome evidence on the impacts of introducing a new band on:

1. businesses
2. consumers
3. public health.

We welcome Government support for changes to EU rules to allow the duty on wine to rise in line with alcoholic strength and we encourage the Government to implement this measure after the UK exits the EU. In the meantime we would welcome further exploration of the impact of introducing a targeted band of between 5.5% and 8.5% abv to encourage the consumption of lower strength wines. By specifically targeting these wines, the impact in licensed and off-licensed premises will be limited, as the industry will be encouraged to develop lower strength products to reflect their market. The public health impact of introducing a lower band for still wine is unproven, but potentially could be effective.

While wine is a popular drink of choice for a large proportion of the population, it is particularly favoured by those drinking on the day they drink the heaviest. Data show that just under half (48%) of people who had drunk alcohol in the last week, chose to drink wine on their heaviest drinking day.\textsuperscript{16} This particularly applies to women (70%), who drink white wine more than twice as much as their next most commonly consumed alcoholic beverage (spirits or liqueurs).

The effectiveness of a targeted band for still wine would depend on consumers who switch to lower strength products to avoid price increases, not increasing their volume consumption. It would be important to pay close attention to consumption levels in order to monitor the impact of the targeted band. We would be concerned about a change that leads to a lower duty and the potential impact that this would have on incentivising drinkers.

We hope that our submission is useful – please do not hesitate to contact us for more information if required.

Yours sincerely

Raj Jethwa
Policy director


11 Alcohol Health Alliance (2016) AHA opinion polling 2016. London: Alcohol Health Alliance