Written evidence from the BMA

The BMA welcomes this inquiry as it believes a MUP should be introduced at no less than 50p per unit and works with the Alcohol Health Alliance (AHA) to promote this crucial message.

Doctors witness first-hand the harm caused by cheap alcohol on their patients. Faced with an increasingly unmanageable and unsustainable workload, and rising demand for healthcare services, tackling the harm caused by these products should be a key public health focus.

Alcohol is causally linked to over 60 different medical conditions and a rising number of alcohol-related hospital admissions. In England in 2016, there were 1.1 million estimated admissions related to alcohol consumption. This represented 7% of all admissions. In 2015 there were 6,813 deaths related to the consumption of alcohol, an increase of 10% since 2005.

There is a strong and proven link between alcohol consumption and price. Alcohol is 60% more affordable than it was in 1980 and cheap, high-strength products, are readily available. A recent study by the Alcohol Health Alliance found that supermarket own-brand vodkas and high-strength ciders are typically the cheapest products on offer. These products are typically favoured by hazardous and high dependence drinkers. Setting a MUP addresses this problem, in a way that tax changes alone cannot.

MUP is intended to target excessive consumption of cheap, high alcohol content drinks, favoured by these groups. Modelling data show MUP is an effective and well-targeted measure for reducing alcohol-related harm. It is estimated a 50p MUP would result in 530 fewer deaths (-4.3%) and 22,797 fewer hospital admissions (-2.7%) per year. This is shown to be highest among high-risk drinkers in the lowest socioeconomic groups who experience almost double the gains in reduced mortality and hospital admissions of any population subgroup. Following Scotland, Wales and the Republic of Ireland, the Westminster Government should act now and introduce MUP in England.

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