

Inside

74 DTB Select: 7 - July 2015

78 Developments in the management of idiopathic pulmonary fibrosis

81 ▼ Umeclidinium: another LAMA for COPD



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Is 50p a unit too much to ask?

Liver disease is the significant exception to the improvements seen in health outcomes for many long-term conditions over the last 30 years.¹ Mortality rates have increased fourfold since 1970, and three-quarters of these deaths are linked to excessive alcohol consumption. The mortality rate correlates strongly with increased alcohol consumption at a national level, and is thought to be fuelled by the availability of cheap strong alcoholic drinks.¹ In particular, the relative increase in affordability of alcohol has had an impact on those groups most at risk—namely heavy drinkers and the young. As with many other commodities there is a close link between price and consumption, and manipulation of the price paid by the consumer provides a potential tool for influencing harmful alcohol intake. A number of possible pricing strategies exist, but minimum unit pricing (setting a floor below which alcohol cannot be sold) has many attractions.² In particular, it is a highly targeted policy that significantly affects cheap alcohol to which many heavy drinkers and the young are attracted. A minimum unit price of 50p would double the price of cheap strong cider and vodka sold by some shops, but have little impact upon other alcoholic drinks, or alcohol purchased in pubs and restaurants.³ Modelling of minimum unit pricing by researchers at Sheffield University suggests that it would have minimal impact upon moderate drinkers, but a significant impact upon heavy drinkers across all incomes.⁴ In addition, recent

experience of a similar pricing strategy in Canada was associated with an apparent reduction in immediate and delayed alcohol-related mortality.⁵ The authors suggested that a 10% increase in the minimum price was associated with a 30% reduction in wholly alcohol-attributable mortality.

In 2012, the Prime Minister gave a personal commitment that a minimum unit price would be introduced as part of the government's national alcohol strategy.⁶ However, the government performed a U-turn and minimum unit pricing has been sidelined. Powerful lobbying from the drinks industry has been highlighted and appears to have been important in this decision.⁷ This has resulted in accusations that industry profits have been put before public health. By contrast, the *Alcohol (Minimum Pricing) (Scotland) Act* was passed in 2012.⁸ However, it has not been implemented and is currently bogged down in a legal battle in the European Courts following a challenge led by the Scotch Whisky Association. The UK government made a similar U-turn with tobacco packaging, before finally accepting the evidence and proceeding with regulations for standardised packaging for tobacco products. We urge the UK government to turn again and adopt the evidence-based approach endorsed by the National Institute for Health and Care Excellence: "making alcohol less affordable is the most effective way of reducing alcohol-related harm".⁹

1. Williams R et al. Addressing liver disease in the UK: a blueprint for attaining excellence in health care and reducing premature mortality from lifestyle issues of excess consumption of alcohol, obesity, and viral hepatitis. *Lancet* 2014; 384: 1953-97.
2. Gilmore I. A minimum unit price: the 'holy grail' of alcohol policy. *Clin Med* 2015; 15: 5-6.
3. Sheron N, Eisenstein K. Commentary: minimum unit price—how the evidence stacks up. *BMJ* 2014; 348: g67.
4. Purshouse RC et al. Estimated effect of alcohol pricing policies on health and health economic outcomes in England: an epidemiological model. *Lancet* 2010; 375: 1355-64.
5. Zhao J et al. The relationship between minimum alcohol prices, outlet densities and alcohol-attributable deaths in British Columbia, 2002-09. *Addiction* 2013; 108: 1059-69.
6. HM Government, 2012. *The Government's alcohol strategy* [online]. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf [Accessed 17 June 2015].
7. Gornall J. Alcohol and Public Health: under the influence. *BMJ* 2014; 348: f7646.
8. The Scottish Government, 2015. *Minimum pricing* [online]. Available: <http://www.gov.scot/Topics/Health/Services/Alcohol/minimum-pricing> [Accessed 17 June 2015].
9. National Institute for Health and Care Excellence, 2010. *Alcohol-use disorders: preventing harmful drinking (PH24)* [online]. Available: <https://www.nice.org.uk/guidance/ph24> [Accessed 17 June 2015].

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