

## Equality Impact Assessment (EIA) Template – Part 1

<b>Policy title and purpose (brief outline):</b>	
	<b>Public Health (Minimum Price for Alcohol) (Minimum Unit Price) (Wales) Regulations 2019</b>
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<b>Department:</b>	<b>Health and Social Services Group</b>
<b>Date:</b>	<b>Last Reviewed October 2019</b>
<b>Signature:</b>	<b>SF</b>

## 1. Please provide a brief description of the policy/decision.

The **Public Health (Minimum Price for Alcohol) (Wales) Act 2018** (the 2018 Act) was passed by the National Assembly for Wales in June 2018 and received Royal Assent on 9 August 2018. The Public Health (Minimum Price for Alcohol) (Minimum Unit Price) (Wales) Regulations 2019 specify the level of the Minimum Unit Price for the purposes of the 2018 Act.

The 2018 Act, like the Public Health (Wales) Act 2017, seeks to respond to important public health issues in Wales.

The 2018 Act provides for a minimum price for alcohol, below which, it would be an offence for alcohol to be supplied by alcohol retailers from qualifying premises in Wales. The applicable minimum price will be calculated according to the Minimum Unit Price (MUP) which is specified in the regulations, the percentage strength of the alcohol and its volume. The 2018 Act includes provision to establish a local authority-led enforcement regime.

The ultimate objective of the 2018 Act and the regulations specifying the level of the MUP is to tackle alcohol-related harm, including alcohol-attributable hospital admissions and alcohol-specific deaths in Wales, by reducing alcohol consumption in hazardous and harmful drinkers. The 2018 Act is targeted at protecting the health of hazardous and harmful drinkers who tend to consume greater amounts of low-cost and high-alcohol content products.

There is a clear and enduring problem of hazardous and harmful alcohol use in Wales, leading to a range of well-evidenced health and social harms. In 2017, there were 540 alcohol-specific deaths in Wales, the majority among men. This is an increase of 7.1% from the 504 deaths in 2016<sup>1</sup>. There is also clear evidence that the price and affordability of alcohol is a key factor in driving consumption and related harm to individuals and wider communities. Overall, alcohol use in Wales is estimated to cost the health service around £159m each year in direct healthcare costs.<sup>2</sup>

MUP forms an important part of the Welsh Government's overall strategy for reducing alcohol-related harm, due to its ability to target the habits of those individuals who are most likely to suffer illness and death – those people who

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<sup>1</sup>

<http://www.wales.nhs.uk/sitesplus/documents/888/FINAL%20Annual%20Profile%20for%20Substance%20Misuse%202017-18.pdf>

<sup>2</sup> Angus, C., Holmes, J., Brennan, A. and Meir, P. (2018) Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final Report. Sheffield Alcohol Research Group, University of Sheffield.

drink at hazardous and harmful levels, including young people – while minimising the impact on moderate drinkers. It is designed to target alcohol products, which are sold at very low prices, relative to their alcohol content.

Introducing a minimum price for alcohol will not increase the price of every alcoholic drink, only those currently sold below the applicable minimum price.

**2. We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 (please refer to Annex A of the EIA guidance) identified as being relevant to the policy. What steps have you taken to engage with stakeholders, both internally and externally?**

Between 28 September and 21 December 2018, the Welsh Government consulted on its preferred level of the MUP for alcohol of 50p and draft regulations. The consultation was distributed to a wide range of stakeholders, including the Welsh Government's equality networks and NHS equality leads, the Older People's Commissioner, the Children's Commissioner and the Future Generations' Commissioner.

As with previous consultations on minimum pricing for alcohol – including the Welsh Government's 2015 consultation on the draft Public Health (Minimum Price for Alcohol) (Wales) Bill – the consultation on the preferred level of the MUP and draft regulations highlighted that there are likely to be a number of positive impacts to introducing a minimum unit price of alcohol. However, respondents also noted potential negative impacts on certain groups.

A total of 148 responses were received to the consultation on the preferred level of the MUP. The consultation summary report on the preferred level of the MUP is available at:

[https://beta.gov.wales/sites/default/files/consultations/2019-02/summary-of-responses\\_0.pdf](https://beta.gov.wales/sites/default/files/consultations/2019-02/summary-of-responses_0.pdf)

The proposal to specify a 50p MUP in regulations for the purposes of the 2018 Act attracted broad overall support from health organisations, local government and voluntary sector organisations. Among the responses in favour of introducing a 50p MUP, many responses outlined the anticipated health benefits that could be achieved. The most common arguments provided in favour of a 50p MUP for alcohol included:

Anticipated health gains, with respondents referring to the modelling carried out by Sheffield. "There is compelling evidence that introducing a MUP in Wales

would reduce alcohol related harms. MUP is strongly evidence based to impact upon the most hazardous and harmful drinkers in our population, and the extensive modelling conducted demonstrates that at 50p per unit significant improvements in health and wellbeing would be achieved.” Hywel Dda University Health Board (#130). There was also strong support for consistency with the level of the MUP in Scotland: “The rate in Wales should be aligned with the rate set in Scotland. This would prevent unhealthy competition between retailers at both sides of the border. It would also set a clear framework for shopkeepers and consumers.” National Federation of Retail Newsagents (#118)

Although the 2018 consultation on the draft regulations specifically concerned the preferred level of the MUP of 50p, respondents also commented on the principle of minimum pricing for alcohol. Among the responses which generally opposed the introduction of an MUP for alcohol, it was suggested that it would disproportionately affect responsible drinkers and those on lower incomes. A number of respondents also commented that introducing an MUP would make little difference to binge drinkers or those with an alcohol addiction, who would buy alcohol at any cost.

In addition to the formal consultation exercise on the preferred level of the MUP, further proactive work has been undertaken to engage with groups with certain protected characteristics. One issue identified through this work to date has been the potential risk that some people who have an alcohol addiction may prioritise the purchasing of alcohol over other needs, such as heating or children’s meals. Concern has also been raised by some that there may be particular impacts on specific groups, such as dependent drinkers who are homeless.

The Welsh Government will continue to work with substance misuse services, treatment providers and other services to assist vulnerable groups to access support and help. In particular, Welsh Government officials are working to develop specific communications materials and resources designed to share information on the planned introduction of MUP and to provide information on where people can seek support.

The 2018 Act includes a duty on the Welsh Ministers to promote the public health aims of minimum pricing – and £100K for communications will underpin and help to support this duty.

The Welsh Government is also continuing to engage with the Welsh Local Government Association, the Welsh Heads of Trading Standards, retailers, the alcohol producers industry and other stakeholders who are working with people who might be affected by the introduction of a 50p MUP.

**3. Your decisions must be based on robust evidence. What evidence base have you used? Please list the source of this evidence e.g. National Survey for Wales. Do you consider the evidence to be strong, satisfactory or weak and are there any gaps in evidence?**

The Welsh Government considers there is compelling evidence, built up over many decades of research, that excess intake of alcohol causes harm and that the likelihood of harm is proportionate to the amount of alcohol consumed. There are distinctive issues to be considered in relation to alcohol misuse, particularly for a significant minority of people who drink to excess. There is also clear evidence that the price and affordability of alcohol is a key factor in driving alcohol consumption and related harm to individuals and wider communities.

In relation to Wales, the 2014 report<sup>3</sup> by the Public Health Observatory said “while we are making progress much more is still to be done if we want to reduce the avoidable harms that alcohol causes families, business and communities across Wales”.

School Health Research Network (SHRN)/Health Behaviour in School-aged Children (HBSC) data [2] show that drinking among children and young people remains a concern, with 9% of males and 7% of females aged 11 to 16 in Wales drinking alcohol at least once a week in 2017-18.<sup>4</sup>

According to the National Survey for Wales for 2018-19, 18% of adults reported they drank more than the weekly guideline amount (average weekly consumption above 14 units). Drinking above weekly guidelines was more common among men and those aged 35 to 74. 25% of men reported drinking above weekly guidelines, compared to 12% of women. Adults in the most deprived fifth of areas were less likely to drink above guidelines than adults in the least deprived areas.<sup>5</sup>

The price of alcohol matters. The majority of research and analysis about alcohol and price suggests there is a causal relationship between the price of alcohol, the quantity of alcohol consumed and adverse health outcomes. Increasing the price of alcohol provides a mechanism through which health improvement can be achieved.<sup>6</sup>

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<sup>3</sup> Public Health Wales (2014) ‘Alcohol and Health in Wales 2014. NHS Wales.

<sup>4</sup> National 2017/18 SHRN/HBSC data - [http://www.shrn.org.uk/wp-content/uploads/2019/05/SHRN-HBSC-NR\\_31.05.2019.pdf](http://www.shrn.org.uk/wp-content/uploads/2019/05/SHRN-HBSC-NR_31.05.2019.pdf)

<sup>5</sup> <https://gov.wales/sites/default/files/statistics-and-research/2019-06/national-survey-for-wales-april-2018-to-march-2019-adult-lifestyle-534.pdf>

<sup>6</sup> Hobday, M., Gordon, E., Meuleners, L., Liang, W. and Chikritzhs, T. (2016) The effect of price increases on predicted alcohol purchasing and decision and choice to substitute. *Addiction Research and Theory*. Volume 24.

There is evidence from a number of other countries – notably Canada, Finland, Sweden and the USA – to demonstrate that in response to an increase in the price of alcohol, there is a decrease in alcohol consumption and, crucially, a decrease in alcohol-related harm and mortality.

A systematic review by Wagenaar et al. (2009) examined the relationship between measures of beverage alcohol tax or price levels, and alcohol sales or self-reported drinking.<sup>7</sup> This found a total of 112 studies demonstrating alcohol tax or price effects and specifically highlighted that these effects are large compared to other prevention policies and programmes. Another review of 50 studies by Wagenaar et al. (2010) considered the relationship between alcohol tax and alcohol-related disease and injury. This found that policies that increase the price of alcohol have a significant effect on reducing alcohol related mortality and morbidity.<sup>8</sup> The Welsh Government Advisory Panel on Substance Misuse has estimated a price increase of 10% can result in a corresponding decrease in alcohol consumption of 5%.<sup>9</sup>

A key component missing from the Welsh Government's approach to reducing alcohol-related harm to date has been intervention to address the low cost of alcohol. The introduction of a 50p MUP for alcohol will address this gap.

While low levels of alcohol consumption may have some benefits in protecting against ischaemic heart disease,<sup>10</sup> ischaemic stroke<sup>11</sup> and type 2 diabetes,<sup>12</sup> there is compelling evidence collected over many decades that the excessive<sup>13</sup> intake of alcohol causes harm and the likelihood of harm is proportionate to the amount of

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<sup>7</sup> Wagenaar A., Salois M. and Komro K., (2009) Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction*, Volume 104. Pages 179–190.

<sup>8</sup> Wagenaar A.C., Tobler A.L. and Komro K.A. (2010) Effects of alcohol tax and price policies on morbidity and mortality: a systematic review. *American Journal of Public Health*, Volume 100 (11). Pages 2270-8.

<sup>9</sup> Advisory Panel on Substance Misuse (APoSM) (July 2014) Minimum Unit Pricing: A Review of its Potential in a Welsh Context.

<sup>10</sup> Roerecke, M. and Rehm, J. (2012) The cardioprotective association of average alcohol consumption and ischaemic heart disease: a systematic review and meta-analysis. *Addiction*. Volume 107 (7). Pages 1246-60.

<sup>11</sup> Patra, J., Taylor, B., Irving, H., Roerecke, M., Baliunas, D., Mohapatra, S. et al. (2010) Alcohol consumption and the risk of morbidity and mortality for different stroke types - a systematic review and meta-analysis. *BMC Public Health*, Volume 10.

<sup>12</sup> Baliunas, D.O., Taylor, B.J., Irving, H., Roerecke, M., Patra, J., Mohapatra, S. et al. (2009) Alcohol as a Risk Factor for Type 2 Diabetes, A systematic review and meta-analysis. *Diabetes Care* Volume 32 (11). Pages 2123-32.

<sup>13</sup> Consumption over the recommended limits of 14 units per week is normally considered to be excessive.



alcohol consumed.<sup>14 15</sup> According to the World Health Organisation, alcohol can damage almost every organ and system in the body and its use contributes to developing more than 60 different diseases and health conditions.<sup>16</sup> This includes certain cancers, liver disease, brain damage, poisoning, high blood pressure, stroke, abdominal disorders, injuries and a variety of mental health conditions.<sup>17</sup>

Consumers who currently purchase alcohol priced at less than the MUP of 50p specified in the regulations will be directly affected, subject to the approval of the regulations by the National Assembly for Wales. Costs will largely fall on hazardous and harmful drinkers who tend to favour cheaper alcohol, which is most affected by an MUP. The costs of MUP would fall on hazardous and harmful consumers both in poverty and not in poverty, although those living in poverty tend to buy alcohol products which are cheaper than those not in poverty.

It is important to recognise, however, that reductions in consumption among households living in poverty would coincide with substantial health gains, in terms of morbidity and mortality, related to reduced levels of alcohol consumption. Households living in poverty experience poorer health outcomes (in comparison to the wider population) so MUP can also play an important role in reducing those health inequalities which currently exist.

As highlighted in the modelling undertaken by the University of Sheffield: For a 50p minimum unit price, drinkers from the most deprived quintile would account for 50% of the reduction in units consumed.<sup>18</sup> Furthermore, a 50p MUP is estimated to lead to 66 or 8.5% fewer alcohol-attributable deaths per year and 1,281 or 3.6% fewer alcohol-attributable hospital admissions per year. Of the total reduction in deaths arising from a 50p minimum unit price, an estimated 69% occur among harmful drinkers; 57% occur among the most deprived quintile and 45% occur among harmful drinkers in the most deprived quintile. The equivalent figures for reductions in alcohol-attributable hospital admissions are 44%, 49% and 24%.

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<sup>14</sup> INSERM 2001. Alcohol: Health effects INSERM Collective Expert Reports [Internet]. Paris: Institut national de la santé et de la recherche médicale; 2000-2001.PMID:21348151.

<sup>15</sup> Kumar, P. and Clark, M. (2012) Kumar and Clark's Clinical Medicine. 8th Edition. Elsevier.

<sup>16</sup> World Health Organisation (2009) Harmful Use of Alcohol. [http://www.who.int/nmh/publications/fact\\_sheet\\_alcohol\\_en.pdf](http://www.who.int/nmh/publications/fact_sheet_alcohol_en.pdf). See also: Public Health England (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies - An Evidence Review. <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>

<sup>17</sup> Sheild, K., Parry, C. and Rehm, J. (2013) Measuring the burden: Alcohol's evolving impact. Alcohol Research: Current Reviews. Vol. 35 (2). Pages 117-8.

<sup>18</sup> Angus, C., Holmes, J., Brennan, A. and Meir, P. (2018) Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final Report. Sheffield Alcohol Research Group, University of Sheffield.

In July 2014, the Advisory Panel on Substance Misuse concluded the effects of MUP will be different for different subgroups of the population, enabling hazardous and harmful drinkers to be targeted, with smaller effects on moderate drinkers.

In 2014, the University of Sheffield undertook a model-based appraisal of MUP in Wales.<sup>19</sup> The report showed a strong and consistent link between the price of alcohol and the demand for alcohol. This modelling was updated by the University of Sheffield and the latest analysis (published in February 2018) also demonstrates a strong and consistent link between price increase, reduced consumption and subsequent reductions in chronic and acute health harms.<sup>20</sup> Specifically, modelling by the University of Sheffield on the impact of an MUP in Wales suggests that it will be particularly effective in targeting hazardous and harmful drinking, with significant anticipated reductions in consumption and alcohol related harm.

The 2018 analysis by the Sheffield Alcohol Research Group concluded that there are a number of key benefits to introducing an MUP for alcohol in Wales, including:

- MUP policies would be effective in reducing alcohol consumption, alcohol-related harm (including alcohol-related deaths, hospitalisation, crimes and workplace absences) and the costs associated with those harms.
- MUP policies would only have a small impact on moderate drinkers. Larger impacts would be experienced by hazardous drinkers, with the most substantial effects being experienced by harmful drinkers. Hazardous and harmful drinkers are more likely to consume the types of alcohol affected by an MUP. Of the total reduction in units consumed under a 50p minimum unit price, 52% would occur among harmful drinkers; 40% among hazardous drinkers and 8% among moderate drinkers.
- Introducing an MUP of 50p was estimated to be worth £783m to the Welsh economy, in terms of reductions in illness, crime and workplace absence over a 20-year period. This is an aggregate effect, driven by the greater effect on those drinking at hazardous and harmful levels, whose consumption will fall the most in absolute terms.

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<sup>19</sup> <https://gov.wales/docs/caecd/research/2014/141208-model-based-appraisal-minimum-unit-price-alcohol-en.pdf>

<sup>20</sup> Angus, C., Holmes, J., Brennan, A. and Meir, P. (2018) Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final Report. Sheffield Alcohol Research Group, University of Sheffield.

<http://gov.wales/docs/caecd/research/2018/180222-comparative-impact-minimum-unit-pricing-taxation-policies-en.pdf>



The Welsh Government therefore considers that there is a wealth of evidence in Wales to support the introduction of a 50p MUP for alcohol.

***It is important to note any opportunities you have identified that could advance or promote equality.***

### **Impact**

**Please complete the next section to show how this policy / decision / practice could have an impact (positive or negative) on the protected groups under the Equality Act 2010 (refer to the EIA guidance document for more information).**

**Lack of evidence is not a reason for *not* progressing to carrying out an EIA. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.**

#### **4.1 Do you think this policy / decision / practice will have a positive or negative impact on people because of their age?**

<b>Age</b>	<b>Positive</b>	<b>Negative</b>	<b>None / Negligible</b>	<b>Reasons for your decision (including evidence) / How might it impact?</b>
Younger people  (Children and young people up to 18)	x			<p>The introduction of a 50p MUP for alcohol will have a generally beneficial impact on children and young people's health.</p> <p>While it is widely accepted children should not be drinking alcohol, large numbers do. According to the 2018-19 National Survey for Wales, 15% of people aged 16-24 reported drinking above weekly guidelines of 14 units.</p> <p>A 50p MUP aims to reduce alcohol consumption and</p>

				<p>alcohol-attributable harms. This includes reducing alcohol consumption by children and young people up to the age of 18.</p> <p>Children and young people can be affected by chronic diseases and conditions associated with excess alcohol consumption in adults and there are specific health impacts with alcohol misuse in adolescence. Starting drinking at an early age is also associated with higher trends of alcohol dependence in adulthood and a range of other adverse consequences.</p> <p>There is also a growing body of evidence and research that shows a strong link between adverse childhood experiences (ACEs) and poor physical and mental health, chronic disease, lower educational achievement and lower economic success in adulthood. Adults in Wales who were brought up in households where there was domestic violence, alcohol or drug abuse are more likely to adopt health-harming and anti-social behaviours in adult life.</p> <p>A report by Public Health Wales in 2016 specifically highlighted that by stopping abuse, neglect and other harmful experiences faced by children, around a third of all high-risk drinking, a quarter of smoking and as much as 60% of violence in adults could be</p>
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				<p>prevented.<sup>21</sup></p> <p>The Children's Commissioner for Wales has welcomed the legislation on minimum pricing on alcohol. When the legislation was introduced to the National Assembly for Wales, it was the Commissioner's view that this sort of development has the potential to serve as a disincentive to underage drinking of alcohol. It could also help lead to a decrease in alcohol intake amongst parents whose alcohol use is problematic and in efforts to reduce the negative impact that problem drinking amongst carers can have on children and young people. The legislation has the potential, therefore, to impact positively on a number of children's rights under the UNCRC, including the right to life and survival, to health and to protection from harm. Although the Children's Commissioner did not comment specifically on the proposed level of the MUP for alcohol in the recent consultation, they remain supportive of the principle of minimum pricing.</p> <p>Welsh Government officials will continue to work closely with the Children's Commissioner in Wales ahead of implementation to</p>
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<sup>21</sup> Public Health Wales (2016) Welsh Adverse Childhood Experiences Study and their Impact on Health Harming Behaviours in the Adult Population. Mark A. Bellis, Kathryn Ashton, Karen Hughes, Katharine Ford, Julie Bishop and Shantini Paranjothy. NHS Wales.



				<p>identify ways to mitigate any potential negative impacts. For example, stakeholders have commented that there may be a risk some parents/carers will continue to consume alcohol at existing levels, resulting in money otherwise earmarked for family or domestic matters being used to meet the increase in cost of alcohol as a result of the introduction of MUP.</p> <p>In the recent consultation on the preferred level of MUP, responses commented on the role and contribution that MUP can play in helping to reduce alcohol related harm. Children in Wales commented: Intervening to manage the cost of alcohol in an attempt to better protect individuals, and achieve improved current and future health outcomes for children, young people and their families is an intervention which Children in Wales are very much prepared to support. However, concerns were also raised regarding the potential impacts for children and young people living in those families if parents continue to consume the same amount of alcohol but at a higher price.</p> <p>MUP is a part of the Welsh Government's wider strategy of tackling alcohol related harms and in terms of mitigating any adverse impacts, there is a focus on supporting services to</p>
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				<p>Children and Young People within the substance misuse agenda, with £2.75m of the £25.063m allocation to Area Planning Boards ring-fenced to support children and young people. Services provided include:</p> <ul style="list-style-type: none"> <li>➤ Counselling</li> <li>➤ Emotional wellbeing</li> <li>➤ Hidden harm services (problem drug and alcohol use, by parents and/or carers to young people)</li> <li>➤ Education and prevention for children and young people under 18.</li> </ul> <p>The Welsh Government will continue to work with a range of stakeholders to identify ways in which to support children and young people to increase their awareness of the impacts of alcohol consumption and substance misuse – and to mitigate any potential negative impacts of introducing an MUP for alcohol. Welsh Government have worked with stakeholders to determine the future priorities for substance misuse in Wales (which has informed the new Substance Misuse Delivery Plan 2019-22), taking into account the legislation and the impact this will have on services and service users.</p>
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People 18 to 50	x			<p>A 50p MUP aims to have a positive impact on health for society as a whole by helping to reduce hazardous and harmful alcohol consumption and addressing the health harms associated with alcohol misuse.</p> <p>MUP is a population measure that will affect anyone who purchases low cost alcohol. However, it is a measure which is particularly targeted at reducing levels of hazardous and harmful drinking, as hazardous and harmful drinkers tend to consume higher amounts of low cost / high strength alcohol. Any overall reduction in the amount of alcohol consumed will lower the whole population's risk of alcohol-related harm – but the benefits of reduced levels of consumption will be felt particularly by those who are drinking at hazardous and harmful levels.</p> <p>It is envisaged that individuals within the 18-50 age group will be affected by a 50p MUP to a varying extent, depending on their level of alcohol consumption. A 50p MUP will specifically target the habits of those individuals who are most likely to suffer illness and death (hazardous and harmful drinkers, including young adults). There will be minimum impact on moderate drinkers.</p> <p>In terms of services for</p>
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				those who need support, Area Planning Boards are considering what they provide in response to local need, and also in response to national reports on alcohol and substance misuse. An example includes the Linked Environment for Alcohol Death Research (Leadr) which shows 32.8% of people who had died of an alcohol-specific (underlying or contributory) condition had been assessed by a specialist treatment service.
Older people (50-plus)	x			<p>A 50p MUP aims to have a positive impact on health for people aged 50-plus in society as a whole by helping to reduce harmful alcohol consumption and addressing the health harms associated with alcohol misuse.</p> <p>There is some evidence that the percentage of older people drinking above daily guidelines has increased. Furthermore, evidence from the 2018-19 National Survey for Wales showed that the percentage of adults who reported drinking above the weekly guidelines of 14 units was highest amongst the 55-64 age group at 24%. The equivalent figure for the 65-74 age group was 21%, compared with 14% for the 25-34 age group. However, drinking over the weekly guidelines of 14 units was less common among those aged 75 and over (with 13% saying they drank more than 14 units).</p>

				<p>It is envisaged this age group will be affected by MUP to a varying extent. MUP targets the habits of those individuals who are drinking alcohol at hazardous and harmful levels. This is of specific relevance when considering groups beyond working age.</p> <p>The Welsh Government is aware of concerns raised that there is a risk some people may continue to consume alcohol at existing levels, resulting in money earmarked for other household expenditure being used to meet the increase in cost of alcohol that this MUP would bring. This may have an impact on older people living in low income households, an issue highlighted by some stakeholders in the recent consultation on the preferred level of the MUP of 50p.</p> <p>The Advisory Panel on Substance Misuse also published a report on substance misuse in an ageing population in 2017. This report covered drug use (including alcohol and medicines) and was in response to the growing number of over 50s in need. This report has been disseminated to a number of stakeholders, including Area Planning Boards. Engaging with older people groups in order to implement the SMTF 'Improving access to Substance Misuse services for older people' will continue and will be</p>
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				<p>incorporated into future needs assessments undertaken by Area Planning Boards.</p> <p>Welsh Government officials will continue to liaise with the Older People's Commissioner and other key stakeholders, including Drink Wise Age Well, regarding plans for the implementation of a 50p MUP.</p>
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## 4.2 Because they are disabled?

Impairment	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?
Visual impairment			X	It is not anticipated the proposal will specifically impact either positively or negatively.
Hearing impairment			X	It is not anticipated the proposal will specifically impact either positively or negatively.
Physically disabled			X	<p>It is not anticipated the proposal will specifically impact either positively or negatively.</p> <p>However, there is very little evidence to help us make a judgement in this area currently. Limited research from America and Canada suggests that people with disabilities who use alcohol to self-medicate</p>

				<p>for pain do not express improved outcomes of pain reduction and often have pre-existing alcohol problems.</p> <p>A minimum unit price of 50p could reduce levels of hazardous and harmful drinking for these groups, meaning the risk of alcohol-related harm would be reduced (but this is an area where there is currently a lack of evidence).</p>
Learning disability	X			<p>According to Public Health England (2018) Guidance on Substance Misuse: "Overall, the evidence indicates that people with learning disabilities are less likely to misuse substances than the general population. However, some people believe that when people with learning disabilities do drink alcohol, there's an increased risk that they will develop a problem with it."<sup>22</sup> A 50p MUP could reduce levels of hazardous and harmful drinking and so could have a positive impact on the health outcomes of this group.</p>

<sup>22</sup> <https://www.gov.uk/government/publications/reasonable-adjustments-for-people-with-learning-disabilities/substance-misuse>

Mental health	x			<p>The relationship between alcohol consumption and mental health and wellbeing is complex.</p> <p>Research has suggested that heavy drinking can leave people vulnerable to developing mental health problems and likewise alcohol can be used as a coping mechanism when facing mental health problems.</p> <p>The link between alcohol misuse and suicide has been well established. The Child Death Review of probable suicides in children and young people in Wales in 2006-12 specifically recommended the Welsh Government should pursue mechanisms to restrict access to alcohol among children and young people.</p> <p>More recently, the Health, Social Care and Sport Committee Report “Everybody’s Business: A Report on Suicide Prevention in Wales” specifically highlighted that people who misuse drugs or alcohol may be at greater risk of suicide.<sup>23</sup> Alcohol consumption is considered to be a significant influence on the suicide rate of young</p>
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<sup>23</sup> Health, Social Care and Sport Committee (2018) Everybody’s Business: A Report on Suicide Prevention in Wales.

<http://www.senedd.assembly.wales/documents/s83783/Report%20-%20Everybodys%20Business%20A%20report%20on%20suicide%20prevention%20in%20Wales.pdf>

				<p>men in particular.</p> <p>The Welsh Government is aware of concerns raised about the risk some people (which could include those with mental health issues) will continue to consume alcohol at existing levels resulting in money otherwise earmarked for family or domestic matters being used to meet the increase in cost of alcohol which MUP would bring.</p> <p>The Mental Health Foundation responded to the consultation on the draft Bill in 2015, stating the legislation will be a positive step for public mental health in Wales, but needs to be part of a holistic approach to reducing alcohol consumption in Wales.</p> <p>A number of consultation responses on the draft Bill and also responses regarding the Welsh Government's consultation on the preferred level of the MUP expressed concern over the potential risk of people switching from alcohol to other substances as the price of alcohol increases under minimum pricing, particularly when alcohol is used to self-medicate in relation to mental health issues.</p> <p>Research on the perception of the likelihood of switching</p>
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				<p>has been commissioned by Welsh Government and we will continue to monitor the impact of the legislation in this area.</p> <p>A 50p MUP has the potential to have a positive impact by helping prevent mental health problems, due to the links between poor mental health and wellbeing and hazardous and harmful drinking.</p> <p>The introduction of a 50p MUP for alcohol is only part of the policy landscape – with support for people with mental health issues who are drinking heavily also being critical.</p> <p>In this regard, there is a specific Welsh Government Service Framework in place for the treatment of people with co-occurring mental health and substance misuse issues. This framework has been in place since 2009 and was revised in 2015 to strengthen it, following consultation. The revised framework has been developed in partnership with frontline mental health and substance misuse practitioners. Its primary purpose is to support health professionals to work collaboratively to address the needs of those showing signs of dual-diagnosis. All areas have submitted co-occurring plans and</p>
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				progress against these are being monitored.
Other impairments issues	x			<p>A number of consultation responses on the preferred level of a 50p MUP noted the importance of recognising the impact of MUP on individuals with an alcohol addiction and the need to assess whether they might spend even greater proportions of their domestic finances on alcohol, at the expense of essential items such as food, clothing and energy costs.</p> <p>The potential for individuals to switch from alcohol to other substances has also been raised by some stakeholders as a potential issue. Although the Welsh Government considers that the risk of switching from alcohol to other substances is low (following the introduction of an MUP), this will be kept under review. The Welsh Government has commissioned research to look specifically at this issue which will be published ahead of implementation and will help to inform mitigating actions.</p> <p>In taking forward a 50p MUP, and also in the context of those persons with protected characteristics, the Welsh Government has recognised that it needs</p>

				<p>to form part of a wider suite of activity, including appropriate services and support for those living with an alcohol addiction and any associated harms.</p> <p>MUP will therefore form part of a wider and continuing programme of work to tackle alcohol-related harm.</p>
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#### 4.3 Because of their gender (man or woman)?

Gender	Positive	Negative	None / Negligible	Reason for your decision (including evidence)/ How might it impact?
Male	x			<p>It is envisaged all genders will be positively impacted by the proposal, as a 50p MUP aims to have a positive impact on health for society as a whole, by helping to reduce hazardous and harmful alcohol consumption and addressing the health harms associated with alcohol misuse.</p> <p>However, of the 540 alcohol-specific deaths in Wales in 2017, the majority were men and therefore men are particularly likely to benefit from this proposal.</p> <p>Evidence from the 2018-19 National Survey for Wales shows men are more likely to drink above the weekly guideline of 14 units than women.</p> <p>It is envisaged that men</p>

				will be affected by a 50p MUP to varying extent, depending on levels of alcohol consumption. Men who are hazardous or harmful drinkers are most likely to be positively affected by a 50p MUP.
Female	x			<p>It is envisaged all genders will be positively impacted by the proposal, as a 50p MUP aims to have a positive impact on health for society as a whole by helping to reduce harmful alcohol consumption and addressing the health harms associated with alcohol misuse.</p> <p>While the majority of alcohol-related deaths in Wales are in men, the percentage increase in deaths among women during the last 10 years has been greater.</p>

#### 4.4 Because they are transgender?

Transgender	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?
			x	Negligible impact anticipated. No specific issues were raised in responses to the consultation on the preferred level of the MUP (nor in the Public Health White Paper consultation in 2014)

				and the consultation on the draft Bill in 2015).
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#### 4.5 Because of their marriage or civil partnership?

Marriage and Civil Partnership	Positive	Negative	None / Negligible	Reason for your decision (including evidence)/ How might it impact?
Marriage			<b>x</b>	It is unlikely that the proposal will impact on anyone either positively or negatively because they either are or are not married; or are or are not in a civil partnership. No specific issues were raised in responses to the consultation on the preferred level of the MUP (nor in the Public Health White Paper consultation in 2014 and the consultation on the draft Bill in 2015).
Civil Partnership			<b>x</b>	

#### 4.6 Because of their pregnancy or maternity?

Pregnancy and Maternity	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?
Pregnancy	<b>x</b>			There is a strong body of evidence about the impact of hazardous and harmful drinking during pregnancy and the associated higher risk of premature birth, birth defects and foetal alcohol spectrum disorders.  In January 2016, the UK Chief Medical Officers published revised

				<p>guidelines for alcohol consumption. They state there is no safe level of alcohol to drink during pregnancy. It is therefore considered that a 50p MUP will have a positive impact on this group, by targeting hazardous and harmful drinkers and by reducing consumption. This in turn is likely to have a positive impact on the health outcomes of those who are pregnant.</p>
Maternity (the period after birth)	<b>x</b>			<p>Mothers are advised not to drink more than one to two units once or twice a week while breastfeeding. Drinking more than this can cause problems which can affect a baby's development and reduce the mother's milk supply (NHS Choices).</p> <p>A 50p MUP will have no or negligible impacts on new mothers who are following advice on drinking alcohol while breastfeeding. However, a 50p MUP is intended to have an impact on hazardous and harmful drinkers, with the view to reducing consumption among this target group.</p> <p>It is therefore considered that a 50p MUP will have a positive impact on this group.</p>



## 4.7 Because of their race?

Race	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?
Ethnic minority people, for example Asian, Black.	X			<p>The OECD report <i>Tackling Harmful Alcohol Use – Economics and Public Health Policy</i>,<sup>24</sup> published in May 2015, stated that culture has a strong influence on many aspects of alcohol consumption. It could be assumed that people's drinking behaviour will be influenced by their cultural or religious roots. It may be the case that culture associated with ethnic origin is the dominant factor in explaining the pattern of alcohol consumption for a given individual, rather than social status, age or education, for example.</p> <p>It is envisaged individuals will be positively impacted by the proposal, as a 50p MUP aims to have a positive impact on health of society as a whole.</p>
National origin, for example Welsh, English.	x			<p>Levels of alcohol consumption do differ across the four nations within the UK. There were 540 alcohol-specific deaths in Wales in 2017, all of which are preventable. Drinking among young people in</p>

<sup>24</sup> [http://www.oecd-ilibrary.org/social-issues-migration-health/tackling-harmful-alcohol-use\\_9789264181069-en;jsessionid=ap711o5b1j4u3.x-oecd-live-03](http://www.oecd-ilibrary.org/social-issues-migration-health/tackling-harmful-alcohol-use_9789264181069-en;jsessionid=ap711o5b1j4u3.x-oecd-live-03)

				<p>Wales is also a concern, with 7% of males and 5% of females aged between 11-16 in Wales drinking alcohol at least once a week in 2013-14. Although decreasing, Wales has the highest alcohol consumption among 11 and 13-year-olds in the UK. Drinking among 15-year olds in Wales is higher than in England.</p>
Asylum seekers and refugees	x			<p>It is envisaged individuals will be positively impacted by the proposal, as a 50p MUP aims to have a positive impact on health for society as a whole by helping to reduce hazardous and harmful alcohol consumption and addressing the health harms associated with alcohol misuse.</p> <p>The Welsh Government is aware of the concerns raised about the risk that some people will continue to consume alcohol at existing levels, resulting in money otherwise earmarked for family, or domestic matters being used to meet the increase in cost of alcohol MUP would bring.</p>
Gypsies and travellers	x			<p>It is envisaged individuals will be positively impacted by the proposal, as a 50p MUP aims to have a positive impact on health for society as a whole by helping to reduce hazardous and harmful alcohol consumption and addressing the health harms associated with</p>

				<p>alcohol misuse.</p> <p>The Welsh Government is aware of the concerns raised about the risk that some people will continue to consume alcohol at existing levels, resulting in money otherwise earmarked for family, or domestic matters being used to meet the increase in cost of alcohol MUP would bring.</p> <p>While the impact is anticipated to be small, there may be a risk that some people within certain groups who have an alcohol addiction may prioritise the purchasing of alcohol over other needs.</p>
Migrants	x			<p>It is envisaged individuals will be positively impacted by the proposal, as a 50p MUP aims to have a positive impact on health for society as a whole by helping to reduce hazardous and harmful alcohol consumption and addressing the health harms associated with alcohol misuse.</p> <p>There is a risk some people will continue to consume alcohol at existing levels, resulting in money otherwise earmarked for family, or domestic matters being used to meet the increase in cost of alcohol MUP would bring.</p>

#### 4.8 Because of their religion and belief or non-belief?

Religion and belief or non – belief	Positive	Negative	None / Negligible	Reason for your decision (including evidence)/ How might it impact?
Different religious groups, for example Muslims, Jews, Christians, Sikhs, Buddhists, Hindus, Others (please specify)	x			<p>It is envisaged that individuals who are not abstaining from alcohol (due to their religious or other beliefs) will be positively impacted by the proposal to set a 50p MUP for alcohol, particularly if they are consuming alcohol at a hazardous or harmful level.</p> <p>The Welsh Government is aware of concerns expressed that there is a risk some people will continue to consume alcohol at existing levels resulting in money otherwise earmarked for family or domestic matters being used to meet the increase in cost of alcohol which a 50p MUP would bring. However, no disproportionate impacts are anticipated.</p>
Belief, for example, Humanists	x			
Non-belief	x			

#### 4.9 Because of their sexual orientation?

Sexual Orientation	Positive	Negative	None / Negligible	Reason for your decision (including evidence)/ How might it impact?
Gay men	x			<p>Evidence about alcohol consumption and the LGBT community is limited.</p> <p>Any reduction in</p>

				hazardous and harmful consumption among groups with a protected characteristic would be a positive impact from the policy.
Lesbians	<b>x</b>			<p>Evidence about alcohol consumption and the LGBT community is limited.</p> <p>Any reduction in hazardous and harmful alcohol consumption among groups with a protected characteristic would be a positive impact from the policy.</p>
Bi-sexual	<b>x</b>			<p>Evidence about alcohol consumption and the LGBT community is limited.</p> <p>Any reduction in hazardous and harmful alcohol consumption among groups with a protected characteristic would be a positive impact from the policy.</p>

**4.10 Do you think that this policy will have a positive or negative impact on people's human rights?**

***Please refer to point 1.4 of the EIA Annex A - Guidance for further information about Human Rights.***

Human Rights	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?
Human rights including Human Rights Act 1998 and UN Conventions	x			<p>The regulations are considered to be compatible with the European Convention on Human Rights (the ECHR) and the United Nations Conventions on the Rights of the Child and the Welsh Ministers' duty to act in the best interests of children.</p> <p>The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 and the Public Health (Minimum Price for Alcohol) (Minimum Unit Price) Regulations 2019 seek to protect the public health of hazardous and harmful drinkers. The introduction of a 50p MUP is anticipated to save lives and reduce alcohol-related harm. The regulations specifying the level of the MUP at 50p therefore advance social policy objectives commensurate with those protected by Article 2 of the ECHR (right to life).</p> <p>In terms of any impact on the property rights of alcohol retailers, the University of Sheffield's 2018 <i>Model-based appraisal of the comparative impact of</i></p>



				<p><i>minimum unit pricing and taxation policies in Wales</i> predicted that ‘all MUP policies are estimated to increase revenue to retailers, particularly in the off-trade’. Therefore, the Welsh Government considers that any adverse impact of a 50p MUP on the property rights of alcohol retailers is justified, proportionate and in accordance with the law.</p> <p>Careful consideration has been (and will continue to be) given to these issues, together with further discussion and input from key stakeholders. Welsh Government officials continue to meet with representatives of the Welsh Retail Consortium and members of the Welsh Government’s Alcohol Industry Network. Most recently, Welsh Government officials met with WGAIN in December 2019, to discuss the Welsh Government’s preferred level of the MUP and to encourage members to respond to the consultation.</p>
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***If you have identified any impacts (other than negligible ones), positive or negative, on any group with protected characteristics, please complete Part 2.***

***Only if there are no or negligible positive or negative impacts should you go straight to part 2 and sign off the EIA.***

**Equality Impact Assessment – Part 2**

**1. Building on the evidence you gathered and considered in Part 1, please consider the following:**

**1.1 How could, or does, the policy help advance / promote equality of opportunity?**

For example, positive measures designed to address disadvantage and reach different communities or protected groups?

As indicated in part one, although the 2018 Act and the regulations specifying the 50p MUP are specifically designed to affect products sold cheaply relative to their alcohol content, it will apply equally across all groups. Those directly affected by a 50p MUP will be those consumers who currently purchase alcohol which is priced below the applicable minimum price.

Those individuals in the lowest socio-economic groups who drink heavily are likely to be more affected by an increase in minimum price. However, this is also the group that has the highest risk of alcohol-related harm and which it is estimated will accrue the greatest health benefits from the policy.

Introducing a 50p MUP to target alcohol-related harms and reduce hazardous and harmful drinking is consistent with the requirements of the United Nations Convention on the Rights of the Child. In particular, the legislation is considered to be consistent with Articles 3 and 24 of the UNCRC, as the Welsh Government is using all available levers to reduce levels of hazardous and harmful drinking in Wales and ensure children and young people have the highest attainable standard of health.

Hazardous and harmful drinking during pregnancy is associated with an increased risk of premature birth, birth defects and foetal alcohol spectrum disorders – these are well-documented. The regulations are considered compatible with Articles 24 and 6 in this respect.

## **1.2 How could / does the policy / decision help to eliminate unlawful discrimination, harassment or victimisation?**

The regulations do not directly help to eliminate unlawful discrimination, harassment or victimisation.

However, as indicated in part one, it is considered that a 50p MUP will result in better health outcomes for society as a whole, by helping to reduce hazardous and harmful levels of alcohol consumption and by addressing the associated health harms caused by excessive drinking.

## **1.3 How could/does the policy impact on advancing / promoting good relations and wider community cohesion?**

Community cohesion is well served by an overall environment which encourages people to act in ways which promote and protect their own health and wellbeing, as well as that of their families and wider community. Action to reduce hazardous and harmful alcohol consumption therefore has a number of potential social benefits, ranging from the primary health benefits associated with a 50p MUP, to reductions in crime and anti-social behaviour, which could benefit all parts of Wales' diverse communities.

The introduction of the Public Health (Minimum Price for Alcohol) (Wales) Bill in October 2017 to the National Assembly for Wales was supported by all four Police and Crime Commissioners as well as by numerous public health stakeholders. The Welsh Government is continuing to engage with the Commissioners and other relevant stakeholders ahead of implementation.

The updated analysis by the University of Sheffield on the impacts of introducing minimum pricing for alcohol in Wales concluded that a 50p MUP is associated with a total societal value of £783m over 20 years in terms of reductions in alcohol-related illnesses, crime and workplace absences. This figure includes reduced direct healthcare costs, savings from reduced crime and policing, savings from reduced workplace absence and a financial valuation of the health benefits measured in terms of Quality-Adjusted Life Years (QALYs – valued at £60,000 in line with Home Office guidelines).<sup>25</sup>

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<sup>25</sup> <http://gov.wales/docs/caecd/research/2018/180222-comparative-impact-minimum-unit-pricing-taxation-policies-en.pdf>

## **2. Strengthening the policy**

### **2.1 If the policy is likely to have a negative effect ('adverse impact') on any of the protected groups or good relations, what are the reasons for this?**

**What practical changes/actions could help reduce or remove any negative impacts identified in Part 1?**

The Welsh Government is aware of concerns raised that there is a risk that some people, including those within protected groups, may continue to consume alcohol at existing levels resulting in money otherwise earmarked for family or domestic matters being used to meet the increase in cost of some alcohol associated with minimum unit pricing.

While it is anticipated that a 50p MUP will lead to a reduction in levels of consumption in the longer term, the Welsh Government has noted the concerns raised by some that there may be consequences of this policy in the shorter term – and that money that should be spent on household essentials such as food, clothing and energy could instead be spent on alcohol. Concerns have also been raised regarding the impact of a MUP for alcohol on specific groups, such as street drinkers and those who are homeless – and also the potential for switching from alcohol to other substances.

In this regard and in relation to those with protected characteristics within these specific groups, MUP is intended to form part of the Welsh Government's wider and continuing programme of work to tackle alcohol related harm. As highlighted earlier in the impact assessment, there are a range of measures in place to help mitigate the impacts of alcohol-related harm – as part of this wider continued support provided. Of particular importance is support for children and young people, including £2.75m ring-fenced annually (through the Area Planning Boards (APBs)) to support a range of services.

In terms of wider service provision, APB are continually looking at whether their services are meeting need in their area and whether they are responding to other national reports on substance misuse. It is considered that their work to assess local needs in relation to addressing alcohol and substance misuse will be critical in terms of looking at any impacts on families and particular groups affected by MUP.

### **2.2 If no action is to be taken to remove or mitigate negative /**

**adverse impact, please justify why. (Please remember that if you have identified unlawful discrimination (immediate or potential) as a result of the policy, the policy must be changed or revised.)**

Where negative impacts are identified, action to address these will be put in place, particularly in terms of supporting vulnerable groups. Much of this will be the responsibility of the APB, which commission services.

There should be no unlawful discrimination because the intended purpose of the policy is to improve health and wellbeing overall.

### **3. Monitoring, evaluating and reviewing**

#### **How will you monitor the impact and effectiveness of the policy?**

List details of any follow-up work that will be undertaken in relation to the policy (e.g. consultations, specific monitoring etc).

This impact assessment on the regulations specifying the level of the MUP will be kept under review and will be updated periodically as necessary.

The policy of introducing a 50p MUP is preventative – it is anticipated to make a strong contribution to the aims of promoting health, preventing alcohol misuse and reducing alcohol-related harms and disease. Such outcomes will ultimately help to reduce costs to the health service in Wales of treating the avoidable morbidity associated with hazardous and harmful alcohol use.

Evidence shows that introducing a 50p MUP can have an important role to play in contributing to reductions in hazardous and harmful alcohol consumption. It is anticipated the impact of an MUP for alcohol will be monitored using a range of indicators, including:

- The number of alcohol-related deaths in Wales.
- Rates of alcohol-specific hospital admissions (i.e. admissions that are wholly related to alcohol, such as alcohol-related liver disease or alcohol overdose)
- Alcohol-related mortality rates (deaths most directly linked to alcohol, such as alcoholic liver disease)
- Alcohol-attributable mortality rates (which includes deaths due to conditions which are in part attributable to alcohol)
- Trends in the above rates across different areas, including deprived areas
- Data on alcohol consumption collected through the National Survey for Wales

and the Healthy Behaviour in School-age Children survey.

The results of all impact assessments where the impact is significant will be published on the Welsh Government's website.

#### 4. Declaration

**The above represents a fair assessment of the potential impacts of this policy.**

<b>Official completing the EIA</b>
Name:
Beverley Morgan
Department:
Health and Social Services
Date:
Last Reviewed: October 2019
Signature:
Samantha French
<b>Head of Division (Sign-off)</b>
Name: Tracey Breheny
Job title and department: Deputy Director, Mental Health, Substance Misuse and Vulnerable Groups Division, Welsh Government
Date: 26 September 2019
Last Reviewed: 26 September 2019
Signature: TB
Review Date: All impact assessments will be reviewed and updated as this policy progresses and minimum unit pricing for alcohol is implemented.