

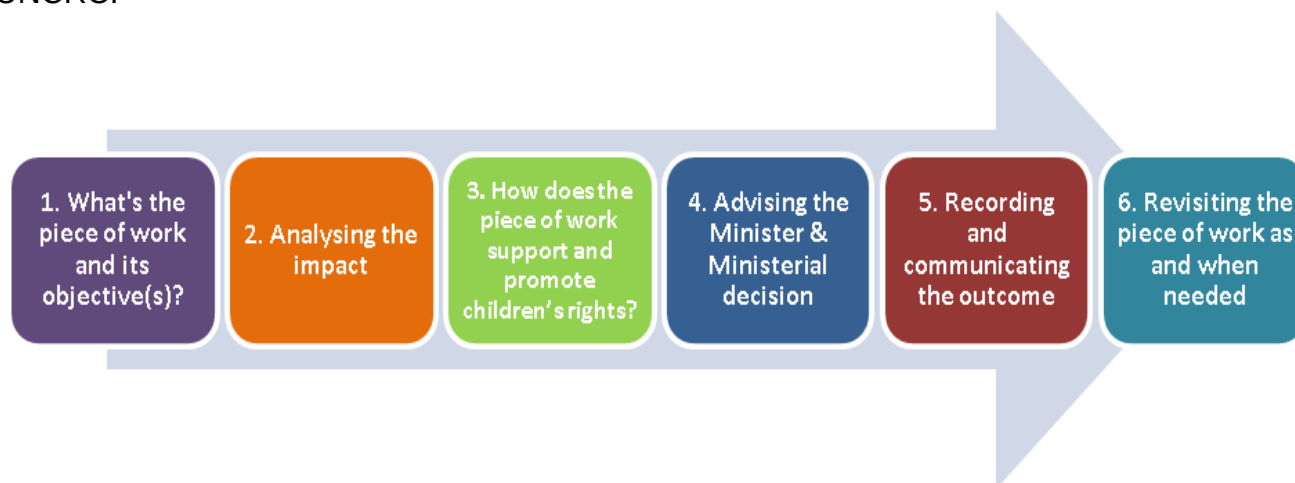


Children's Rights Impact Assessment (CRIA)

Title / Piece of work:	Public Health (Minimum Price for Alcohol) (Minimum Unit Price) (Wales) Regulations 2019
Name of Official:	Chris Gittins
Department:	Health and Social Services
Date:	Last Reviewed October 2019
Signature:	CG

Six Steps to Due Regard

Section 1 of the Rights of Children and Young Persons (Wales) Measure (2011) places a duty on the Welsh Ministers to have due regard to the United Nations Convention on the Rights of the Child (UNCRC) when making their decisions. The term 'due regard' requires a balanced consideration of the issues. This means that Ministers must think about how what they are doing including the development of legislation, relates to the rights and obligations in the UNCRC.



Step 1. What is the piece of work and its objective(s)?

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 (MUP) for the purposes of the 2018 Act.

The 2018 Act provides for a minimum price for alcohol, below which, it would be an offence for alcohol to be supplied by retailers from qualifying premises in Wales. The applicable minimum price will be calculated according to the MUP which will be specified by the Welsh Ministers in regulations, the percentage strength of the alcohol and its volume (MUP x S x V). The 2018 Act also 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 are to tackle alcohol-related harm, including alcohol-attributable hospital admissions and alcohol-related deaths in Wales, by reducing alcohol consumption in hazardous and harmful drinkers. The 2018 Act and the regulations specifying the level are 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 compelling evidence, built up over many decades, that high levels of alcohol causes harm and that the risk of harm is proportionate to the amount of alcohol consumed. There is also a clear and enduring problem with alcohol misuse 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, increasing from 504 alcohol-specific deaths in 2016. Overall, alcohol misuse in Wales is estimated to cost the health service around £159m each year in direct healthcare costs.¹

A MUP for alcohol 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 people who are most likely to suffer illness and death (hazardous and particularly harmful drinkers, including young people) – while minimising the impact on moderate drinkers. It is designed to target alcohol products which are sold at very cheap prices relative to their alcohol content.

Step 2. Analysing the impact

A MUP for alcohol aims to have a positive impact on the health of society as a whole, by helping to reduce hazardous and harmful alcohol consumption and addressing the associated health harms. The 2018 Act and the regulations specifying the level of the MUP are targeted at protecting the health of hazardous and harmful drinkers who tend to consume low cost and high-alcohol content products.

While the introduction of a 50p MUP will have a broad impact across society, minimum pricing for alcohol is particularly relevant to specific issues relating to alcohol consumption by children and young people. The introduction of an MUP will help address a number of related issues – for example a rise in 'pre-loading' or 'pre-drinking' (drinking alcohol at home before going out to a bar, pub or nightclub) and reducing consumption among young people who tend to purchase cheap alcohol from supermarkets and off licences. Specifically, introducing a MUP is a targeted intervention which aims to have the greatest impact on hazardous and harmful drinkers, including young people.

In 2014, the Welsh Government commissioned the Sheffield Alcohol Research Group at

¹ 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.

the University of Sheffield to study the potential impacts to Wales of a range of alcohol pricing policies. In February 2018, updated analysis by the Sheffield Alcohol Research Group on the impacts of minimum pricing for alcohol² concluded that there are a number of key benefits to introducing an MUP in Wales, including:

MUP policies would be effective in reducing alcohol consumption, alcohol-related harm, including alcohol-related deaths, hospital admissions, crimes and workplace absences, and the costs associated with those harms.

MUP policies would only have a small impact on moderate drinkers.³ Larger impacts would be experienced by hazardous drinkers,⁴ with the most substantial effects being experienced by harmful drinkers.⁵ These drinkers are more likely to consume the types of alcohol affected by an MUP.

Based on the updated 2018 analysis by the University of Sheffield, introducing an MUP of 50p for alcohol is estimated to be worth £783m to the Welsh economy in terms of reductions in illness, crime and workplace absence over 20 years. 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.⁶

The Sheffield model estimated the overall societal cost of alcohol misuse to be £16.6bn over 20 years. A more detailed discussion of the impact of excessive alcohol consumption on health and wellbeing in Wales, including the findings of the Sheffield University study and other evidence, can be found in the Explanatory Memorandum and Regulatory Impact

² 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>

³ Moderate drinkers are those who drink less than 14 units per week. As defined in the Angus et al. (2018) report: Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final report.

⁴ Hazardous drinkers – men who regularly drink between 14 and 50 units per week. Women who regularly drink between 14 and 35 units per week. As defined in the Angus et al. (2018) report: Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final report.

⁵ Harmful drinkers – men who regularly drink more than 50 units of alcohol per week. Women who regularly drink more than 35 units of alcohol per week. As defined in the Angus et al. (2018) report: Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final report.

⁶ It should be noted that the model assumes the MUP threshold is updated annually in line with inflation.

Ahead of introducing legislation on minimum pricing to the National Assembly for Wales, the then Welsh Government Advisory Panel on Substance Misuse considered the academic literature and evidence on MUP.

Its report, published in July 2014, said the evidence base is extensive and reliable: “The effects of an MUP would be different for different subgroups of the population: therefore MUP enables those drinking alcohol more harmfully or hazardously to be targeted, with smaller effects on moderate drinkers, particularly those with low incomes. Taking into account all the circumstances and evidence before the panel minimum unit pricing is an effective mechanism through which alcohol-related harm can be addressed”.⁷

In relation to young people, some progress has already been made in reducing alcohol consumption. Evidence from the 2013/14 international Health Behaviour in School-Aged Children (HBSC)⁸ study shows drinking levels have recently fallen among young people. This is a positive sign and may be a result of a number of factors, including improved legal enforcement as well as cultural factors. However, these HBSC data show drinking among young people remains a concern, with 7% of boys and 5% of girls aged 11 to 16 in Wales drinking alcohol at least once a week. These remain the most recently available international data, with the 2017/18 survey due to report in spring 2020. These 2013/14 data show that 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. Indeed, data from across all participating HBSC countries in Europe and North America shows Wales is among a cluster of countries where reported frequency of drunkenness among teenagers is relatively high. However, more recent analysis of national data from the HBSC survey (now integrated into the work of the School Health Research Network (SHRN)) shows that rates of drinking among young people in Wales (aged 11-16) on a weekly basis have fallen to 8% in 2017/18⁹, compared with earlier HBSC data from 1998 (31%)..¹⁰

Alcohol misuse in adolescence – a developmentally-sensitive period – poses a particular danger to the emerging brain faculties of executive functioning and long-term memory.¹¹ Starting drinking at an early age is also associated with higher trends of alcohol dependence in adulthood and a wider range of other adverse consequences. Teenagers

⁷ Advisory Panel on Substance Misuse (2014) Minimum Unit Pricing: A Review of its Potential in a Welsh Context. Page 10.

⁸ International 2013/14 HBSC data - http://www.euro.who.int/_data/assets/pdf_file/0003/303438/HSBC-No.7-Growing-up-unequal-Full-Report.pdf?ua=1

⁹ National 2017/18 SHRN/HBSC data - http://www.shrn.org.uk/wp-content/uploads/2019/05/SHRN-HBSC-NR_31.05.2019.pdf

¹⁰ HBSC trend data - <https://gov.wales/health-behaviour-school-aged-children-september-2013-august-2014>

¹¹ Newbury-Birch et al. (2008) Impact of Alcohol Consumption on Young People: A Review of Reviews. Newcastle University for the Department of Children, Schools and Families.

who misuse alcohol are also more likely to suffer from side effects, including appetite change, weight loss, eczema, headaches, and sleep disturbances.

It can also be an important factor affecting mental health and well-being. In their recent report on the United Kingdom and Northern Ireland, the United Nations Committee on the Rights of the Child (June 2016) highlighted in their Concluding Observations that the number of children with mental health needs is increasing across the state party, including those related to alcohol, drug and substance abuse. Alcohol consumption during adolescence is also associated with unprotected sex, teenage pregnancy and the increased likelihood of contracting sexually transmitted infections.

The Welsh Government believes more needs to be done to accelerate the decline in alcohol consumption among children and young adults, as these levels of drinking still present a very significant risk to health.

Positive impacts of the legislation

The 2018 Act and the regulations specifying the level of the MUP are anticipated to have a beneficial impact on children and young people's health and will reduce risks to vulnerable children. Children and young people can be adversely effected by various chronic diseases and conditions associated with excess alcohol consumption by parents and other adults, as well as the general drinking behaviours of adults.

Two of the key points from research published by the Joseph Rowntree Foundation in 2011 were that young people are more likely to drink, to drink frequently and to drink to excess if they are exposed to a close family member (especially a parent) who is drinking or getting drunk and similarly have very easy access to alcohol.¹² There are also recognised health risks to the unborn children of women drinking alcohol during pregnancy.

There is a growing body of evidence and research that shows a strong link between adverse childhood experiences (ACEs) and links with poor physical and mental health, chronic disease, lower educational achievement and lower economic success in adulthood. ACEs are defined as chronic stress on individuals during childhood. Such stress arises from the abuse or neglect of children, but also from growing up in households where children are routinely exposed to issues such as domestic violence or individuals with alcohol or substance misuse issues. 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.

According to Public Health Wales: "The strong associations between exposure to ACEs and vulnerability to harms including substance use, unintended teenage pregnancy, violence, mental illness and physical health problems, mean the children of those affected by ACEs are at increased risk of exposing their own children to ACEs. This is often

¹² Joseph Rowntree Foundation (2011) Young People, Alcohol and Influences, A study of young people and their relationship with alcohol. Pamela Bremner, Jamie Burnett, Fay Nunney, Mohammed Ravat, Dr Willm Mistral.

referred to as the 'cycle of violence'. Consequently, preventing ACEs in a single generation or reducing their impact on children can benefit not only those individuals but also future generations across Wales.”¹³ Indeed, research by Public Health Wales has 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 prevented. Reducing hazardous and harmful drinking by increasing the price of alcohol through the introduction of an MUP could potentially make an important contribution to addressing this issue.

In 2012, the Children's Commissioner for England published a rapid evidence assessment which focused on the impacts on children who live with parental substance misuse and in particular, the number of children affected by alcohol misuse in the family. The assessment found that parental alcohol misuse is a sizeable problem (far greater than parental drug misuse) but “greater attention has been given to the latter despite many more children being affected by parental alcohol misuse”. The study also found that different levels of consumption (not just parents who are dependent drinkers) and particular styles of drinking (such as binge drinking) may affect children and it cannot be assumed that higher levels of consumption equates to greater harm.¹⁴

Alcohol and substance misuse can be a contributing factor in relation to children and young people entering care. As at 31 March 2018, there were 6,407 looked-after children in Wales (Stats Wales).¹⁵ There were 16,080 children receiving care and support included in the Children Receiving Care and Support Census at 31 March 2018, which was a rate of 256 per 10,000 children aged under 18 years. Parental substance or alcohol misuse, domestic abuse and parental mental ill health capacity factors were each recorded for more than a quarter of children receiving care and support.¹⁶

There is a large body of evidence about consumption and alcohol-related harm and about the links between affordability and consumption. As the price of alcohol increases, national and international studies have shown that alcohol consumption across the population as a whole decreases. In particular, modelling about the impacts of minimum pricing suggests that introducing an MUP has significant potential to help reduce hazardous and harmful

¹³ Public Health Wales (2015) Welsh Adverse Childhood Experiences (ACE) Study: Adverse Childhood Experiences and their impact on health harming behaviours in the Welsh adult population. Public Health Wales NHS Trust.

[http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)

¹⁴ Adamson, A. and Templeton, L. (2012) Silent Voices: Supporting Children and Young People Affected by Alcohol Misuse. Children's Commissioner for England and the Community Research Company (CRC).

¹⁵ Stats Wales (2018) Welsh Government. Children looked after at 31 March by local authority, gender and age.

<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/childrenlookedafterat31march-by-localauthority-gender-age>

¹⁶ Wales Children Receiving Care and Support Census, 2018.
<https://gov.wales/wales-children-receiving-care-and-support-census-31-march-2018>

levels of alcohol consumption among adults and young people. Modelling also suggests that MUP could be an important contributing factor in helping to reduce demand on the health service and other public services, in reducing crime, and by bringing wider benefits to communities in Wales, as it targets hazardous and harmful drinkers.

The Welsh Government recognises that issues around alcohol related harm and hazardous drinking rarely exist in isolation and there are strong links between alcohol misuse and substance misuse, mental health and wellbeing, and domestic abuse. It is essential that alongside the introduction of an MUP for alcohol, people are able to access other services and support. In essence, it is not intended that the introduction of an MUP for alcohol will on its own address Wales' relationship with alcohol. Rather, the 2018 Act and the regulations specifying the level of the MUP will form part of a wider strategic approach to reducing alcohol-related harm and contribute to the delivery of a healthier, a more equal and prosperous Wales.

In this regard, there are important links between the 2018 Act and the regulations specifying the level and other key policy developments in Wales. This includes the Welsh Government's *Working Together to Reduce Harm (Substance Misuse) Delivery Plan 2016-18* (published in September 2016) and the new Delivery Plan for Substance Misuse 2019-22 (currently being finalised after consultation); the Together for Mental Health Strategy and associated Delivery Plan); and the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. Welsh Government are currently working with stakeholders to determine the future priorities for substance misuse in Wales (which will inform the new Substance Misuse Delivery Plan), taking into account the legislation and the impact this will have on services and service users.

We also know that children and young people living in poverty experience poorer health across a range of different outcomes and it is anticipated that introducing regulations to specify a 50p MUP for alcohol will make an important contribution to reducing health inequalities. This is because hazardous and harmful drinkers living in poverty purchase more alcohol at less than a 50p MUP compared with other groups and are more likely to experience substantial health gains in terms of morbidity and mortality in light of the anticipated impacts of increasing the price of alcohol on levels of consumption.¹⁷ As Callinan et al. (2015) have highlighted, a reduction in consumption among poorer (low income) drinkers is likely to have a greater positive effect on health, than a reduction among more affluent drinkers, which will add to the effect of "increasing health equity".¹⁸ A 50p minimum unit price is estimated to lead to 66 or 8.5% fewer alcohol-attributable deaths

¹⁷ Holmes, J. Meng, Y., Meier, P., Brennan, A., Angus, C., Campbell-Burton, A., Guo, Y., Hill-McManus, D. and Purshouse, R. (2013). Published online in The Lancet 29 November, 2013.

¹⁸ Callinan, S., Room, R. and Dietze, P. (2015) Alcohol Price Policies as an Instrument of Health Equity: Differential Effects of Tax and Minimum Price Measures. Oxford University press. *Alcohol Alcohol* (2015) 50 (6). Pages 629-630.

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%.¹⁹

Negative impacts

It is not anticipated there will be any direct negative impacts for children and young people in introducing the regulations to specify a 50p MUP, as it is widely acknowledged that children should not be drinking alcohol. A pricing system which discourages drinking among children and addresses hazardous and harmful drinking can only have positive direct impacts.

The Welsh Government has, however, noted the concerns raised by some regarding potential impacts which could arise as a result of the provisions set out in the 2018 Act and the regulations specifying a 50p MUP. Most recently, those responding to the Welsh Government's consultation on the preferred level of the MUP specifically highlighted the potential unintended consequences of minimum pricing for alcohol for children and young people and particularly, for families living in poverty.

In particular, while a 50p MUP for alcohol is intended to have a smaller effect on moderate drinkers, there will be a need to monitor perceived affordability for young adults. The extent to which young people may switch from alcohol to other substances has been highlighted (both during the scrutiny of the Bill and during the Welsh Government's consultation on the preferred level of the MUP) and this is an issue we intend to monitor closely. The Welsh Government considers that the risk of switching or substituting alcohol with other substances (such as illegal drugs) is low. However, specific research has been commissioned on this issue to inform implementation – following recommendations made in 2018 by the Health, Social Care and Sport Committee and the Welsh Government Advisory Panel on Substance Misuse. During the recent consultation on the preferred level of the MUP respondents also highlighted the risk that some parents/carers will not reduce their alcohol consumption following the introduction of MUP, resulting in money otherwise earmarked for family or domestic matters being used to meet the increase in the cost of alcohol that MUP would bring.²⁰ Some stakeholders have also commented that could also increase the risk of poorer outcomes for those families with children on “the edge of care”. In terms of mitigating this, there is a focus on continuing to support services for children

¹⁹ Angus, C., Holmes, J., Brennan, A. and Meier, P. (2018) Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final report. Cardiff: Welsh Government

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

²⁰ See page 16 of the Welsh Government Summary of Consultation Responses on the Proposed Level of the Minimum Unit Price for Alcohol (February 2019).

https://beta.gov.wales/sites/default/files/consultations/2019-02/summary-of-responses_0.pdf

and young people within the substance misuse agenda, with £2.75m of the £25.063m budget allocated to Area Planning Boards (APBs) ring-fenced to support children and young people. Services provided with this funding include:

- Counselling
- Emotional wellbeing
- Hidden harm services (problem drug and alcohol use, by parents and/or carers to young people).
- Education and prevention for children and young people under 18.

APBs are aware of the potential unintended impacts of MUP raised by stakeholders and the possible impact on their services. The Welsh Government has been working with APBs to raise awareness of minimum pricing for alcohol and its public health aims and to discuss ways in which services and service users can be made aware of the legislation ahead of implementation, to ensure they are prepared.

Officials in the Substance Misuse Team are also working with other Welsh Government teams to identify opportunities for sharing information about minimum pricing, including those leading on tackling homelessness, child neglect, children and young people in care, child poverty and welfare reform. Through the Welsh Government's MUP Implementation Board and the Substance Misuse Programme Board (responsible for developing the new Substance Misuse Delivery Plan), there is also a focus on identifying opportunities for working collaboratively to improve the outcomes of hazardous and harmful drinkers and the children living in those families. The new Substance Misuse Delivery Plan 2019-22 will also include actions to ensure services are joined up and effective for families who are "on the edge of care".

On balance, we believe that it is in the best interests of children and young people to introduce legislation on minimum pricing, given its potential impacts on reducing hazardous and harmful drinking and associated reductions in alcohol-related harm.

Success / Measuring Impact

Introducing a 50p MUP will have an important role in contributing to reductions in hazardous and harmful alcohol consumption, which can manifest itself in a number of ways. The impact of an MUP for alcohol will therefore be monitored at a population level using a range of different indicators. This could include:

- The numbers of alcohol-related deaths in Wales.
- Rates of alcohol-specific hospital admissions (admissions which 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 (previously the Welsh Health Survey).
- The numbers of children and young people taken into care as a result of parental alcohol abuse or substance misuse generally.

Consultation

Over the past five years, there have been three consultations on minimum pricing for alcohol, all of which have included engagement with children and young people. The proposal to introduce a minimum price for alcohol was one of a number of issues consulted on in a Public Health White Paper between 2 April and 24 June **2014**. To maximise engagement with children and young people, a young person's version of the White Paper was produced and published on the Welsh Government website. It was also distributed via Funky Dragon and the Welsh Network of Healthy School Scheme. The White Paper was discussed at Funky Dragon's Youth Ambassador Conference. Among the consultation responses from children and young people who commented on the MUP proposals, views were mixed. Some young people felt that the proposals would help discourage excessive drinking, while others felt it could make alcohol more unaffordable for young adults and responsible drinkers.

The Welsh Government also consulted on a draft Public Health (Minimum Price for Alcohol) (Wales) Bill in July **2015**. The majority of stakeholders and organisations who responded to the consultation were broadly supportive of introducing a minimum unit price for alcohol. The Welsh Government also issued a children and young people's document (with eight different questions for that particular audience), as part of this 2015 consultation on the draft Bill and sought specific views from organisations including Children in Wales and the Children's Commissioner.

Welsh Government officials drew the consultation on the draft Bill to the attention of a range of education stakeholders through the Welsh Network of Healthy Schools Scheme and other routes, as well as arranging presentations via Children in Wales and directly to Barnardos Cymru, the Prince's Trust and other charities and voluntary organisations working in the interests of children and young people. A total of 194 consultation responses were received (44 of which were from children and young people), with 68% of respondents in favour of introducing an MUP for alcohol in Wales. Some respondents commented that a positive effect would be felt by children and young people if adults (parents and guardians) modified their drinking behaviours as a result of MUP, leading to an increase in responsible parenting. Others said that the introduction of an MUP would make a positive contribution towards the bigger goal of a further cultural shift in attitudes

towards the excessive consumption of alcohol, with a focus on levels of sensible drinking.

There was a specific question in the consultation relating to the effect introducing an MUP on alcohol would have on children and young people, where 26% of respondents felt that MUP would have a positive impact on children and young people in Wales by limiting their purchasing power, particularly in respect of high strength alcohol products, and make a positive contribution to reducing levels of under-age drinking. 23% responded to the separate consultation for children and young people. Of these, 66% felt that young people would drink less if it cost more, and 68% said that they believe MUP would help prevent young people drinking too much. 46% of respondents did not express a view on whether MUP would have a positive or negative impact on children and young people. A further 4% felt MUP would have no, or a very little impact, on children and young people, with only 1% feeling that the impacts on household budgets caused as a result of adults still purchasing high strength, low price alcohol at the same rate would have an adverse effect on the wellbeing of children and young people.

A summary of the 2015 consultation responses can be found on the Welsh Government website:

<https://consultations.gov.wales/consultations/draft-public-health-minimum-price-alcohol-bill>

In **2018**, the Welsh Government also consulted on its preferred level of the MUP for alcohol. As part of this consultation, Children in Wales ran two workshops with children and young people to discuss the draft regulations and the impacts of a 50p MUP. Feedback at these workshops was mixed, with limited support for the introduction of a MUP for alcohol, but also an emphasis on the need for further action in terms of education, addressing availability and better support for people who are drinking. As with the previous consultations, Welsh Government officials also shared information on the consultation and the preferred level of the MUP with a range of stakeholders working in the interests of children and young people, including members of the End Child Poverty Network and the Children's Commissioner.

A summary of the 2018 consultation responses on the preferred level of the MUP can be found on the Welsh Government website:

<https://beta.gov.wales/setting-minimum-unit-price-alcohol>

Although the Children's Commissioner for Wales did not respond to the consultation on the preferred level of the MUP, they remain supportive of the principle of MUP and have welcomed the legislation on minimum pricing on alcohol. It is the Commissioner's view that this type 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.

Children in Wales responded to the 2018 consultation on the preferred level and are supportive of a 50p MUP. As in 2015 when they responded to the consultation on the draft Bill, Children in Wales also indicated general support for minimum pricing for alcohol as one of a range of measures to deal with the issue of underage drinking, drunkenness and domestic violence affecting the emotional wellbeing of children and young people.

As part of our stakeholder engagement programme for the implementation of the legislation, we are continuing to engage with children and young people using our partner networks, including the Children's Commissioner and Children in Wales. In particular, we will engage with Young Wales, an organisation established in 2015 to give a voice to children and young people. Young Wales identified substance misuse (which included alcohol and drugs, support for young drug users, and ensuring the availability of reliable information on the risks) as one of their priorities for 2016/17.

In February 2019, further workshops were held by Children in Wales, where children and young people were asked to comment on the draft CRIA and the Welsh Government's preferred level of a 50p MUP. During these workshops, participants commented that although they agreed that purchasing alcohol was not difficult for young people, they did not think that increasing the price was the solution. Instead, they felt that this would lead to an increase in debt and crime. However, they also commented that more should be invested in raising awareness of the harms caused by alcohol, particularly targeted at younger teens rather than young people over 16 years old.

Step 3. How does your piece of work support and promote children's rights?

Introducing a 50p MUP to target alcohol-related harms and reduce hazardous and harmful drinking is consistent with the requirements of the UNCRC. Such a proposal has the best interests of children and young people as a primary consideration. 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.

It is widely accepted that while children should not be drinking alcohol, large numbers do. Hazardous and harmful drinking from a young age is particularly detrimental and can have serious implications for health outcomes later in life. Introducing a 50p MUP for alcohol aims to reduce alcohol consumption and therefore reduce alcohol-attributable harms. This includes reducing alcohol consumption by children and young people.

Critically, MUP is directly aimed at reducing hazardous and harmful levels of alcohol consumption. This is because hazardous and harmful drinkers tend to buy cheaper alcohol which will be affected by a minimum unit price. Evidence shows hazardous and harmful drinking among parents can have a particularly detrimental impact on children and young people and their future outcomes in adulthood.

In light of the above, the following articles of the UNCRC are considered particularly relevant to the proposal:

Article 3 – All organisations concerned with children should work towards what is best for each child.

Article 6 – All children have the right of life. Governments should ensure that children survive and develop healthily.

Article 12 – Children have the right to say what they think should happen when adults are making decisions that affect them, and to have their opinions taken into account.

Article 19 – Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents or anyone who looks after them.

Article 24 – Children have the right to good quality health care.

Introducing a 50p MUP 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 and ensure children and young people have good quality health. For children and young people living with parents who are harmful or hazardous drinkers, it is anticipated that reduced levels of consumption will have a direct impact on parental health and wellbeing. It is expected there will also be an impact on child and young peoples' health and wellbeing through an anticipated reduction in the number of children and young people experiencing adverse childhood experiences associated with alcohol misuse and harmful drinking.

Introducing a 50p MUP is also compatible with Article 6. The impacts of hazardous and harmful drinking during pregnancy and associated higher risks of premature birth, birth defects and foetal alcohol spectrum disorders are well evidenced. In January 2016, the UK Chief Medical Officers published revised guidelines for alcohol consumption. They state there is no safe level of alcohol to drink during pregnancy. It is therefore considered an MUP will have a positive impact on this group.

In relation to Article 19, introducing an MUP is one of the ways in which governments can directly intervene to reduce levels of hazardous and harmful drinking and potentially reduce the number of children and young people being identified as children in need.

The process of introducing these regulations is also consistent with the requirements of Article 12, as the Welsh Government will continue to engage with children and young people (as well as organisations such as Young Wales and Children in Wales) as we subsequently implement minimum pricing for alcohol in Wales.

The 2018 Act includes a duty on the Welsh Ministers to promote the public health aims of

minimum pricing – and £100K has been allocated for communications to help support this duty. A Communications Plan has been developed for the implementation of MUP and consideration is being given to developing specific materials on MUP for young people, with the view to sharing information on the public health aims of the 2018 Act and a 50p MUP. As highlighted on page 13, young people have also suggested there should be a greater focus on communications which highlight the harms associated with alcohol consumption amongst younger teens.

Step 4. Advising the Minister and Ministerial decision

The Minister for Health and Social Services has been advised that this work is consistent with the requirements of the UNCRC, particularly the articles outlined above and will be asked to clear the document for publication.

This CRIA is specifically focussed on the regulations specifying the level of the MUP, although much of the evidence cited was also included in the CRIA for the Bill.

The Welsh Government will continue to engage with the Children's Commissioner for Wales, Children in Wales and other relevant stakeholders and service providers when the regulations are laid before the National Assembly for Wales and ahead of implementation.

Step 5. Recording and communicating the outcome

This CRIA will be monitored as the regulations are laid before the National Assembly for Wales and ahead of implementation. The CRIA includes key findings from the latest research on the estimated impacts of introducing an MUP in Wales, carried out by the University of Sheffield, and other relevant developments since the 2018 Act received Royal Assent. The assessment process undertaken will be as follows:

- Steps 1-3 identify how the UNCRC duty has been complied with.
- Steps 1-3 note the relevant analysis undertaken as part of the assessment
- Step 4 will be updated periodically to note how this information has been communicated.
- The final version of the CRIA will be published as per the Children's Rights Scheme 2014, once the regulations are approved by the National Assembly for Wales.



Step 6. Revisiting the piece of work as and when needed

This piece of work will be revisited and updated periodically following implementation of the regulations and the 2018 Act. In revisiting the assessment, the following factors will be considered:

- Does the proposal have the same intended impact as set out in step 2?
- How has stakeholder engagement reinforced this?
- Are there any areas of improvement that can be made to the rights of the child?
- Are there any further opportunities for the proposal to promote children's rights?

Budgets

As a result of completing the CRIA, has there been any impact on budgets?

It is important that where any changes are made to spending plans, including where additional allocations have been made, that this has been assessed and evidenced as part of the CRIA process.

There will be financial implications associated with the implementation of the 2018 Act and the regulations specifying the level of the MUP. These are set out in the EM and RIA for the regulations.

Please give any details:

Details of the financial implications of introducing a 50p MUP are provided in the Regulatory Impact Assessment of the regulations – Part 2 of Explanatory Memorandum.

As a result of completing the CRIA, no further requirements for additional Welsh Government resources to be applied have been identified. Costs associated with the introduction of a 50p MUP include:

- Implementation and enforcement proposals have been designed to align with current local government regimes to minimise any cost impacts. £300,000 has been agreed by the Minister for Health and Social Services to fund inspection and enforcement activities during the first three years of implementing the legislation.
- Costs to retailers in changing shelf prices and computer prices alongside calculating the applicable minimum price for alcohol products they sell.

- Communications and costs for publicity campaigns to promote the public health aims of the legislation (in accordance with Section 29 of the Act) and to ensure stakeholders are aware of the changes in Wales.
- Costs to Welsh Government on the development of materials and guidance on implementing and enforcing an MUP system in Wales.
- Costs associated with ongoing monitoring and review – an estimated £350,000 over five years. The 2018 Act places a duty on the Welsh Ministers to, after a period of five years beginning with the commencement of the MUP regime, lay before the National Assembly for Wales a report on the operation and effect of the Act during that period. This report will be informed by a full evaluation of the impacts of MUP. The evaluation will also inform an internal review of the level of the MUP, which Welsh Government will carry out two years after implementation of the MUP regime.

Monitoring and review

Do we need to monitor / review the proposal?	Yes
If applicable: set the review date	To be considered and reviewed on an ongoing basis, but particularly ahead of implementation – currently planned for early 2020. The 2018 Act also includes report and sunset provision. There will be ongoing monitoring and an evaluation of the Act in order to assess impacts and implementation of the MUP system in Wales.



**See next page for a
Summary List of the
UNCRC articles**

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

www.uncrcletsgetitright.co.uk

The United Nations Convention on the Rights of the Child is an international agreement that protects the human rights of the children under the age of 18. On 16 December 1991, the United Kingdom of Great Britain and Northern Ireland formally agreed to make sure that every child in the UK has all the rights as listed in the convention. The Welsh Government has shown its commitment to the convention by adopting it as the basis for policy making for children in Wales.

Altogether there are 54 articles in the convention. Articles 43-54 are about how adults and governments should work together to make sure all children are entitled to their rights. The information contained here is about articles 1-42 which set out how children should be treated.



Llywodraeth Cymru
Welsh Government

www.cymru.gov.uk

Article 1

Everyone under 18 years of age has all the rights in this Convention.

Article 2

The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say and whatever type of family they come from.

Article 3

All organisations concerned with children should work towards what is best for each child.

Article 4

Governments should make these rights available to children.

Article 5

Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly.

Article 6

All children have the right of life. Governments should ensure that children survive and develop healthily.

Article 7

All children have the right to a legally registered name, the right to a nationality and the right to know and, as far as possible, to be cared for by their parents.

Article 8

Governments should respect children's right to a name, a nationality and family ties.

Article 9

Children should not be separated from their parents unless it is for their own good, for example if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might hurt the child.

Article 10

Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact or get back together as a family.

Article 11

Governments should take steps to stop children being taken out of their own country illegally.

Article 12

Children have the right to say what they think should happen, when adults are making

decisions that affect them, and to have their opinions taken into account.

Article 13

Children have the right to get and to share information as long as the information is not damaging to them or to others.

Article 14

Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide their children on these matters.

Article 15

Children have the right to meet together and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

Article 16

Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.

Article 17

Children have the right to reliable information from the mass media. Television, radio and newspapers should provide information that children can understand, and should not promote materials that could harm children.

Article 18

Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

Article 19

Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents or anyone else who looks after them.

Article 20

Children who cannot be looked after by their own family must be looked after properly, by people who respect their religion, culture and language.

Article 21

When children are adopted the first concern must be what is best for them. The same rules should apply whether the children are adopted in the country where they were born or taken to live in another country.

Article 22

Children who come into a country as refugees should have the same rights as children born in that country.

Article 23

Children who have any kind of disability should have special care and support so that they can lead full and independent lives.

Article 24

Children have the right to good quality health care and to clean water, nutritious food and a clean environment so that they will stay healthy. Rich countries should help poorer countries achieve this.

Article 25

Children who are looked after by their local authority rather than their parents should have their situation reviewed regularly.

Article 26

The Government should provide extra money for the children of families in need.

Article 27

Children have a right to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Article 28

Children have a right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthy countries should help poorer countries achieve this.

Article 29

Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, and their own and other cultures.

Article 30

Children have a right to learn and use the language and customs of their families, whether these are shared by the majority of people in the country or not.

Article 31

All children have a right to relax and play, and to join in a wide range of activities.

Article 32

The Government should protect children from work that is dangerous or might harm their health or their education.

Article 33

The Government should provide ways of protecting children from dangerous drugs.

Article 34

The Government should protect children from sexual abuse.

Article 35

The Government should make sure that children are not abducted or sold.

Article 36

Children should be protected from any activities that could harm their development.

Article 37

Children who break the law should not be treated cruelly. They should not be put in prison with adults and should be able to keep in contact with their families.

Article 38

Governments should not allow children under 15 to join the army. Children in war zones should receive special protection.

Article 39

Children who have been neglected or abused should receive special help to restore their self respect.

Article 40

Children who are accused of breaking the law should receive legal help. Prison sentences for children should only be used for the most serious offences.

Article 41

If the laws of a particular country protect children better than the articles of the Convention, then those laws should stay.

Article 42

The Government should make the Convention known to all parents and children.

For further information on the United Nations Convention on the Rights of the Child please visit: The Welsh Government's UNCRC Website: www.uncrcletsgetitright.co.uk/

Cic - The National Information and Advice Service for Young People
www.ciconline.co.uk/news/