

## Minimum Unit Pricing Consultation Response

### Background

The Royal College of General Practitioners is the professional membership body for GPs in the UK. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice.

We support GPs through all stages of their career, from medical students considering general practice, through training, qualified years and into retirement. In addition, we set the standards for competency through our examination process.

In Northern Ireland, RCGPNI represents more than 1400 GPs, more than 80% of the general practice workforce.

### Consultation response

GPs and practice teams with their close links to communities are acutely aware of the devastating physical and emotional effects that alcohol abuse has on individuals and their families in Northern Ireland. We also note with concern the increase in alcohol-specific deaths in recent years<sup>1</sup> and the increasing strain that alcohol-related health conditions place on the NHS. Therefore, the College in Northern Ireland welcomes the policy aim of reducing the harm alcohol causes in Northern Ireland, and the desired outcomes of reducing the number of alcohol-related hospital admissions and deaths.

We are encouraged by early evaluation results from the introduction of Minimum Unit Pricing (MUP) in Scotland, Wales, and the Republic of Ireland, suggesting that MUP laws appear to be having the intended effect on alcohol consumption and alcohol-related harm. In Scotland, decreases in hospital admissions from alcohol-related liver conditions and a reduction of 10% in alcohol related deaths in 2019 may provide an early sign that the policy is already saving lives.

This, alongside evidence presented within the Consultation Document showing a relationship between the price of alcohol and consumption, suggests that MUP is likely to have a proportionate, targeted impact on alcohol consumption and alcohol-related harm among harmful and hazardous drinkers in Northern Ireland by reducing the risk of people becoming seriously ill and ultimately, saving lives.

We welcome the acknowledgement in the consultation document and share a concern that MUP may have an unintended adverse impact on those who are dependent on alcohol, specifically people going without essential items in order to buy alcohol. We also note the context of high inflation rates, with rising food and energy bills. It is essential that effective support be provided to mitigate any disproportionate economic impact of MUP on this vulnerable group, most particularly during the cost of living crisis currently being felt by many households in Northern Ireland.

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<sup>1</sup> <https://www.nisra.gov.uk/system/files/statistics/Socio-economic%20Associations%20of%20Alcohol-specific%20Mortality%20-%20Research%20Report.pdf>

The College in Northern Ireland notes that the introduction of a MUP for alcohol is likely to have an impact on the availability of the kinds of cheap, strong alcohol and therefore, is a proportionate, targeted measure for reducing alcohol-related harm among the heaviest drinkers.

We also acknowledge that in order to achieve the policy outcome, a multifaceted approach is required. We also recognise that MUP may be effectively combined in future with other measures around advertising and marketing of alcohol, such as a ban on promotions.

We also note that our patients suffering with addiction issues are being failed by the unacceptably long waiting lists. In many cases, GP colleagues are referring patients to addiction services with a wait of up to 26 weeks, despite the patient needing urgent intervention. Waiting lists must be addressed so patients can access support when they need it and GPs have confidence their patients are being cared for in a timely fashion.

It is also important to acknowledge, as noted within the 10 year Substance Abuse Strategy<sup>2</sup> for Northern Ireland, that the harms caused by substance use, including alcohol-related harms, are not just an issue of personal responsibility. They are intrinsically linked with wider health and social care outcomes, including health inequalities, and the socioeconomic circumstances in which people live. Socio-demographic analysis conducted by the Northern Ireland Statistics and Research Agency (NISRA) in 2021 revealed that there was a five-fold greater alcohol-specific mortality rate in the most deprived areas compared to the least deprived areas in Northern Ireland<sup>3</sup>. Any policy option under consideration must also acknowledge the impact of social and economic inequality as an underlying systemic factor in alcohol-related harm.

We would also urge due consideration of the important role of general practice in supporting those citizens most at risk and suffering with addiction issues. In many cases, their first port of call to access healthcare will be through their local GP surgery and therefore, it is essential that GP services are adequately resourced with a sustainable workforce, to cope with demand. We also wish to highlight the important role of the Multidisciplinary team model in general practice, which brings healthcare professionals including and vitally, mental health and social workers into GP surgeries. It is our view that this model must be rolled out across Northern Ireland to ensure timely access to the most appropriate healthcare professional for all our citizens.

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<sup>2</sup> <https://www.health-ni.gov.uk/publications/substance-use-strategy-2021-31>

<sup>3</sup> <https://www.nisra.gov.uk/system/files/statistics/Socio-economic%20Associations%20of%20Alcohol-specific%20Mortality%20-%20Research%20Report.pdf>