

Health Impact Assessment Screening Record Sheet

Conducted by:

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Title of the programme, policy or project

Public Health (Minimum Price for Alcohol) (Wales) Bill

Description (including key themes and objectives)

The Public Health (Minimum Price for Alcohol) (Wales) Bill (the Bill) gives effect to the Welsh Government's determination to provide a legislative basis for addressing some of the health concerns associated with the effect of excess alcohol consumption in Wales. It signifies a firm commitment to further use legislation as a means of improving and protecting the health of the population of Wales.

The Bill provides for a minimum price for alcohol supplied in Wales and would make it an offence for alcohol to be sold or supplied by alcohol retailers, from qualifying premises below that price. The Bill also proposes:

- The formula for calculating the applicable minimum price for alcohol by multiplying the percentage strength of the alcohol, its volume and the minimum unit price (MUP);
- Powers for Welsh Ministers to make subordinate legislation to specify the MUP for the purposes of the Bill;
- Establishes a local authority-led enforcement regime, including powers to prosecute; provision for powers of entry for an authorised officer; an offence of obstructing an authorised officer and the power to issue fixed penalty notices.

The Bill is designed to reduce levels of alcohol consumption among hazardous and harmful drinkers, and therefore make a positive contribution to reducing health inequalities. Evidence suggests that increasing the minimum price of alcohol has a greater impact on those individuals consuming high levels of higher-strength and cheap alcohol – this tends to be people drinking hazardous and harmful levels of alcohol.

Nature of Evidence considered/to be used (including baseline data, technical and qualitative research, expert and community knowledge)

The issue of introducing a minimum price for alcohol as a means of reducing levels of hazardous and harmful drinking has received an increasing level of attention in recent years and is raised regularly by a range of organisations and stakeholders. The main developments in the evidence base include:

- 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.¹ This found a total of 112 studies demonstrating alcohol tax or price effects and specifically highlighted these effects are large compared to other prevention policies and programmes.
- A systematic review carried out by Elder et al. (2010) showed that 95% of the studies reviewed reported negative price elasticities, with higher prices for alcohol associated with a lower prevalence of youth drinking; a lower prevalence of excessive alcohol consumption and related harms; lower deaths from liver cirrhosis and decreased levels of violence.²
- The Welsh Government commissioned the Sheffield Alcohol Research Group at the University of Sheffield to study the potential impact to Wales of a range of alcohol pricing policies. In December 2014, the report *Model-based appraisal of minimum unit pricing for alcohol in Wales* was published.³ This analysis has since been updated and the report *Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales* was published in February 2018.⁴ The 2014 and 2018 analysis concluded there are a number of key benefits to introducing an MUP for alcohol in Wales. These include that MUP policies would be effective in reducing alcohol consumption, alcohol-related harm (including alcohol-related deaths, hospitalisations, crimes and workplace absences) and the costs associated with those harms. The MUP for the purposes of the Bill has yet to be specified. However, by way of an

¹ Wagenaar A Salois M & Komro K (2009) Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies *Addiction*, 104, 179–190

² Elder, R.W., Lawrence, B., Ferguson, A., Naimi, M.D., Brewer, R.D., Chattopadhyay, S.K., Toomi, T. and Fielding, J. (2010) The effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms. *American Journal of Preventative Medicine* 38(2):217-229

³ Meng Y., Sadler, S., Gell, L., Holmes, J. and Brennan, A. (2014) Model-based appraisal of minimum unit pricing for alcohol in Wales: An adaptation of the Sheffield Alcohol Policy Model Version 3 Sheffield: SCHARR, University of Sheffield. <http://wales.gov.uk/statistics-and-research/research-likely-impact-public-attitudes-towards-minimum-unit-price-alcohol/?lang=en>

⁴ 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>

illustrative example, the 2018 analysis estimates that introducing an MUP of 50p for alcohol would be worth £783m to the Welsh economy in terms of reductions in illness, crime and workplace absence over a 20-year period.

- On 12 May 2015, the Organisation for Economic Co-operation and Development (OECD) published *Tackling Harmful Alcohol Use*.⁵ It said the targeted approach of minimum unit pricing policies has been at the centre of the alcohol debate in several OECD countries and evidence suggests that MUP has greater potential to deter hazardous and harmful drinkers than taxation.
- *An Evidence Review on the Public Health Burden of Alcohol and the Effectiveness and Cost-effectiveness of Alcohol Control Policies* by Public Health England (2016)⁶ said: “a large body of research evidence, and expert consensus reviews by the OECD, WHO, the National Institute for Health and Care Excellence and the Academy of Medical Sciences, concludes that alcohol taxation and pricing policies are among the most effective and cost-effective approaches to prevention and health improvement...Such policies have been shown to mitigate a range of adverse health and social consequences and have a relatively low implementation cost compared to other alcohol policies.”
- The Welsh Government’s Advisory Panel on Substance Misuse . The panel considered the academic literature on MUP and looked at the key peer-reviewed papers in this field, as well as some non-peer-reviewed publications. The panel’s report *Minimum Unit Pricing: a review of its potential in a Welsh context*, published in July 2014, concluded the evidence base is extensive and the modelling of the effects of MUP in a UK context is well-founded and robust. .
- The need to target alcohol pricing is a view shared by other executives and legislatures. The Alcohol (Minimum Pricing) (Scotland) Act 2012, for example, was passed by the Scottish Parliament in May 2012. The implementation of the legislation was delayed by a legal challenge by the Scotch Whisky Association and others. Since 2012, the Scottish legislation has been referred and considered by Scottish Courts; the European Courts of Justice before returning to the Scottish Courts and finally being considered by the UK Supreme Court. The judgment by the Supreme Court was delivered in November 2017 upholding the validity of the Alcohol (Minimum Pricing) (Scotland) Act 2012 and paving the way for the Scottish Government to implement its minimum pricing regime, which it did on 1 May 2018. The Welsh Government will look to learn from the implementation of this legislation in Scotland.

The level of alcohol consumption in Wales has led to a range of health and social harms, particularly for the people who drink to excess. In 2016, there were 504 alcohol-specific deaths registered in Wales, the majority among men. This is an

⁵ http://www.keepeek.com/Digital-Asset-Management/oe.cd/social-issues-migration-health/tackling-harmful-alcohol-use_9789264181069-en#page1

⁶ Public Health England (2016): *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An Evidence Review*.

8.9% increase in the number of deaths compared to 2015, when there were 463 alcohol-specific deaths in Wales. The 2015 figures were broadly similar to 2014, with four more deaths in 2015.

In Wales (as in the UK), death rates peaked in 2008 and have since fallen back slightly, with little change for the past few years. However, rates were still higher than in 1994.⁷

The policy proposal of introducing an MUP for alcohol in Wales was consulted on in the Public Health White Paper in 2014 and again in 2015 when the Welsh Government published the draft Public Health (Minimum Price for Alcohol) (Wales) Bill. There was strong support from health organisations, community councils, third sector organisations and members of the public for the proposal to introduce a minimum price for alcohol in both consultations although the legislation was largely opposed by retailers and members of the alcohol industry.

⁷ Public Health Wales (2016) Piecing the puzzle: The annual profile for substance misuse. NHS Wales.

<http://www.wales.nhs.uk/sitesplus/documents/888/Piecing%20the%20Puzzle%20FINAL%202016%20v2%2C%2025%20Oct%202016.pdf>

Key population groups affected by the programme, policy or project.

Using the list of **vulnerable and disadvantaged groups** (appendix 1) included assess which groups amongst the general population will potentially be affected by the proposal.

Vulnerable Groups

There is compelling evidence, built up over many decades of research, that excess alcohol consumption 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 evidence⁸ that the price and affordability of alcohol is a key factor in driving alcohol consumption and related harm to individuals and wider communities.

Age related groups

- Children and young people
- Older people

It is considered that there are likely to be positive impacts for children and young people. There is a growing body of evidence that adverse childhood experiences (ACEs) can have a particularly detrimental impact on child development and outcomes later in life. A number of ACEs are associated with hazardous and harmful alcohol consumption.

Introducing a minimum price for alcohol is aimed at reducing hazardous and harmful levels of alcohol consumption, which is known to have an adverse affect on both parental and child wellbeing.

Research shows that increasing the price of alcohol is likely to reduce levels of alcohol consumption by young people and may also delay the point at which young people start to drink alcohol. Young people, especially those who drink heavily or frequently, have been shown to be especially sensitive to price changes. The MUP policy is designed to target alcohol products that are cheap relative to their strength and is therefore anticipated to deliver the required impacts on hazardous and harmful drinkers, including young drinkers.

A children's rights impact assessment has also been completed for the Bill. There are a number of articles of the UNCRC which we consider relevant. In particular:

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.

⁸ As summarised in the Explanatory Memorandum which accompanies the Bill.

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 minimum price for alcohol will target hazardous and harmful drinking. As a result, 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 good quality health.

For children living with parents who are hazardous or harmful drinkers, reduced levels of consumption will have a direct positive impact on parental health and wellbeing. It is anticipated that there will also be an impact on child health and wellbeing as a result of the anticipated reduction in the number of children and young people experiencing ACEs associated with hazardous and harmful levels of alcohol consumption by parents.

The legislation is also considered to be 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 that an MUP will have a positive impact on this group

In relation to Article 19, introducing an MUP for alcohol is one of the ways in which governments and legislatures 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 this legislation is also considered 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 the Bill progresses through the National Assembly and subsequently (if passed), when the legislation is implemented.

A number of external stakeholders have 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. In terms of mitigating this, there is a focus on continuing to support services for children and young people within the substance misuse agenda, with £2.75m of the £22.6m annual budget allocated to Area Planning Boards ring-fenced to support children and young people.

There may also be positive impacts for older people. Evidence shows that levels of alcohol consumption are increasing among older people and likewise there is some evidence that the percentage of older people drinking above daily guidelines has increased. It is considered that the legislation will have a positive impact on older people who are hazardous and harmful drinkers. The United Nations Principles for Older Persons are relevant here, particularly those relating to independence (Principle 1, older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help) and dignity (Principle 17, older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse).

Drinking at hazardous and harmful levels is associated with higher levels of alcohol-related harm. As the World Health Organisation has highlighted: “Healthy ageing is a lifelong process. Patterns of harmful behaviour, often established early in life, can reduce the quality of life and even result in premature death. Poor nutrition, physical inactivity, tobacco use and harmful use of alcohol contribute to the development of chronic conditions: 5 of these (diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and mental disorders) account for an estimated 77% of the disease burden and 86% of the deaths in the European Region.”⁹ Introducing an MUP is estimated to reduce levels of consumption amongst hazardous and harmful drinkers, thereby having a positive impact on a range of different health outcomes. Reducing hazardous and harmful drinking may also therefore contribute to a better quality of life and improved health outcomes for older people.

Evidence from the National Survey for Wales also showed that drinking over the weekly guidelines of 14 units was least common among those aged 75 and over (with 13% saying they drank more than 14 units).¹⁰ It is therefore envisaged this age group will be affected by an MUP to varying extents. MUP targets the habits of those individuals who are drinking alcohol at hazardous or harmful levels. This is of specific relevance when considering groups beyond working age.

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.

The Advisory Panel on Substance Misuse also published a report on substance misuse in an ageing population in 2017.¹¹ 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

⁹ <http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/data-and-statistics/risk-factors-of-ill-health-among-older-people>

¹⁰ http://gov.wales/statistics-and-research/national-survey/?slideld=2&topic=population_health&tab=el_home&lang=en

¹¹ <https://gov.wales/docs/dhss/publications/170302ageing-population-reporten.pdf>

Area Planning Boards. Engaging with older people groups in order to implement the Substance Misuse Treatment Framework 'Improving access to substance misuse services for older people' is an action in the current Substance Misuse Delivery Plan 2016-18. Work is ongoing and when they undertake their commissioning strategies – it will be incorporated into future needs assessments in an area.

Welsh Government officials will continue to liaise with the Older People's Commissioner and other key stakeholders regarding plans for the implementation of the Bill, with the view to mitigating any potential negative impacts for older people.

Income related groups

- People on low income
- Economically inactive
- Unemployed/workless
- People who are unable to work due to ill health

The costs of MUP will fall on consumers in poverty and not in poverty but those in poverty may feel a greater impact of the policy, as they tend to buy products at the cheaper end of the scale and will be unable to swap to a lower-end product (which might previously have been sold for below the applicable minimum price).

People living in poverty who abstain from alcohol or are moderate drinkers will be minimally affected. For hazardous and harmful drinkers, research shows that people living in the most deprived areas are more likely to suffer from a long-term illness as a result of drinking too much and are also more likely to die from an alcohol-related death, than those in the least deprived areas. According to the most recent 2018 analysis of the impacts of MUP in Wales, the University of Sheffield has estimated the following: Alcohol-attributable deaths and hospital admissions are concentrated in hazardous and, particularly, harmful drinkers – and particularly harmful drinkers who are more deprived. Among the most deprived quintile, 5.0% of all deaths are attributable to alcohol compared to 3.2% for the next most deprived quintile and 2.2% for the least deprived.¹²

It is anticipated that minimum pricing will reduce levels of hazardous and harmful drinking in the most deprived groups, meaning the risk of alcohol-related harm would be reduced. The policy is therefore expected to have an overall positive impact on health inequalities.

According to the 2018 analysis by the University of Sheffield, all modelled MUP policies were estimated to have a greater reduction in deaths and hospital admissions per 100,000 drinkers for those in the most deprived areas, than those living in the least deprived areas.

¹² 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>

Welsh Government has noted the concerns raised by some regarding potential adverse impacts which could arise as a result of the proposals set out in the Bill. These include that MUP may impact considerably on dependent drinkers, some of whom may be unable to cut down on their alcohol consumption. Others have raised concerns that there may be some harmful drinkers who have to cut down their drinking drastically and within a short time period following the introduction of an MUP, which may also have consequences. In particular, there may be impacts as low-income households which consume low-cost alcohol will be unable to trade down. Household budgets could be affected if hazardous and harmful drinkers continue to consume alcohol at the same level as before MUP was introduced. This may mean that there is less money available for other household items, such as food and fuel. There may also be impacts on specific groups who are drinking at hazardous and harmful levels, such as those who are homeless / street drinkers. Welsh Government will work across government and with stakeholders and relevant services providers to identify opportunities for mitigating potential impacts on these particular groups.

Welsh Government has also noted concerns regarding the extent to which people may switch from alcohol to other substances 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, this will be kept under review. The Welsh Government has also asked the Advisory Panel on Substance Misuse to look at this specific issue.

As part of this, it is important to recognise that the introduction of an MUP for alcohol is only part of the policy landscape and the Welsh Government's wider and continuing programme of work to tackle alcohol-related harm as part of the Substance Misuse Delivery Plan 2016-18.

Groups who suffer discrimination or other social disadvantage

- People with physical or learning disabilities/difficulties
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay and transgender people
- Black and minority ethnic groups**
- Religious groups**

It is not anticipated that introducing a minimum price for alcohol will significantly impact people with physical or learning difficulties, refugees, asylum seekers, travellers, single parents, LGBT people, black and minority ethnic groups and religious groups – beyond what has already been stated. The introduction of an MUP is specifically designed to have an impact on hazardous and harmful drinkers. The equalities impact assessment considers impacts for certain groups in detail, highlighting those groups where there is a higher risk of hazardous and harmful drinking.

Geographical groups

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated/over-populated areas
- People unable to access services and facilities

There are likely to be higher numbers of hazardous and harmful drinkers living in urban areas, than rural. There may, however, be specific impacts of introducing MUP, which have a rural dimension. This includes the sale of alcohol along the England- Wales border and associated cross-border issues for the Bill.

In relation to border areas, the Welsh Government has noted the concern raised by some that the general population may choose to travel a little further for their shopping to reap the benefit of English alcohol pricing, if that were lower than the applicable minimum price in Wales. To monitor the possible effects of minimum unit pricing in these areas, we have analysed the amount spent on groceries, including alcohol in English border areas using debit or credit cards registered in Wales. This currently stands at £44.4m for grocery spending per year, 4.91% of the total in Wales. By tracking this debit and credit card data in the future, we can continue to compare the impact of introducing minimum unit pricing and its impact on specific communities. A rural proofing screening tool has been completed and considers these issues further.

People living in deprived areas who are hazardous and harmful drinkers are more likely to suffer from a long-term illness as a result of drinking too much. The introduction of an MUP and its focus on reducing levels of consumption could be more beneficial for those drinkers in poverty, since disadvantaged groups tend to have worse health outcomes than others, when alcohol consumption is the same.

Other groups

N/A

Screening

Using the **Determinants of health and well-being checklist** (appendix 2) included consider:

- How (in what way either positively or negatively)
- To what extent (significant/moderate/minimal impact)

These groups within the population and the general population itself may be affected by the proposal or that the proposal may have implications for – and summarise it for each section on the screening sheet below.

Any missed opportunities for enhancing the proposal can be listed under the positive (+) column. Any missed detrimental impacts on health and wellbeing can be listed

under the negative (-) column. If there are no likely impacts or they are minimal then move to the next section.

Ask the question: How does this proposal impact upon these determinants, for example, physical activity or diet (within Lifestyles section) in a positive or negative way? Or not at all?

Lifestyles		Vulnerable Groups/distribution
(Positive) +	(Negative) –	
<p>The introduction of a minimum price for alcohol is designed to reduce hazardous and harmful drinking. Evidence suggests that MUP policies 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, particularly as these drinkers are more likely to consume the types of alcohol affected by an MUP.</p> <p>Although progress is being made to reduce levels of alcohol consumption in Wales, levels of alcohol related harm and hazardous drinking remain an issue. A key component missing from the Welsh Government's alcohol strategy to date has been an intervention to address the low price of alcohol. The introduction of a minimum price for alcohol through the Bill seeks to address this gap, by protecting the health of hazardous and harmful drinkers who tend to</p>	<p>The Welsh Government has noted the concerns raised by some that there may be costs in terms of health if, for example, people on low incomes maintain their level of alcohol consumption but spend less on food and heating for their family.</p> <p>Similarly, the suggestion that if people can no longer afford their drink of choice they will find a substitute, whether that be cheaper alcohol, counterfeit alcohol or other illicit substances. This will be kept under review. The Welsh Government has also commissioned the Advisory Panel on Substance Misuse to look at this specific issue.</p>	<p>Households living in poverty: The timing of the introduction of MUP will need to be carefully considered – given its potential impact on quality of life and the competing financial demands of purchasing alcohol, buying food, and paying household bills for some hazardous and harmful drinkers.</p>

consume low-cost and high-alcohol content products.		
Social and community influences on health		Vulnerable Groups/distribution
<p>(Positive) +</p> <p>It is anticipated that MUP policies will be effective in reducing alcohol consumption; alcohol-related harm (including alcohol-related deaths, hospitalisations, crimes and workplace absences); and the costs associated with those harms.</p> <p>The MUP for the purposes of the Bill has yet to be specified. However, by way of an illustrative example, if a 50 pence MUP were introduced (based on the 2018 analysis of impacts by the University of Sheffield) the discounted total reduction in societal costs of alcohol over 20 years arising from these reductions in alcohol-attributable harm is estimated to be £783m or a reduction in total costs of 4.7%. This is comprised of a 4.6% or £91m reduction in direct healthcare costs, a 7.5% or £490m reduction in losses of Quality Adjusted Life Years (QALYs), a 2.5% or £188m reduction in the direct and QALY-related costs of crime and a 2.1% or £14m reduction</p>	<p>(Negative) –</p> <p>N/A</p>	<p>N/A</p>

in costs associated with workplace absences. ¹³		
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Environmental conditions affecting health		Vulnerable Groups/distribution
(Positive) + The legislation is considered likely to have limited potential impacts in terms of environmental conditions affecting health.	(Negative) – N/A	N/A
Economic conditions affecting health		Vulnerable Groups/distribution
(Positive) + According to analysis carried out by the University of Sheffield in 2018, introducing an MUP of 50p for alcohol was estimated at that point 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.	(Negative) – N/A	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.

¹³ 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.

Access and quality of services		Vulnerable Groups/distribution
<p>(Positive) +</p> <p>By way of an illustrative example, the introduction of a 50p MUP is associated with an estimated total societal reduction in health harms, crime and workplace absence estimated at £783m (in 2017 prices) over the 20-year period modelled. This figure includes reduced direct healthcare costs (£91m); savings from reduced crime (£188m); savings from reduced workplace absence (£14m); and a financial valuation of the health benefits (£490m), measured in terms of quality adjusted life years (QALYs), which are valued at £60,000 in line with Home Office guidelines.</p> <p>The explanatory memorandum recognises that the increase in the price of alcohol may mean that some people will turn to certain services for support (for example – those suffering with withdrawal if they are unable to purchase the same amount of alcohol, due to increases in price).</p> <p>However, it is not anticipated that this would affect large numbers of people. Nonetheless, this</p>	<p>(Negative) –</p> <p>It will be important as part of the wider Substance Misuse Strategy to consider a potential increase in demand as a result of the legislation. There could be a negative impact if individuals are not able to access the services they require.</p>	<p>There may be an increase in dependent drinkers who will wish to access services as a result of this legislation. It will be important as part of the Communication Plan ahead of implementation, that information is available to these groups regarding how to access relevant services.</p>

<p>is something that will be monitored closely as part of the implementation of the Bill.</p> <p>The Welsh Government will also work closely with a range of stakeholders and service providers with the view to mitigating impacts and supporting people to access the services they may need.</p>		
<p>Macro-economic, environmental and sustainability factors</p>		<p>Vulnerable Groups/distribution</p>
<p>(Positive) +</p> <p>The policy is consistent with wider Welsh Government policy and the ways of working under the Well-being of Future Generations (Wales) Act 2015, particularly its focus on preventing avoidable harm.</p>	<p>(Negative) –</p> <p>There are acknowledged uncertainties around any potential increase in revenue for retailers and where in the supply chain these might fall.</p>	<p>N/A</p>

Recommendations

Are the impacts that have been identified above enough to warrant a more comprehensive health impact assessment?

No

If no, what are the reasons for not conducting an assessment?

The Welsh Government considers that the majority of the anticipated impacts of the legislation are likely to be positive. This is because of the strong link between increasing the price of alcohol and associated reductions in consumption, particularly among hazardous and harmful drinkers, which in turn has an impact on alcohol-related harm. The Bill is therefore considered to therefore make an overall positive contribution to reducing health inequalities.

Although there are potential negative impacts, for example, associated with the redistribution of household income, which may mean there is less money available to spend on other staple items, such as food and fuel.

The Welsh Government would emphasise that MUP is only a part of the policy landscape and there is a wider and continuing programme of work in place to tackle alcohol-related harm.

In terms of wider service provision, area planning boards are always looking at whether their services are meeting needs in their areas. This work will be critical in terms of assessing – and responding to – the impact of the introduction of MUP on families and communities.

The Welsh Government will also continue to work with a range of stakeholders to identify ways in which to support individuals to increase their awareness about the impact of alcohol consumption and substance misuse and to mitigate the potential negative impacts of introducing an MUP for alcohol.

Additionally, provisions are included within the Bill itself in relation to the review of the proposed minimum pricing regime. Section 21 of the Bill requires the Welsh Ministers to lay before the National Assembly (and subsequently publish) a report on the operation and effect of the legislation during an initial 5 year period. The Bill also provides that its provisions will be repealed after an initial 6 year period, unless the Welsh Ministers (with the agreement of the National Assembly) actively decide to continue it.

Do any additional actions need to be taken as a result of this HIA process?

No

If yes, please outline (list recommendations and/or mitigation/enhancement here)

While no additional actions are recommended, the policy will be kept under close review throughout the scrutiny of the legislation to maximise the potential positive benefits from the policy to health and to wherever possible eliminate or mitigate any negative impacts or unintended consequences, which may be identified at a later stage of the legislative process.

In recognition of the acknowledged experimental nature of this policy proposal, as noted the Bill includes a sunset clause and review mechanism to ensure the legislation is delivering its intended outcomes. In accordance with the Bill's provisions, at the end of a five-year period, Welsh Ministers will lay before the Assembly a report on the effect of the Bill. In preparing that report, they must consult with those persons they consider appropriate. The report will be used to inform any decision to be taken as to whether the provisions in the legislation will continue. The potential negative impacts identified by this screening will be considered in undertaking this review, as appropriate.

If a further HIA is required, outline the next steps (E.g. Date and time of scoping meeting)

N/A

Have there or will there be other impact assessments conducted? i.e. Equality Impact Assessment, Environmental Impact Assessment. Or will it form part of one?

If yes, please outline

A full range of impact assessments are being prepared for each of the policy areas relevant to the Bill. In addition to this health impact screening form, the following assessments are being completed in respect of the Bill:

- Equality Impact Assessment
- Children's Rights Impact Assessment
- Welsh Language Impact Assessment
- Biodiversity Impact Assessment
- Rural Proofing Assessment Tool
- Justice Screening Tool
- Privacy Impact Screening Tool

APPENDIX 1 - Vulnerable/Disadvantaged Groups Checklist

(Please note that this list is a guide and is not exhaustive)

The target groups identified as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example, children living in poverty. This list is therefore just a guide and it may be appropriate to focus on groups that have multiple disadvantages.

*Age related groups**

- Children and young people
- Older people

Income related groups

- People on low income
- Economically inactive
- Unemployed/workless
- People who are unable to work due to ill health

Groups who suffer discrimination or other social disadvantage

- People with physical or learning disabilities/difficulties
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay and transgender people
- Black and minority ethnic groups**
- Religious groups**

Geographical groups

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated/over-populated areas
- People unable to access services and facilities

The impact on the general adult population should also be assessed. In addition, it may be appropriate to assess the impact separately on men and women.

* Could specify age range or target different age groups for special consideration.

** May need to specify.

APPENDIX 2 – Health and Well-Being Determinants Checklist

(This list is a guide and is not exhaustive)

1. Lifestyles

Diet

Physical activity

Use of alcohol, cigarettes, non-prescribed drugs

Sexual activity

Other risk-taking activity

2. Social and community influences on health

Family organisation and roles

Citizen power and influence

Social support and social networks

Neighbourliness

Sense of belonging

Local pride

Divisions in community

Social isolation

Peer pressure

Community identity

Cultural and spiritual ethos

Racism

Other social exclusion

3. Living/ environmental conditions affecting health

Built environment

Neighbourhood design

Housing

Indoor environment

Noise

Air and water quality

Attractiveness of area

Green space

Community safety

Smell/odour

Waste disposal

Road hazards

Injury hazards

Quality and safety of play areas

4. Economic conditions affecting health

Unemployment

Income

Economic inactivity

Type of employment

Workplace conditions

5. Access and quality of services

Medical services

Other caring services
Careers advice
Shops and commercial services
Public amenities
Transport including parking
Education and training
Information technology

6. Macro-economic, environmental and sustainability factors
Government policies
Gross Domestic Product
Economic development
Biological diversity
Climate