

**The Methodist Church in Ireland
Council on Social Responsibility**

**Response to the Consultation on
Minimum Pricing of Alcohol**

June 7th 2011

The Methodist Church in Ireland has 156 congregations in Northern Ireland. Our mission has always been to seek God and to seek God's blessing on the society around. We have sought to do this through our various ministries which have included outreach to the poor and marginalized, and by a long and proud history of engagement with society on social issues. We have 4 City Missions in Northern Ireland and much of their time is spent in dealing with those who have problems arising from alcohol abuse. Acceptance, compassion, guidance, help and prayer are offered on a daily basis. Our belief is that theology must be rooted in the Bible but expressed in the public square.

Over a period of many years, The Church's Council on Social Responsibility has consulted with government departments, met with political parties, contributed to government reviews, encouraged dialogue, and sought to be a positive influence in social affairs in Northern Ireland. Such a contribution arises from our understanding that everyone is made in the image of God, that everyone matters to God, and the life of everyone can be enriched by the love of God.

The consultation document on alcohol affords us the opportunity to contribute to the debate. Traditionally Methodists have opposed alcohol. This may have arisen from the time of our founder, the Rev John Wesley, when alcohol was so cheap that you could get drunk for a penny, or from the belief that God is the only one who should control a person's life. Such opposition was expressed in the belief that Methodist Ministers in Ireland should be life long abstainers from alcohol. In recent years, The Methodist Conference has relaxed this attitude, but still insists that those training for the ministry should abstain from alcohol during their period of training and that alcohol be used responsibly after ordination.

We welcome the opportunity to contribute to the debate about minimum pricing and congratulate Ministers Attwood and McGimpsey on their determination to tackle the subject of alcohol abuse in Northern Ireland. Various strategies have been implemented and we note with interest the *New Strategic Direction for Alcohol and Drugs 2006-2011*, the *Adult Drinking Patterns in Northern Ireland Survey of 2008*, the *ScHARR and SHAAP Reports of 2008*, and the *Action Plan of 2009*, aimed at young people's excessive drinking. The consultation document highlights alarming statistics:

The admission that deaths from alcohol abuse are increasing.

That Northern Ireland has some of the highest per capita rates of alcohol consumption in the world.

That 81% of drinkers in Northern Ireland exceed the recommended daily limit.

That alcohol related admissions to hospitals are increasing.

That while sales of alcohol from public houses has remained static; off sales have soared due to heavy discounting.

That liver disease in the UK is expected to surpass heart disease as the main cause of death within the next 10 years.

That cirrhosis of the liver has increased ten fold since 1981.

That the UK is the only developed country showing an upward trend in liver disease.

The document illustrates the recommended daily maximum amount of alcohol. This is 3-4 units per day for men and 2-3 units per day for women. It is claimed that a quarter of adults in the UK drink hazardously over weekly recommended levels and that as many as 6% exceed these weekly limits by twice the recommended level. Health experts tell us that regularly exceeding the recommended daily limits increase the risk of strokes. Alcohol abuse in the short term produces anxiety, sexual difficulties, slowness of breathing, possible occasional loss of consciousness, a higher risk of accident and injury, and possible suffocation by choking on one's own vomit. In the long term, alcohol abuse leads to some types of cancer, dementia, higher risk of heart disease and stroke, and liver disease.

The Royal College of Psychiatrists claim that 75-80% of alcohol is consumed by 20-25% of the population who buy 15 times more alcohol, drink 10 times as much and pay 40% less per litre of pure alcohol through cheaper preferences such as ciders etc. They also state that in Northern Ireland alone, 43% of all suicides have abused alcohol which may have contributed to their suicidal state. A parliamentary answer in November 2010 revealed that 37% of offenders subject to community penalties have an alcohol problem, and alcohol was a factor in over one quarter of child abuse cases, while there are over one million incidents in the UK of alcohol related violent crime every year.

In 2008, it is estimated that the cost to the NHS in the UK of alcohol related treatment was £2.7 Billion. Apart from the damage that is being done to the health of excessive drinkers, the Northern Ireland economy continues to bear the cost in health, policing, and road traffic accidents. If the figure of £900 Million quoted in the document as the annual cost to the economy here, is accurate, then action must be taken. In a time of economic recession, where central government has forced massive cuts to the budget of Northern Ireland and as a result, local government has to adjudicate on matters of life and death the timing of this consultation is appropriate.

Families are not immune. Domestic violence, petty crime, and the quality of home life are all affected by excessive drinking. Excessive drinking affects spouses, friends, children, and work. Marriages where alcohol is an issue are twice as likely to end in divorce. This information paints a picture of a society hurtling towards disaster unless dramatic intervention occurs.

The problem is exacerbated because alcohol has become more accessible in recent years. The Quaker Action on Alcohol and Drugs, claim that "alcohol was 69% more affordable in 2007 than it was in 1980" and that some alcohol is cheaper than soft drinks.

Anecdotal evidence from local publicans supports this view. They say that large supermarket chains in Northern Ireland are offering alcohol for sale at prices below that which they are able to buy it, that these supermarkets are given 60 days in which to pay and that the money they receive from the sale of such is lodged in their bank accounts during those 60 days thus their cash flow situation is eased and they have the opportunity of accruing interest. Given all of this, it is imperative that some measure is taken to halt the slide. **It seems to us that the proposals contained in the consultation document offer a sensible way forward, and we support them**

In tackling the problem the following questions occur to us:

When large GB based and international supermarkets open here, they will only do so if they have permission to sell alcohol. We wonder is it appropriate for the planning service, as a requirement of planning permission, to ban or restrict the sale of alcohol from such premises given that already we have over supply?

If part of the goal of this consultation is to seek ways in which to discourage younger drinkers, should alcohol advertisements be restricted until after the 9pm watershed?

As part of the Social Responsibility Levy, should producers of dramas and sit coms, be asked to reduce the number of drinking scenes reflected in their programmes and broadcast at all hours?

Should alcohol sponsorship be banned from sporting events?

Should the purchase of alcohol for 3rd parties, (often younger people) be banned?

The issue of a social responsibility levy provides a novel way of forcing the multi million pound alcohol industry to face more of their responsibilities. At the time of writing the newspapers are filled with the story of a young English man who drank himself to death in a bar in the Republic of Ireland while the two bar men looked on and continued to serve him alcohol.

Given the statistics quoted above, society here cannot continue to afford the high price of damage caused by excessive drinking. It stands to reason that those who benefit from the sale of alcohol should contribute to the economy in a way that is targeted towards those in greatest need. **For this reason we support the concept of a social responsibility levy, but believe there should be no exemptions and that all involved in the manufacture, distribution and sale of alcohol should contribute.**

This levy should not just be swallowed up in government coffers but should be ring fenced and used to educate and inform. Consideration should be given to the employment of alcohol information officers who would travel around the post primary schools and seek to educate pupils about the dangers of excessive alcohol. Part of their advice should include the very practical alternative of abstinence. Counselling centres could be opened in communities so those seeking help can avail. The cost of financing

these officers and running these centres should be borne by the social responsibility levy.

Since the research carried out by the Universities of Sheffield and Aberdeen and quoted in this document, indicate that as prices of alcohol come down, so consumption goes up, and since the document also points out that heavy drinkers respond to price changes, it seems that an increase in pricing should be considered. The consultation document has clearly considered this. The document recognizes that an increase of duty may not achieve the desired effect because the increase may not be passed on to the customer and recognizes that an across the board price increase will penalize and alienate moderate and responsible drinkers, hence the suggestion about minimum pricing and specifically focusing on those drinks which have greater alcoholic content. Research has shown that a 50p minimum price per unit leads to hospital admissions being reduced by 13.5%, absenteeism from work declining by 35 days per year, and unemployment declining by 1,700 per year.

We think the proposals in this document are well thought out and are fully supportive of them, provided that the minimum price is set at a level which will impact the abusive drinker.

The question then arises in the Northern Ireland context of the possibility of smuggling cheaper alcohol across the border. It seems to us that a simple solution is to harmonize the pricing in both jurisdictions. If alcohol abuse is a problem here and in GB, it may also be in the Republic of Ireland. To harmonize pricing through a similar approach south of the border would deny the smugglers the opportunity to get rich at the expense of the exchequer, hurt the paramilitary organizations, but more importantly would deny the opportunity to sabotage the objectives of this consultation document, namely to persuade problem drinkers and young drinkers about the need to reduce their intake. Since legislation in the Republic of Ireland has been postponed pending the outcome of North/South discussions on alcohol promotions, such a proposal could be included in their discussions.

It is our belief that alcohol abuse is a major problem facing many countries in the world but especially Northern Ireland. The proposals presented in this consultation document have been well researched, and various options considered, before the decision to focus on minimum pricing. **We fully support the proposals and wish the DSD well in their endeavours to implement strategies which will reduce the problems here and subscribe to a better and healthier society.**

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