

Minimum pricing for alcohol effectively targets high risk drinkers

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(Medical Xpress)—Minimum pricing for alcohol of 45p per unit would reduce deaths and hospital admissions among high risk drinkers who purchase large quantities of low cost alcohol, but would have negligible effects on low income moderate drinkers' alcohol consumption and spending, according to a new modelling study from the University of Sheffield.



The model by the Sheffield Alcohol Research Group (SARG), which analyses how consumers respond to price changes, estimates how those in different income brackets and socioeconomic groups would change their drinking habits and spending if a minimum price for alcohol of 45p per unit was implemented.

The study published today in *The Lancet* is the first to consider how drinkers from different income groups would be affected by minimum pricing in terms of alcohol consumption and spending, alcohol-related deaths, illnesses, and costs to the health service.

The results show that minimum pricing would have the most pronounced effects on the five per cent of the population whose drinking is classified as harmful (more than 50 units per week for men, and more than 35 units per week for women). Three quarters of the total reduction in alcohol consumption resulting from minimum pricing would occur in harmful drinkers, with a predicted total reduction in alcohol-related deaths of 860 per year and hospital admissions by 29900 per year.

Harmful drinkers on the lowest incomes (bottom 20 per cent) would be most affected by minimum pricing, say the researchers. This group spends on average just under £2700 a year on alcohol, with around two fifths (41 per cent) of the alcohol they consume purchased for less than 45p per unit.

These low income harmful drinkers are projected to reduce their <u>alcohol</u> <u>consumption</u> by nearly 300 units per year under minimum pricing. This is also the group at greatest risk of health harm from alcohol, and estimated reductions in mortality due to minimum pricing are therefore much greater for lower income harmful drinkers than for any other group.

In contrast, the effects on moderate drinkers would be very small.



Moderate drinkers in the lowest income group buy on average less than one unit of alcohol per week below the 45p threshold. They would reduce their consumption by an estimated 3•8 units (approximately 2 pints of beer) per year, with an increase in spending of just 4p per year. Across the entire population, moderate drinkers are estimated to reduce their consumption by just 1•6 units (approximately 1 pint of beer) and spend just 78p more per year.

According to the study's lead author, Dr John Holmes from University's School of Health and Related Research, "Overall, the impact of a minimum unit price policy on <u>moderate drinkers</u> would be very small, irrespective of income.

"The policy would mainly affect harmful drinkers, and it is the low income harmful drinkers—who purchase more alcohol below the minimum unit price threshold than any other group—who would be most affected. Policy makers need to balance larger reductions in consumption by harmful drinkers on a low income against the large health gains that could be experienced in this group from reductions in alcohol-related illness and death."*

Professor Petra Meier, Director of the Sheffield Alcohol Research Group, and another author of the study, added: "Our study finds no evidence to support the concerns highlighted by Government and the alcohol industry that minimum unit pricing would penalise responsible drinkers on low incomes. Instead, minimum unit pricing is a policy that is targeted at those who consume large quantities of cheap <u>alcohol</u>.

"By significantly lowering rates of ill health and premature deaths in this group, it is likely to contribute to the reduction of health inequalities."

More information: "Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: a modelling study." Dr



John Holmes PhD, Yang Meng PhD, Prof Petra S Meier PhD, Prof Alan Brennan PhD, Colin Angus BSc, Alexia Campbell-Burton, et al. *The Lancet* (2014) www.thelancet.com/journals/lan ... (13)62417-4/fulltext

Provided by University of Sheffield

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