

Alcohol Change UK submission to the Deposit Return Scheme consultation

June 2021



1. Introduction

Alcohol Change UK is a leading UK alcohol charity, formed from the merger of Alcohol Concern and Alcohol Research UK. With a vision of a society that is free from serious alcohol harm, we work towards five key changes: improved knowledge, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment. We are a research funder, we deliver the annual Dry January campaign and we provide training to client-facing professionals through our award-winning Blue Light project. We welcome the opportunity to make representation to the consultation on the proposed Deposit Return Scheme.

We broadly support the introduction of a Deposit Return Scheme (DRS) for the purpose of reducing littering and increasing recycling.

We provide the following submission in order to outline our concerns about possible negative impacts of a DRS on alcohol harm, in the hope that DEFRA and the Deposit Management Organisation will take these into account when designing the scheme.

We have limited our submission to our area of expertise and do not seek to answer other questions posed by the consultation.

2. Key points

- Alcohol causes significant harm to society and costs the public purse more than £27bn annually. Reducing alcohol consumption across the population reduces harm and saves lives.
- Price per unit has an effect on consumers' choice of container size, while larger containers encourage greater consumption.
- The DRS has the potential to either improve or maintain the current price per unit differential across containers and drink types. DEFRA should therefore assess the impact of this scheme (in its various formats) on alcohol harm and choose the option which will have the most positive impact on reducing alcohol harm.
- We believe an 'all-in' approach would present less risk to alcohol harm than would an 'on-the-go' approach.
- Before a DRS is introduced in Wales (and any nation that subsequently introduces Minimum Unit Pricing, or MUP), the Deposit Management Organisation should assess its potential impact on the effectiveness of MUP, and it should not be implemented in any way that will reduce the effectiveness of MUP.
- If a DRS is introduced in England and Wales, DEFRA should monitor its impact on alcohol container sizes and overall alcohol consumption, and make changes if the DRS is assessed to be encouraging increased alcohol consumption (and thereby causing greater alcohol harm).
- If the DRS is assessed to have a damaging effect on alcohol consumption (i.e. encouraging increased consumption), alcohol containers should be exempted from the scheme.
- Voluntary agreements on labelling with the alcohol industry have resulted in inconsistent and poor quality information on labels.

3. The impact and cost of alcohol harm

Alcohol use damages health and ruins lives. The harms caused by alcohol have been thoroughly described in the recent report of the Alcohol Harms Commission, *'It's everywhere – alcohol's public face and private harm'*.¹

While 71% of drinkers in England drink within the low risk drinking guidelines of 14 units a week,² 1.9 million people drink at higher risk levels and 8.5 million at increasing risk levels. At the most extreme end of this spectrum, there are around 590,000 dependent drinkers in England.³

Most organs in the body can be affected by alcohol's toxic effects, and it is related to more than 200 health conditions including cancer, diabetes, stroke, high blood pressure, liver disease and fetal alcohol syndrome. Alcohol is a cause of cancer, a grade 1 carcinogen in the same category as tobacco,⁴ estimated to cause around 12,000 cases of cancer in the UK each year.⁵ Alcoholic liver disease is one of the only preventable conditions for which deaths are increasing in the UK, while they fall across most of Europe.

The Covid-19 pandemic appears to be worsening the situation. Provisional ONS data from 2020 shows a stark increase in alcohol-specific deaths in England and Wales during 2020, compared with the same time period in 2019.⁶ At 13.0 deaths per 100,000, this is the highest rate of deaths since data collection began in 2001. While deaths between January and March 2020 were 8.5% higher than the same period in 2019, deaths between July and September were 21.9% higher, and deaths between October and December were 28.3% higher - the highest rate for any quarter since records began 20 years ago.

Beyond causing inestimable personal harm and grief, alcohol costs public services a great deal. The total cost to the UK is estimated to be between £27bn and £52bn annually.⁷ More than £3.5bn of that is direct cost to NHS England; money it can ill afford during more normal times, let alone now.⁸ A recent study found that 1 in 10 hospital inpatients is alcohol dependent, while a huge 1 in 5 is drinking harmfully.⁹ No less significantly, alcohol-related crime costs England £11bn every year.¹⁰

Local authorities feel the impact, too. Our work on the Blue Light project identifies a small group of people who place a large burden on public services because of their alcohol use: people who have a long-term pattern of problem drinking or are alcohol-dependent, have a pattern of not engaging with or benefitting from alcohol treatment and frequently use public services as a result, including health, social care, criminal justice, domestic violence, children's services, police, housing and homelessness services.¹¹ All these people combined are estimated to cost £2.4bn each year to health, criminal justice, social care, housing and emergency services.¹²

4. The impact of cost and container size on consumption

Changing the price of alcohol is one of the most impactful policy measures in terms of influencing consumption. Raising the price of alcohol decreases the amount consumed and, therefore, the harm experienced across a population.

The World Health Organization (WHO) recommends increasing the price of alcohol through taxation as one of the three most cost effective policy interventions for reducing alcohol harm.¹³ WHO also recommend introducing a minimum price per unit. Both policies seek to reduce consumption by raising price and reducing affordability. In contrast, in the UK, alcohol has become 64% more affordable over the last 40 years.¹⁴

The ongoing evaluation of the 50 pence Minimum Unit Price (MUP) in Scotland has found that *"the introduction of MUP in Scotland was associated with a 3.5% (95% confidence interval: 2.2% to 4.9%) reduction in off-trade alcohol sales per adult"*, and that in Scotland, *"alcohol consumption at a population level fell in both 2018 and 2019, from 10.4 litres per adult in 2017 to 9.9 litres per adult in*

2019” while in England and Wales, it rose from 9.1l per adult in 2017 to 9.3l in 2018 before dropping back to 9.1l in 2019.

There is no research on the potential impact of a DRS on alcohol harms. However, the size of alcohol containers is known to have an impact on the amount consumed. Treatment and support providers recommend choosing smaller portion sizes to people trying to cut down.¹⁵

A 2020 study found that consuming wine from 50cl bottles compared with 75cl bottles may reduce both the amount consumed and the rate of consumption.¹⁶ Qualitative responses from participants indicated that, for some, choice of container size is guided by value for money and itself influences consumption:

“Having to open a new bottle is a mental hurdle you don’t want to do and it puts you off doing so. Which I think is a positive thing... Even though the volume was the same it leads you to feel you’re consuming more opening an additional bottle” (p2286)

“It was a revelation moving over to 50 cl bottles—much nicer to have in the house and possible for two people to open and enjoy a bottle of wine without feeling the ‘pressure’ of a whole 75 cl to finish... I would feel more able to enjoy a (single) small glass of wine with my partner without having to open a huge bottle” (p2288).

“I never usually buy 50cl bottles and think that will continue, as there is not much difference in price; therefore I think it’s better value buying the bigger bottle” (p2288)

Two people who provided evidence to the Commission on Alcohol Harm made similar observations:¹⁷

“Joanne Good, whose daughter Megan tragically died at the age of 16 after drinking cider on New Year’s Eve told us: ‘it’s all about price ... we need to tackle the price of it first’.

“Expert by experience Steven Sawyer explained the impact cheap alcohol had upon him: ‘I believe that if I hadn’t been able to access that cheap cider, I may have gone into treatment sooner and got myself well’.”

A forthcoming study (2021) states that *“the serving size or glass size of alcoholic drinks influences alcohol consumption: People consume less alcohol over the course of a drinking occasion if alcohol is served in smaller servings”*.¹⁸ Qualitative analysis from the same study found that *“almost all participants stated that cost was an important factor in their decision making and many talked about buying larger bottles because they were better value for money. They also discussed how smaller drinks were less attractive because they were relatively more expensive and they would be more inclined to buy smaller drinks if they had similar value for money.”*

An important impact of the introduction of Minimum Unit Pricing in Scotland and Wales has been to reduce the container sizes of low-priced, high-strength products, as the price of these was most affected by the new MUP. For example, a 2.5l bottle of Frosty Jack’s, currently on sale in England for £3.59, would need to cost £9.40 under MUP. In Wales, the potential impact of a DRS on the effectiveness of MUP should be assessed before implementation.

5. Potential impact of a DRS on at-till alcohol purchases

NB This section relates to the following consultation questions:

10. Do you believe we have identified the correct pros and cons for the all-in and on-the-go schemes described above? (No)

12. Having read the rationale for either an all-in or on-the-go scheme, which do you consider to be the best option for our deposit return scheme? (All-in)

While a DRS would mean the deposit added to alcohol containers would be refunded on return, the price paid at the point of purchase ('at-till price') is likely to impact on consumers' choices. Some consumers will have limited funds and are, therefore, likely to select products based on the perceived value-for-money of the at-till price. Others are likely to absorb the cost, continuing to use kerbside/home recycling options rather than return containers. For them, the overall impact will be a simple price increase for in-scope products.

Below are three indicative scenarios showing the potential impact on at-till price per unit of three drink types; a strong white cider, a medium strength lager, and vodka. (Based on prices advertised online in June 2021).

Scenario 1 – a flat rate, 20p per container deposit levied on all containers and all products (including multipacks).

In this scenario, the at-till price per unit of...

- a single [660ml bottle of Kronenbourg](#) 5% ABV lager (3.3. units) in Tesco would rise from **45p to 51p**
- a multipack of [4 x 440ml cans of Kronenbourg](#) 5% ABV lager (8.8 units) in Tesco would rise from **51p to 60p¹**
- a [4 x 500ml multipack of Frosty Jack's](#) 7.5% ABV cider (14.8 units) in Iceland would rise from **23p to 29p**
- a [2.5 litre bottle of Frosty Jack's](#) 7.5% ABV cider(18.8 units) in Iceland would rise from **20p to 21p**
- a 35cl bottle of [Tesco Imperial Vodka](#) (13.1 units) would rise from **46p to 47p**
- a 1litre bottle of [Tesco Imperial Vodka](#) (37.5 units) would also rise from **41p to 42p**

For consumers wishing to maximise the number of units per pound spent at-till, the incentive to buy stronger products in greater quantities is increased for some high-strength products and maintained for some others, compared to the current situation.

The at-till price per unit incentive to switch to higher-strength products is also increased.

Scenario 2 – a variable rate of 20p for containers under 750ml, and 50p for containers of 750ml and over.

In this scenario, the at-till price per unit of...

- a single [660ml bottle of Kronenbourg](#) 5% ABV lager (3.3. units) in Tesco would rise from **45p to 51p**
- a multipack of [4 x 440ml cans of Kronenbourg](#) 5% ABV lager (8.8 units) in Tesco would rise from **51p to 60p**
- a [4 x 500ml multipack of Frosty Jack's](#) 7.5% ABV cider (14.8 units) in Iceland would rise from **23p to 29p**
- a [2.5 litre bottle of Frosty Jack's](#) 7.5% ABV cider(18.8 units) in Iceland would rise from **20p to 22p**
- a 35cl bottle of [Tesco Imperial Vodka](#) (13.1 units) would rise from **46p to 47p**
- a 1litre bottle of [Tesco Imperial Vodka](#) (37.5 units) would also rise from **41p to 42p**

¹ Assuming each container within the multipack attracts the deposit.

This variable rate would see a greater impact on small containers of weaker products than on all sized containers of stronger products. Once again, the incentive for consumers wishing to maximise the number of units per pound spent at-till, the incentive to buy stronger products in greater quantities is increased or maintained compared to the current situation.

A solution would be to impose a significantly larger deposit on larger containers, or to introduce a scaled deposit based not only on container size but also product strength.

Scenario 3 – an ‘on-the-go’ rate of 20p for single-buy containers, excluding multipacks and containers of 750ml+

In this scenario, the at-till price per unit of...

- a single [660ml bottle of Kronenbourg](#) 5% ABV lager (3.3 units) in Tesco would rise from **45p to 51p**
- a multipack of [4 x 440ml cans of Kronenbourg](#) 5% ABV lager (8.8 units) in Tesco would remain at **51p**
- a 35cl bottle of [Tesco Imperial Vodka](#) (13.1 units) would rise from **46p to 47p**
- a 1litre bottle of [Tesco Imperial Vodka](#) (37.5 units) would remain at **41p**
- a [single can of Frosty Jack’s](#) 7.5% ABV cider in B&M would rise from **24p to 29p**
- a [4 x 500ml multipack of Frosty Jack’s](#) 7.5% ABV cider in Iceland would remain at **23p**
- a [2.5 litre bottle of Frosty Jack’s](#) 7.5% ABV cider (18.8 units) in Iceland would remain at **20p**

This ‘on-the-go’ rate would mean the ‘value-for-money’ differential between high-strength single buy containers and multibuy or larger containers would grow, increasing the at-till price incentive for consumers to purchase greater quantities of alcohol.

This option is the least preferred for alcohol, where larger quantities of high-strength products already present a price incentive to buy more, thus increasing consumption.

6. Mandatory labelling requirements

NB This section relates to the following consultation question:

59. Do you consider leaving any labelling requirements to industry to be a better option than legislating for mandatory labelling requirements? (No)

Voluntary agreements with alcohol producers (as opposed to mandatory labelling requirements) result in inconsistent and poor quality labels, contrary to the interests of consumers.

2020 research by Alcohol Change UK and the Alcohol Health Alliance found that only 29% of alcohol labels displayed the Chief Medical Officers’ low risk drinking guidelines, despite a voluntary agreement in place between government and alcohol industry bodies.¹⁹ In order to achieve consistent labelling about the DRS, it will be essential to legislate to require producers to include the correct information.

Alcohol labels are currently exempt from many food and drink labelling requirements: they need only display container volume and strength (ABV). Alcoholic drinks are not currently required to include ingredients, nutritional information, unit information, health warnings, pregnancy warnings, age warnings or drink drive warnings, whether the drink is suitable for vegetarians or vegans, where the product was consumed or any other information.

For many years, public health organisations have called on government to improve alcohol labelling by increasing the requirements on producers. The Department for Health and Social Care will shortly open a consultation on mandatory calorie labelling on alcohol labels.

Any legislative changes to alcohol labelling should also consider in scope other aspects of alcohol labelling, in close consultation with DHSC and other relevant government departments.

Alcohol Change UK

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www.alcoholchange.org.uk

¹ Commission on Alcohol Harm (2020) It's everywhere: alcohol's public face and private harm. <https://ahauk.org/wp-content/uploads/2020/09/Its-Everywhere-Commission-on-Alcohol-Harm-final-report.pdf>

² Public Health England (PHE) (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An Evidence Review. p.21. <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>

³ PHE (2018) Alcohol dependence prevalence in England. <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>

⁴ International Agency for Research on Cancer. Consumption of alcoholic beverages. IARC Monogr Eval Carcinog Risks to Humans. 2012;100E. <https://monographs.iarc.fr/wp-content/uploads/2018/06/mono100E-11.pdf>

⁵ Brown, K. et al. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland and the United Kingdom in 2015. British Journal of Cancer 2018. <https://www.nature.com/articles/s41416-018-0029-6>

⁶ Office for National Statistics (2021) Quarterly alcohol-specific deaths in England and Wales: 2001 to 2019 registrations and Quarter 1 (Jan to Mar) to Quarter 4 (Oct to Dec) 2020 provisional registrations <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/quarterlyalcoholspecificdeathsinenglandandwales/2001to2019registrationsandquarter1jantomartoquarter4octodec2020provisionalregistrations>

⁷ Burton, R. et al. (2016). A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an England perspective in The Lancet. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32420-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32420-5/fulltext)).

⁸ Home Office (2012) Impact assessment: a minimum unit price for alcohol https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/157763/ia-minimum-unit-pricing.pdf).

⁹ Roberts, E. et al., 2019. The prevalence of wholly attributable alcohol conditions in the United Kingdom hospital system: a systematic review, meta-analysis and meta-regression. Addiction Journal, 114:10. <https://onlinelibrary.wiley.com/doi/10.1111/add.14642>

- ¹⁰ Home Office (2012) Impact assessment: a minimum unit price for alcohol https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/157763/ia-minimum-unit-pricing.pdf.
- ¹¹ Alcohol Change UK (2020) The Blue Light Project webpage <https://alcoholchange.org.uk/help-and-support/get-help-now/for-practitioners/blue-light-training>.
- ¹² Alcohol Change UK (2014) The Blue Light Project Manual: Working with change-resistant drinkers. <https://s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/documents/The-Blue-Light-Manual.pdf?mtime=20181118115002>.
- ¹³ World Health Organization (WHO) (2017) Best buys and other recommended interventions for the prevention and control of noncommunicable diseases https://www.who.int/ncds/management/WHO_Appendix_BestBuys_LS.pdf
- ¹⁴ NHS Digital (2018) Statistics on Alcohol, England, 2018 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2018/part-7>
- ¹⁵ Turning Point (2019) Alcohol Usage Guide <https://www.turning-point.co.uk/alcohol-usage-guide>
- ¹⁶ Codling, S., Mantzari, E., Sexton, O., Fuller, G., Pechey, R., Hollands, G. J., Pilling, M., and Marteau, T. M. (2020) Impact of bottle size on in-home consumption of wine: a randomized controlled cross-over trial. *Addiction*, 115: 2280– 2292. <https://doi.org/10.1111/add.15042>.
- ¹⁷ Commission on Alcohol Harm (2020) It's everywhere: alcohol's public face and private harm. <https://ahauk.org/wp-content/uploads/2020/09/Its-Everywhere-Commission-on-Alcohol-Harm-final-report.pdf> (p36)
- ¹⁸ Kersbergen I, Oldham M, Jones A, Field M, Angus C, Robinson E. Reducing the standard serving size of alcoholic beverages prompts reductions in alcohol consumption. *Addiction* [Internet]. 2018;1598–608. Preprint available from: psyarxiv.com/xe8bk
- ¹⁹ Alcohol Health Alliance (2020) Drinking in the Dark: How alcohol labelling fails consumers <https://ahauk.org/resource/drinking-in-the-dark/>