

Health Miscellaneous Provisions Bill

Royal College of Physicians' submission

Introduction

1. The Royal College of Physicians (RCP) welcomes this opportunity to provide evidence to the Health Miscellaneous Provisions Bill Committee Stage Call for Evidence. The RCP has produced this evidence based on the experience of our members and fellows predominately hospital doctors. The RCP welcomes the existing clauses to place greater regulation on the sale of e-cigarettes. The RCP recommends the Northern Ireland Executive should utilise this Bill as an opportunity to introduce further protections to the public and in particular children and young people from tobacco harms. The RCP recommends that clauses banning smoking in cars when children are present, the introduction of a minimum unit price and enabling amendments to explore the possible implementation of a sugar tax should further be included in the Bill.

Tobacco

2. The RCP strongly welcomes commitments in the Bill to ban the sale of nicotine products such as e-cigarettes to those under the age of 18. The RCP also welcomes clauses to create an offence of proxy purchasing.
3. The RCP recognises that e-cigarettes and other novel nicotine devices can provide an effective, affordable and readily available retail alternative to conventional cigarettes. There is consensus that e-cigarettes are significantly less harmful than smoking. One in two lifelong smokers dies from their addiction¹. The Royal College of Physicians, 2007 report *Harm reduction in nicotine addiction*, highlighted that innovations such as e-cigarettes may make harm reduction a reality². While there may be benefits associated with the increased use of alternatives to tobacco products there may also be potential risks. The long term effects of such nicotine products are not yet clear.
4. The RCP advocates the use of regulation to ensure that the delivery of nicotine through these products is not harmful or that these products are not being specifically targeted at children and young people. The RCP welcomes that the Health Miscellaneous Provisions Bill will create an offence of the sale of nicotine products to people under the age of 18 and that a new offence on the proxy purchasing will also be created.
5. The RCP would further welcome clarity in the legislation over the marketing and advertising of these products. If a new offence is to be created banning the sale of these products to individuals under the age of 18, the legislation should also make it explicitly clear that marketing or advertising targeted at children and young people is also an offence.

¹ http://ash.org.uk/files/documents/ASH_107.pdf

² <https://cdn.shopify.com/s/files/1/0924/4392/files/harm-reduction-nicotine-addiction.pdf?15599436013786148553>

6. The RCP strongly welcomes recent commitments by the Minister for Health, Social Services and Public Safety to introduce an amendment to ban smoking in cars when children are present³. Children's health is at significant risk from second hand smoke. The RCP's report *Passive Smoking and Children (2010)*, found that across the UK health damage attributable to passive smoking each year in children causes:
- over 20,000 cases of lower respiratory tract infection
 - 120,000 cases of middle ear disease
 - at least 22,000 new cases of wheeze and asthma
 - 200 cases of bacterial meningitis
 - 40 sudden infant deaths – one in five of all SID
7. Reducing the prevalence of smoking among adults is the most effective way to reduce children and young people's exposure to second hand smoke. The RCP however, strongly advocates that this should be accompanied by greater protections and rights for children to reduce their exposure to second hand smoke. The introduction of a ban to smoke in cars when children are present, as was introduced in England and Wales under the Children and Families Act (2014) would provide much needed rights and support for children and young people in Northern Ireland protecting them from the harms of second hand smoke.

Obesity

8. The causes of obesity are varied and there are a variety of different policy levers and mechanisms that the Northern Ireland Executive can utilise to reduce the prevalence of obesity. The introduction of a sugar tax is one such lever. The RCP recommends that the Northern Ireland Executive utilises the Miscellaneous Provisions Bill to explore the opportunities to introduce legislative measures such as a sugar tax.
9. Evidence from the World Health Organisation outlines that tax can be used a lever to influence the purchasing and consumption behaviours of individuals. Utilising pricing can have a significant impact in supporting individuals to make healthy choices about the food that they eat⁴. A study published in the BMJ has found that a 20% tax on sugar sweetened beverages is predicted to reduce consumption of such drinks by 15% and lead to a reduction in the prevalence of obesity in the UK of 1.3% (around 180,000) people⁵. The RCP recommends that the Northern Ireland Executive utilises the Miscellaneous Provisions Bill as an opportunity to introduce such an intervention.

Alcohol

10. The RCP welcomes the previous commitments by the Department of Health, Social Services and Public Safety to introduce a minimum unit price for alcohol in Northern Ireland. This Bill provides an opportunity to introduce much needed legislation to introduce an intervention which will have a significant impact and reduce alcohol consumption and the associated harms. Each year there are more than 8,700 alcohol related deaths and 1.2 million hospital admissions in the UK. Beyond the direct

³ <http://www.bbc.co.uk/news/uk-northern-ireland-35041836>

⁴ World health Organisation. *Using price policies to promote healthier diets*. 2015

⁵ British Medical Association. *Food for thought: promoting healthy diets among children and young people*. 2015

impact on individual health alcohol is linked to 40% of domestic violence cases and 40% of child protection cases and 74% of child mistreatment cases in the UK are alcohol related⁶.

11. Minimum unit pricing can effectively target those who consume the most alcohol. Patients with alcohol-related cirrhosis drink an average of 146 units of alcohol per week. These harmful drinkers currently pay only 33p/unit. In contrast, low risk drinkers already pay an average of £1.10 per unit⁷. Minimum unit pricing (MUP) would not adversely impact moderate drinkers, with the price of the majority of alcohol on our shelves and in our pubs remaining unaffected. In fact, it is estimated that moderate drinkers across all income groups would spend just 78p more on alcoholic drinks per year⁸ but reduce alcohol consumption of those drinking at harmful levels. When minimum prices rose in British Columbia, two studies found that the number of deaths due to alcohol fell. It is estimated that a 10% increase in average minimum alcohol prices was strongly associated with a 32% reduction in wholly alcohol caused deaths.
12. Furthermore the introduction of a minimum unit price would significantly impact on the consumption of alcohol by young people. Younger people are particularly price sensitive, with a survey carried out by Alcohol Concern and Balance finding that almost two-thirds (63%) of 16-24 year olds consulted agreed or strongly agreed that cheap alcohol encourages 'drinking to get drunk'⁹. It is currently possible to buy a two litre bottle of cider that contains 10 units (5% ABV) for around £2. Under a minimum pricing scheme of 45p per unit, it couldn't be sold for less than £4.50 or 50p per unit would be £5. Supermarket 'own brand' 70cl bottles of vodka can sell for as little as £5. An average bottle of this size contains 26.3 units (37.5% ABV) and under MUP would become £11.84 as a minimum price at 45p or £13.15 as a minimum price at 50p. The introduction would significantly impact on the ability for harmful drinkers to consume excessive amounts of alcohol, whilst not impacting on moderate drinkers.

⁶ National Association for Children of Alcoholics

⁷ Sheron N, Chilcott F, Matthews L, Challoner B, Thomas M. Impact of minimum price per unit of alcohol on patients with liver disease in the UK. *Clin Med* 2014;14:396-403.

⁸ Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: a modelling study, 2014. <http://download.thelancet.com/fl atcontentassets/pdfs/S0140673613624174.pdf> [Accessed 30 May 2014]

⁹ 'Binge!' An Alcohol Concern & Balance North East Report, 2012

About the RCP

13. The Royal College of Physicians (RCP) aims to improve patient care and reduce illness, in the UK and across the globe. We are patient centred and clinically led. Our 30,000 members worldwide work in hospitals and the community across 30 different medical specialties, diagnosing and treating millions of patients with a huge range of medical conditions.
14. Involving patients and carers at every step, the RCP works to ensure that physicians are educated and trained to provide high-quality care. We audit and accredit clinical services, and provide resources for our members to assess their own services. We work with other health organisations to enhance the quality of medical care, and promote research and innovation. We also promote evidence-based policies to government to encourage healthy lifestyles and reduce illness from preventable causes.
15. Working in partnership with our faculties, specialist societies and other medical royal colleges on issues ranging from clinical education and training to health policy, we present a powerful and unified voice to improve health and healthcare.

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