How far should the state step in to regulate the free market and alcohol? If a jumbo jet fully laden with passengers crashed over Britain every fortnight, drastic action would be taken, and that is what we are talking about. 22,000 people die every year in Britain as a result of alcohol. The Office for National Statistics cites the figure of 8,790, but that excludes all the accidental deaths, the homicides, the impulsive suicides and the many victims of road traffic accidents. Alcohol is linked to more than 60 medical conditions, including many cancers.

Some will argue that this is all about personal responsibility and that we should resist the interference of the nanny state, but how can the 705,000 children who live with an alcohol-dependent parent exercise personal responsibility? We have a blind spot when it comes to the destructive effect of alcohol. Yesterday, I spoke to Stephen Otter, the chief constable of Devon and Cornwall police, who told me that the statistics for 2004-05 showed that about a third of violent crime in Devon and Cornwall was related to alcohol. Since then, the statistics have followed a steadily upward path and alcohol is now related to about half of such crime. The trend is increasing, so how do the victims of violent crime feel when we say that we should leave this to the market?

What about taxpayers? The cost of the epidemic is out of control. It is at least Â£20 billion, but if we look at the finer details of the impact on productivity, we will see that the evidence given to the Health Committee when it looked at this issue showed that the cost could be as high as Â£55 billion. At a time when the NHS has to make efficiency savings of Â£20 billion over the next four years, is it right that we are flushing down the drain at least Â£20 billion a year on alcohol?

The Secretary of State talks frequently about outcomes, so I would like to give some that I think he should look at. Forty per cent. to 70% of all accident and emergency admissions are related to alcohol. The impact on health inequalities is undeniable. The difference between the poorest and the wealthiest neighbourhoods in terms of average life expectancy is about seven years, and early deaths from alcohol-related liver disease are a significant contributor to that. Almost one in four deaths in young people is directly caused by alcohol. That means that every week 12 young people are losing their lives, which is a far higher figure than the number who die as a result of knife crime.

Positive outcomes could be achieved from a reduction in teenage pregnancies, as well as in educational failure and its impact and sexually transmitted diseases. The state has a duty to protect young people and take action. On personal responsibility, harmful drinking does not just affect the individual; it has a knock-on effect on all those around them when they leave a destructive trail in their wake.

If it were possible to solve this problem just through education and gentleman's agreements
with the drinks industry and supermarkets, I would say that we should go that way, but that approach has clearly failed. The fact is that when alcohol is too cheap, people die. That was as true in the 18th century with its gin craze as it is today. This, however, is a general debate on what should be in the alcohol strategy, so I do not want to dwell too long on pricing. Suffice to say that without action on pricing, I am afraid that nothing else will be as effective as it could be. Alcohol is no ordinary commodity and we should not treat it just through market forces.

Philip Davies (Shipley, Conservative)

My hon. Friend appears to be making a coherent argument for banning alcohol altogether. I am concerned that she is like the anti-smoking lobby, which tries to come up with different things to restrict smoking in order to hide its real agenda, which is to abolish smoking altogether. If she thinks that alcohol is such a bad thing and that it does so much damage, why not have the courage of her convictions, follow her argument through and say that alcohol should be banned altogether?

Sarah Wollaston (Totnes, Conservative)

There is a simple reply to that question—it would not work. We have seen that clearly from the efforts at prohibition in the States. I myself enjoy a drink, as I am sure do most Members present. Everyone might like a drink, but nobody likes a drunk, and that is what this is about. It is not about stopping people drinking, but about asking at what point the state should step in to address the real harm. There is a balance to be achieved. I am not suggesting for one moment that my proposals will stop people drinking, and I would not want them to do so. I just want to do something about 22,000 people dying every year in this country.

I propose that we act on price and address availability, marketing, education and labelling, and that we take action on offending behaviour. We should also change the drink-drive limit. Crucially, if we are to put all those measures in place, we also need to help people who already have a problem, which means better screening and treatment in the health service for hazardous, harmful and dependent drinkers. It is also time to send a clear message that we have had enough of drunken antisocial behaviour and violent crime.

On availability I will try to be brief, because I know that lots of Members want to speak I welcome the consultation on dealing with the problem of late-night drinking. It is absolutely right that communities should have a greater say in the licensing hours, and I welcome the return from 3 am back to midnight and the idea that those who supply late-night alcohol should contribute to the clean-up cost. Will the Under-Secretary of State for Health, my hon. Friend Anne Milton go further and address whether supermarkets should face greater penalties? The problem for late-night premises and clubs is that their customers are already drunk when they arrive, having pre-loaded on very cheap alcohol. It is crucial that supermarkets should contribute to the clean-up cost.

On marketing, we currently spend £800 million a year on alcohol marketing, which dwarfs the budget given to the Drinkaware Trust, which is industry controlled. There is clear evidence that marketing encourages not only drinking earlier, but children to drink more when they do. Although it is encouraging that fewer children overall are drinking, we should still remember that, after the Isle of Man and Denmark, we are the country with the highest levels of binge drinking and drunkenness in our schoolchildren. The problem is that the current
controls are complex and easily circumvented. There is an off-the-peg solution that is compatible with European Union law, namely to introduce similar measures to those in France under the Loi Évin. Rather than having a set of complicated measures saying what we cannot do, we would set out clearly where alcohol can be marketed and everything else would not be allowed. If we want to protect children, why do we allow alcohol advertising before screenings of 15-certificate films? It is also confusing that, while we say that alcohol cannot be associated with youth culture or sporting success, we allow alcohol-related sponsorship of the FA cup and events such as T in the park. We need to protect children.

Diane Abbott (Hackney North and Stoke Newington, Labour)

Does the hon. Lady agree that it is no coincidence that, between 1992 and 1996, when the advertising budget for alcohol products marketed at young people rose from £150 million to £250 million, the number of schoolchildren drinking alcohol doubled?

Sarah Wollaston (Totnes, Conservative)

That is a valuable point and clear evidence that marketing encourages children to drink, to start drinking younger and to drink more when they do. We should protect young people—that is an absolute duty of the state.

On education, the most important point is clear labelling. The drinks industry has made some progress, but if it does not meet its targets the issue should be mandated so that people can be clear about how many units they are drinking and receive advice on the sensible limits.

Susan Elan Jones (Clwyd South, Labour)

The hon. Lady is making a powerful case and she can rest assured that most Members present do not think that she is anything like Eliot Ness. On her point about labelling, many of us were rather disappointed that more was not done on the subject of food labelling. Is there is a case for us to do what is done in New York state in terms of food labelling, where an outlet that has more than two branches labels the calorie intake? That gives people a choice and also provides information.

Sarah Wollaston (Totnes, Conservative)

That is an excellent point, and I thank the hon. Lady for making it. Certainly, many young women drinkers would be deterred if they realised what the calorie content is for some of the popular alcohol mixer drinks. That might help to stem the rise in vodka mixer drinking among young women.

John Pugh (Southport, Liberal Democrat)

Is the hon. Lady aware that there is a problem with EU legislation in terms of putting the calorific amount on the bottle?

Sarah Wollaston (Totnes, Conservative)

I thank the hon. Gentleman for making that point. EU legislation is getting in the way of an awful lot of the measures I would like to be introduced.
Returning to why education should not be in the hands of the drinks industry, I would like to draw hon. Members’ attention to a problem that arose when the Drinkaware Trust introduced its safe drinking recommendations. It presented those recommendations not as a safe upper limit but a recommended daily amount, as if it was marketing them as a vitamin intake. There is a clear conflict of interest in having the drinks industry controlling education. Although I welcome much of the Drinkaware Trust’s work, I do not see the need for the drinks industry to be on the board and would like the Minister to comment on that if possible. Following the report of the Select Committee on Science and Technology, the clear message should be that people should take at least two alcohol-free days a week to protect themselves.

Turning to the health service, relatively few hospitals have a dedicated alcohol service. It is a shame that only 5.7% of dependent or harmful drinkers are able to access treatment compared with 67% of dependent or harmful drug users. There is a clear case for changing that. One third of people who are admitted to hospital with acute liver disease die immediately, and the mortality rate for that has remained unchanged for 15 years. They die without being able to be aware that they even had a problem in the first place.

I would like to make the case for having much better services for screening and early intervention because such an approach works. Some 12% of people who are given brief advice and are informed that they are developing harmful or hazardous drinking traits will significantly cut down or stop drinking. Such a scheme is highly cost-effective, and I would like it to be rolled out, particularly in casualty departments. All hospitals should have a seven-day acute nurse specialist to give brief advice and intervention. That approach should be rolled out further to GP surgeries through the quality and outcomes framework and should also be available in community pharmacies, so that we can let people have clear information and advice. As I say, principally, because such a scheme is evidence based and works.

Regarding people who already have a problem, it is time for all hospitals to have a dedicated alcohol specialist team and an assertive outreach team, particularly to help those revolving-door patients who come in and out of hospital repeatedly. They often have complex mental health needs and issues surrounding homelessness. Again, such an approach has a very strong evidence base and is cost-effective.

The law and order challenge for our police force is vast. May I pay tribute to the people who are at the sharp end of all this? Police officers, street pastors, casualty workers and ambulance staff bear the brunt of the problem. The police are making progress. I pay tribute to Devon and Cornwall police for its work. In my area, people who are picked up by the police can choose between a fixed penalty notice of £80 or attending a course run by Druglink. For those people who attend those courses, there is only a 2% offending rate. That is an example of something very positive that we should be moving forward with.

We should also carefully consider what has been happening in South Dakota in the USA, where they have introduced mandatory breath testing for those convicted of an alcohol-related offence. That has significantly reduced the prison population and has had an effect on domestic violence rates. It would be sensible to at least pilot that in this country to establish whether such a model could work here.

There is a strong case for reducing the drink-drive limit from 80 mg per 100 ml of blood to 50 mg, if for no other reason than for the sake of the 380 people who are killed every year on our roads and the more than 11,900 who are injured. Of course, we
also need to give the police greater powers to breath test people.

What about the industry's role? There is a role for industry in reducing product strength and I welcome those who have already taken action along that line. Crucially, business models should be changed, so that they are based on quality not quantity. The opinion is that that is what has had the greatest effect on the continent, where there have been significant falls in drinking levels because of the move away from drinking vast quantities of plonk towards drinking smaller quantities of quality product. That is something we could do here. I would like to see further work on the use of responsible locations in supermarket aisles and, as I have said, further progress on labelling.

I repeat that it is not the place or the responsibility of the drinks industry to define public health policy. There is a clear conflict of interest. It is time for us to follow an evidence-based approach built on medical advice and for there to be far less involvement with the drinks industry in dictating policy.

I have already been fortunate to lead a debate on alcohol taxation, so I will not repeat the points I made then. I hope that other hon. Members will give us advice on why the introduction of minimum pricing is compatible with EU legislation. I know that Caroline Lucas will do so. The fact that price influences behaviour is, beyond doubt, completely undeniable. There has recently been further evidence from British Columbia about the impact of minimum pricing, based on 20 years of experience. There has also been evidence from Scotland, where the change in pricing policies, particularly those inhibiting multi-buys, have caused a 14% fall in beer sales. I will conclude and allow other Members to contribute by saying that there is no such thing as a cheap drink, but we are all paying a very heavy price.

Valerie Vaz (Walsall South, Labour)

It is a pleasure to speak in this debate with you in the Chair, Mr Caton, and I congratulate Dr Wollaston on securing it. She is a doughty campaigner on the issue and a valued colleague on the Select Committee on Health. Who would have realised that alcohol would be such a hot topic this week? I am not going to name the beer concerned, but clearly certain beers need a name and a photograph to endear themselves to the punters.

The issue is not about responsible drinking or drinking responsibly; it is about dealing with a problem that is getting out of hand both for society and the health and well-being of members of society. One has only to look at the awful images of young people in the street“I do not know why, but it is more offensive when females are involved”lying down and not knowing where they are or who they are. There is a tension between the people who want to make a living and “dare I say it?”effectively, people who want to live.

If people are offered two for the price of one, they find it difficult to resist the offer. A can of beer can be bought with 38p. A packet of M&M's is 60p and if someone goes to Portcullis House, they can buy a banana for 40p. That is more expensive than a can of beer. The fact is that alcohol is a poison; it has an effect on the physiology of a body. For young people who see adverts of people enjoying themselves by drinking, it is very difficult to resist peer pressure. My niece is a doctor who has worked in A and E. She says that the majority of cases are a result of people who are drunk and who become very abusive. I suggest that any hon. Members who do not believe that that happens should visit their local A and E departments. Let us also consider other public servants, such as the police, who have to clear up the mess on Saturday evenings at a cost of Â£13 billion. Such problems affect my constituency, too.
The facts are simple. The medical profession believes that almost 250,000 lives can be saved over the next 20 years if strong action is taken. I have checked on the Department of Health’s website and it links drugs with alcohol and tobacco. It must therefore believe that alcohol is an issue. If it is an issue, the Department of Health must act; a do-nothing strategy does not work.

Sir Richard Doll made a link between lung cancer and smoking. It is only now that people believe that link. What about the link between alcohol consumption and other diseases? I can go through a list: alcoholic hepatitis, oral cavity cancer, hypertension, acute intoxication with loss of consciousness, psychiatric problems, suicidal ideation, depression, anxiety, loss of libido, fetal alcohol syndrome, impaired performance at work and relationship problems. The list goes on: violent crimes, domestic violence and anti-social behaviour. According to the website patient.co.uk, one in 16 hospital admissions are due to alcohol-related illness, with a cost to the NHS of Â£2.7 billion. In peak times in A and E, that accounts for 70% of admissions. The hon. Member for Totnes mentioned that England is number three in the top 10 drinking countries. Why can we not be the Eddie the Eagle of drinking countries?

Clearly, something has to be done. The hon. Lady should be supported in her attempts to introduce minimum pricing for alcohol. Other measures have been proposed by Alcohol Concern and a coalition of Churches, which have already written to the Prime Minister. There should be a change in licensing hours and pubs should shut at 10 pm again—people knew when they were supposed to go home. Gone is that clarion call of last orders; I urge the Minister to call last orders on binge drinking and to support the hon. Lady.

John Pugh (Southport, Liberal Democrat)

I congratulate my hon. Friend Dr Wollaston on securing this important debate. I should like to take a slightly different track and speak briefly about alcoholism. I am motivated to do so because a friend of mine died recently of alcoholism. I surveyed his circumstances and wondered what conceivably could have been done to prevent his early death—he died at a younger age than I am now.

I looked back at my friend’s history in some depth, trying to find out how it all started. It started, as it does for many people who take to drink, with other psychological problems: a lack of self-esteem, to some extent prompted by his family upbringing. It was accentuated by losing his job as a civil servant—he took early retirement—and then by the loss of his marriage due to the strain induced by alcoholism. I followed his whole history from that stage on. There were periods of abstinence, where he thought he had licked the problem. There were periods of very aberrant behaviour that sometimes involved the police, but often strange and gratuitous acts of mad generosity. There were periods of treatment when he went in for detox, somewhat ineffectively, and came out and resumed previous behaviour.

There was a period when my friend found that Librium worked in discouraging him from drinking, but he could not be given the amount he needed, so I made an arrangement with his doctor to provide him with the drug. For the first time in my life, I became a drug dealer. He could not receive it himself, simply because it was feared that he would take an overdose. Then there were periods of real sickness when he was losing weight rapidly. He was hospitalised frequently. He had blood transfusions and other forms of hospital treatment for a disease that I fundamentally believed to be, at root, of a mental rather than
physical kind. Throughout it all, there were long periods of solitary drinking, punctuated by phone conversations to his friends. Those conversations were not always welcome; any drunken conversation tends to be very repetitive and goes nowhere. Ultimately, this was followed by a phone call saying that he had been found dead alone in his flat.

I reflected on this. I believe that, at root, the cause is psychological, but I had seen my friend struggling when applying for NHS services to get any psychological treatment, because most psychiatrists do not want to mess around with alcoholics. They regard them as a complete waste of time. In some cases, their criteria for treating people exclude alcoholics. I was a member of the Public Bill Committee that considered the Mental Health Act 2007, when it was expressly stated that people could not be sectioned for alcoholism—"it was not regarded as the kind of disease that fell under that banner."

My friend phoned me on many occasions and pleaded with me to find some sort of mechanism so that he could be sectioned, because he knew that he could not stop himself drinking. Towards the end of the time when I was trying to help him, I found something that I thought might work. It was a treatment that other alcoholics I had known had benefited from. It was a process of very robust detoxification, followed by rehab, and was clearly producing results. It took place outside the primary care trust area in which he lived and was going to cost £10,000. However, I am sure that the total cost to the NHS of his treatment in all those years was much more than £10,000. I could not, in all honesty, believe that the PCT would respond very positively, given its other priorities, to a case that stated, "This man has had a lifetime's history of alcoholism. Now, will you spend £10,000 in getting him out of this fix?"

I am concerned about what we do for alcoholics under the current regime. Having had to look into it, I found that a lot of them go through procedures that are, in a sense, futile—they do not actually take things a great deal further. They detox people and turn them around again, so they go back to the habits that they had before. Unless there is detox plus rehab, this is not a workable solution. This is a big problem for many families and communities, so it is surprising that so many organisations out there take so much money out of the NHS to so little effect. The NHS needs to drill down and support only those therapies that genuinely work. In the short term, they may be very expensive, but in the long term, they will repay the investment.

On the voluntary consumption of alcohol, there are a couple of factors that can precipitate people along the route that my friend followed: a cultural permissiveness about excessive drinking and a mishandling of how, culturally, we deal with alcohol. At root, that is our problem. Recent licensing law reforms have been an ineffectual attempt to change the culture into a French or continental system where we can manage our alcohol a little better. Certainly, one of the bedevilling features that impact on how society handles alcohol is its cheap and plentiful supply.

Frankly, I am agnostic—I am not sure whether my hon. Friend is right. Doctors are arguing very forcibly for minimum pricing, and I think that the Government are committed to banning below-cost pricing. Both are helpful, but probably neither are sufficient because in themselves neither will guarantee cultural change. As a former teacher, I am agnostic about what education can do. Asking 14-year-olds to forswear a life of alcoholic indulgence is not an easy task, particularly as most of them have not really engaged much in that direction.

We have to accept that alcohol consumption is always regulated in some form or other, but its long history shows that we do not always get it correct and that no system is flawless. We need to look at good practice and at what works—my hon. Friend Stephen Gilbert has
some good examples—and roll them out right across the piece. We do not have many good models to imitate in the control of either alcohol or alcoholism, but evidence-led policy is clearly the way forward.

Jim Shannon (Strangford, DUP)

I congratulate Dr Wollaston on securing the debate. For me and my constituents—as I suspect it is for many in the Chamber—this issue is probably the biggest problem in our area. I deal with related issues concerning community safety every day. I rise to give the perspective from Northern Ireland and to outline the critical and crucial programme that we have to ensure that issues caused by alcohol are addressed.

In Northern Ireland, on 1 March 2010, there were 5,846 individuals in treatment for drug and/or alcohol abuse—a very high number. More than 50% were in treatment for alcohol misuse, some 22% for drug misuse and a fifth of those for both. Approximately 75% were male, 27% female. Although it is predominantly a male problem, clearly a large proportion of females are involved. Valerie Vaz said that it is terrible to see young people drunk. It is always particularly upsetting to see young ladies and girls drunk and we certainly have to consider that. The last figures available show that the number of people receiving treatment increased by 5% in just one year, from 5,583 to 5,846—some 500 extra on that list, which again, unfortunately, is an upward-moving figure which we are concerned about.

There are some 1.5 million victims of alcohol-fuelled violence in the UK as a whole. Community safety is threatened by the misuse of alcohol. We have to deal with that. The police superintendents have outlined and advised that alcohol is present in half of all crimes. That worries me and I suspect that it worries all hon. Members here. It also shows that a high proportion of victims of violent crime are under the influence of alcohol at the time of the assault. So alcohol runs, almost like blood itself, through all the violence and the problems.

Some 37% of offenders had a current problem with alcohol use; 37% had a problem with binge drinking; 47% had misused alcohol in the past; and in 32% violent behaviour was related to their alcohol use. As other hon. Members have mentioned, drinking starts slowly with small indulgence and increases, with peer pressure involved, then there is binge drinking and then misuse of alcohol, with the violence that comes off the back of that.

I want to focus on young people, who need to learn at an early age to drink responsibly when they are of an age to do so at 18. In Northern Ireland, the average age for young people to have their first drink is 11. When I read that I said, "My goodness me, that's shocking." I am aware, as an elected representative, of people who started with one drink, perhaps when their marital relationship broke down, and drank whenever there was alcohol in the house and whenever there was peer pressure. I fought a case for a liver transplant for a young boy who started drinking at the age that I mentioned and at 17 or 18 he found himself a candidate for a liver transplant. If such facts do not shock people to their core, they should. It certainly shocks me.

John Glen (Salisbury, Conservative)

Throughout society there are different instances of alcohol misuse. In the armed forces, in the under-35 age group, alcohol misuse among men is more than double that in the normal population. Does the hon. Gentleman not think that that underscores the fact that a Government approach must recognise pressures in all different elements of society and the
different phases at which interventions need to take place?

Jim Shannon (Strangford, DUP)

I thank the hon. Gentleman for his intervention. I agree wholeheartedly and I think that all other hon. Members do. There are different levels. I was developing a point about young people, but there is a drink culture in the armed forces as well. Perhaps that is to do with the job that they do or the time that they spend together. Government has to address those issues.

Around a quarter of 11 to 16-year-olds in Northern Ireland drink regularly and around one in eight have been drunk more than 10 times. One third of 11 to 16-year-olds who have tried alcohol have bought it from a pub, off-licence or shop. There is an issue there for the police in enforcement and for local councils, where the power lies, to monitor and control what happens. There is also a strong link between starting to drink at a young age and problematic alcohol use in later life. A shocking statistic is that one in four young people claim to have been drunk 20 times in the span of a month. The number of 15 to 16-year-olds who binge-drink in Northern Ireland is one of the highest in Europe.

Alcohol use among young people is of particular concern, as they are more vulnerable than adults to suffering physical, emotional and social harm from their own and other people’s drinking. The hon. Member for Totnes mentioned what emerges as a result of that. Drinking leads to a high risk of unsafe sexual behaviour, traffic and other accidents, unintended pregnancies, failure at school and mental health problems, antisocial behaviour, vandalism and violence. This is a serious issue and is not a matter of kids being kids: it goes a lot deeper and the problems caused are a lot longer-lasting and have a great impact on our community as a whole. We have to take on the big issues.

I work in my constituency with many community and residents’ associations that are determined to stamp out abuse in their areas. There are many ways of doing that, including through education programmes for children. A group called the forum for action on substance abuse works hard with young people; it takes on the hard issues, gets the community and young people involved and ensures that a safer option is available for kids, other than standing at street corners being pressured into trying drink or drugs.

Community groups in my area are working hard to do what they can to end the vicious circle of alcoholism and drug use. Yet they cannot do it themselves; they need Government help and educational, health and police strategies as well. There needs to be a system in place that lends support and advice and co-ordinates events and information to ensure that people are informed.

A recent survey carried out by a church group in Newtownards in my constituency found that under-age drinking was a major issue that led to people feeling unsafe in their neighbourhood. The abuse of alcohol leads to side effects being felt by other people who are not involved, including not feeling safe. The fact is that problems arise when people are mixed with a large amount of alcohol. When young people, who have not yet had the time to develop their moral standards and ideals, are mixed with alcohol we get a generation fuelled by a desire to live in the moment without the thought of consequences.

Alcohol changes personalities. When young people are learning who they are, adding alcohol to the mix means that they will never have a good understanding of who they are. That is why it is essential that we put in place a way of combating under-age drinking by ensuring that drink is not available for people under 18.
When wearing my other hat as an Assembly Member, prior to coming to this House, we raised the age on buying cigarettes—that has been implemented—as it was recognised that upping the age limit would make it easier for retailers to demand identification. It is time that we enforced the same rigour and control with regard to alcohol. It is time for the Government strategy to take on board the involvement of councils and all the other bodies, which is important. We need to take on the issue of sales venues, including off-licences and pubs. We must increase police activity and police the councils in their monitoring pubs and off-licences.

We also have to say something about parental control that perhaps has not been said yet: it is neglected many times. Parents do not exercise the control that they should, but they need to do so.

I support increasing the price of alcohol. It is important that we do that. I do not see anything wrong with that. We must ensure that drink promotions do not encourage binge drinking.

Eric Joyce (Falkirk, Labour)

The hon. Gentleman has made a great deal of sense up till now, particularly when mentioning education, but does he not think that minimum pricing is simply aimed at the least well-off? It is all very well for those who are not affected by it, but essentially that policy is aimed at the least well-off, who may continue to spend the same amount on alcohol, or more, because it will be more expensive for them, and spend less elsewhere.

Jim Shannon (Strangford, DUP)

I thank the hon. Gentleman for his intervention, but we will have to agree to differ. It is important that we increase the price of alcohol, because doing so takes away the ability to binge-drink from those who are clearly involved in it. Let me just get this important point on the record. We have to address all the issues. There are different ways of doing so and one is to increase the price of alcohol.

Diane Abbott (Hackney North and Stoke Newington, Labour)

Does not the hon. Gentleman agree that all the medical and research evidence shows that price is a key factor for two categories of drinker: young drinkers and problem drinkers?

Jim Shannon (Strangford, DUP)

I thank the hon. Lady for her wise words. That is exactly what we feel is important. We have to take on hard issues and address them early. We need a strategy that reflects an in-built protection for children and adults alike.

I urge that the points of view advanced by the hon. Member for Totnes and other hon. Members be considered and that we adopt a strategy that addresses the issues that plague society today.

Philip Davies (Shipley, Conservative)

It is a pleasure to serve under your chairmanship, Mr Caton.

As a libertarian and a believer in individual freedoms, I had hoped that the country had
escaped from the nanny-state health police with the end of the previous Labour Government but, sadly, I was clearly naive in that thought. A great many people in the House seem to want to do nothing else but ban everyone else from doing all the things that they do not happen to like themselves, and I was certainly not brought into politics to do that. I urge the Minister not to be seduced by the reasonableness of my hon. Friend Dr Wollaston, because I assure her that, were she to implement everything that my hon. Friend asked for today, my hon. Friend and the health zealots would still return with another list of things that they want the Minister to do. Such people will never be appeased or satisfied until alcohol has been banned altogether.

I want to focus on two points—the futile proposal on minimum pricing, and advertising and marketing. The very principle of minimum pricing goes against all my Conservative instincts and beliefs—the free market and freedom of choice. The process of setting a minimum price is predicated on the assumption that raising the price of alcohol will make those who misuse alcohol behave differently. However, that is an incredibly simplistic belief. It is worrying that people in the Chamber think that, by increasing the price of a bottle of wine by 30p or 40p, or of a can of beer by 40p, all the problems associated with drinking would at a stroke disappear. People who think that minimum pricing will stop young people going into town centres on Friday and Saturday nights with the intention of getting bladdered, or whatever the current term is, are living in cloud cuckoo land. I will not give way, because plenty of other people want to speak and time is pressing. I will happily debate with him in the Tea Room or at some other point, although I am the only one arguing from this perspective, I suspect.

The Centre for Economics and Business Research conducted research on minimum pricing and concluded that the heaviest drinkers are the least responsive to higher prices. For example, at a minimum unit price of 40p, the CEBR found that harmful drinkers, which the policy is supposed to be targeting, would reduce their weekly consumption by only 1.7 units per week, which at the end of the day is less than one pint of weak beer. A report by Sheffield university found that a minimum price of 45p per unit would trigger a 6% fall in overall alcohol consumption and 60 fewer deaths in the first year alone. Yet the Government figures for 2009-10 show that overall alcohol consumption fell by 7%, while alcohol-related deaths rose by 36. Clearly, there is no link between the two.

Minimum pricing treats all drinkers the same, and penalises financially and practically the overwhelming majority of adults, all those people who drink alcohol responsibly and in a socially acceptable way, causing harm neither to themselves nor to others. The people who would be most penalised by minimum pricing are those who are already on tight budgets, such as pensioners, people on fixed incomes or those in low-paid jobs. I simply cannot understand how hon. Members, in a time of economic austerity, are prepared to force some of their poorest constituents to pay more for alcohol, when they know full well that the overwhelming majority of those constituents drink alcohol responsibly and in moderation. If hon. Members want to tackle binge drinking and alcoholism, they should focus their efforts on binge drinkers and alcoholics, not on everyone in the country, which would be unjustifiable.

The Institute for Fiscal Studies produced a report on minimum pricing that found that poorer households, compared with richer households, on average pay less for a unit of off-sale alcohol. For example, households with an income of less than Â£10,000 a year pay 39.8p per unit, while those on a household income of more than Â£70,000 pay 49.3p per unit on average. As a result, a minimum price of 40p or 45p per unit would have a larger impact on poorer households and virtually no impact on richer ones.
Sarah Wollaston (Totnes, Conservative)

Does my hon. Friend accept that our poorest constituents are paying the price for harmful drinking and that we should consider the effect of alcohol on health inequalities? Furthermore, the Sheffield study showed that minimum pricing at 50p per unit would only add an extra £12 a year to the cost for moderate drinkers.

Philip Davies (Shipley, Conservative)

I do not accept that for two reasons. First, people should be free to spend their own money as they so wish, without having to obtain the permission of my hon. Friend before they decide how to live their life, in particular if no one else is affected; it is their responsibility. Secondly, the one thing that I have learned about alcoholism is that alcoholics will go to any lengths to get the alcohol they need; if we increase the price of alcohol, all that will happen is that they will give over a bigger proportion of their money to buying alcohol, leaving them less money to spend on other things—"it will not change their behaviour at all.

I want to touch on advertising, but not for long. I opposed the ten-minute rule Bill of my hon. Friend the Member for Totnes on advertising. I used to work in marketing, for my sins, and I want to stress its purpose: it is about brand awareness and increased market share. When Cadbury sponsored "Coronation Street", does anyone really believe that at the moment the Cadbury advert appeared at the start of the programme everyone leapt off their seat, switched off the TV set and dashed to the nearest newsagent to buy a bar of Dairy Milk? Of course not. All that Cadbury hoped was that, next time people went into the newsagent, they would buy a bar of Cadbury's Dairy Milk rather than a Kit Kat. That is the whole point of marketing.

If we curb alcohol advertising, more than £80 million of revenue for the broadcasting industry would be jeopardised, leading to a direct loss in programme making in this country. It would also wreak havoc on sporting events, and I expect that the Department of Health would prefer to encourage as much sporting activity as possible. We already have a robust system of advertising regulation in this country, administered by the Advertising Standards Authority and in this case the Portman Group, endorsed by Ofcom. We hear that so many young people are made aware of alcohol by advertising, but lots of young children know about car advertising and yet it does not mean that they go straight out and start driving a car, merely because they are aware of the advertising.

I worry where this will stop. Will my hon. Friend the Member for Totnes return to the House in a few months' time and urge us to ban the advertising of cream cakes, pizzas, chocolate, fish and chips or curry, because they are all bad for us if eaten to excess? This is a slippery slope, and certainly not one that I am prepared to support.

Caroline Lucas (Brighton, Pavilion, Green)

I congratulate Dr Wollaston on securing this important debate, and I pay tribute to her for tenacious campaigning on the subject. I am also pleased to follow Philip Davies, because our views are about as divergent as they possibly could be, so there is an opportunity for some balance.

I want to talk about minimum pricing, because the sale of alcoholic drinks at pocket-money prices is costing not only the economy anything between £20 billion and £25 billion a year, if we look at the total costs, but many thousands of people's lives. This is a fundamental public health issue: people are getting avoidable diseases and dying early. As others have
said, those of us who are on the side of supporting minimum pricing do not want to stop people having fun and enjoying a drink; we want a strategy in place to ensure that as far as possible people drink as safely as possible.

The bottom line is that alcohol currently presents us with a massive public health problem in this country. With the British Medical Association, the Royal College of Physicians and the Royal College of Nursing, I believe that we need to act on minimum pricing. John Pugh was right to say that it is not a panacea and, on its own, minimum pricing will certainly not solve the problem, but it is an important tool in our armoury, so we should use it.

As mentioned already, the Government's policy so far is that, instead of supporting minimum pricing, they will bar the selling of alcohol below the rate of duty and VAT. I welcome that as a step forward, with Ministers acknowledging price as a factor in how much people drink, but the policy does not go far enough, as evidenced by the drinks industry calling the approach "pragmatic". In other words, the industry is not bothered by it. Health campaigners point out that one of the reasons why the industry is so relaxed is because the price floor is probably too low to have a real impact. That was supported by evidence from an investigation by The Guardian newspaper last year, which showed that of 4,000 price promotions, just one would be affected by the Government's policy to bar selling alcohol at below the rate of duty and VAT. I am interested to hear the Minister's response to that research. If the Government fail to act on the evidence, and if they refuse to stand up to the drinks industry, I fear that their alcohol strategy simply will not work. Resources and good intentions will be wasted because a successful strategy must be underpinned by measures to address the easy availability of alcohol.

Local communities are, rightly, worried and want action. For example, in Brighton and Hove, we have been trying to address the Â£100 million annual bill facing the city from the impact of over-consumption of alcohol. In October last year, the city started what it called "the big alcohol debate", which closed last month. Its purpose was to hear what the residents of Brighton and Hove had to say about alcohol in the city. It is deeply worrying that 40% of the 1,300-plus respondents said that they avoid parts of the city because of the way in which drunken people behave. A clear message came through from Brighton's debate that people are concerned about the too-easy availability of alcohol, and the effects of drunken behaviour in the city.

I am proud of the clear and radical action that city councillors have recently taken on licensing with an expanded cumulative impact area that allows councillors to take into account the impact of other licensed premises in the area when considering new applications. Councillors in the city are doing all they can to work closely with the police, the NHS and many other agencies that must pick up the pieces resulting from the lack of a clear alcohol strategy. The point of the debate is that there is only so much that can be done at local level without a clear lead from the Government on the key issues, which include minimum pricing. Price can and does regulate people's consumption patterns, which seems to me why so much of the drinks industry is so worried about it.

By way of illustration, I shall say a few words about the continued sale of white cider. The issue concerns me greatly, and has been raised in Brighton and Hove as a significant problem connected with the level of street drinking and drunkenness in the city. It makes the case that minimum pricing has an important part to play. White cider is often sold at a cheaper price than bottled water. It is consumed for no other reason than instant intoxication for homeless and dependent street drinkers, as well as young at-risk drinkers. The charities that work with street drinkers report that white cider has a particularly damaging effect on the health and behaviour of the people consuming it. The harm it
causes should help to convince the Government that minimum pricing is part of the answer.

I have contacted the supermarkets that continue to sell the product, albeit on their bottom shelves where they know that those who are ill enough and desperate enough to need it will be able to find it. I am encouraged that in response, those supermarkets have agreed to meet me to discuss the issue. However, whatever the outcome of that meeting, white cider will still be bought by many small retailers from cash and carry outlets.

Bigger retailers can and should take a lead, and stop selling this dangerous and damaging substance, but we need action from the Government if we are to eradicate it from our streets and from the lives of vulnerable drinkers. I shall illustrate what a difference a minimum price would make to the cost of white cider. Currently 2-litre bottles of Diamond White cider, consisting of 7.5% alcohol by volume, cost around £3.50 for around 15 units of alcohol. At a minimum price of 50p, the cost would be £7.50, and at 45p it would be £6.75. The point that a minimum price would not unduly penalise people who drink more moderately is underscored by the fact that an average bottle of wine costing £4.50 would cost £4.05 if it were 45p.

Eric Joyce (Falkirk, Labour)

The hon. Lady has switched from white cider to wine, the implication being that people who drink moderately drink wine. In fact, she is arguing that less well-off people should pay more and middle-class people should pay the same. That identifies that the problem is only with less well-off people.

Caroline Lucas (Brighton, Pavilion, Green)

I reject what the hon. Gentleman says, because I am showing that price will have a big effect on people who consume vast amounts of alcohol, but not for most people who consume it more moderately. I could have given the same figures for cider. Clearly it will not put off moderate drinkers. The big red herring in this debate is that if the price of alcohol is increased, life will suddenly become enormously difficult for moderate drinkers. As the hon. Member for Totnes has said, with a 50p per unit minimum price a harmful drinker would spend an average of £163 a year extra if they continued with the habit, but a moderate drinker would spend an extra £12 a year. I do not want to inflict an extra £12 a year on anyone, but when that is set against the overall cost of alcohol misuse to society, it is far outweighed by an extra £12 for people who continue with their moderate drinking behaviour.

I am aware that Ministers are raising concerns that a minimum price per unit might contravene European competition laws and would be challenged in the courts. My understanding is that the European Commission has indicated that minimum pricing does indeed have the potential to target heavy drinkers. If minimum pricing is to satisfy the law, it must be shown that it is in proportion to the problems caused by alcohol without unduly affecting competition. There is a strong case for saying that action on pricing is proportionate to the problems caused, not least the chronic disease that we have heard about, thousands of deaths, and an estimated cost to the economy of between £20 billion and £25 billion.

In 2009, before the Scottish Government proposed introducing a minimum price policy, a written question on whether minimum alcohol retail prices violated EC law was answered by the European Commission. It clearly set out that treaty rules on the free movement of goods would not be contravened as long as price rules applied to all relevant traders operating
within the national territory, and if they affected in the same manner in law and in fact the marketing of domestic and imported products. No one is suggesting that we treat imported and domestic products differently. We could make a strong case, if the political will were there to do so, for saying that such a response is proportionate.

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