Public Health Programme Guidance
Alcohol-use disorders (prevention)

Additional evidence consultation – stakeholder response table

4 August – 1 Sept 2009

Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
1. Advertising Standards Authority	ASA written response	**Public Health Guidance Scope – Part 1 (Prevention)**	Section 4.8 'Key Questions and Outcomes' . Question 3 on the control of alcohol advertising	Page 8	The Advertising Standards Authority (ASA) is the UK self-regulatory body for ensuring that all advertisements, wherever they appear, are legal, decent, honest and truthful. As the UK body with responsibility for regulating all advertising, including alcohol advertising, the ASA is disappointed not to have been consulted at an early stage in regard to part 1 (Prevention) of this NICE work, which is looking specifically at the controls on alcohol advertising. In particular, the ASA believes that the work we have been doing to ensure alcohol advertising remains responsible would have been useful to NICE, prior to its earlier 'consultation on the evidence', which closed in June 2009. For these and other reasons outlined in section 1 of **Annex A**, the advertising regulatory system cannot give its endorsement of the processes undertaken by NICE to date on this work. Attached to this document at **Annex A** is an overview of the advertising regulatory system, the rules in place for alcohol advertising and the work we are doing to ensure alcohol advertisements remain socially responsible. Also in Annex A is an overview of an analysis of the review of the effects of alcohol pricing and promotion (Booth et al, 2008, or ScHARR) which was undertaken by the advertising regulatory system as part of the ongoing review of all the Advertising Codes. At **Annex B** is a more detailed synopsis of the advertising regulatory system and the sections of the UK Advertising Codes, specifically relevant to the alcohol sector.	Thank you for your comment. Unfortunately NICE cannot guarantee to notify all organisations that may have an interest in a guidance topic. As such potential stakeholders are strongly encouraged to check regularly the list of public health guidance in development so that they may contribute to the guidance development process. This consultation is specific to the economic model and as such we are only able to accept evidence that is specifically related to the model. We would however encourage all stakeholders to participate in the consultation on the draft guidance.

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2. Advertising Standards Authority		**Alcohol-use disorders (prevention) consultation on the evidence – *Closed 17 June 2009***	Evidence on the effectiveness and cost effectiveness of controls on advertising		The ASA was not aware of this June 2009 consultation, but we believe that even at this late stage it is worthwhile highlighting the work currently being undertaken by the advertising regulatory system in this area. The ASA understands that much of the evidence on advertising in this June 2009 consultation was informed by the findings of the review by Booth et al 2008 (or ScHARR). The advertising regulatory system has, for the past 18 months been undertaking a full review of all the advertising codes, including the alcohol advertising rules, to ensure that they remain evidence based, up-to-date and fit for purpose. At the request of Government, the advertising regulatory system has specifically and separately analysed the findings of the Department of Health (DH) commissioned Sheffield Review into the relationship between price, promotion and harm (Booth et al 2008, or ScHARR) to see whether the review findings justified further changes to the advertising rules. This analysis by the system was subject to a public consultation which closed in July. All submissions, including new evidence, are now being evaluated. A summary of this analysis work is at **Annex A**. The full analysis is included at **Annex C**. Ensuring and evaluating the effectiveness of the current controls on alcohol advertising is an ongoing priority; the rules were tightened in 2005 in response to evidence. These rules are robustly enforced by the ASA and annual monitoring research shows there is high (& increasing) compliance rate across all media.	Thank you for your comment. The committee developing the recommendations is composed of a panel of experts from the alcohol field and will use their expertise in interpreting the evidence that has been made available to them.

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3. Advertising Standards Authority		**Alcohol-use disorders (prevention) : additional evidence consultation**	Alcohol modelling report and appendices – modelling by Sheffield University on interventions on advertising		The ASA understands that to inform its work, NICE commissioned the University of Sheffield to undertake modelling to assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributable harm in England. This modelling work has utilised modelling undertaken by the University of Sheffield through the ScHARR review (Booth et al 2008), although this NICE commissioned work utilised updated policy modelling (version 2.0) in a number of areas. In so far as it relates to advertising, the ASA sees no significant difference between the methodology and results of the DH commissioned ScHARR modelling and the work currently being considered by NICE. Both pieces of work considered the same three policy scenarios, both highlight the limitations of the current evidence base and the disagreement in the academic research literature on the effect of advertising bans. The ASA believes that the analysis of the modelling work in the DH commissioned ScHARR Review by the advertising regulatory system (**see Annex C**) can be applied directly to the modelling work in this latest Sheffield University work.	Thank you for your comment. The modelling work that has been carried has involved adaptation of the original DH report but no large scale substantive changes concerning advertising have been carried out. The committee developing the recommendations is composed of a panel of experts from the alcohol field and will use their expertise in interpreting the evidence that has been made available to them.

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4. Alcohol Education and Research Council (AERC)		**Modelling to assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributabel harm in England using the Sheffield Alcohol Policy Model version 2.0**	1.2	26	As the authors note, an across-the-board increase in price is not a policy in itself. The current taxation structure does not allow for this as duty is applied by volume of product, not by price and VAT is not specific to alcohol. However, it would in principle be possible to introduce an additional ad-valorum duty, as is currently applied to cigarettes. If it is assumed that taxes are uniformly passed on to the consumer, this would have the effect of increasing the price by a uniform percentage. Unfortunately, that assumption is somewhat problematic in the light of practices such as below-cost selling of alcohol.	Thank you for your comment. Taxation policies were not considered in this analysis instead the robustness of existing policy analyses was considered.

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5. Alcohol Education and Research Council (AERC)			2.3.1.2	37	There is no justification given for the use of a threshold in the risk functions. It is now well established that the risk functions for most partially attributable chronic conditions are linear through zero. Notable exceptions are heart disease and stroke. The authors introduced a threshold for wholly attributable harms only for consistency with partially attributable harms, so this has no justification either. We argue that if a single form is to be chosen for all risk functions in this analysis, it should be linear through zero.	The risk functions for chronic conditions that are partially attributable to alcohol are taken from the literature (Appendix 4). Several of these pass through RR=1 at alcohol consumption = zero, and so are in line with the argument made by this comment. (Please note that some of these are drawn on the Y axis using the log RR scale i.e. log(RR) = 0 means RR=1). Others however do not pass through zero and are either above or below showing that the literature suggests that it depends upon the disease. Some are linear, others are linear on the log scale i.e. exponential. For chronic wholly attributable conditions, two conditions are most prevalent. These are “Mental and behavioural disorders due to use of alcohol” and “Alcoholic liver disease”. In both cases it was not felt appropriate to assume that people drinking below the government guideline figures for alcoholic units per week would be at increased risk of these chronic diseases. Thus the assumption was made that the minimum threshold for risk of incurring these diseases was 21 and 14 units per week respectively. Cont’d ….

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… cont'd						Acute conditions such as road traffic accidents, falls, intentional self harm and assault, are related to level of intoxication which we proxy by the reported maximum daily number of units drunk. Here it was felt that a threshold of 8 units for males and 6 units for females was too high and that some excess risk must occur below these levels. At the same time an excess risk of say assault given just one unit e.g. a half pint of beer, did not seem a reasonable assumption either. The compromise assumption was to assume a half way point (i.e. 4 units for males and 3 for females, consistent with recommended drinking guidelines) at which the excess rsik should begin. Note that this is not necessarily a conservative assumption for policy analysis. For a slightly lower assumed threshold, one will obtain a slightly less steep slope for the risk function because the total observed risk will be attributed across more of the population. Thus when a policy decreases estimated consumption, the estimated reduction in say deaths for harmful drinkers would be slightly lower and the estimated reduction in deaths for moderate drinkers slightly higher.

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6. Alcohol Education and Research Council (AERC)			2.4	62-65	Section 2.4.1 sets out the framework for assessing cost effectiveness of screening and brief interventions, which fit comfortably into the standard NICE framework: "The costs of the intervention incurred by the NHS and social services are examined and balanced against the health benefits gained in terms of quality adjusted life years, with account also taken of any financial savings to health and social care due to reduced illness." This should be taken as the model for such assessments and the goal should be to map the assessment of different types of interventions onto this framework as closely as possible. Key features are: The COSTS are to the NHS and social services, taking account of savings to these institutions. The BENEFITS are to individuals, in terms of QALYs. The authors note that the range of costs and benefits can be difficult to determine, and comment that the public sector costs are likely to be negligible. and "Costs to individuals are outwith the scope of NICE economic assessments." However, we feel that the decisions made by the authors do not reflect these statements. Cont'd	The scope of costs and benefits examined was partly led by the prior modelling work done by Sheffield University for the Department of Health. The committee were interested in carrying out some uncertainty analyses. However, a complete redefinition of the cost and benefits included, e.g. public sector only absence and employment estimates or unemployment benefit claims was not carried out. The aim modelling work is to inform the guidance development process. The committee will use their expertise to interpret all of the evidence when developing recommendations.

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7. Alcohol Education and Research Council (AERC)					*Tax* On p 65, the authors argue that decreases and increases in tax and duty revenues should not be considered as costs and benefits as these return to the wider economy. This may be true when considering the economy as a whole, but that is not the case here. NICE considers costs/savings to the NHS and social services, not the economy as a whole. Broadening the focus slightly, these are paid for out of the 'public purse', which clearly includes tax revenue. *Lost productivity* Firstly, only lost productivity by public sector employees is a cost to the public purse and therefore relevant to this analsyis. Lost productivity in the private sector should be excluded. Secondly, unemployment of an individual only results in lost productivity in a situation where there is otherwise full employment. In an environment in which a percentage of the workforce is unemployed, it seems reasonable to assume that a job left vacant will be filled in due course, so the lost productivity is only experienced for the time taken to fill the post. *Benefits* We dispute the statement (p 63) that benefits should be excluded from the analsysis on the basis that they are transfer payments. As health and social care costs are paid for out of the 'public purse', so are benefits, therefore costs and savings in benefits Cont'd	Taxes are regarded as transfer payments and are not generally included in cost and benefits in economic evaluations, or by NICE. In order to examine lost productivity by public it would be necessary to carry out an entire remodelling of the population. Unfortunately due to the complexities of this and the time available it was not possible to carry this out. Benefit payments are regarded as transfer payments and are generally not included in cost and benefits in economic evaluations, or by NICE.

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8. Alcohol Education and Research Council (AERC)					should be included in the analysis. However, on the assumption that alcohol does not lead to a net increase in unemployment (assuming that vacancies are filled), there would be only a minimal net increase in unemployment benefit, though there might be an increase in sickness and related benefits. On the basis of these considerations, we recommend that the following costs/savings be included in the analysis: Changes in tax and duty revenue Net changes in benefit payments Lost productivity in the public sector due to absences and for the duration that posts remain vacant following unemployment The last of these may be too small in magnitude to justify the effort of modelling the cost.	Tax and duty revenue and benefit payments are regarded as transfer payments and are generally not included in cost and benefits in economic evaluations, or by NICE.

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9. Alcohol Education and Research Council (AERC)			2.6.2.2	77	When modelling the effects of price promotions, no distinction is made between bulk discounts and discounts that apply to single items. For example, pricing one bottle of wine at £5 and two for £9 is a bulk discount whereas reducing the price of each bottle from £5 to £4.50 is discount that applies to single items. This distinction is important because bulk discounts contain within them an incentive to buy larger quantities beyond that implicit in price elasticity: It is necessary to buy more in order to get the discount. This implies a greater price elasticity for bulk discounts than for other changes in price, including discounts applied to single items. It is therefore likely that the model underestimates the effect of banning bulk discounts. We do not know of any existing dataset that would allow this distinction to be examined.	Thank you for your comment. As the elasticities are based on data that includes both promoted and non-promoted prices, it is theoretically possible that elasticities used might underestimate the impact of promotion bans and overestimate the effect of changes to list price.

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10. British Beer & Pub Association		Modelling to assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributable harm in England using the Sheffield Alcohol Policy Model version 2.0	General		This study only tries to take into account the negative aspects of alcohol without taking into account the enormous positives, both for the economy and the social life of the country.	Thank you for your comment. The analysis was based on evidence relating alcohol consumption to health harms, crime, absence from work and unemployment. Other aspects were not included.
11. British Beer & Pub Association			General		There appears to be no description of how the price interventions could be implemented. This is likely to play a large part in where the additional costs are likely to lie, and potentially the effectiveness of any interventions.	The modelling work informs the guidance development process. Other issues, such as implementation, will be considered by the committee when developing recommendations.

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12. British Beer & Pub Association			General		There is a huge amount of estimation throughout this study, as well as the use of selective and potentially biased data sources. Add to this the 'errors that are introduced when real-world processes are represented in a mathematical model' then much of the data is extremely dubious.	Thank you for your comment. Where possible the best available evidence: that is both recent and specific to England has been used within the model.
13. British Beer & Pub Association			General		Between 2004 and 2008 alcohol consumption has fallen by 6.1%, yet DH claims that there has been a 44% increase in alcohol-related admissions between 2003/04 and 2007/08. Either there is not a link between alcohol consumption and alcohol-related admissions or there is a new method used to calculate alcohol-related admissions.	Thank you for your comment. When developing the recommendations the committee will use their expertise in interpreting the all of the available evidence. This will include issues such as the lag effect for chronic conditions whereby the admission or death due to say cancer can be a considerable time after the ongoing practice of drinking at harmful levels began. .

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14. British Beer & Pub Association			General		Conversely, when alcohol consumption increased by 22% (1995-2003), alcohol related violent crime fell by 29% (1995-2002/3) according to the British Crime Survey. Again it is quite difficult to derive from this that increasing alcohol consumption drives alcohol-related violent crime.	Thank you for your comment. Please note that the modelling report uses as its basecase the OCJS data in which offenders specifically say that the reason they committed the crime was (amongst other reasons) because they had been drinking, which is a conservative approach. When developing the recommendations the committee will use their expertise in interpreting the all of the available evidence
15. British Beer & Pub Association			2.2.1	30	Latest data available is 2007, not 2006.	Thank you for your comment. Unfortunately the 2007 data became available after much of the analysis was undertaken. We use 2006. The wording has now been corrected within the report.
16. British Beer & Pub Association			2.2.1	32	Figure 2.3 tends to indicate that approximately 10% of men drink over 50 units per day (equivalent of 21.5 pints, 1.8 bottles of spirits, 5.5 bottles of wine) on their heaviest day's drinking. This appears very unlikely and would tend to suggest either over reporting of consumption or a misunderstanding of units. This obviously has an impact on the remainder of the calculations within the study.	Thank you for your comment. The figure 2.3 shown in the draft report referred to data on mean weekly consumption and was copied in error. The report has been amended and the model results are unaffected.

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17. British Beer & Pub Association			2.2.2	32-33	We agree that there are significant issues around the data quality of the smoking, drinking and drug use survey.	Thank you for your comment.
18. British Beer & Pub Association			2.3.1.2	37	We don't understand why different levels of consumption have been used as a starting point for risk for measuring mean and peak consumption. The risk should only begin once the DH's guidelines are exceeded, i.e. 4 units for men and 3 units for women.	The mean consumption thresholds are based on NHS weekly guidelines (21 units males; 14 units females), which are related to the 4 and 3 respectively because two alcohol free days are recommended per week.
19. British Beer & Pub Association			General		There is a huge reliance on the work by the North West Public Health Observatory – has this been peer-reviewed? If not we would suggest that the majority of the health data included in this study is invalid. There are concerns about the changes in what is alcohol-related and the subsequent increases in admissions and deaths associated with alcohol, particularly given the falls in alcohol consumption.	Thank you for your comment. The NWPHO report is subject to the same processes as all of the national public health observatory reports.
20. British Beer & Pub Association			2.3.2.2	48	The multiplier used for calculating admissions has been taken from a personal communication from the DH – has this subsequently been published? Is there not cause to believe the DH has a stake in increasing the 'perceived' cost from alcohol related admissions?	Thank you for your comment. To our knowledge it has only been published as part of this report.

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21. British Beer & Pub Association			2.3.2.3	52	The method used to attribute crimes to alcohol does not appear to accurately identify those that have consumed alcohol. It is likely that offenders being asked whether they have consumed alcohol are likely to admit to it in the hope that this will be seen as a contributory factor and therefore a reason to lessen the sentence. Similarly, as pointed out in the study, those with positive urine tests have not always consumed alcohol.	Thank you for your comment. This is based on an anonymous survey of young people, with no implications for the justice process when offenders are completing the self-report.
22. British Beer & Pub Association			2.3.2.3	52	Attributing an offence to alcohol because the offender has consumed alcohol is going to greatly overestimate the number of alcohol-related crimes and subsequent cost calculations. In a great many of these cases it is unlikely that alcohol was the cause of the offence, simply that the offender had consumed alcohol. It is well known that there are significant other causes (education, employment situation, stress, etc) that cause crimes to be committed. However, these reasons are ignored in this study if the offended has consumed alcohol.	Thank you for your comment. However, the assumption described is not actually used in the model.
23. British Beer & Pub Association			2.3.2.3	52	Does this data disaggregate alcohol and drug related crimes?	The data enables attribution based on alcohol, drugs, both simultaneously, and also other causes.

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24. British Beer & Pub Association			2.3.2.3	53	The data in Table 2.3 looks highly implausible for a number of categories, particularly vehicle related theft. The AAF for men and women is vastly different. There is no logical explanation for this	Thank you for your comment. Whilst the relative risks appear higher in females, the absolute prevalence levels are generally much lower. Essentially this suggests that vehicle theft is very unlikely to occur amongst females unless alcohol is involved, whereas for males a higher proportion of vehicle thefts occurs without alcohol. (See table 2.3)
25. British Beer & Pub Association			2.3.2.4	56-57	Unemployment costs clearly cannot be taken into account unless there is full employment within the economy. As that is clearly not the case and has not been in the United Kingdom we believe unemployment should be removed from the study completely. If it is counted then the cost of another individual being employed should be used to counterbalance the unemployed individual. This is an especially important point as unemployment savings account for the majority of the overall financial savings (See M32)	Thank you for your comment. This issue is discussed in the report in Section 2.3.2.4. It is something that the committee will take into account during their deliberations.

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26. British Beer & Pub Association			2.3.2.4	58-59	It seems counterintuitive to ignore an England-based study into absenteeism for an Australian-based one when the study is examining alcohol consumption in England.	Thank you for your comment. The evidence from England is of an association between levels of consumption and absence from work and this dynamic relationship is causal in both directions i.e. people who are ill may be less able to socialise / drink and so absence causes less consumption, whilst people who drink to harmful levels may be more likely to be absent for acute or chronic reason and so consumption causes more absence. In contrast, in Australia, the evidence provides a direct self-attribution of being absent for a number of days due to the specific cause of alcohol. No equivalent direct evidence is available in England.
27. British Beer & Pub Association			2.4.2.1	62	It would surely be beneficial to examine the costs to Government of implementing each, or any of the policies.	Thank you for your comment. The evidence for the direct costs to government of implementing the pricing, advertising, outlet density and licensing hours policies was unavailable from the literature. Costs in relation to screening and brief interventions have been modelled

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28. British Beer & Pub Association			2.4.2.2	64-65	It is imperative that the average duty rates for beer and cider are separated. The levels of duty for the two products are very different and it is misleading to represent the two drinks as one category.	Thank you for your comment. The weighted average is used. Separating cider to provide a 5th category of alcohol was untenable as it was much smaller and results on price elasticities were not able to be calculated.
29. British Beer & Pub Association			2.4.2.2	63-65	There has been no attempt to take into account the number of jobs that are likely to be lost by a reduction in consumption. This will obviously lead to increased unemployment and costs to Government through this. Further there are likely to be business closures, costing the Government more in lost taxation. This must be included in a cost-effectiveness analysis of public health interventions. If unemployment costs are being taken into account as a cost then surely the loss of employment due to jobs lost should be included.	Thank you for your comment. The decrease or increase in employment within the retail and manufacturing sectors has not been examined. The theoretical justification of this concerns the issue of temporary economic adjustment. Detailed assessment of the supply side response would require detailed data on costs and structures of the various players in the industry which is publicly unavailable. It should also be noted that the most scenarios around price increases would actual increase retailers revenues.

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30. British Beer & Pub Association			2.4.2.2	63-65	There also doesn't appear to be any attempt to quantify the loss of quality of life an individual may receive due to being prevented from partaking in a leisure activity. It is well documented that people enjoy drinking alcohol, any quality of life calculation needs to take into account the damage caused to the individual's happiness of such interventions.	Happiness associated with drinking alcohol has not been included in the modelling. NICE's primary analyses only consider health related quality of life, while secondary analyses have considered crime related quality of life which relates to the criminal justice sector. The health benefits relating to coronary heart disease of alcohol are captured in the analyses.
31. British Beer & Pub Association			2.4.2.2	63-65	The burden on the health service caused by alcohol related illnesses needs to be balanced by the burden of other forms of illness that are not alcohol related to fairly appraise the cost of these illnesses.	Thank you for your comment. The cost-effectiveness estimate calculations help the PDG to consider this aspect.

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32. British Beer & Pub Association			2.6.1.2	72	Population subgroups: We are unclear how the sub groups have been decided. Using 11-18 year olds as one cohort put those who can and can't legally buy alcohol themselves together, creating a distorting effect. The elasticity of demand for under-18s will naturally be affected by the extent to which product is available to them and to build a complete picture would need to take into account parental buying habits and the practices of retailers. We also have concerns about the population sub group 'moderate drinkers' it is not clear how the consumption range was decided upon to determine this group as the weekly unit intake is considerably below Government sensible drinking benchmarks.	The group labelled 11 to 18s covers those aged 11 up to 18, so it is actually 11-17 inclusive and excludes those who are 18 year olds. This has been clarified in the revised report. The definition of moderate drinkers is people consuming within NHS weekly guidelines. The guidelines relate to maximum limits, and so this group consists of all people drinking below this. Therefore the average intake for moderate drinkers will be less than the upper benchmark.
33. British Beer & Pub Association			2.6.1.4	74	We agree it is not reasonable to assume that off-trade purchases are consumed on the same day and by the individuals purchasing the alcohol. We would also argue it is only limited in describing "on-trade bingeing".	Thank you for your comment.

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34. British Beer & Pub Association			2.6.2.3	80	It is not possible to assume that managed houses are representative of the on-trade at all. These are more likely to be city centre venues with a higher density of outlets and are therefore more likely to need to offer deals to compete with other licensed venues. This will simply not be the case in the majority of licensed premises, such as a village's only pub. Or a pub that competes more on food than on alcohol but which nonetheless sells alcohol. Average prices also tend to be lower. This assumption will significantly skew the results of the study.	Thank you for your comment. The modelling does not assume that managed houses are representative of the on-trade. The data from CGA is split into 8 outlet types: managed houses, non-managed houses, independent pubs, hotels, proprietary clubs, sports and social clubs, and restaurants. The differences in pricing and promotion across the outlet types **are** accounted for in the model. The model requires price distributions to be expressed in terms of volume of ethanol. This requires data on value and volume of sales. CGA can only provide this for a subset of on-trade outlets (mostly managed houses) for which EPoS data is available. However CGA can provide data on price offerings across the on-trade (including for the EPoS outlets). In order to estimate a price distribution in terms of ethanol using data on product offerings, an assumption is made that the relationship between cumulative price distribution (by volume of offerings) and cumulative price distribution (by volume of ethanol) observed for the EPOS outlets holds for the wider on-trade. (cont'd)

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Cont'd						(continued response) This essentially produces 20 multipliers between offerings and volumes, since we have 20 price points in the CGA data, for beer, wine, spirit and RTD. For example approximately 45% of EPoS outlet beer offerings are at £1.20 per unit or less, which corresponds to 65% of beer-based ethanol sold. Meanwhile, in independent pubs, 45% of beer offerings are at £1.15 or less. Therefore this price is taken to be the 65th percentile for independent pub beer. An aggregate distribution is then constructed based on the proportion of total ethanol sold in each type of outlet.

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35. British Beer & Pub Association			2.6.2.6	83	Huang uses data from several decades ago, in which time the alcoholic drinks market has changed beyond compare. The proportion of alcohol consumed in the forms of different drinks has altered dramatically. Additionally the outlets and ownership of these outlets is very different. Further many of the datasets used have been shown to be inaccurate, particularly off-trade data in the 1970s. Huang's analysis also doesn't look at on- and off-trade trends for drinks other than beer. A number of the cross-price elasticities have been shown to be statistically insignificant.	Thank you for your comment. The basecase analysis used detailed up to date analysis of price elasticities. The Huang study was only used as a sensitivity analysis to explore how sensitive results would be if Huang were used.

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36. British Beer & Pub Association			2.6.3	88	Presumably "beer" in Table 2.14 includes cider. This is not an acceptable grouping and causes the threshold for beer to be reduced and appear much lower than the other drinks which is not appropriate. The on-trade figures for all products are all further reduced by the fact that managed houses have been taken as a proxy for the entire on-trade, which for the reasons explained above is incorrect.	Thank you for your comment. The weighted average is used. Separating cider to provide a 5th category of alcohol was untenable as it was much smaller and results on price elasticities were not able to be calculated. The modelling does not assume that managed houses are representative of the on-trade. The data from CGA is split into 8 outlet types: managed houses, non-managed houses, independent pubs, hotels, proprietary clubs, sports and social clubs, and restaurants. The differences in pricing and promotion across the outlet types **are** accounted for in the model.

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37. British Beer & Pub Association			2.7	95	The study itself seems very unsure whether it is possible to estimate the effect of outlet density and opening hours or advertising on consumption. We would suggest that no results are presented for this section as they appear ill-founded.	Thank you for your comment. It has been noted within the report that, due to limitations in the evidence base, the findings relating to licensing, outlet density and advertising have a degree of uncertainty. When developing the recommendations the committee will consider a range of evidence of which the modelling is one part.
38. British Beer & Pub Association			2.7.2.1	96	Whilst it is useful to present the various studies, there is little evidence to suggest any of them have any relevance to the current English licensing regimes or outlet densities or indeed English consumption patterns.	Thank you for your comment. The committee developing the recommendations is composed of a panel of experts from the alcohol field and will use their expertise in interpreting the evidence that has been made available to them.
39. British Beer & Pub Association			General	101	Modelling a reduction in licensing hours: all licensing hours cannot be treated as equal, clearly a reduction on weekend evenings would have different effects from weekday mornings, it is not clear whether such distinctions are made in the modelling.	Thank you for your comment. The timing of the change in licensing (in terms of hours and days of the week) has been noted within the narrative of the report.

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40. British Beer & Pub Association			3.2.1.1	111	The text says that the increased spend will be split roughly 60:40 between off-trade and on-trade but Table 3.4 suggests the increase in spend will be higher in the on-trade. Without having seen the CGA pricing data it is hard to comment but this seems very high as a consequence of a 40 pence minimum price as so little is purchased below this price.	Thank you for your comment. The table showed that increased spend will be higher in absolute terms in the off-trade (£432.8m v 316.2m). Please note that the results will change slightly in revised report. The on trade increases modelled are mainly a result of consumer switching behaviour to the on-trade rather than increased on-trade prices.
41. British Beer & Pub Association			3.2.1.1	111	It is interesting to note that 11-18 year olds currently pay the highest amount per unit of alcohol of all the groups that are listed, at £1.15 per unit. It is therefore hard to see how this group would be significantly impacted by a minimum price of 40 pence.	Thank you for your comment. The effects of a minimum price are affected by the distribution of process paid not just the average. It is true that the estimated effects on harmful drinkers are substantially higher than for the under 18's

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42. British Beer & Pub Association			3.2.1.1	112	TABLE 3.4: Moderate Drinker (all ages) - split by number of drinkers- are defined as drinking 5.75 units per week. This is a fraction of the Government's sensible drinking benchmarks. Setting such a low figure as a definition of a moderate drinker gives misleading figures for the effects of a policy on what most people would consider a moderate drinker.	The group labelled 11 to 18s covers those aged 11 up to 18, so it is actually 11-17 inclusive and excludes those who are 18 year olds. This has been clarified in the revised report. The definition of moderate drinkers is people consuming within NHS weekly guidelines. The guidelines relate to maximum limits, and so this group consists of all people drinking below this. Therefore the average intake for moderate drinkers will be less than the upper benchmark.
43. British Beer & Pub Association			3.2.1.2	114	In saying that targeted price increases are less effective because they do not reduce consumption in the whole population as much, is the interpretation not straying from the objective of the guidance (preventing alcohol use disorders)?	Thank you for your comment. The estimated health crime and workplace harms for the scenarios analysed are broadly proportional to the reduction in population level consumption estimated.
44. British Beer & Pub Association			3.2.1.2	115	What is meant by a total ban on off trade discounting? Does modelling include the possibility of a move to everyday low prices?	Thank you for your comment. All discounting from SKU list price is assumed to be prohibited. The modelling does not include any analysis of supply-side responses to such a policy and so does not model a move to everyday low prices.

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45. British Beer & Pub Association			3.2.1.2	115	Changes in consumer spending: as consumer spending would increase, has modelling been done on where funds might be diverted from? And if so presumably this is going to have negative consequences for other sectors, potentially leading to further job losses.	Thank you for your comment. No, separate analysis of reduced expenditure in other sectors has been explicitly undertaken.
46. British Beer & Pub Association			3.2.1.2	116	Consumer Spending: If behaviour switching is assumed to be caused by price elasticity, how can the model output a predicted change to a behaviour that would cost more?	Thank you for your comment. As the elasticity for alcohol is typically less than 1. So with an elasticity of -0.5 for example, then a 10% increase in price would produce a 5% reduction in consumption. The overall increase in spending would be almost 5% (in fact 4.5%)
47. British Beer & Pub Association			3.2.1.3	121	Mortality and hospital admissions; both measures could be affected by the prevalence of illicit/homemade alcohol and the risks accruing from it. Health harms associated with these would be likely to rise over longer term of the policy, as more of the population becomes comfortable with strategies to get around the restrictions. This is highlighted in the WHO Global Status Report on Alcohol 2004. There are numerous examples of the effect of differential pricing levels	Thank you for your comment. Illicit/homemade alcohol has not been examined within this analysis. There was currently no evidence regarding major health harm problems related to this.
48. British Beer & Pub Association			3.2.1.3	121	Unemployment: was modelling done on the likelihood of heavy drinkers being employed compared to moderate drinkers?	Yes, the unemployment modelling applies only to those who are drinking at harmful levels.

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49. British Beer & Pub Association			3.2.1.3	121	A tendency to heavy drinking can accompany many other health or social disadvantages; if the main cost saving of price rising policies is employment of heavy drinkers, this may not be a reliable figure. Taking away alcohol does not mean that everyone in this group would be employable.	Thank you for your comment. The evidence available quantifies the association between harmful drinking levels and unemployment after adjusting for other factors where possible. The dynamic component to this was discussed in several places within the report
50. British Beer & Pub Association			3.2.1.4	123	The largest financial impact is the impact on unemployment. It is very difficult to understand how this can be maintained as a cost to society when there is not full employment.	Thank you for your comment. As highlighted within the report it was not possible to adjust estimates for recent changes in the economic climate
51. British Beer & Pub Association			3.2.1.5	128	For 11-18 year old drinkers, modelling suggests that a minimum price of 40p would cost individuals in this demographic +£6.65 per year if there was no behaviour change; however minimum price of 40p and on trade minimum price of £1 would result in a spending change of +£34.26 if there was no behaviour change. Despite new data from CGA showing that few on-trade drinks are available at less than £1 per unit, this suggest that this demographic is purchasing a significant amount of their alcohol through the on-trade. This seems unlikely due to the emphasis on enforcing under age sales law in both on and off trade retail and may show the confusion inherent in using a group where some of the cohort is legally allowed to buy alcohol and most are not.	Thank you for your comment. This group is defined as 11 to 17 year olds who drink. The purchasing data is based on EFS diary data for 16 and 17 year olds, which shows a high proportion of on-trade purchasing.

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52. British Beer & Pub Association			3.2.2	145	The assertion that harmful drinkers will be more responsive to price policy and likely to reduce consumption because data shows they buy more of the product affected by minimum pricing, doesn't take account of motivation to consume alcohol caused by addiction or dependence.	Thank you for your comment. The estimated results for the effects on harmful drinkers are based on analysis of the data and evidence. There is no separate accounting for people with addiction or dependence problems but both the GHS and EFS data strive to be as representative as possible and so people who have addiction and dependence problems will be part of the data-set used.

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53. British Beer & Pub Association			3.2.2	145	The cebr critique of the original Sheffield study found that heavier drinkers are <u>less</u> responsive to price changes than moderate drinkers – although they are more likely to switch drinks if attempts are made to penalise certain drinks.	Thank you for your comment. CEBR suggests that Sheffield's own high level analysis (provided for reference purposes) is a more robust approach to analysing minimum pricing. The two elasticity figures used by CEBR do not explicitly account for important differences between, beer and wine, or choosing to purchase from supermarkets or pubs. It is well evidenced that categories of alcohol have different elasticities. The Sheffield study modelled 16 categories of alcohol (beers, wines, spirits and ready to drinks, split by on/off trade, and split by lower/higher priced) taking explicit account of switching behaviour between categories when differential price changes occur. Using high level elasticities is not a more robust approach as is pointed out in the Sheffield report. The CEBR report highlights the meta analysis of 10 studies by Wagenaar for heavy drinking elasticities. Many of the Wagenaar studies included are analysing response to price in terms of heavy episodic drinking e.g. number of occasions the respondent drank over a specified limit. This is not the same as a change in the mean level of consumption and cannot be compared directly on a like for like basis with the overall elasticity estimates that Wagenaar also gives. This important issue is not discussed by CEBR.

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54. British Beer & Pub Association			3.3.2	151	The assumption that companies would maintain the same advertising spend cannot be regarded as sound given the complexity of the advertising market, especially during a recession when advertising channels may be under financial pressure and take unusual action to attract media planner to place adverts with them.	Thank you for your comment. The modelling does not incorporate detailed changes in the advertising market.
55. British Beer & Pub Association			3.3.2.3	152	There are already restrictions in place on advertising alcohol to under 18s.	Thank you for your comment. This scenario attempts to answer the question "what if all exposure to TV advertising were eliminated for those under 18?"
56. British Beer & Pub Association			3.3.2.4	153	In modelling costs to the public sector, NICE may want to consider modelling the cost of public subsidy to support media which would lose the income from this type of advertising.	Thank you for your comment. Modelling a public subsidy to advertising or media industry has not been considered.

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57. British Beer & Pub Association			4.2		The assertion that pricing policies would have little or no cost to the public sector does not take into account the need to publicise and enforce such a policy if it is to actually function in practice. Though it is not within the scope of NICE, the political need for Government to communicate to consumers why they are taking the action is also a factor. There must also be a cost in terms of enforcing any of the policies that are suggested, given that there are nearly 200,000 licensed premises. Certain pricing policies would need to be communicated to the European Union and be subject to consultation and likely legal challenges. This may present more of a cost and time burden to the civil service than envisaged.	Thank you for your comment. The evidence to quantify costs of publicising or enforcing policies is limited and the modelling has excluded these.
58. British Beer & Pub Association			M32.	161	A large proportion of the modelled financial saving is based on reduction in unemployment costs, and a large proportion of the estimated savings in employment costs are accounted for by heavy drinkers. As stated before we do not believe it is safe to assume that all of the cohort counted as heavy drinkers would be employable and find employment if alcohol were taken out of the equation.	Thank you for your comment. The evidence available quantifies the association between harmful drinking levels and unemployment after adjusting for other factors where possible. The dynamic component to this was discussed in several places within the report.

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59. British Beer & Pub Association					A high proportion of health savings related to deaths are also due to the modelled behaviour of harmful drinkers. Despite the use of AAF to filter out other health reducing factors, decision taken by this group if faced with policy outcomes that raised the price of alcohol or made it unavailable could mean other health costs accruing.	Thank you for your comment. The analysis has accounted for the evidence where available relating harmful drinking to health.
60. British Beer & Pub Association			M34.	161	As stated before, the assumptions about harmful drinkers' response to price changes doesn't seem to take into account addiction or dependence. The fact that even modelling shows them spending significantly more money on alcohol as a response is a warning that such a policy could lead to a number of extraneous consequences of these individuals having less disposable income.	Thank you for your comment. The estimated results for the effects on harmful drinkers are based on analysis of the data and evidence. There is no separate accounting for people with addiction or dependence problems but both the GHS and EFS data strive to be as representative as possible and so people who have addiction and dependence problems will be part of the data-set used.

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61. Department for Culture, Media and Sport (DCMS)		**Cost effectiveness of public health related strategies and interventions to reduce alcohol attributable harm etc**	M52 Modelling findings on licensing hours.	23	It appears odd to have only examined non-UK studies on the effects of changes to licensing hours. The Licensing Act 1988 added almost 30 hours a week to the times at which on-licensed premises might be open, compared to an average of 21 minutes for the Licensing Act 2003. There were UK studies which looked at the impact of the Licensing Act 1988. *Goddard E*. *Drinking in England & Wales in the late 1980s*. HMSO, London was an enquiry carried out by the Social Survey Division of OCPS on Behalf of the Department of Health in association with the Home Office and commented on the impact of the increased hours.	Thank you for your comment. For the modelling work, the need was for evidence on the relationship between licensing hours and changes to consumption. The Goddard study did analyse evidence where possible on the effects of increased hours but provides no detailed analysis of changes in hours related directly to changes in the distribution of consumption.

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62. Department for Culture, Media and Sport (DCMS)		**Cost effectiveness of public health related strategies and interventions to reduce alcohol attributable harm etc**	M52 Modelling findings on licensing hours.	23	*John C. Duffy, Anne C. Pinot De Moira*, *Changes in Licensing Law in England and Wales and Indicators of Alcohol-Related Problems, Addiction Research & Theory, Jan 1996, Vol. 4, No. 3, Pages 245-271.* Trends in alcohol-related problems were examined in the light of the 1988 amendments to the Licensing Act in England & Wales. Data concerning accidents and absenteeism in the workplace, road traffic accidents, drunken driving and criminal offences were collected and compared with control data obtained from Scotland. The data were analysed by fitting either a logistic or loglinear model as appropriate using the GLIM statistical software package. After accounting for economic factors, significant changes in the levels of certain alcohol problem indicators were observed. In several instances these changes related to an increased risk in Scotland and were clearly not a result of the liberalisation of licensing hours in England & Wales. Reports of non-sexual crimes of violence and slight accidents in the workplace have increased in England and Wales concurrently with the law change but the causal relationship, if any, remains a matter of speculation.	Thank you for your comment. For the modelling work, the need was for evidence on the relationship between licensing hours and changes to consumption. The Duffy et al. study did analyse evidence where possible on the effects of increased hours but provides no detailed analysis of changes in hours related directly to changes in the distribution of consumption. This study is represented within the associated systematic reviews as part of this research programme.

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63. Department for Culture, Media and Sport (DCMS)		**Cost effectiveness of public health related strategies and interventions to reduce alcohol attributable harm etc**	M52 Modelling findings on licensing hours.	23	*Anne C. Pinot De Moira* and *John C. Duffy, Changes in Licensing Law in England and Wales and Alcohol-Related Mortality* *Addiction Research & Theory, Jan 1995, Vol. 3, No. 2, Pages 151-164.* This study found that mortality rates from chronic liver disease and cirrhosis (ICD 571), pancreatitis (ICD 577) and alcohol dependence or psychosis (ICD 303 & ICD 291) appeared to be unaffected by the extension of opening hours. Deaths from alcoholic poisoning (ICD E860) in England & Wales increased slightly after 1988, but this coincided with a large decrease in Scottish figures, and is therefore difficult to interpret unequivocally. Overall, there was no clear evidence of a significant increase in alcohol-related mortality following introduction of the new licensing laws, but more definitive conclusions may be drawn following further experience and research.	Thank you for your comment. For the modelling work, the need was for evidence on the relationship between licensing hours and changes to consumption. The Pinot De Moira study did analyse evidence where possible on the effects of increased hours but provides no detailed analysis of changes in hours related directly to changes in the distribution of consumption.

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64. Department for Culture, Media and Sport (DCMS)		**Cost effectiveness of public health related strategies and interventions to reduce alcohol attributable harm etc**	M52 Modelling findings on licensing hours.	23	We agree with the authors' statement that some crime has been displaced into the early hours of the morning, but NICE may wish to be aware that DCMS and Home Office reports on the first year of the implementation of the Licensing Act 2003 also showed there were some signs that that crimes involving serious violence may have reduced as well as the overall volume of incidents of crime and disorder remaining unchanged. http://www.culture.gov.uk/images/publications/Licensingevaluation.pdf http://www.culture.gov.uk/images/publications/AppendixATheimpactoftheLicensingAct2003onlevelsofcrimeanddisorder.pdf	Thank you for your comment. These reports were included in the associated systematic reviews, which have been considered by the committee.

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65. Department for Culture, Media and Sport (DCMS)		Modelling to assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributable harm in England using the Sheffield Alcohol Policy Model version 2.0 - *Report to the NICE Public Health Programme Development Group*	General Comments re: Section 2.7 Sections 3.3.2.2-3.3.2.4 Section 4.5	94-99 151-154 166-167	<u>Comment about NICE process and regulatory activity</u> There seems to have been little or no comment or consideration of the regulatory systems in place that oversee advertising regulation or the work that has been undertaken through the recent advertising code review consultations - undertaken by the Committee of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP) - to look at the advertising codes in their entirety. This work includes specific consideration of the adequacy of the current alcohol advertising codes. We understand that key stakeholders have expressed concern about their lack of early involvement in the NICE process and it appears from the scoping and consultation documents that NICEhas not set out the existing advertising regulatory systems for alcohol or the CAP/BCAP review of the alcohol advertising rules. As such we would be particularly concerned about the possibility of regulatory creep here and would seek reassurances that NICE's work - which is looking specifically at the controls on alcohol advertising - should not unduly impinge on the role of the statutory/mandatory regulators in this area – Ofcom and the ASA (CAP/BCAP). DCMS Ministers and the advertising regulators have clearly recognised the concerns about alcohol misuse in the UK and taken action to ensure that robust, evidence-based alcohol advertising rules are in place. Alcohol advertising has continued to be considered closely by Government - through a range of policy developments such as the Alcohol Harm Reduction strategies - and by the regulators including, where appropriate, through action to strengthen the alcohol advertising rules. **Cont**	Thank you for your comment. Unfortunately NICE cannot guarantee to notify all organisations that may have an interest in a guidance topic. As such potential stakeholders are strongly encouraged to check regularly the list of public health guidance in development so that they may contribute to the guidance development process. The aim of NICE public guidance is make recommendations on what is known from research and practice about the effectiveness and cost effectiveness of interventions and broader programmes that may address the areas set out in the scope document.

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66.					Cont The current rules were strengthened significantly in 2005 in response to the evidence on the relationship between alcohol advertising and consumption. The updated rules are designed to ensure that alcohol is promoted in a socially responsible way and the advertising codes also contain strict scheduling and placement rules for alcohol ads. Ultimately, both broadcast and non-broadcast advertising regulations must be robust and based on best evidence. If any new evidence emerged which clearly highlighted major problems caused by alcohol advertising in relation to consumer harm or protection of the vulnerable, in particular children and young people, then the independent regulators would have a duty to consider this fully and take appropriate action.	This consultation is specific to the economic model and as such we are unable to accept comments on any potential recommendations that the committee may make. We would encourage stakeholders to instead participate in the consultation on the draft guidance.

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67.					Specific comment on additional research In relation to the additional research report to the NICE Public Health Programme Development Group published by the University of Sheffield - we note that the NICE commissioned work contains some updated policy modelling (version 2.0) based on the previous work undertaken by the University of Sheffield (ScHARR) in this area - to help assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributable harm in England. As we understand it - and from a broad assessment by DCMS - the detail of this work is not new with regard to advertising. There do not appear to be any significant differences between the methodology and results of the ScHARR research work and that presented to NICE. Both reports have considered the same policy options and most importantly both highlight the significant limitations of the current evidence base and the disagreement in the academic research literature on the effect of advertising bans. The earlier Sheffield review indicated substantial uncertainty in the evidence on the potential impact of advertising restrictions and called for further research and this is clearly echoed in the report to NICE. As part of the Government's 2008 alcohol strategy consultation CAP and BCAP were asked by SoS for Culture, Media and Sport to make a full assessment of the DH commissioned research being undertaken by Sheffield University - as part of their wider advertising code review. Cont	Thank you for your comment. The modelling work that has been carried has involved adaptation of the original DH report but no large scale substantive changes concerning advertising have been carried out.

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68.					Cont CAP and BCAP have also undertaken a comprehensive analysis of the Sheffield findings, as requested by Government. CAP and BCAP extended their public consultation to allow interested parties sufficient time to respond to their analysis and I understand that both DH, as you have noted, As part of their code review process, CAP and BCAP will consider all the evidence submitted through their public consultation on the Sheffield research and other pieces of work that have been undertaken in this area before agreeing any final code changes. CAP and BCAP are currently in the process of analysing the consultation responses with a view to publishing their evaluation of each substantive response later this year. CAP and BCAP hope that the revised codes will come into force in the first quarter of 2010. As such NICE should take full account of these processes when finalising commentary in its guidance.	This consultation period is specific to the economic model and any additional evidence that it is applicable to the model should have been submitted during this consultation period. As such we are no longer able to accept any additional evidence. However, we would encourage all stakeholders to participate in the consultation on the draft guidance. The committee developing the recommendations is composed of a panel of experts from the alcohol field and will use their expertise in interpreting the evidence that has been made available to them.

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69. Department for Culture, Media and Sport (DCMS)					DCMS Ministers and the advertising regulators have clearly recognised the concerns about alcohol misuse in the UK and taken action to ensure that robust, evidence-based alcohol advertising rules are in place. Alcohol advertising has continued to be considered closely by Government - through a range of policy developments such as the Alcohol Harm Reduction strategies - and by the regulators including, where appropriate, through action to strengthen the alcohol advertising rules. The current rules were strengthened significantly in 2005 in response to the evidence on the relationship between alcohol advertising and consumption. The updated rules are designed to ensure that alcohol is promoted in a socially responsible way and the advertising codes also contain strict scheduling and placement rules for alcohol ads. Ultimately, both broadcast and non-broadcast advertising regulations must be robust and based on best evidence. If any new evidence emerged which clearly highlighted major problems caused by alcohol advertising in relation to consumer harm or protection of the vulnerable, in particular children and young people, then the independent regulators would have a duty to consider this fully and take appropriate action.	Thank you for your comment

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70. Department for Culture, Media and Sport (DCMS)			Specific Comments re: Section 2.7 Sections 3.3.2.2-3.3.2.4 Section 4.5		In relation to the additional research report to the NICE Public Health Programme Development Group published by the University of Sheffield - we note that the NICE commissioned work contains some updated policy modelling (version 2.0) based on the previous work undertaken by the University of Sheffield (ScHARR) in this area - to help assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributable harm in England. As we understand it - and from a broad assessment by DCMS - the detail of this work is not new with regard to advertising. There do not appear to be any significant differences between the methodology and results of the ScHARR research work and that presented to NICE. Both reports have considered the same policy options and most importantly both highlight the significant limitations of the current evidence base and the disagreement in the academic research literature on the effect of advertising bans. The earlier Sheffield review indicated substantial uncertainty in the evidence on the potential impact of advertising restrictions and called for further research and this is clearly echoed in the report to NICE.	Thank you for your comment. The modelling work that has been carried has involved adaptation of the original DH report but no large scale substantive changes concerning advertising have been carried out.

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71. Department for Culture, Media and Sport (DCMS)					As part of the Government's 2008 alcohol strategy consultation CAP and BCAP were asked by SoS for Culture, Media and Sport to make a full assessment of the DH commissioned research being undertaken by Sheffield University - as part of their wider advertising code review. CAP and BCAP have also undertaken a comprehensive analysis of the Sheffield findings, as requested by Government. CAP and BCAP extended their public consultation to allow interested parties sufficient time to respond to their analysis. In addition, as part of their code review process, CAP and BCAP will consider all the evidence submitted through their public consultation on the Sheffield research and other pieces of work that have been undertaken in this area before agreeing any final code changes. CAP and BCAP are currently in the process of analysing the consultation responses with a view to publishing their evaluation of each substantive response later this year. CAP and BCAP hope that the revised codes will come into force in the first quarter of 2010. As such NICE should take full account of these processes when finalising any commentary on its guidance.	Thank you for your comment. The committee developing the recommendations is composed of a panel of experts from the alcohol field and will use their expertise in interpreting the evidence that has been made available to them during the development process.

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72. H M Treasury		**Alcohol-use disorders (prevention)**	4.3 Key Questions and outcomes	7	Excise duty is not an effective method to directly control prices. There is only limited evidence about how duty is passed through in to the price of products in the market. In practice there are a number of factors that will influence the price beyond the level of duty imposed. For example, retailers may choose to price alcohol to increase footfall and increase sales of other goods.	Thank you for your comment. Taxation policies have not been included in the modelling.
73. H M Treasury			4.3 Key Questions and outcomes	7	Increases in the price of alcohol are difficult to target at those who cause harm to themselves or others. However, any price increases would penalise all consumers.	Thank you for your comment. . The impact on different consumer groups for all pricing policies has been considered
74. H M Treasury			4.3 Key Questions and outcomes	7	Alcohol duty rates and structures are heavily constrained by EU legislation making it more difficult to target tax at specific products.	Thank you for your comment. Taxation policies have not been included in the modelling.

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75. H M Treasury			4.3 Key Questions and outcomes	7	In addition to the University of Sheffield work on the price sensitivity of alcohol products, NICE may wish to consider other estimates: 1. The HM Revenue and Customs published Government Economic Service Working Paper (140) giving the elasticities used to inform duty rate decisions. http://www.hmrc.gov.uk/research/alcohol-demand.pdf 2. Trade associations' own estimates of alcohol elasticities. In particular, the British Beer and Pub Association (BBPA) commissioned Oxford Economics in 2008 to estimate elasticities for beer. http://www.beerandpub.com/documents/publications/industry/Oxford Economics Alcohol Industry final report 24 feb 2009.pdf These studies show that changes in the price of one product result in consumers moving to different products.	Thank you for your comment. Findings from the first report have been included as a sensitivity analysis. The second report only considers own-price elasticities.

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76. Institute of Alcohol Studies		Modelling to assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributabel harm in England using the Sheffield Alcohol Policy Model version 2.0	General		We would like to commend the authors on the scope and thoroughness this report. In addition, the authors have been careful to note the limitations of available evidence and have clearly pointed out areas where it has been necessary to make assumptions. We would urge those using the report to take note of these limitations and assumptions.	Thank you for your comment.

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77. Institute of Alcohol Studies			1.2	26	As the authors note, an across-the-board increase in price is not a policy in itself. The current taxation structure does not allow for this as duty is applied by volume of product, not by price and VAT is not specific to alcohol. However, it would in principle be possible to introduce an additional ad-valorum duty, as is currently applied to cigarettes. If it is assumed that taxes are uniformly passed on to the consumer, this would have the effect of increasing the price by a uniform percentage. Unfortunately, that assumption is somewhat problematic in the light of practices such as below-cost selling of alcohol.	Thank you for your comment. Taxation policies were not considered in this analysis instead the robustness of existing policy analyses was considered.

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78. Institute of Alcohol Studies			2.3.1.2	37	There is no justification given for the use of a threshold in the risk functions. It is now well established that the risk functions for most partially attributable chronic conditions are linear through zero. Notable exceptions are heart disease and stroke. The authors introduced a threshold for wholly attributable harms only for consistency with partially attributable harms, so this has no justification either. We argue that if a single form is to be chosen for all risk functions in this analysis, it should be linear through zero.	The risk functions for chronic conditions that are partially attributable to alcohol are taken from the literature (Appendix 4). Several of these pass through RR=1 at alcohol consumption = zero, and so are in line with the argument made by this comment. (Please note that some of these are drawn on the Y axis using the log RR scale i.e. log(RR) = 0 means RR=1). Others however do not pass through zero and are either above or below showing that the literature suggests that it depends upon the disease. Some are linear, others are linear on the log scale i.e. exponential. For chronic wholly attributable conditions, two conditions are most prevalent. These are “Mental and behavioural disorders due to use of alcohol” and “Alcoholic liver disease”. In both cases it was not felt appropriate to assume that people drinking below the government guideline figures for alcoholic units per week would be at increased risk of these chronic diseases. Thus the assumption was made that the minimum threshold for risk of incurring these diseases was 21 and 14 units per week respectively. Cont

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79.						Acute conditions such as road traffic accidents, falls, intentional self harm and assault, are related to level of intoxication which we proxy by the reported maximum daily number of units drunk. Here it was felt that a threshold of 8 units for males and 6 units for females was too high and that some excess risk must occur below these levels. At the same time an excess risk of say assault given just one unit e.g. a half pint of beer, did not seem a reasonable assumption either. The compromise assumption was to assume a half way point (i.e. 4 units for males and 3 for females, consistent with recommended drinking guidelines) at which the excess risk should begin. Note that this is not necessarily a conservative assumption for policy analysis. For a slightly lower assumed threshold, one will obtain a slightly less steep slope for the risk function because the total observed risk will be attributed across more of the population. Thus when a policy decreases estimated consumption, the estimated reduction in say deaths for harmful drinkers would be slightly lower and the estimated reduction in deaths for moderate drinkers slightly higher.

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80. Institute of Alcohol Studies			2.3.1.2	39	Figure 2.6 does not identify the units for the absolute risk scale (vertical axis).	Thank you for your comment. The figure is illustrative of the general method not real data and so the units are not given. When using real data, the units would be deaths or hospitalisations depending on the component of the model.

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81. Institute of Alcohol Studies			2.4	62-65	Section 2.4.1 sets out the framework for assessing cost effectiveness of screening and brief interventions, which fit comfortably into the standard NICE framework: "The costs of the intervention incurred by the NHS and social services are examined and balanced against the health benefits gained in terms of quality adjusted life years, with account also taken of any financial savings to health and social care due to reduced illness." This should be taken as the model for such assessments and the goal should be to map the assessment of different types of interventions onto this framework as closely as possible. Key features are: The COSTS are to the NHS and social services, taking account of savings to these institutions. The BENEFITS are to individuals, in terms of QALYs. The authors note that the range of costs and benefits can be difficult to determine, and comment that the public sector costs are likely to be negligible. Cont'd	The scope of costs and benefits examined was partly led by the prior modelling work done by Sheffield University for the Department of Health. The committee were interested in carrying out some uncertainty analyses. However, a complete redefinition of the cost and benefits included, e.g. public sector only absence and employment estimates or unemployment benefit claims was not carried out. The modelling work is to inform the guidance development process. The committee will use their expertise to interpret the evidence that is available to them when developing recommendations.

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82. Institute of Alcohol Studies					Certainly regulatory changes do not incur costs directly to the NHS and social services. This raises the question of which costs are most closely analogous and therefore appropriate to include. We endorse the statements made on p. 63, that, "From a public sector perspective the costs [of workplace harms] to be included would be the lost productivity from public sector employees and … the sickness and unemployment benefit payments across the remaining population," and "Costs to individuals are outwith the scope of NICE economic assessments." However, we feel that the decisions taken by the authors do not reflect these statements. *Tax* On p 65, the authors argue that decreases and increases in tax and duty revenues should not be considered as costs and benefits as these return to the wider economy. This may be true when considering the economy as a whole, but that is not the case here. NICE considers costs/savings to the NHS and social services, not the economy as a whole. Cont'd	Taxes are regarded as transfer payments and are not generally included in cost and benefits in economic evaluations, or by NICE.

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Institute of Alcohol Studies					Broadening the focus slightly, these are paid for out of the 'public purse', which clearly includes tax revenue. *Lost productivity* Firstly, only lost productivity by public sector employees is a cost to the public purse and therefore relevant to this analsyis. Lost productivity in the private sector should be excluded. Secondly, unemployment of an individual only results in lost productivity in a situation where there is otherwise full employment. In an environment in which a percentage of the workforce is unemployed, it seems reasonable to assume that a job left vacant will be filled in due course, so the lost productivity is only experienced for the time taken to fill the post. *Benefits* We dispute the statement (p 63) that benefits should be excluded from the analsysis on the basis that they are transfer payments. As health and social care costs are paid for out of the 'public purse', so are benefits, therefore costs and savings in benefits Cont'd	In order to examine lost productivity by public it would be necessary to carry out an entire remodelling of the population. Unfortunately due to the complexities of this and the time available it was not possible to carry this out. Benefit payments are regarded as transfer payments and are generally not included in cost and benefits in economic evaluations, or by NICE.

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Institute of Alcohol Studies					should be included in the analysis. However, on the assumption that alcohol does not lead to a net increase in unemployment (assuming that vacancies are filled), there would be only a minimal net increase in unemployment benefit, though there might be an increase in sickness and related benefits. On the basis of these considerations, we recommend that the following costs/savings be included in the analysis: Changes in tax and duty revenue Net changes in benefit payments Lost productivity in the public sector due to absences and for the duration that posts remain vacant following unemployment The last of these may be too small in magnitude to justify the effort of modelling the cost.	Tax and duty revenue and benefit payments are regarded as transfer payments and are generally not included in cost and benefits in economic evaluations, or by NICE.

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83. Institute of Alcohol Studies			2.6.2.2	77	When modelling the effects of price promotions, no distinction is made between bulk discounts and discounts that apply to single items. For example, pricing one bottle of wine at £5 and two for £9 is a bulk discount whereas reducing the price of each bottle from £5 to £4.50 is discount that applies to single items. This distinction is important because bulk discounts contain within them an incentive to buy larger quantities beyond that implicit in price elasticity: It is necessary to buy more in order to get the discount. This implies a greater price elasticity for bulk discounts than for other changes in price, including discounts applied to single items. It is therefore likely that the model underestimates the effect of banning bulk discounts. We do not know of any existing dataset that would allow this distinction to be examined.	Thank you for your comment. As the elasticities are based on data that includes both promoted and non-promoted prices, it is theoretically possible that elasticities used might underestimate the impact of promotion bans and overestimate the effect of changes to list price.
84. Institute of Alcohol Studies			2.6.3	87	No rationale is given for choosing 25% as the threshold for higher and lower priced drinks. In the absence of such a rationale, it would be more natural to use a median split.	Thank you for your comment. The rationale was the focus on the very cheap drinks.

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85. Institute of Alcohol Studies			3.1.1.2	104	We note that there is a very small difference in net cost between AUDIT-C 3 and FAST 3 when delivered by a practice nurse (SBI2 vs. SBI3) but a substantial difference between these when delivered by a GP (SBI5 vs. SBI6). Please could we have an explanation of this difference.	Thank you for your comment. The difference is due to the assumptions around GP consultation (where a greater proportion of females are screened than males) and the variation in diagnostic properties of AUDIT-C 3 and FAST 3 in males and females. The cost differences between AUDIT-C3 and FAST 3 are relatively high in SBI5 and SBI6 compared to SBI2 and SBI3 due to the much higher screening rate in SB15 and SBI6, which exacerbates the impact of the difference in specificity and sensitivity of AUDIT-C3 and FAST 3, which in turn is further exacerbated by the higher proportion of women compared to men that are screened in SBI5 and SBI6. Additionally, the cost of screening and brief intervention in SBI5 and SBI6 is significantly higher than in SBI2 and SBI3 due to the assumption that GPs undertake the screening and intervention rather than practice nurses. This also exacerbates the cost impact of sensitivity and specificity differences between AUDIT-C3 and FAST

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86. Institute of Alcohol Studies			3.1.2.1	107	The possibility that a five-minute brief intervention might be less effective than one of 25 minutes is considered only as a sensitivity analysis. According to evidence presented in this report, the best available evidence is consistent with lower effectiveness for a five-minute intervention. Therefore this should be the baseline scenario, not the sensitivity analysis. A further sensitivity analysis could be conducted considering even lower effectiveness.	Thank you for your comment. The evidence from the systematic review demonstrated that 'evidence would suggest that even very brief interventions may be effective...with inconclusive evidence for an additional positive impact resulting from increased dose.'
87. Institute of Alcohol Studies			3.2.1.2	116	We note that conclusions relating to sales and tax/duty are based on the assumption that price increases are achieved without corresponding increases in tax and duty. This may be realistic for minimum price policies, but not for general price increases.	Thank you for your comment. The general price increases were shown as what-if scenarios. Taxation policies were not considered in the analysis.
88. Royal College of Paediatrics and Child Health		Alcohol modelling report	General - 'Level of consumption and health risks.'		The College could not see a reference to the secondary consequential impact of alcohol on the unborn foetus, in relation to a pregnancy as a consequence of the disinhibition as a result of alcohol, and Foetal Alcohol Syndrome as a risk.	Thank you for your comment. Foetal alcohol syndrome was not within the scope of this work as it has been addressed by other pieces of NICE guidance Ante Natal Care http://guidance.nice.org.uk/CG62

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89. Royal College of Paediatrics and Child Health		General	General		Paediatricians report that they see young girls (often children) who have been sexually assaulted when under the influence of alcohol and young men who have been accused of assault when under the influence of alcohol. Are there statistics available supporting the frequency that alcohol consumption is associated with these incidents (alcohol-attributable fractions related to sexual assault)?	Thank you for your comment. Where such statistics are available they have been included into the models.

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90. Royal College of Physicians					These comments relate to the overall document and section listing the 47 adverse health determinants. We fully support this approach to modelling effects on public health, but wish to identify adverse sexual health outcomes as being associated with alcohol misuse, especially in young people. The Royal College of Physicians currently has a working party (Alcohol & the Sexual Health of Young People) which has taken evidence that increased risk of acquisition of sexually transmitted infections, requests for emergency contraception and sexual assault are associated with alcohol misuse. We ask that this be noted and consideration be given to the inclusion of sexual health outcomes in the list of determinants that are included in the model. Cont'd	Thank you for your comment. The modelling incorporates some of these issues where it has been possible given evidence available. The committee developing the recommendations is composed of a panel of experts from the alcohol field and will use their expertise in interpreting the evidence that has been made available to them and may extrapolate this evidence to other settings.

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91. Royal College of Physicians					We are collating evidence for including short interventions regarding alcohol intake within the management of people attending Sexual health clinics and believe that it is likely that , as in A and E and other settings this is an appropriate intervention that is already supported by NICE public health guidance 3. The report would be strengthened by the inclusion of health outcomes which are already of importance in the lives of young people and through GUM/ Sexual health clinics, as well as the NHS Chlamydia screening programme provide even more effective alcohol interventions.	Thank you for your comment. This consultation is the final stage in the process where we are able to accept any additional evidence that is specific to the economic model. However, it should be noted that the interventions considered have been shown to be cost effective from a health perspective, even without the inclusion of sexually transmitted diseases, and so further modelling would not be required to demonstrate their cost effectiveness with these additional benefits.

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92. Tees, Esk & Wear Valley NHS Foundation Trust		Alcohol-use disorders (prevention): additional evidence consultation	General		Since therapeutic detoxification is expensive and not without clinical risk it should never be undertaken lightly. Patients should have well worked up "eligibility criteria" reflecting that individual's systemic needs (relationships, housing etc..) as a means ultimately of both assessing their motivation and a crude guide (for there is no other sort) as to whether or not one might expect a successful outcome. This will inevitably mean a well coordinated multiagency approach to problem solving and a "chronic disease management" approach to the care of alcohol dependency.	Thank you for your comment. This area is not covered within the public health guideline. However this may be covered by the other pieces of alcohol guidance being developed by NICE. Clinical Management: http://guidance.nice.org.uk/CG/Wave15/77 Dependence: http://guidance.nice.org.uk/CG/Wave17/1

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93. The Wine and Spirit Trade Association		Modelling to assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributable harm in England using the Sheffield Alcohol Policy Model version 2.0	2.2.1	30	Latest data available is 2007, not 2006.	Thank you for your comment. The report has been amended appropriately.

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94. The Wine and Spirit Trade Association			2.3.1.2	37	Harms related to mean and peak alcohol consumption; We don't understand why different levels of consumption have been used as a starting point for risk for measuring mean and peak consumption. The risk should only begin once the DH's guidelines are exceeded, i.e. 4 units for men and 3 units for women.	Thank you for your comment. The mean consumption thresholds are based on NHS weekly guidelines (21 units males; 14 units females), which are related to the 4 and 3 respectively because two alcohol free days are recommended per week.
95. The Wine and Spirit Trade Association				47	It is not clear whether the employment modelling for the workplace model structure takes into account other problems that may be associated with heavy drinking that might contribute to unemployment. It is very unlikely that all out of work heavy drinkers that they would get employment if alcohol was taken out of the equations and modelling would need to reflect this.	Thank you for your comment. The evidence available quantifies the association between harmful drinking levels and unemployment after adjusting for other factors where possible.

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96. The Wine and Spirit Trade Association			2.3.2.3	52	The method used to attribute crimes to alcohol does not appear to accurately identify those that have consumed alcohol. It is likely that offenders being asked whether they have consumed alcohol are likely to admit to it in the hope that this will be seen as a contributory factor and therefore a reason to lessen the sentence, or if they have taken drugs that they will incur a smaller punishment by saying they were drunk rather than on drugs. Similarly, as pointed out in the study, those with positive urine tests have not always consumed alcohol. Conversely, when alcohol consumption increased by 22% (1995-2003), alcohol related violent crime fell by 29% (1995-2002/3) according to the British Crime Survey. Again it is quite difficult to derive from this that increasing alcohol consumption drives alcohol-related violent crime.	Thank you for your comment. Please note that the modelling report uses as its base case the OCJS data in which offenders specifically say that the reason they committed the crime was (amongst other reasons) because they had been drinking, which is a conservative approach.
97. The Wine and Spirit Trade Association			2.3.2.3	52	Attributing an offence to alcohol because the offender has consumed alcohol is going to greatly overestimate the number of alcohol-related crimes and subsequent cost calculations. In a great many of these cases it is unlikely that alcohol was the cause of the offence, simply that the offender had consumed alcohol. There are significant other reasons that crimes are committed.	Thank you for your comment. However, the assumption described is not actually used in the model.

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98. The Wine and Spirit Trade Association			2.3.2.4	56-57	Unemployment costs clearly cannot be taken into account unless there is full employment within the economy. As that is clearly not the case and has not been in the United Kingdom we believe unemployment should be removed from the study completely. If it is counted then the cost of another individual being employed should be used to counterbalance the unemployed individual. This is an especially important point as employment saving account for the majority of the overall financial savings (See M32)	Thank you for your comment. This issue is discussed in the report in Section 2.3.2.4. It is something that the PDG will take into account during their deliberations.

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99. The Wine and Spirit Trade Association			2.3.2.4	58-59	It seems counterintuitive to ignore an England-based study into absenteeism for an Australian-based one when the study is examining alcohol consumption in England.	Thank you for your comment The evidence from England is of an association between levels of consumption and absence from work and this dynamic relationship is causal in both directions i.e. people who are ill may be less able to socialise / drink and so absence causes less consumption, whilst people who drink to harmful levels may be more likely to be absent for acute or chronic reason and so consumption causes more absence. In contrast, in Australia, the evidence provides a direct self-attribution of being absent for a number of days due to the specific cause of alcohol. No equivalent direct evidence is available in England.

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100. The Wine and Spirit Trade Association			2.4.2.1	62	It would surely be beneficial to examine the costs to Government of implementing each, or any of the policies.	Thank you for your comment. The evidence for the direct costs to government of implementing the pricing, advertising, outlet density and licensing hours policies was unavailable from the literature. Costs in relation to screening and brief interventions have been modelled However, the committee will take issues such as implementation into consideration when developing the draft recommendations.
101. The Wine and Spirit Trade Association			2.4.2.2	64-65	It is imperative that the average duty rates for beer and cider are separated. The levels of duty for the two products are very different and it is misleading to represent the two drinks as one category.	Thank you for your comment. The weighted average is used. Separating cider to provide a 5th category of alcohol was untenable as it was much smaller and results on price elasticities were not able to be calculated.

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102. The Wine and Spirit Trade Association			2.4.2.2	63-65	There has been no attempt to take into account the number of jobs that are likely to be lost by restrictions to the trade/retail or the night time economy. This will lead to increased unemployment and costs to Government through this. Further there are likely to be business closures, costing the Government more in lost taxation. This must be included in a cost-effectiveness analysis of public health interventions.	Thank you for your comment. The decrease or increase in employment within the retail and manufacturing sectors has not been examined. The theoretical justification of this concerns the issue of temporary economic adjustment. Detailed assessment of the supply side response would require detailed data on costs and structures of the various players in the industry which is publicly unavailable. It should also be noted that the most scenarios around price increases would actual increase retailers revenues.
103. The Wine and Spirit Trade Association			2.4.2.2	63-65	The burden on the health service caused by alcohol related illnesses needs to be balanced by the burden of other forms of illness that are not alcohol related to fairly appraise the cost of these illnesses.	Thank you for your comment. The cost-effectiveness estimate calculations help the committee to consider this aspect.

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104. The Wine and Spirit Trade Association			2.6.1.2	72	Population subgroups: Using 11-18 year olds as one cohort put those who can and can't legally buy alcohol themselves together, creating a distorting effect. The elasticity of demand for under 18s will naturally be affected by the extent to which product is available to them and to build a complete picture one would need to take into account parental buying habits and the practices of retailers.	The group labelled 11 to 18s covers those aged 11 up to 18, so it is actually 11-17 inclusive and excludes those who are 18 year olds. This has been clarified in the revised report.
105. The Wine and Spirit Trade Association			2.6.1.4	74	We agree it is not reasonable to assume that off-trade purchases are consumed on the same day and by the individuals purchasing the alcohol.	Thank you for your comment.

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106. The Wine and Spirit Trade Association			2.6.2.3	80	Data on managed houses should not be considered as representative of the on-trade as a whole. These are more likely to be city centre venues with a higher density of outlets and are therefore more likely to need to offer deals to compete with other licensed venues. This will simply not be the case in the majority of licensed premises, such as a village's only pub. Or a pub that competes more on food than on alcohol but which nonetheless sells alcohol. Average prices also tend to be lower. This assumption will significantly skew the results of the study.	Thank you for your comment. The modelling does not assume that managed houses are representative of the on-trade. The data from CGA is split into 8 outlet types: managed houses, non-managed houses, independent pubs, hotels, proprietary clubs, sports and social clubs, and restaurants. The differences in pricing and promotion across the outlet types **are** accounted for in the model. The model requires price distributions to be expressed in terms of volume of ethanol. This requires data on value and volume of sales. CGA can only provide this for a subset of on-trade outlets (mostly managed houses) for which EPoS data is available. However CGA can provide data on price offerings across the on-trade (including for the EPoS outlets). In order to estimate a price distribution in terms of ethanol using data on product offerings, an assumption is made that the relationship between cumulative price distribution (by volume of offerings) and cumulative price distribution (by volume of ethanol) observed for the EPOS outlets holds for the wider on-trade. (cont'd)

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107.						(continued response) This essentially produces 20 multipliers between offerings and volumes, since we have 20 price points in the CGA data, for beer, wine, spirit and RTD. For example approximately 45% of EPoS outlet beer offerings are at £1.20 per unit or less, which corresponds to 65% of beer-based ethanol sold. Meanwhile, in independent pubs, 45% of beer offerings are at £1.15 or less. Therefore this price is taken to be the 65th percentile for independent pub beer. An aggregate distribution is then constructed based on the proportion of total ethanol sold in each type of outlet.
108. The Wine and Spirit Trade Association			2.6.2.6	83	Huang uses data from several decades ago, in which time the alcoholic drinks market has changed beyond compare. The proportion of alcohol consumed in the forms of different drinks has altered dramatically. Additionally the outlets and ownership of these outlets is very different.	Thank you for your comment. The basecase analysis used detailed up to date analysis of price elasticities. The Huang study was only used as a sensitivity analysis to explore how sensitive results would be if Huang were used.

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109. The Wine and Spirit Trade Association			2.6.3	88	Presumably "beer" in Table 2.14 includes cider. This is not an acceptable grouping and causes the threshold for beer to be reduced and appear much lower than the other drinks which is not appropriate. The on-trade figures for all products are all further reduced by the fact that managed houses have been taken as a proxy for the entire on-trade, which for the reasons explained above is incorrect.	Thank you for your comment. The weighted average is used. Separating cider to provide a 5th category of alcohol was untenable as it was much smaller and results on price elasticities were not able to be calculated. The modelling does not assume that managed houses are representative of the on-trade. The data from CGA is split into 8 outlet types: managed houses, non-managed houses, independent pubs, hotels, proprietary clubs, sports and social clubs, and restaurants. The differences in pricing and promotion across the outlet types **are** accounted for in the model.

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110. The Wine and Spirit Trade Association			2.7	95	The study itself seems very unsure whether it is possible to estimate the effect of outlet density and opening hours or advertising on consumption. We would suggest that no results are presented for this section as they appear ill-founded.	Thank you for your comment. It has been noted within the report that, due to limitations in the evidence base, the findings relating to licensing, outlet density and advertising have a degree of uncertainty. When developing the recommendations the committee will consider a range of evidence of which the modelling is one part.
111. The Wine and Spirit Trade Association			2.7.2.1	96	Whilst it is useful to present the various studies, there is little evidence to suggest any of them have any relevance to the current English licensing regimes or outlet densities or indeed English consumption patterns.	Thank you for your comment. The committee developing the recommendations is composed of a panel of experts from the alcohol field and will use their expertise in interpreting the evidence that has been made available to them.
112. The Wine and Spirit Trade Association				101	Modelling a reduction in licensing hours: all licensing hours cannot be treated as equal, clearly a reduction on weekend evenings would have different effects from weekday mornings, it is not clear whether such distinctions are made in the modelling.	Thank you for your comment. The timing of the change in licensing (in terms of hours and days of the week) has been noted within the narrative of the report.

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113. The Wine and Spirit Trade Association			3	112	TABLE 3.4: Moderate Drinker (all ages) - split by number of drinkers- are defined as an individual drinking 5.75 units per week. This is a fraction of the Government's sensible drinking benchmarks, and set by taking the median of the whole range within the group that drink less than the Government benchmarks. Contriving such a low figure as a definition of a moderate drinker gives misleading figures for the effects of a policy on what most people would consider a moderate drinker.	The group labelled 11 to 18s covers those aged 11 up to 18, so it is actually 11-17 inclusive and excludes those who are 18 year olds. This has been clarified in the revised report. The definition of moderate drinkers is people consuming within NHS weekly guidelines. The guidelines relate to maximum limits, and so this group consists of all people drinking below this. Therefore the average intake for moderate drinkers will be less than the upper benchmark.
114. The Wine and Spirit Trade Association				112	TABLE 3.4: under volume sales, do 'units' refer to alcohol units or stock keeping units?	Thank you for your comment. The units refer to Alcohol units.
115. The Wine and Spirit Trade Association			3.2.1.2	113	In saying that targeted price increases are less effective because they do not reduce consumption in the whole population as much, is the interpretation not straying from the objective of the guidance (preventing alcohol use disorders)?	Thank you for your comment. The estimated health crime and workplace harms for the scenarios analysed are broadly proportional to the reduction in population level consumption estimated.

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116. The Wine and Spirit Trade Association			3.2.1.2	113	Comments on higher minimum pricing and wine: wine strength can range from around 8% to 15% ABV and therefore there will be different minimum prices for different styles of wine grown in different countries. The model does not take account price distortions due to unit pricing which could lead to consumers switching to (for example) German white wines as opposed to Australian reds.	Thank you for your comment. Within off-trade wine, the model only considers substitution between higher-priced and lower-priced wines (in terms of price per unit).
117. The Wine and Spirit Trade Association				115	Changes in consumer spending: it may be outside the scope of this modelling but account needs to be taken of where the money for additional spending caused by price rises would come from and how it might be diverted from other spending by these consumers.	Thank you for your comment. No, separate analysis of reduced expenditure in other sectors has been explicitly undertaken.
118. The Wine and Spirit Trade Association				116	Consumer Spending: If behaviour switching is assumed to be caused by price elasticity, how can the model output a predicted change to a behaviour that would cost more?	Thank you for your comment. As the elasticity for alcohol is typically less than 1. So with an elasticity of -0.5 for example, then a 10% increase in price would produce a 5% reduction in consumption. The overall increase in spending would be almost 5% (in fact 4.5%)

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119. The Wine and Spirit Trade Association				121	Mortality and hospital admissions; both measures could be affected by the prevalence of illicit/homemade alcohol and the risks accruing from this. Health harms associated with these would be likely to rise over longer term of the policy, as more of the population becomes comfortable with strategies to get around the restrictions. For instance, the ECAS project (European Comparative Alcohol Studies) found that the level of unrecorded alcohol were highest in the Nordic countries and in Norway and Sweden in particular, where availability and pricing policies on alcohol were most significant.	Thank you for your comment. Illicit/homemade alcohol has not been examined within this analysis. There was currently no evidence regarding major health harm problems related to this available.
120. The Wine and Spirit Trade Association				121	A tendency to heavy drinking can accompany many other health or social disadvantages; if the main cost saving of price rising policies is employment of heavy drinkers, this may not be a reliable figure. Taking away alcohol does not mean that everyone in this group would be employable.	Thank you for your comment. The evidence available quantifies the association between harmful drinking levels and unemployment after adjusting for other factors where possible. The dynamic component to this was discussed in several places in the report

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121. The Wine and Spirit Trade Association			3.2.1.6	128	For 11-18 year old drinkers, this modelling suggests that a minimum price of 40p would cost individuals in this demographic +6.65 per year if there was no behaviour change; however minimum price of 40p and on trade minimum price of £1 would result in a spending change of +34.26 if there was no behaviour change. Despite new data from CGA showing that few on-trade drinks are available at less than £1 per unit, this suggest that this demographic is purchasing a significant amount of their alcohol through the on-trade. This seems unlikely due to the emphasis on enforcing under age sales law in both on and off trade retail and may show the confusion inherent in using a group where some of the cohort is legally allowed to buy alcohol and most are not.	Thank you for your comment. As highlighted within the report it was not possible to adjust estimates for recent changes in the economic climate
122. The Wine and Spirit Trade Association				145	The assertion that harmful drinkers will be more responsive to price policy and likely to reduce consumption because data shows they buy more of the product affected by minimum pricing, doesn't take account of motivation to consume alcohol caused by addiction or dependence.	Thank you for your comment. The estimated results for the effects on harmful drinkers are based on analysis of the data and evidence. There is no separate accounting for people with addiction or dependence problems but both the GHS and EFS data strive to be as representative as possible and so people who have addiction and dependence problems will be part of the data-set used.

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123. The Wine and Spirit Trade Association				151	The assumption that companies would maintain the same advertising spend cannot be regarded as safe given the complexity of the advertising market, especially during a recession when advertising channels may be under financial pressure and take unusual action to attract media planners to place adverts with them. This also takes no account of new media advertising.	Thank you for your comment. The modelling does not incorporate detailed changes in the advertising market.
124. The Wine and Spirit Trade Association			3.3.2.3		There are already restrictions in place on advertising alcohol to under 18s.	Thank you for your comment. This scenario attempts to answer the question "what if all exposure to TV advertising were eliminated for those under 18?"
125. The Wine and Spirit Trade Association			3.3.2.4		In modelling costs to the public sector, NICE may want to consider modelling the cost of public subsidy to support media which would lose the income from this type of advertising.	Thank you for your comment. Modelling a public subsidy to advertising or media industry has not been considered.

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126. The Wine and Spirit Trade Association			4.2		The assertion that pricing policies would have little or not cost to the public sector does not take into account the need to publicise and enforce such a policy if it is to actually function in practice. Though it is not within the scope of NICE, the political need for Government to communicate to consumers why they are taking the action is also a factor. Certain pricing policies would need to be communicated to the European Union and be subject to consultation and potentially challenge. This may present more of a cost and time burden to the civil service than envisaged.	Thank you for your comment. The evidence to quantify costs of publicising or enforcing policies is limited and the modelling has excluded these.
127. The Wine and Spirit Trade Association			M32.	161	A large proportion of the modelled financial saving is based on reduction in unemployment costs, and a large proportion of the estimated savings in employment costs are accounted for by heavy drinkers. As stated before we do not believe it is safe to assume that all of the cohort counted as heavy drinkers would be employable and find employment if alcohol were taken out of the equation.	Thank you for your comment. The evidence available quantifies the association between harmful drinking levels and unemployment after adjusting for other factors where possible. The dynamic component to this was discussed in several places within the report.

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128. The Wine and Spirit Trade Association					A high proportion of health savings related to deaths are also due to the modelled behaviour of harmful drinkers. Despite the use of AAF to filter out different health harming factors, decision taken by this group if faced with policy outcomes that raised the price of alcohol or made it unavailable could mean other health costs accruing.	Thank you for your comment. The analysis has accounted for the evidence where available relating harmful drinking to health.
129. The Wine and Spirit Trade Association			M34.	161	As stated before, the assumptions about harmful drinkers' response to price changes doesn't seem to take into account addiction or dependence. The fact that modelling shows them spending significantly more money on alcohol as a response is a warning that such a policy could lead to a number of extraneous consequences of these individuals having less disposable income.	Thank you for your comment. The estimated results for the effects on harmful drinkers are based on analysis of the data and evidence. There is no separate accounting for people with addiction or dependence problems but both the GHS and EFS data strive to be as representative as possible and so people who have addiction and dependence problems will be part of the data-set used.