

STATES OF JERSEY



BUDGET STATEMENT 2010 (P.179/2009): SECOND AMENDMENT (P.179/2009 Amd.(2)) – COMMENTS

**Presented to the States on 7th December 2009
by the Minister for Health and Social Services**

STATES GREFFE

COMMENTS

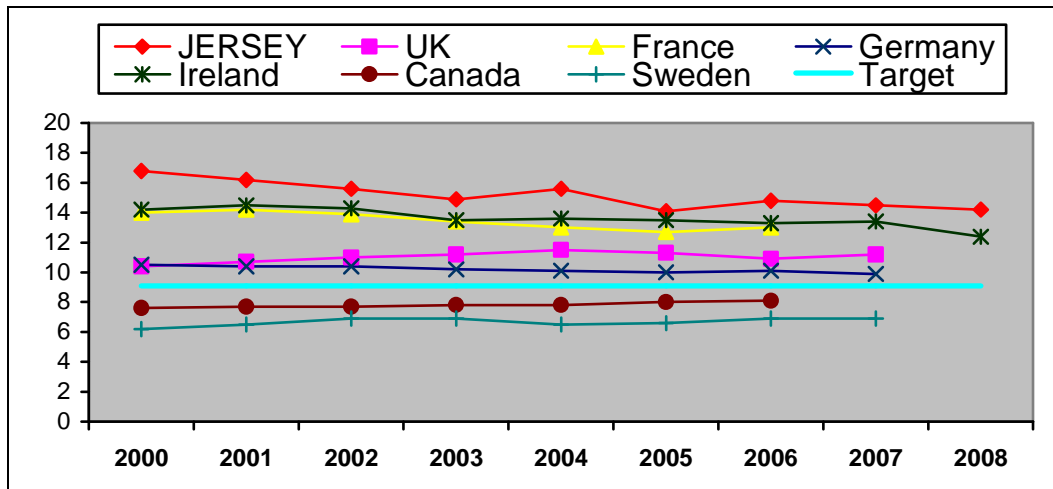
The Public Health Department position on the proposed increase in duty on Alcohol and Tobacco

Alcohol

Within the European Union, alcohol has been identified as the third highest risk to health, ahead of obesity, and behind only tobacco and high blood pressure. The more a country drinks, the greater the harm caused by alcohol. The European Comparative Alcohol Study found that as a country's alcohol consumption goes up, then harm done by alcohol to individuals and society goes up and down in proportion.

Jersey consumption per capita is one of the highest in Europe. The harm resulting from alcohol can be measured according to the effect on the individual, e.g. there are an estimated 42 premature deaths each year attributed to alcohol¹. It can also be measured in the harm caused to the wider local community, e.g. in 2007, 73% of all evening street violence arrests between the hours of 20.00–04.00 involved alcohol². The figure below does, however, indicate a downward trend for Jersey which offers some comfort.

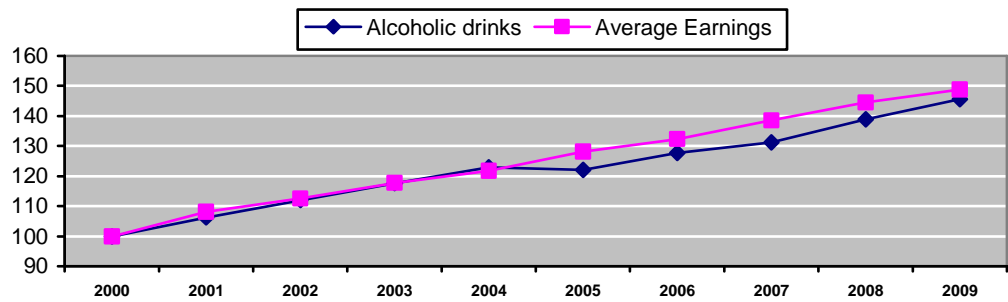
Comparison of Jersey consumption (litres of pure alcohol) per capita with other countries in Europe



Increasing impôt duty on alcohol is one of a number of preventative measures that need to be combined to reduce the harm caused by alcohol. Alcohol prices have increased over the years due to taxation. In recent years, however, alcohol has become more relatively affordable in Jersey (see figure below). This doesn't fit well with aspirations to reduce alcohol consumption.

¹ Public Health Intelligence Unit (2009)

² States of Jersey Police (2008) Annual Crime Figures



In 2003 the States of Jersey endorsed the Alcohol Strategy with its explicit aims to reduce alcohol consumption, particularly in young people, and ensure alcohol duty is above the rate of inflation each year. The current proposed increase in impôt duty will realign local fiscal policy with previously agreed States Strategy on Alcohol.

The World Health Organisation recommends that fiscal approaches should be used in tandem with health educational campaigns to reduce alcohol consumption. Implementing new fiscal measures in addition to duty are encouraged by the World Health Organisation. New measures include minimum pricing. Recent steps by the Scottish government to introduce 'minimum price' is an example of a government responding to these recommendations.

Pursuing a minimum price for alcohol would require legislation, which would set a minimum price on commercially supplied alcoholic drinks based solely on their alcohol content, irrespective of where they are sold. Sheffield University has produced an independent review of the effects of alcohol pricing and promotion. The review found that such pricing policies can be effective in reducing health, crime and employment-related harm.

The current Licensing Law (1974) needs reviewing and has been the subject of a recent Green Paper public consultation. The Green Paper included public health as a key consideration when awarding or reviewing alcohol licences. Jersey has over double the amount of licensed premises than the south-west of England. In addition, the Green Paper suggested a more level playing field in the way the Licensing Law treated 'on-' and 'off-' licence premises. A summary of responses from this consultation is expected soon.

Tobacco

Smoking kills around 150 people in Jersey each year, accounting for one-fifth of all deaths in the Island³. This makes smoking the biggest preventable cause of premature death and chronic ill-health in Jersey. The Jersey Annual Social Survey (2008) found that 15,300 adults still describe themselves as smokers⁴.

The Jersey Tobacco Strategy was agreed by the States in 2003 to employ fiscal and legislative measures in order to address the demand for, and the supply of, tobacco products. Those fiscal measures explicitly included increasing impôts duties on tobacco products over and above the level of inflation each year.

³ Public Health Intelligence Unit

⁴ Jersey Annual Social Survey (2008)

To date, the Tobacco Strategy has been remarkably successful; seeing smoking prevalence decrease from 29% to 21% for adults, and from 35% to 21% for 14–15 year-olds during the last 5 years⁵. Our target is to reach 14%, as already achieved in California and some other parts of the world.

Public Health Recommendation

- The price of alcohol is increased and a pricing policy with a minimum price for a unit of alcohol is considered.
- The Licensing (Jersey) Law 1974 needs to be reviewed and implemented.
- The price of tobacco is increased in line with the commitment given within the Tobacco Strategy (2003).

30th November 2009

⁵ Medical Officer of Health Report (2007)