

Equality Impact Assessment (EIA) Template – Part 1

Policy title and purpose (brief outline):	Draft Public Health (Minimum Price for Alcohol) (Wales) Bill
Name of official:	Drafting official: Adrian Green / Alison Thomas Policy leads: Tracey Breheny, Gareth Hewitt
Department:	Department for Health and Social Services
Date:	Last Reviewed June 2015
Signature:	AG / AT

1. Please provide a brief description of the policy/decision.

The Public Health White Paper *Listening To You: Your Health Matters*, published on 2 April 2014 brought together a number of legislative proposals for addressing specific public health concerns through the use of legislation. The proposals are consistent with the principles of prudent healthcare as they seek to adopt a preventative approach, which involves taking action at points which have potential to reduce or avoid the higher long-term societal and financial costs associated with avoidable ill health.

The Welsh Government is bringing forward legislative proposals to introduce a Minimum Unit Price for alcohol (MUP) system in Wales under the draft **Public Health (Minimum Price for Alcohol) (Wales) Bill**, which has been published for public consultation. The draft Bill, like the Public Health (Wales) Bill which was introduced into the National Assembly for Wales on 8 June 2015, seeks to build on the successes within the Welsh Government's Programme for Government in response to important public health issues in Wales.

These proposals will set a floor price for a unit of alcohol, meaning alcohol cannot be sold for below that price. It is currently proposed that the MUP will be 50p. The overall aim is to reduce harmful alcohol consumption in Wales, thereby reducing the rising levels of alcohol-attributable hospital admissions, illness and alcohol-related deaths. Introducing a MUP will not increase the price of every alcoholic drink, only those sold below the MUP level set. It is proposed that implementation and enforcement of the MUP system in Wales will be led by local authorities.

There is a clear and enduring problem with alcohol misuse in Wales, leading to a range of well-evidenced health and social harms. In 2013, there were 467 alcohol-related deaths in Wales, the majority among men. There is also clear evidence that the price and affordability of alcohol is a key factor in driving consumption and related harm to individuals and wider communities. Overall alcohol misuse in Wales is estimated to cost the health service around £109m each year in hospital admissions alone.

Minimum unit pricing forms an important part of the Welsh Government's overall strategy for reducing alcohol-related harm, due to its ability to target the habits of those individuals who are most likely to suffer illness and death (namely hazardous and particularly harmful drinkers, including young people), while minimising the impact on moderate drinkers, particularly those on low incomes. It is designed to target alcohol products which are sold at unacceptably cheap prices relative to their alcohol content.

2. We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 (please refer to Annex A of the EIA guidance) identified as being relevant to the policy. What steps have you taken to engage with stakeholders, both internally and externally?

This proposal was consulted on as part of the Public Health White Paper, between 2 April and 24 June 2014. The White Paper and consultation summary report are available at:

<http://www.wales.gov.uk/consultations/healthsocialcare/white-paper/?status=closed&lang=en>

In addition to detailed questions on each proposal, the White Paper included a specific question asking for responses about the potential impacts of the proposal on human rights and the protected characteristics, as prescribed within the Equality Act 2010. Respondents did not identify any significant negative impacts from this proposal on these groups, and often indicated that the proposals in the White Paper as a whole would be likely to have generally positive impacts.

The proposal attracted broad overall support from health organisations, the local government sector and voluntary sector organisations. Among the responses in favour of introducing minimum unit pricing, many responses directly referenced evidence in support of an MUP and outlined the health benefits, which could be achieved. The most common arguments provided in favour of an MUP for alcohol included that:

- It is a targeted measure which will have most impact on those who drink at higher levels, whilst having a significantly smaller effect on those drinking within recommended guidelines;

-It would help reduce the incidence of anti-social behaviour as well as benefit public health;

-The adverse impacts of excessive alcohol consumption are a detriment to society and place an unacceptable burden on public services in Wales; and

-Pricing mechanisms should be developed to reduce the availability of alcohol which is sold at an unacceptably low price relative to its alcohol content, and to halt a shift in alcohol sales away from pubs.

Among responses which generally opposed the introduction of an MUP for alcohol, these most commonly suggested that it would affect responsible drinkers and those on lower incomes. Some also suggested introducing MUP would make little difference to binge drinkers or those with an alcohol addiction, who would buy alcohol at any cost.

Beyond the formal consultation exercise, further proactive work has been taking place to engage groups representing people with some of the protected characteristics covered by this assessment. One issue identified through this work to date has been that there could be a risk that some people who have an alcohol addiction may prioritise the purchasing of alcohol over other needs such as heating or children's meals.

The Welsh Government has engaged with the Welsh Local Government Association, the alcohol drinks retail industry and other stakeholders and are also targeting a variety of vulnerable or distressed people who might be harmful drinkers.

3. Your decisions must be based on robust evidence. What evidence base have you used? Please list the source of this evidence e.g. National Survey for Wales. Do you consider the evidence to be strong, satisfactory or weak and are there any gaps in evidence?

There is compelling evidence, built up over many decades of research, that alcohol causes harm and the likelihood of harm is proportionate to the amount of alcohol consumed. There are distinctive issues to be considered in relation to alcohol misuse, particularly for a significant minority of people who drink to excess and do not realise the harm they are doing to themselves. There is also clear evidence that the price and affordability of alcohol is a key factor in driving alcohol consumption and related harm to individuals and wider communities.

In Wales, a recent report¹ by the Public Health Observatory said: *“While we are making progress much more is still to be done if we want to reduce the avoidable harms that alcohol causes families, business and communities across Wales”*. While the percentage of adults drinking above guidelines has fallen slightly since 2008, in the Welsh Health Survey 2014,⁷ 40% of adults still reported drinking above recommended levels on at least one day in the past week, including 24% who reported drinking more than twice the daily guidelines (binge drinking).

The Health Behaviour in School-aged Children (HBSC) data shows drinking among young people remains a concern, with 17% of males and 14% of females aged 11 to 16 in Wales drinking alcohol at least once a week in 2009-10².

There were also around 15,500 alcohol-specific hospital admissions in Wales in 2011-12 (both adults and children). These admissions cover inpatients and day cases for conditions that are wholly-related to alcohol (for example, alcoholic liver disease or alcohol overdose). Since there are many other conditions requiring

¹ Public Health Wales, ‘Alcohol and health in Wales 2014’

² <http://www.ias.org.uk/Alcohol-knowledge-centre/Underage-drinking/Factsheets/Prevalence-of-underage-drinking.aspx>

admission to hospital that are partly due to alcohol, the data does not reflect the true burden of alcohol in terms of population health and health services.

Research carried out by Sheffield University in 2008 (Booth, Andrew, et al (2010), *Alcohol pricing and criminal harm: a rapid evidence assessment of the published research literature*, ScHARR, University of Sheffield) indicated a 50p MUP would be effective in reducing alcohol consumption across England. This work was developed further in 2009 following additional work commissioned by the National Institute for Health and Care Excellence (NICE). This research identified an MUP of 50p per unit would target irresponsible drinking, impacting on hazardous and harmful drinkers, while imposing a minimal extra financial burden on moderate drinkers and on-trade sales. Overall the body of evidence considered MUP would have a major impact in reducing alcohol-related harm.

There is wider evidence from other countries (notably Canada, Sweden and Alaska) to demonstrate that in response to an alcohol price increase there is a decrease in alcohol consumption and – crucially – a decrease in alcohol-related harm and mortality.

In a recent report the Welsh Government's Advisory Panel on Substance Misuse concluded the effects of MUP will be different for different subgroups of the population, enabling those individuals drinking more harmfully or hazardously to be targeted, with smaller effects on moderate drinkers, particularly those with low incomes.

Sheffield University has recently undertaken a model-based appraisal of MUP in Wales. The report <http://gov.wales/Sheffield Report 2015> was published on 8 December and the model shows a strong and consistent link between the price of alcohol and the demand for alcohol. The model also demonstrates a strong and consistent link between price increase, reduced consumption and subsequent reductions in chronic and acute health harms.

The Welsh Government therefore believes there is a wealth of evidence in Wales to support the introduction of an MUP for alcohol.

It is important to note any opportunities you have identified that could advance or promote equality.

Impact

Please complete the next section to show how this policy / decision / practice could have an impact (positive or negative) on the protected groups under the Equality Act 2010 (refer to the EIA guidance document for more information).

Lack of evidence is not a reason for *not* progressing to carrying out an EIA. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.

4.1 Do you think this policy / decision / practice will have a positive or negative impact on people because of their age?

Age	Positive	Negative	None / Negligible	Reasons for your decision (including evidence) / How might it impact?
Younger people <i>(Children and young people up to 18)</i>	x			<p>It is considered the proposals will have a generally beneficial impact on children’s health. While it is widely accepted children should not be drinking alcohol, large numbers still do. An MUP aims to reduce alcohol consumption and alcohol-attributable harms. This includes reducing alcohol consumption by children and young people.</p> <p>Children and young people can be affected by chronic diseases and conditions associated with excess alcohol consumption in adults, and specific health impacts of alcohol misuse in adolescence. Starting drinking at an early age is</p>

				<p>also associated with higher trends of alcohol dependence in adulthood and a range of other adverse consequences.</p> <p>The Children's Commissioner for Wales indicated support for minimum unit pricing in his response to the Public Health White Paper, noting that MUP, along with increased vigilance in preventing the sale of alcohol to under 18s, should further reduce underage drinking, not only in terms of stopping young people from drinking, but also reducing the quantities that are consumed. He urged the Welsh Government to monitor implementation closely in order to avoid a scenario where some young people move towards consuming higher strength alcohol in the wake of increasing prices.</p> <p>There is a risk some parents/carers will continue to consume alcohol at existing levels, resulting in money otherwise earmarked for family or domestic matters being used to meet the increase in cost of alcohol MUP would bring.</p>
People 18 to 50	x			<p>MUP aims to have a positive impact on health for society as a whole by helping to reduce harmful alcohol consumption and addressing the health harms associated with alcohol misuse.</p>

				<p>It is envisaged that individuals within this age group will be affected by MUP to varying extents, depending on their levels of alcohol consumption. MUP will target the habits of those individuals who are most likely to suffer illness and death (namely hazardous and particularly harmful drinkers, including young adults), while minimising the impact on moderate drinkers, particularly those on low incomes.</p>
Older people (50-plus)	x	X		<p>MUP aims to have a positive impact on health for people aged 50-plus in society as a whole by helping to reduce harmful alcohol consumption and addressing the health harms associated with alcohol misuse.</p> <p>Welsh Health Survey data between 2008 and 2014 suggests that the percentage of older people drinking above the daily guidelines has increased, although overall older people are less likely to drink over recommended guidelines.</p> <p>It is envisaged that this age group will be affected by MUP to varying extents. MUP targets the habits of those individuals who are most likely to suffer illness and death (namely, hazardous and harmful drinkers), while minimising the impact on moderate drinkers, including those on low incomes – this is of</p>

				<p>specific relevance when considering groups beyond working age.</p> <p>There is a risk some people may continue to consume alcohol at existing levels, resulting in money earmarked for family being used to meet the increase in cost of alcohol that this MUP would bring.</p>
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4.2 Because they are disabled?

Impairment	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?
Visual impairment			X	It is not anticipated the proposal will specifically impact either positively or negatively.
Hearing impairment			x	It is not anticipated the proposal will specifically impact either positively or negatively.
Physically disabled			x	<p>It is not anticipated the proposal will specifically impact either positively or negatively.</p> <p>However, we are seeking evidence regarding possible impacts for people with a disability who use alcohol as a coping mechanism.</p>
Learning			x	It is not anticipated the proposal will specifically

disability				impact either positively or negatively.
Mental health	x			<p>The relationship between alcohol consumption and mental health problems is complex. Research has suggested that heavy drinking can leave people vulnerable to developing mental health problems and alcohol can be used as a coping mechanism when facing mental health problems.</p> <p>MUP has potential to have a positive impact by helping prevent mental health problems, due to the links with high alcohol consumption. However, it will need to be accompanied by activity to support people with mental health problems who are drinking heavily.</p> <p>The Child Death Review of probable suicides in children and young people in Wales in 2006-12 specifically recommended that the Welsh Government should pursue mechanisms to restrict access of children and young people to alcohol.</p> <p>In addition, the link between alcohol misuse and suicide has been well established and alcohol consumption is considered to be a significant influence on the suicide rate of young men in particular.</p> <p>There is a risk some people with mental</p>

				health issues will continue to consume alcohol at existing levels resulting in money otherwise earmarked for family or domestic matters being used to meet the increase in cost of alcohol MUP would bring.
Other impairments issues	x			<p>A number of White Paper consultation responses noted the importance of recognising the impact of MUP on individuals with an alcohol addiction; the need to assess whether they might spend even greater proportions of their domestic finances on alcohol, at the expense of essential items such as food, clothing and energy costs.</p> <p>In taking forward MUP this needs to form part of a wider suite of activity, including appropriate services and support for those living with an alcohol addiction.</p>

4.3 Because of their gender (man or woman)?

Gender	Positive	Negative	None / Negligible	Reason for your decision (including evidence)/ How might it impact?
Male	x			It is envisaged that both genders will be positively impacted by the proposal, as MUP aims to have a positive impact on health for society as a whole, by helping to reduce harmful

				<p>alcohol consumption and addressing the health harms associated with alcohol misuse.</p> <p>Of the 467 alcohol-related deaths in Wales in 2013, the majority were men and therefore men are particularly likely to benefit from this proposal.</p> <p>However, it is envisaged that men will be affected by MUP to varying extents, depending on levels of alcohol consumption.</p> <p>MUP will target the habits of those individuals who are most likely to suffer illness and death (namely hazardous and particularly harmful drinkers), while minimising the impact on moderate drinkers, particularly those on low incomes.</p> <p>There is a risk some men will continue to consume alcohol at existing levels resulting in money otherwise earmarked for family or domestic matters being used to meet the increase in cost of alcohol MUP would bring.</p>
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Female	x		<p>It is envisaged both genders will be positively impacted by the proposal, as MUP aims to have a positive impact on health for society as a whole by helping to reduce harmful alcohol consumption and addressing the health harms associated with alcohol misuse.</p> <p>While the majority of alcohol-related deaths in Wales are in men, the percentage increase in deaths of women during the last 10 years has been greater than for men.</p> <p>It is envisaged women will be affected by MUP to varying extents, depending on their levels of alcohol consumption. MUP will target the habits of those women who are most likely to suffer illness and death (namely hazardous and particularly harmful drinkers), while minimising the impact on moderate drinkers, particularly those on low incomes.</p> <p>There is a risk some women will continue to consume alcohol at existing levels resulting in money otherwise earmarked for family or domestic matters being used to meet the increase in cost of alcohol MUP would bring.</p>
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4.4 Because they are transgender?

Transgender	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?
			x	Negligible impact anticipated. No specific issues raised in responses to the Public Health White Paper consultation.

4.5 Because of their marriage or civil partnership?

Marriage and Civil Partnership	Positive	Negative	None / Negligible	Reason for your decision (including evidence)/ How might it impact?
Marriage			x	The proposal will not impact on anyone either positively or negatively because of marriage or civil partnership.
Civil Partnership			x	

4.6 Because of their pregnancy or maternity?

Pregnancy and Maternity	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?
Pregnancy	X			NICE advice on drinking in pregnancy is that women should abstain from alcohol completely during the first three months of pregnancy because of the risks of

				<p>miscarriage. For the remainder of the pregnancy, it recommends drinking no more than one or two units of alcohol once or twice a week.</p> <p>As MUP aims to achieve a general reduction in alcohol consumption, any reduction among pregnant women would be a positive impact from the policy.</p>
Maternity (the period after birth)			x	<p>Mothers are advised not to drink more than one to two units once or twice a week while breastfeeding. Drinking more than this can cause problems which can affect a baby's development and reduce the mother's milk supply (NHS Choices).</p> <p>MUP will have no or negligible impacts on new mothers following advice on drinking alcohol while breastfeeding.</p> <p>As MUP aims to achieve a general reduction in alcohol consumption, any reduction amongst new mothers would be a positive impact from the policy.</p>



4.7 Because of their race?

Race	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?
Ethnic minority people, for example Asian, Black,	X			The OECD report <i>Tackling Harmful Alcohol Use – Economics and Public Health Policy</i> , ³ published on 12 May 2015, states that culture has a strong influence on many aspects of alcohol consumption. It seems reasonable to assume that people whose ethnic identity is associated with strong cultural or religious roots will be influenced in their drinking behaviour by their origins. It may be the case that culture associated with ethnic origin is the dominant factor in explaining the pattern of alcohol consumption for a given individual, rather than social status, age or education for example. Results show minority groups generally drink less.
National origin, for example Welsh, English)	x			

³ http://www.oecd-ilibrary.org/social-issues-migration-health/tackling-harmful-alcohol-use_9789264181069-en;jsessionid=ap711o5b1j4u3.x-oecd-live-03

				It is envisaged individuals will be positively impacted by the proposal, as MUP aims to have a positive impact on health of society as a whole.
Asylum seekers and refugees	x			
Gypsies and travellers	x			It is envisaged individuals will be positively impacted by the proposal, as MUP aims to have a positive impact on health for society as a whole by helping to reduce harmful alcohol consumption and addressing the health harms associated with alcohol misuse. While the impact is anticipated to be small, there may be a risk that some people within certain groups including the gypsy and traveller community who have an alcohol addiction may prioritise the purchasing of alcohol over other needs.
Migrants	x			It is envisaged individuals will be positively impacted by the proposal, as MUP aims to have a positive impact on health for society as a whole by helping to reduce harmful alcohol consumption and



				<p>addressing the health harms associated with alcohol misuse.</p> <p>There is a risk some people will continue to consume alcohol at existing levels, resulting in money otherwise earmarked for family, or domestic matters being used to meet the increase in cost of alcohol MUP would bring.</p> <p>No disproportionate impacts envisaged other than the ones considered and listed in other protected characteristics.</p>
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4.8 Because of their religion and belief or non-belief?

Religion and belief or non – belief	Positive	Negative	None / Negligible	Reason for your decision (including evidence)/ How might it impact?
Different religious groups, for example Muslims, Jews, Christians, Sikhs, Buddhists, Hindus, Others (please specify)	x			It is envisaged individuals not abstaining from alcohol (due to their religious or other beliefs) will be positively impacted by the proposal as MUP aims to have a positive impact on health for society as a whole by helping to reduce harmful alcohol consumption and addressing the health harms associated with
Belief, for example, Humanists	x			
Non-belief	x			

				<p>alcohol misuse.</p> <p>There is a risk some people will continue to consume alcohol at existing levels resulting in money otherwise earmarked for family or domestic matters being used to meet the increase in cost of alcohol MUP would bring. However, no disproportionate impacts are anticipated.</p>
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4.9 Because of their sexual orientation?

Sexual Orientation	Positive	Negative	None / Negligible	Reason for your decision (including evidence)/ How might it impact?
Gay men	x			<p>Evidence on alcohol consumption and the LGB community is limited. However there is some evidence which indicates rates of alcohol consumption are higher than in the general population.</p> <p>For various reasons, some elements of social life in LGB communities have historically tended to concentrate around local scenes of gay bars and clubs.</p> <p>While the proposal will not directly impact on people because of their sexual orientation, consideration needs to</p>

				be given to the particular community role played by gay bars and clubs, so MUP does not disproportionately impact the LGB community.
Lesbians	x			<p>Evidence on alcohol consumption and the LGB community is limited, however there is some evidence which indicates rates of alcohol consumption are higher than in the general population.</p> <p>For various reasons, some elements of social life in LGB communities have historically tended to concentrate around local scenes of gay bars and clubs.</p> <p>While the proposal will not directly impact on people because of their sexual orientation, consideration needs to be given to the particular community role played by gay bars and clubs, so that MUP does not disproportionately impact the LGB community.</p>
Bi-sexual	x			<p>Evidence on alcohol consumption and the LGB community is limited, however there is some evidence which indicates rates of alcohol consumption are higher than in the general population. For various reasons, some elements of social life in LGB communities have historically tended to concentrate around local scenes of gay bars and</p>

				clubs. While the proposal will not directly impact on people because of their sexual orientation, consideration needs to be given to the particular community role played by gay bars and clubs, so MUP does not disproportionately impact the LGB community.
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4.10 Do you think that this policy will have a positive or negative impact on people’s human rights?

Please refer to point 1.4 of the EIA Annex A - Guidance for further information about Human Rights.

Human Rights	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?
Human rights including Human Rights Act and UN Conventions				The draft Bill provisions are considered to be compatible with the European Convention on Human Rights, the United Nations Conventions on the Rights of the Child, and the Welsh Ministers’ duty to act in the best interests of children. Careful consideration will be given as the draft Bill develops, together with further discussion and input from key stakeholders.



If you have identified any impacts (other than negligible ones), positive or negative, on any group with protected characteristics, please complete Part 2.

Only if there are no or negligible positive or negative impacts should you go straight to part 2 and sign off the EIA.

Equality Impact Assessment – Part 2

1. Building on the evidence you gathered and considered in Part 1, please consider the following:

1.1 How could, or does, the policy help advance / promote equality of opportunity?

For example, positive measures designed to address disadvantage and reach different communities or protected groups?

As indicated at Part 1, the policy has limited direct impacts in terms of equality of opportunity. The policy will apply equally across all groups and has potential to encourage a social change in habits relating to drinking alcohol.

Those individuals in the lowest socioeconomic groups who drink heavily could be more affected by an increase in minimum price, but this is the group that have the highest risks of alcohol related harm, and will accrue the greatest health benefits from the policy.

1.2 How could / does the policy / decision help to eliminate unlawful discrimination, harassment or victimisation?

As indicated at Part 1, the policy has positive impacts for all by improving the positive impact on health for society as a whole by helping to reduce harmful alcohol consumption and addressing the health harms associated with alcohol misuse. It is not envisaged therefore that this policy unjustifiably discriminates or causes harassment or victimisation.

1.3 How could/does the policy impact on advancing / promoting good relations and wider community cohesion?

Community cohesion is well served by an overall environment which encourages people to act in ways which promote and protect their own health and wellbeing as well as that of their families and wider community. Action to reduce harmful alcohol consumption therefore has a number of potential social benefits, ranging from health benefits to reductions in crime and anti-social behaviour, which could benefit all parts of Wales' diverse communities.

2. Strengthening the policy

2.1 If the policy is likely to have a negative effect ('adverse impact') on any of the protected groups or good relations, what are the reasons for this?

What practical changes/actions could help reduce or remove any negative impacts identified in Part 1?

There is a risk that some people will continue to consume alcohol at existing levels resulting in money otherwise earmarked for family or domestic matters being used to meet the increase in cost of alcohol MUP would bring. The benefits in the longer term should see a reduction in levels of consumption.

There is a risk that there may be unintended consequences of this policy – money that should be spent on life's essentials such as food, clothing and energy could instead be spent on alcohol.

2.2 If no action is to be taken to remove or mitigate negative / adverse impact, please justify why. (Please remember that if you have identified unlawful discrimination (immediate or potential) as a result of the policy, the policy must be changed or revised.)

N/A – No significant negative impacts requiring actions were identified in Part 1. There should be no unlawful discrimination, because the intended purpose of the policy is to improve health and wellbeing overall.

3. Monitoring, evaluating and reviewing

How will you monitor the impact and effectiveness of the policy?

List details of any follow-up work that will be undertaken in relation to the policy (e.g. consultations, specific monitoring etc).

This impact assessment will be kept under review throughout the consultation and the development of the legislation and will be updated periodically as necessary.

The objective of the policy as set out in the draft Bill and detailed in the accompanying explanatory memorandum is to use the prudent healthcare principles and legislation to improve health and other connected outcomes. The policy is preventative – it will make a strong contribution to the aims of promoting health, preventing alcohol misuse and reducing alcohol-related harms and disease. These outcomes will ultimately help to reduce costs to the health service in Wales of treating the avoidable morbidity associated with alcohol misuse.

Evidence shows that minimum unit pricing will have an important role in contributing to reductions in harmful alcohol consumption, which can manifest itself in a number of ways. The impact of an MUP for alcohol will therefore be monitored using a range of indicators, including:

- The numbers of alcohol-related deaths in Wales;
- Rates of alcohol-specific hospital admissions (i.e. admissions that are wholly related to alcohol, such as alcohol-related liver disease or alcohol overdose);
- Alcohol-related mortality rates (deaths most directly linked to alcohol, such as alcoholic liver disease);
- Alcohol-attributable mortality rates (which includes deaths due to conditions which are in part attributable to alcohol);
- Trends in the above rates across different areas, including deprived areas;
- Data on alcohol consumption collected through the Welsh Health Survey and the Healthy Behaviour in School Age Children survey.

The results of all impact assessments where the impact is significant will be published on the Welsh Government's website.

4. Declaration

The above represents a fait assessment of the potential impacts of this policy.

Official completing the EIA
Name:
Adrian Green / Alison Thomas
Department:
Health and Social Services
Date:
Last reviewed June 2015
Signature:
Adrian Green
Head of Division (Sign-off)
Name:
Tracey Breheny
Job title and department:
Deputy Director, Substance Misuse, Health and Social Services
Date:
Last reviewed June 2015
Signature:
Tracey Breheny
Review Date: All impact assessments will be reviewed and updated as this policy and the draft Bill progresses.