

Alcohol Harm Reduction Strategy For England

ALCOHOL HARM REDUCTION STRATEGY FOR ENGLAND

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PRIME MINISTER'S FOREWORD

Millions of us enjoy drinking alcohol with few, if any, ill effects. Indeed moderate drinking can bring some health benefits. But, increasingly, alcohol misuse by a small minority is causing two major, and largely distinct, problems: on the one hand crime and antisocial behaviour in town and city centres, and on the other harm to health as a result of binge- and chronic drinking.

The Strategy Unit's analysis last year showed that alcohol-related harm is costing around £20bn a year, and that some of the harms associated with alcohol are getting worse.

This is why the Government has been looking at how best to tackle the problems of alcohol misuse. The aim has been to target alcohol-related harm and its causes without interfering with the pleasure enjoyed by the millions of people who drink responsibly.

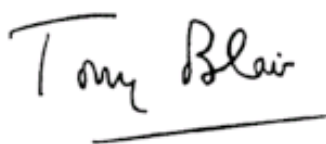
This report sets out the way forward. Alongside the interim report published last year it describes in detail the current patterns of drinking – and the specific harms associated with alcohol. And it clearly shows that the best way to minimise the harms is through partnership between Government, local authorities, police, industry and the public themselves.

For Government, the priority is to work with the police and local authorities so that existing laws to reduce alcohol-related crime and disorder are properly enforced, including powers to shut down any premises where there is a serious problem of disorder arising from it. Treatment services need to be able to meet demand. And the public needs access to clear information setting out the full and serious effects of heavy drinking.

For the drinks industry, the priority is to end irresponsible promotions and advertising; to better ensure the safety of their staff and customers; and to limit the nuisance caused to local communities.

Ultimately, however, it is vital that individuals can make informed and responsible decisions about their own levels of alcohol consumption. Everyone needs to be able to balance their right to enjoy a drink with the potential risks to their own - and others' - health and wellbeing. Young people in particular need to better understand the risks involved in harmful patterns of drinking.

I strongly welcome this report and the Government has accepted all its conclusions. These will now be implemented as Government policy and will, in time, bring benefits to us all in the form of a healthier and happier relationship with alcohol.



Tony Blair

EXECUTIVE SUMMARY

This report sets out the Government's strategy for tackling the harms and costs of alcohol misuse in England. The aim of this strategy is to prevent any further increase in alcohol-related harms in England. It will become a key feature of the public health policy which the Government is at present consulting on and will publish later in the year.

The vast majority of people enjoy alcohol without causing harm to themselves or to others - indeed they can also gain some health and social benefits from moderate use. But for others, alcohol misuse is a very real problem. The Strategy Unit's interim analysis estimated that alcohol misuse is now costing around £20bn a year.

This is made up of alcohol-related health disorders and disease, crime and anti-social behaviour, loss of productivity in the workplace, and problems for those who misuse alcohol and their families, including domestic violence.

The annual cost of alcohol misuse includes:

- 1.2m violent incidents (around half of all violent crimes);
- 360,000 incidents of domestic violence (around a third) which are linked to alcohol misuse;
- increased anti social behaviour and fear of crime – 61% of the population perceive alcohol-related violence as worsening;
- expenditure of £95m on specialist alcohol treatment;
- over 30,000 hospital admissions for alcohol dependence syndrome;
- up to 22,000 premature deaths per annum;
- at peak times, up to 70% of all admissions to accident and emergency departments;
- up to 1,000 suicides;
- up to 17m working days lost through alcohol related absence;
- between 780,000 and 1.3m children affected by parental alcohol problems; and
- increased divorce - marriages where there are alcohol problems are twice as likely to end in divorce.

Some patterns of drinking are particularly likely to raise the risk of harm:

- **Binge-drinkers:** Binge-drinkers are those who drink to get drunk and are likely to be aged under 25. They are more likely to be men, although women's drinking has been rising fast over the last ten years. Binge drinkers are at increased risk of accidents and alcohol poisoning. Men in particular are more likely both to be a victim of violence and to commit violent offences. There can also be a greater risk of sexual assault. The impacts on society are visible in, for example, high levels of attendance at A&E related to alcohol.
- **Chronic drinkers:** These drinkers are more likely to be aged over 30 and around two-thirds are men. They are at increased risk of a variety of health harms such as cirrhosis (which has nearly doubled in the last 10 years), cancer, haemorrhagic stroke, premature death and suicide. They are also more likely to commit the offences of domestic violence and drink-driving.

The direction set out in this strategy is based on a detailed analysis of the key issues and the current situation. It is intended to provide a strong base for where Government should intervene and lead, whilst recognising that responsibility for alcohol misuse cannot rest with Government alone.

Importantly, the strategy sets out a new cross-government approach that relies on creating a partnership at both national and local levels between government, the drinks industry, health and police services, and individuals and communities to tackle alcohol misuse.

Better education and communication

The strategy includes a series of measures aimed at achieving a long term change in attitudes to irresponsible drinking and behaviour, including:

- making the “sensible drinking” message easier to understand and apply;
- targeting messages at those most at risk, including binge- and chronic drinkers;
- providing better information for consumers, both on products and at the point of sale;
- providing alcohol education in schools that can change attitudes and behaviour;
- providing more support and advice for employers; and
- reviewing the code of practice for TV advertising to ensure that it does not target young drinkers or glamorise irresponsible behaviour.

Improving health and treatment services

The strategy proposes a number of measures to improve early identification and treatment of alcohol problems. These measures include:

- improved training of staff to increase awareness of likely signs of alcohol misuse;
- piloting schemes to find out whether earlier identification and treatment of those with alcohol problems can improve health and lead to longer-term savings;
- carrying out a national audit of the demand for and provision of alcohol treatment services, to identify any gaps between demand and provision; and
- better help for the most vulnerable – such as homeless people, drug addicts, the mentally ill, and young people. They often have multiple problems and need clear pathways for treatment from a variety of sources.

Combating alcohol-related crime and disorder

The strategy proposes a series of measures to address the problems of those town and city centres that are blighted by alcohol misuse at weekends. These include:

- greater use of exclusion orders to ban those causing trouble from pubs and clubs or entire town centres;
- greater use of the new fixed-penalty fines for anti-social behaviour;
- working with licensees to ensure better enforcement of existing rules on under-age drinking and serving people who are already drunk. We will also work in partnership with the industry to reduce anti-social behaviours – issues to be addressed may include layout of pubs and availability of seating, managing crime and disorder in city centres and improved information on safe drinking in pubs; and

- in addition to local initiatives, the Security Industry Authority (SIA) will begin the licensing of door supervisors with effect from March 2004.

Working with the alcohol industry

The strategy will build on the good practice of some existing initiatives (such as the Manchester Citysafe Scheme) and involve the alcohol industry in new initiatives at both national level (drinks producers) and at local level (retailers, pubs and clubs).

- At national level, a social responsibility charter for drinks producers, will strongly encourage drinks companies to:
 - pledge not to manufacture products irresponsibly – for example, no products that appeal to under-age drinkers or that encourage people to drink well over recommended limits;
 - ensure that advertising does not promote or condone irresponsible or excessive drinking;
 - put the sensible drinking message clearly on bottles alongside information about unit content;
 - move to packaging products in safer materials – for example, alternatives to glass bottles; and
 - make a financial contribution to a fund that pays for new schemes to address alcohol misuse at national and local levels, such as providing information and alternative facilities for young people.
- At local level, there will be new “code of good conduct” schemes for retailers, pubs and clubs, run locally by a partnership of the industry, police, and licensing panels, and led by the local authority. These will ensure that industry works alongside local communities on issues which really matter such as under-age drinking and making town centres safer and more welcoming at night.

Participation in these schemes will be voluntary. The success of the voluntary approach will be reviewed early in the next parliament. If industry actions are not beginning to make an impact in reducing harms, Government will assess the case for additional steps, including possibly legislation.

Making it all happen

Making it happen will be a shared responsibility across Government. Ministers at the Home Office and the Department of Health will take the lead. We will measure progress regularly against clearly defined indicators and will take stock in 2007.

CHAPTER 1: INTRODUCTION

Alcohol plays an important role in our society and in our economy. However, where it is misused alcohol is also a major contributor to a range of harms, at considerable cost. These harms include:

- harms to the health of individuals;
- crime, anti-social behaviour, domestic violence, and drink-driving and its impact on victims;
- loss of productivity and profitability; and
- social harms, including problems within families.

Government already intervenes in many ways to prevent, minimise and deal with the consequences of the harms caused by alcohol. For example, Government provides information on sensible drinking and health services to people experiencing harms (in accident and emergency departments, on wards, through GP services, and through the provision of treatment services). Through the criminal justice system, Government deals with criminal and anti-social behaviours that may also result from alcohol misuse.

However, Government interventions to prevent, minimise and manage alcohol-related harms have never before been brought together into a coherent strategy. The Prime Minister's Strategy Unit was commissioned to produce an 'Alcohol Harm Reduction Strategy for England', in collaboration with other departments, including the Department of Health and the Home Office. This document sets out that strategy. Implementation will begin this year and will be taken forward by the Home Office, the Department of Health, working closely with the Department for Culture, Media, and Sports, the Department for Education and Skills, the Office of the Deputy Prime Minister and other departments.

The Government has launched a consultation on the people's health - called Choosing Health? - that will lead to a White Paper later on in the year. The consultation covers a wide range of issues concerning the different responsibilities not only of individuals and Government departments, but of other social and commercial organisations and includes many of the issues discussed in this document. This alcohol strategy does not close off any of the issues in that consultation. It develops important issues and questions about alcohol and public health policy and will be an important contribution to that process.

This strategy is for England only. The Government has consulted with the devolved administrations in producing its analysis of the harms caused by alcohol, and will continue to do so as the strategy is implemented – especially in those areas where this strategy's proposals may be relevant to Scotland, Wales and Northern Ireland. All three devolved administrations have produced their own strategies and the Government has been keen to learn from these.

The direction set out in this strategy is based on a detailed analysis of the key issues and the current situation. Separately published documents include the interim analytical report (setting out the analysis of the harms associated with alcohol misuse), background economic analysis and the responses to the public consultation

exercise on the strategy. These are all available on the project website (www.strategy.gov.uk). Unless otherwise stated, the evidence presented in this report is drawn from the interim analytical report.

The remainder of this strategy document comprises 7 sections:

- Chapter 2 summarises the interim analytical report's key findings and sets out the extent and nature of the harms associated with alcohol misuse.
- Chapter 3 sets out the four key areas where the Government's strategy must focus in order to reduce alcohol harms.
- Chapters 4-8 set the strategy direction and make a number of specific proposals in each of those four areas:
 - Chapter 4 sets out proposals for starting to change behaviour and culture through improved and better targeted education and communication.
 - Chapter 5 sets out proposals for better identification of those with alcohol problems and for improving treatment and aftercare services.
 - Chapter 6 sets out proposals to prevent and tackle a range of alcohol-related crime and disorder.
 - Chapter 7 sets out proposals for new ways for government to work with the alcoholic drinks industry to reduce alcohol harms.
 - Chapter 8 sets out how the strategy will be delivered and how progress will be monitored.

CHAPTER 2: ALCOHOL AND ITS HARMS

Summary

- Alcohol plays an important and useful role both in the economy and in British society generally.
- Around a quarter of the population drink above the former recommended weekly guidelines, which increases the risk of causing or experiencing alcohol-related harm.
- The Strategy Unit calculated that the cost of alcohol-related harms in England is up to £20bn per annum. These harms include:
 - harms to health;
 - crime and anti-social behaviour;
 - loss of productivity in the workplace; and
 - social harms, such as family breakdown.
- There is no direct correlation between drinking behaviour and the harm experienced or caused by individuals. However, those most likely to be affected themselves, or harm others, are binge-drinkers, chronic drinkers, the families of those who misuse alcohol, and people with multiple problems (including drug abuse and being homeless).
- The likelihood of causing or suffering harm is also affected by a complex interaction of factors, such as an individual's personality, family background and cultural background.

Alcohol has an important place in our society and brings many benefits

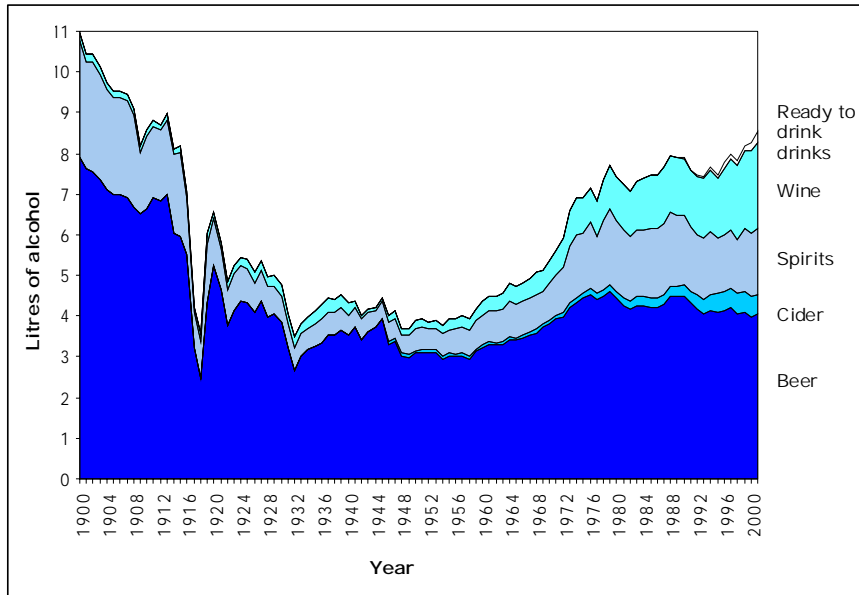
Over 90% of the adult population drink. The majority do so with no problems the majority of the time. For individuals, alcohol is widely associated with socialising, relaxing and pleasure. Drunk in moderation it can provide health benefits by lowering the risk of death from coronary heart disease and ischaemic stroke for those over the age of 40. While it is outside the scope of this report to quantify the economic benefits in detail, alcohol plays a key role within the leisure and tourist industry. It accounts for a substantial section of the UK economy: the value of the alcoholic drinks market is more than £30bn per annum and it is estimated that around one million jobs are linked to it.¹

Around a quarter of the population drink above former recommended weekly guidelines and some 6m above recommended daily guidelines

Since the middle of the last century, levels of alcohol consumption in the UK have been rising (see Figure 2.1).

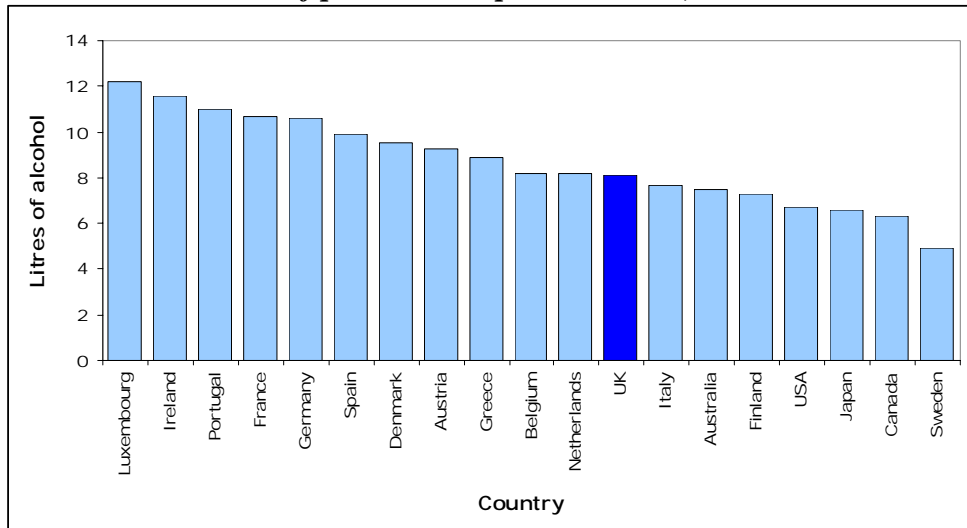
¹ 'Strategy Unit Alcohol Harm Reduction project: Interim Analytical Report', 2003, available at www.strategy.gov.uk, p.8.

**Figure 2.1: Alcohol consumption in the UK: 1900-2000
per capita consumption of 100 per cent alcohol²**



The UK is in the middle of the range for alcohol consumption compared to other European countries (see Figure 2.2). However, while consumption has fallen over recent years in most of the wine-producing countries, British alcohol consumption continues to rise. If present trends continue, the UK will rise to near the top of the consumption league within the next ten years.

**Figure 2.2: Alcohol consumption in the world –
litres of pure alcohol per inhabitant, 1999³**



² Interim Analytical Report, p.13.

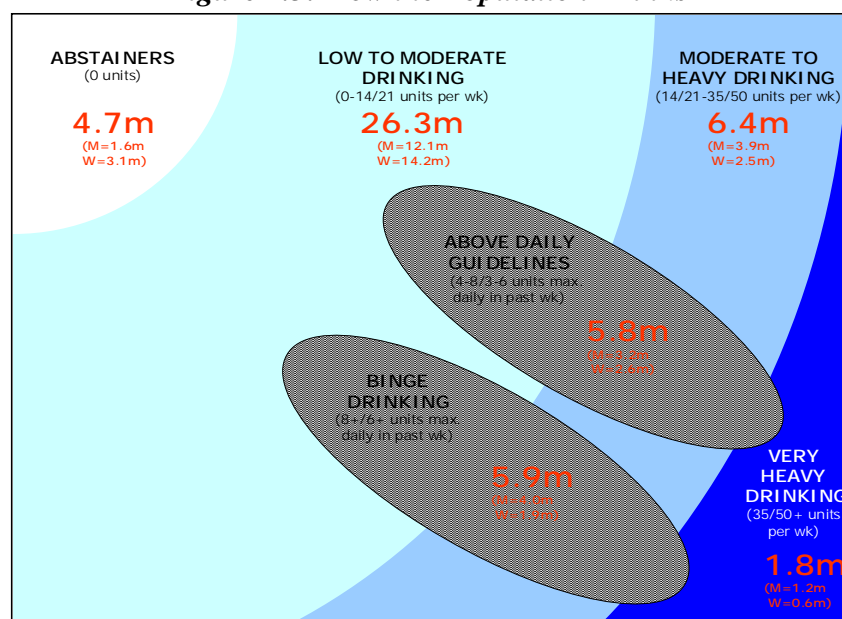
³ Interim Analytical Report, p.14.

Two drinking patterns are particularly likely to lead to harm – binge-drinking and chronic drinking

The common perception of binge-drinking is an occasion on which large amounts of alcohol are drunk in a relatively short space of time. Binge-drinkers often drink with the specific objective of getting drunk, and binge-drinking is often associated with drinking by large groups of people, often after work or on a Friday or Saturday evening. Some people may do this occasionally, whilst others drink excessively much more regularly. From the current data available it is not easy to identify the numbers of people who went out within the last week to get drunk. The best available proxy is the numbers who drank above double the recommended daily guidelines on at least one occasion in the last week. Using this as a measure of ‘binge’ drinking we estimate that around 5.9m adults drink above this level. Within this group there will be many who are regularly drinking far more than twice the recommended daily amount. Many others will do so only rarely.

We define chronic drinking as drinking large amounts regularly. Around a quarter of the population drink above the former weekly guidelines of 14 units for women and 21 units for men (see Box 2.1); 6.4m drink up to 35 units a week (women) or 50 units a week (men). A further 1.8m, two-thirds of them men, drink above these levels.

Figure 2.3: How the Population Drinks⁴



⁴ Interim Analytical Report, p.12.

Box 2.1 – Government’s Recommended Sensible Drinking Guidelines

Government-recommended “sensible drinking” guidelines were developed on the basis of careful consideration of the harmful, and some beneficial, effects of drinking at different levels.

The “sensible drinking” message was first referred to in Government’s 1992 Health of the Nation White Paper. This recommended that men should consume no more than 21 and women no more than 14 units per week. However, consumption at these unit levels had been recommended by the Health Education Authority since 1987 (when the term “units” was first coined), prior to which the message had been expressed in terms of “standard drinks”.

In 1995, in recognition of the dangers of excessive drinking in a single session, the sensible drinking message was changed to focus on daily guidelines. It suggests:

- a maximum intake of 2-3 units per day for women and 3-4 for men, with two alcohol-free days after heavy drinking; continued alcohol consumption at the upper level is not advised;
- that intake of up to two units a day can have a moderate protective effect against heart disease for men over 40 and post-menopausal women; and
- that some groups, such as pregnant women and those engaging in potentially dangerous activities (such as operating heavy machinery), should drink less or nothing at all.

Not all will suffer harm as a result of alcohol misuse

Alcohol misuse does not lead automatically to harm. There is no direct relationship between the amounts or patterns of consumption and types or levels of harm caused or experienced, and it is likely that many of those who exceed the levels of alcohol consumption described above will not suffer harmful effects.

However, alcohol misuse does lead to an increased risk of harm, depending on a range of factors, including:

- the amount drunk on a particular occasion and/or frequency of heavy drinking (the type of alcohol drunk has relatively little impact);
- an individual’s genes, life experiences and personal circumstances;
- the extent to which the individual has other substance misuse problems; and
- the environment in which the alcohol is drunk (for example, a crowded and noisy environment can increase the risk of disorderly behaviour).

Alcohol misuse creates significant harms

We identified four key groups of alcohol related harms to be tackled:

- **Health harms.** We calculate the cost of alcohol misuse to the health service to be £1.7bn per annum. Alcohol misuse is linked to:
 - annual expenditure of £95m on specialist alcohol treatment;

- over 30,000 hospital admissions annually for alcohol dependence syndrome;
- up to 22,000 premature deaths per annum; and
- at peak times, up to 70% of all admissions to accident and emergency (A&E).⁵

In addition, the Chief Medical Officer's Annual Report for 2001 identified a rising trend in deaths from chronic liver disease, with most cases most probably being caused by high levels of alcohol consumption.

- **Crime and anti-social behaviour harms.** We calculate the overall annual cost of crime and anti social behaviour linked to alcohol misuse to be £7.3bn. Alcohol misuse shows strong links to violence. 1.2m violent incidents (around half of all violent crimes) and 360,000 incidents of domestic violence (around a third) are linked to alcohol misuse. More generally, alcohol misuse is linked to disorder and contributes to driving people's fear of crime; 61% of the population perceive alcohol-related violence as worsening.⁶
- **Loss of productivity and profitability.** We calculate the overall annual cost of productivity lost as a result of alcohol misuse to be £6.4bn per annum - up to 17m working days are lost each year through alcohol-related absence. Alcohol misuse may also affect productivity of workers in their workplace and may result in shorter working lives.⁷
- **Harms to family and society.** We calculate the cost of the human and emotional impact suffered by victims of alcohol-related crime to be £4.7bn per annum. Between 780,000 and 1.3m children are affected by parental alcohol problems. Marriages where there are alcohol problems are twice as likely to end in divorce.⁸ In addition, up to half of rough sleepers have problems with alcohol.

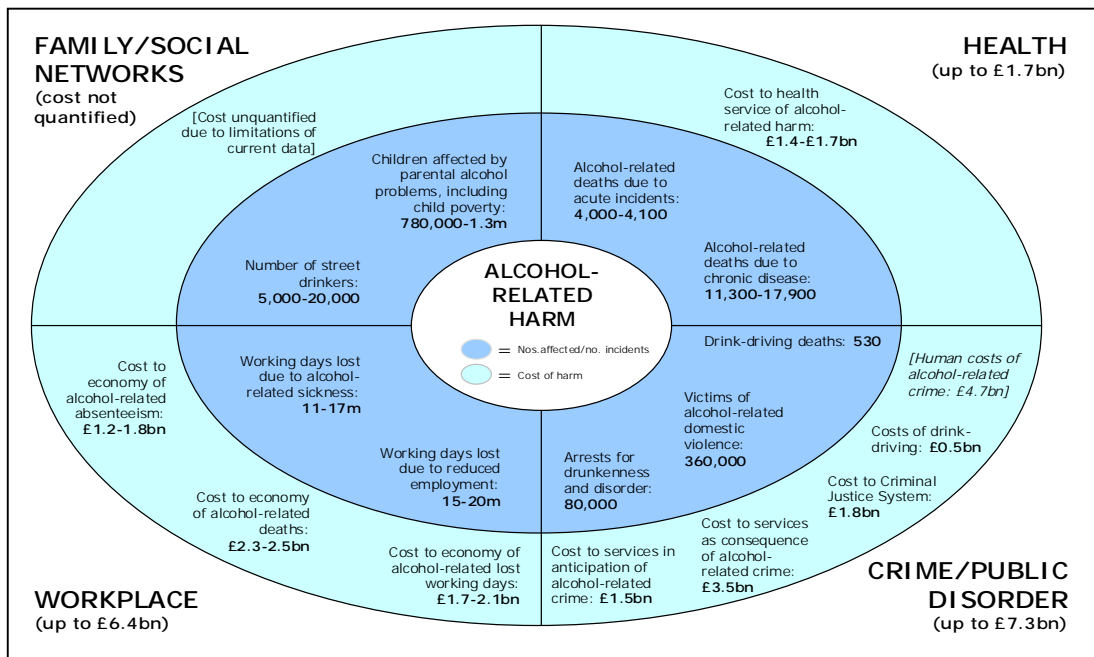
⁵ Interim Analytical Report, pp.32-49.

⁶ Interim Analytical Report, pp.50-69.

⁷ Interim Analytical Report, pp.70-76.

⁸ Interim Analytical Report, pp.78-86.

Figure 2.4: The costs of alcohol-related harm⁹



Overall, the cost of these harms is some £20bn a year. For the individuals affected the harms can be devastating - up to 1,000 suicides a year can be linked with alcohol misuse. The effects are not however confined to the individuals who drink. Alcohol misuse can seriously damage families and communities, and its effects are also felt more widely across society. As taxpayers, we pay for the costs of alcohol-related crime and health problems. As citizens, we are affected by the visible effects of alcohol misuse on our streets.

The effects of binge-drinking, chronic drinking and drinking are part of a wider range of problems

Some patterns of drinking are particularly likely to raise the risk of harm, although not all those drinking in these ways will cause or experience harm:

- Binge-drinkers:** Binge-drinkers and those who drink to get drunk are likely to be aged under 25. They are more likely to be men, although women’s drinking has been rising fast over the last ten years. Binge-drinkers are at increased risk of accidents and alcohol poisoning. Men in particular are more likely both to be a victim of violence – and to commit violent offences. There can also be a greater risk of sexual assault. The impacts on society are visible in, for example, high levels of attendance at A&E related to alcohol. 5.9m people have drunk more than twice the daily guidelines in the past week.
- Chronic drinkers:** These drinkers are more likely to be aged over 30 and around two-thirds are men. They are at increased risk of a variety of health harms such as cirrhosis (which has nearly doubled in the last 10 years), cancer, and haemorrhagic stroke; they are also at higher risk of premature death and suicide. If

⁹ Interim Analytical Report, p.31.

chronic drinkers come into contact with the criminal justice system, it is more likely to be through crimes such as domestic violence and drink-driving. The impacts on society are less visible but are reflected in effects on their families, lost productivity and costs to the health service. 1.8m drinkers consume more than twice former recommended weekly guidelines (see Box 2.1).

In addition, alcohol-related harms may be experienced by a range of vulnerable groups. These include problem drinkers who are from vulnerable groups such as ex-prisoners, street drinkers, those who suffered abuse as children, children of those who misuse alcohol, and young drinkers. As well as alcohol problems they are more likely to experience a whole range of other problems, such as mental illness, drug use and homelessness, which may compound their multiple needs.

Conclusion

The harms to be addressed by the strategy span a range of areas and cost up to £20bn a year. Around 6m people have drunk more than twice recommended daily guidelines in the past week, and around 8m people above the former recommended weekly guidelines. This means that they are at greater risk of a range of harms. Some groups are particularly likely to cause or experience harm: binge-drinkers, chronic drinkers and vulnerable drinkers with multiple problems. Harms result from the interaction of a range of factors – no one single factor is to blame.

CHAPTER 3: THE FUTURE STRATEGY FRAMEWORK

Summary

- This strategy aims to reduce the harm caused by alcohol misuse in England.
- The four key ways that Government can act to reduce alcohol-related harms are through:
 - improved, and better-targeted, education and communication;
 - better identification and treatment of alcohol problems;
 - better co-ordination and enforcement of existing powers against crime and disorder; and
 - encouraging the industry to continue promoting responsible drinking and to continue take a role in reducing alcohol-related harm.
- The Government also needs to ensure that interventions to reduce alcohol harms are:
 - coherent, as isolated interventions are unlikely to succeed;
 - sustained, as short-term initiatives will have little long-term impact;
 - strategic, as without a co-ordinated strategy there is likely to be little progress; and
 - measured, as without ways to chart progress, the success of the strategy cannot be assessed.
- This chapter sets out a framework to achieve these goals.

This strategy has the objective of reducing the harms caused by alcohol misuse in England. It recognises that there are both benefits and costs to alcohol use and, therefore, does not aim to cut alcohol consumption by the whole population. Instead it focuses on the prevention, minimisation and management of the harms caused by alcohol misuse.

Measures to tackle some of these harms are also addressed in other government objectives and initiatives. For example, there are government objectives to:

- raise educational achievement;
- encourage regeneration and active and cohesive communities;
- raise productivity and profitability;
- tackle health inequalities and promote public health;
- tackle crime, anti-social behaviour and domestic violence;
- eradicate child poverty;
- deliver improved services to victims and witnesses (as outlined in the National Strategy - July 2003); and
- promote leisure and tourism.

In the context of these wider policy objectives, there are four key ways that government can act to reduce alcohol-related harms:

- through improved and better targeted education and communication;

- through better identification and treatment of alcohol problems;
- through better co-ordination and enforcement of the current framework to tackle crime and anti-social behaviour; and
- through encouraging the alcoholic drinks industry to promote more responsible drinking and take a role in reducing alcohol related harms.

The strategy will continue to develop as it is implemented, drawing lessons from and linking up with future initiatives such as ‘Choosing Health? The Government’s consultation on action to improve people’s health’.

The first key aim of the strategy is to improve the information available to individuals and to start the process of change in the culture of drinking to get drunk

Individuals make choices about how much and how often they drink. Individuals are responsible for these choices, but they both influence and are driven by their peers and the wider culture of society.

Accurate information is needed if individuals are to make informed choices about alcohol. In particular, young people need to receive adequate education on the issues. Anyone who drinks alcohol needs to understand how sensible drinking guidelines apply to the kind of drinks they consume; and those who may be experiencing problems, along with their families and friends, need to know where to get help and advice. But information is only one factor influencing behaviour. The availability of alcohol, its role in our culture and the drinking behaviour by some groups in our society - particularly young people - all affect attitudes, which in turn shape and are shaped by culture. If individuals are to make responsible choices it is just as important to consider how to create social environments which discourage attitudes and behaviours which lead to the risk of harm.

‘Choosing Health? The Government’s consultation on action to improve people’s health’ will provide an excellent opportunity to learn more about how Government can motivate individuals, and how individuals can motivate themselves to make responsible choices about drinking.

The second key aim of the strategy is to better identify and treat alcohol misuse

Policy to tackle alcohol misuse has traditionally focussed most on health issues, and this is where the harms are best documented. The scale and impact of these harms are set out in the previous chapter. Failing to identify and treat those experiencing alcohol problems can affect an individual’s health, family and work, and can also lead to crime, disorder and anti-social behaviour, which adds up to longer-term economic and social costs, as well as much greater cost to the health service.

The third key aim of the strategy is to prevent and tackle alcohol-related crime and disorder and deliver improved services to victims and witnesses

The cost of alcohol misuse in terms of crime and disorder is more than four times the cost to health, and affects millions of people. For many on the receiving end, the effects of alcohol misuse may be short-lived and soon forgotten. But equally, many

others can be deeply affected – for example, victims of domestic violence, and those experiencing repeated disturbance at night, injuries from bottles used as weapons, or loss of, or injury to, a family member as a result of drink-driving.

The fourth key aim of the strategy is to work with the industry in tackling the harms caused by alcohol

The two main supply-side levers that are commonly cited as influencing harm are price and availability:

- price is controlled by Government through levels of taxation; it is also governed by the laws of supply and demand – for example, price promotions; and
- availability is controlled through restrictions on suppliers (planning and licensing law) and individuals.

There is a clear association between price, availability and consumption. But there is less sound evidence for the impact of introducing specific policies in a particular social and political context:

- our analysis showed that the drivers of consumption are much more complex than merely price and availability;
- evidence suggested that using price as a key lever risked major unintended side effects;
- the majority of those who drink do so sensibly the majority of the time. Policies need to be publicly acceptable if they are to succeed; and
- measures to control price and availability are already built into the system.

So we believe that a more effective measure would be to provide the industry with further opportunities to work in partnership with the Government to reduce alcohol-related harm. Every consumer of alcohol has contact with the industry in one form or another. By contrast, only a small proportion of consumers will come into contact with Government services because of their consumption. Industry should do more to play a key role in:

- preventing problems arising - for example, industry can play a greater role in disseminating messages which strongly encourage responsible consumption and ensuring that establishments' layouts are designed to minimise harm; and
- tackling alcohol-related harms – for example, by working with the police to exclude trouble-makers and helping provide transport home for its clients.

We therefore propose that Government involves the industry in the prevention, minimisation and management of the consequences of alcohol misuse on a voluntary basis.

If these interventions are to be successfully delivered they need to be: coherent, sustained, strategic, measured and publicly supported

- **Coherence.** Isolated interventions are unlikely to succeed. For example, education on the impact of alcohol misuse is more effective where it is backed up with measures in the community. Detoxification in a hostel or prison is unlikely to have much impact if not backed up by aftercare and support.

- **Sustained commitment over a period of time.** Short-term initiatives will have little long-term impact. For example, the transformation in attitudes to drink driving has taken decades of effort both in publicity and in supporting measures such as enforcement and punishment.
- **Clear objectives.** Without clear objectives and a strategy to deliver and monitor them there is likely to be little progress. This applies at the level of both central and local government.
- **Measuring progress.** Without ways to chart progress, the success of the strategy cannot be assessed and monitored.
- **Publicly supported.** Interventions must fit with social and community values, and must be understood and supported by the public. Interventions without this support will be unlikely to work.

Who is responsible for making the strategy happen?

Government has taken the lead on producing a strategy for England in line with its commitment in the 1999 White Paper Our Healthier Nation. But government is not solely responsible for reducing harms - this responsibility is shared with individuals, families and communities, and with the alcoholic drinks industry. The role of communities in reducing alcohol-related harm is especially important given the key role they play in taking ownership of, and enforcing, social norms.

The table below sets out the respective responsibilities of each of these parties in minimising alcohol-related harms.

Who?	Responsibilities	What they can expect from others
Individuals and families	<ul style="list-style-type: none"> • Their own choices about what they and those for whom they are responsible drink, where and how • The consequences of those choices, both as experienced by themselves and in their impact on others <p>Individuals cease to be responsible only where they are genuinely unable to exercise that choice (for example those who are mentally ill) or could not be reasonably expected to exercise it (which is why we protect the under-18s in legislation). Intoxication does not relieve an individual of responsibility for their actions.</p>	<ul style="list-style-type: none"> • Clear and accurate information, and encouragement to make responsible decisions • Support to deal with the adverse consequences of their own or others' actions • Protection from others' actions where harm is caused • Social environments which do not encourage excessive drinking
Alcoholic drinks industry	<ul style="list-style-type: none"> • Giving accurate information about the products it sells - and warning about the consequences 	<ul style="list-style-type: none"> • Fair regulation consistent with these responsibilities • Provision of services for

	<ul style="list-style-type: none"> • Supplying its products in a way which minimises harm • Work with national agencies and local partners to tackle the harms which the supply of its product creates 	<p>which it pays through business rates and taxes as does any other business</p>
Government	<ul style="list-style-type: none"> • Ensuring that consumers receive clear information, both through its own efforts and through working with the industry • Supporting those who suffer adverse consequences • Protecting individuals from harm caused by the alcohol misuse of others – for example, through effective enforcement of the duties on enforcement agencies • Protecting against harms caused by the supply of alcohol where appropriate, and for regulating to the minimum necessary to achieve this • Ensuring a fair balance between the interests of all stakeholders • Providing the right strategic framework 	<ul style="list-style-type: none"> • To fulfil their responsibilities • Voluntary co-operation and partnership working

All of these responsibilities play out at community level. Communities can be immediately and directly affected by misuse of alcohol in a multitude of ways - a pub which repeatedly causes disorder, off-licences which consistently sell to under-18s, groups of teenagers perceived as intimidating or street drinking. We need to ensure that communities can take the initiative in creating the right kind of environment and social norms and that their voice is heard.

CHAPTER 4: EDUCATION AND COMMUNICATION

Summary

- For increasing numbers of people in England, getting drunk has become the definition of “a good night out”. Many of them take little personal responsibility for their behaviour in getting drunk in the first place, or their subsequent actions when drunk.
- A first step in encouraging individuals to act responsibly involves making sure that they understand the potential risks of irresponsible drinking and alcohol misuse. However, raising awareness alone is not enough. Any successful harm-reduction strategy will need to achieve a long-term change in attitudes to irresponsible drinking and behaviour.
- Most people obtain alcohol-related information from five main sources:
 - public health information and government campaigns;
 - information provided by the alcohol industry;
 - education in schools;
 - the workplace; and
 - advertising.Further information may also be provided by friends, families and the wider community.
- Despite all these sources of information, consumers are generally not well-enough equipped to take informed choices about their drinking behaviour:
 - recognition of the Government’s “sensible drinking” message is relatively high, with 80% of drinkers having heard of units. But this has little impact on behaviour as only 10% of drinkers check their consumption in units and just 25% know what a “unit” is;
 - while school programmes impart information, there is little evidence that they are effective in changing drinking behaviour;
 - levels of awareness of alcohol-related problems in the workplace are variable; and
 - responses to our consultation exercise showed increasing concern at how some TV advertising may be condoning (if not encouraging) irresponsible drinking behaviour.
- This strategy contains a package of measures to:
 - make the “sensible drinking” message easier to understand and apply;
 - target campaigns at those most at risk: including binge- and chronic drinkers;
 - share expertise better, both inside and outside Government;
 - provide better information for consumers, both on products and at the point of sale;
 - provide alcohol education in schools that can change attitudes and behaviour, as well as raise awareness of alcohol issue;
 - provide more support and advice for employers; and
 - review the code of practice for TV advertising to ensure that it does not target young drinkers or glamorise irresponsible behaviour.

For many people in England today, going out to get drunk has become a part of “a good night out”

As a population we are drinking more, more often, and our consultation exercise and interim analytical report both indicated that we are becoming more tolerant of the outcomes.¹⁰ Drinking is often viewed as an end in itself, and public drunkenness is socially accepted, if not expected.

Box 4.1 – Going Out To Get Drunk

“It’s very important to get drunk. I’m spending money and I want to get drunk, and if I don’t it’s just a waste of money”.

There are clear differences in social norms and attitudes between Mediterranean drinking culture, in which the dominant beverage is wine, and Northern European and Anglo-Saxon cultures in which beers and spirits have traditionally predominated. Our drinking culture shares more characteristics with the latter. These characteristics are deeply rooted in culture, tradition and indeed climate.

There are many different subcultures within the overall drinking culture. Particularly evident – though not necessarily reflective of the population as a whole – is a culture of going out to get drunk. This culture is particularly associated with:

- 16-24 year old drinkers (though also, increasingly, for older drinkers);
- large numbers coming into town centres from up to 50-60 miles away;
- circuit drinking (moving from one establishment to another); and
- a strong likelihood of disorderly or criminal behaviour.

If individuals are to make informed choices about their drinking and act more responsibly, they need accurate and balanced information. But exercising responsible choice also depends on the availability of alcohol, its role in our culture and the drinking behaviour by some groups in our society – particularly young people. Attitudes and behaviour are inextricably linked to the surrounding culture. Changes to behaviour and culture therefore go hand in hand: raising awareness is not enough to change behaviour. The Government’s communication and education initiatives will need not only to provide information, but will also need to be linked to wider action to change attitudes and cultures which encourage excessive drinking. The alcoholic drinks industry, too, will need to ensure that its advertising or the way in which it sells alcohol neither condones nor encourages harmful drinking behaviour.

In this chapter, we focus on five key channels through which information reaches the consumer:

- public information and government messages;
- information provided by the industry;
- school education;
- the workplace; and
- advertising.

¹⁰ Interim Analytical Report, p.110.

4.1 Public information and Government messages

Drinkers have a right to clear, accurate information on which to make choices about their alcohol consumption

We set out in Chapter 3 the responsibility of individuals to make choices. To make informed and responsible choices, people need to know about the effects of alcohol on their own lives and on the lives of others. To do this they need clear and credible information.

Government communications on alcohol currently focus on the information contained in the “sensible drinking” message

The Government’s “sensible drinking” message is a benchmark for sensible drinking, designed to increase public awareness of the long- and short-term health effects of excessive drinking. Since 1995, the sensible drinking message has been based on a daily consumption guideline, expressed in terms of “units” (see Box 2.1).

Responsibility for dissemination of the sensible drinking message falls largely to the Department of Health (DH). The message is also featured on the publicity material produced by external organisations, such as the Portman Group (see Box 4.2).

Box 4.2 – The Portman Group

The Portman Group was set up in 1989 by the UK’s leading alcohol producers. Its purpose is to promote sensible drinking; to help prevent alcohol misuse; to encourage responsible marketing; and to foster a balanced understanding of alcohol-related issues.

In 1998, the Portman Group launched a campaign to promote unit awareness in the context of the revised sensible drinking message. This has been promoted through the “unit calculator”, which provides a ready reckoner for calculating how many units are contained in a range of standard drinks. The Portman Group’s ‘If You Do Do Drink, Don’t Do Drunk’ campaign was launched in 2001, and aims to raise awareness amongst young drinkers of the adverse consequences of excessive drinking.

The sensible drinking message can be difficult to communicate, and lacks credibility with the public

The sensible drinking message has been effective in establishing an awareness of the principle of “sensible” levels of alcohol consumption: 80% of drinkers have heard of units. Understanding and impact of the sensible drinking message on behaviour is however low - only 10% of drinkers actually check their consumption in units, and just 25% understand the practical implications of what a unit is. The message is therefore not working well.

Two key problems exist:

- The message is hard to apply to the realities of drinking. Drinkers can no longer rely on the received wisdom that one glass of wine or half a pint of beer equals one unit:
 - drinks are now stronger - for example, the average strength of wine is now 12.5% whilst units are premised on 9% strength; similarly, the measurement of a unit of beer as half a pint is based on beers with a value of around 3.5%, while most modern lagers are 4% and above; and
 - glasses are larger - wine is routinely available in 175ml or 250ml glasses, whilst a unit of wine is 125ml.
- The sensible drinking message does not target particular types of drinkers. Equally, it does not focus on changing behaviour and there is little emphasis on consequences of misuse, on warning signs, or on how and where to seek help.

Government will therefore completely overhaul the way it presents messages about alcohol

A strategic approach to government messages should be developed, based upon:

- a co-ordinated communications effort, with input from non-governmental stakeholders where necessary;
- a revised “sensible drinking” message; and
- additional targeted messages, which focus on particular groups of people or behaviours, and which support but do not contradict the universal message.

A co-ordinated communications effort

In future, expertise should be shared more effectively across Government. As part of this process, it will be crucial to harness the resources of the alcoholic drinks industry and of other stakeholders. Whilst the Portman Group has provided a link to the alcoholic drinks industry in disseminating sensible drinking messages, more use could be made both of the industry’s expertise in understanding and targeting consumers and the channels of communication at its disposal. ‘Choosing Health? The Government’s consultation on action to improve people’s health’ will provide more information on the best way of targeting the public with messages about sensible drinking.

As the drink-driving campaign has proved, messages are most effective when they are reinforced over an extended period. It is therefore vital that consistent communications are sustained over time.

A revised sensible drinking message

The current “universal” sensible drinking message should be re-assessed, with a focus on developing a simpler format for the message, and one which makes it easier to relate to everyday life. This re-assessment should be conducted in conjunction with stakeholders inside and outside Government to ensure that the message is easily communicated, whilst retaining its scientific validity. This revised message could then form the basis of wider communications.

Additional targeted messages

The Government should target messages on the risks of alcohol misuse towards the two groups at most risk of causing and experiencing alcohol-related harms – binge- and chronic drinkers. These messages should be focused on the consequences of alcohol misuse rather than on alcohol consumption or intake, and should encourage drinkers to identify with the risks and outcomes associated with alcohol misuse.

Actions

‘Choosing Health? The Government’s consultation on action to improve people’s health’ will lead to a White Paper on Public Health issues later in the year. The actions below will be taken in conjunction with the work on this White Paper.

- 1. The Department of Health and the Home Office, in consultation with other departments such as the Department for Education and Skills, the Department for Culture, Media and Sport, and the Department for Environment, Food and Rural Affairs will establish an alcohol communications group to share best practice and agree strategies. The communications group will draw on the expertise of outside stakeholders including the industry and voluntary organisations. This will be established by Q3/2004.*
- 2. The Department of Health will carry out a re-assessment of the current “sensible drinking” message, focusing on developing a simpler format for the message, and one which makes it easier to relate to everyday life. This should be achieved by Q2/2005.*
- 3. The Department of Health will work with others inside and outside Government to identify the most effective messages to be used with binge- and chronic drinkers, and the most effective media for disseminating these messages. The Government communications group should aim to develop these messages and disseminate them from Q2/2005.*

4.2 Information provided by the alcohol industry

Messages encouraging responsible drinking disseminated by the industry will reach most people who drink

Every consumer of alcohol is by definition exposed to a product. So products and outlets for alcohol are likely to be one of the most effective means of giving consumers information on both the content of what they consume and the consequences.

Some information is already available

Although a number of producers already voluntarily display information on products, in general the industry provides little information on the possible consequences of alcohol misuse either at the point of sale or in its advertisements.

The Portman Group estimate that a large proportion of the alcohol sold in the UK is voluntarily unit labelled by the industry. They estimate that voluntary unit labelling is included on over half of all spirits, over a third of ciders and a significant number of lagers and beers.

Health warning labels on alcoholic beverage containers have been introduced on a statutory basis at the national level in a number of countries worldwide, including the United States. In the UK, there is no health warning label legislation. Recently, however, the Robert Cains brewery has voluntarily chosen to label its 2008 Ale with the number of units per bottle and also place a warning on the label.

Nutrition labelling controls are a matter of EU competence. The European Commission has begun a review of the existing nutrition labelling legislation. As part of this review, it is considering the case for compulsory nutrition labelling on all pre-packaged foods and drinks, which may well include alcoholic beverages. Current rules state that where nutrition labelling is provided, information given must consist of at least information on the energy value and the amounts of protein, carbohydrate and fat.

All containers and pump handles in pubs and bars give details of alcohol by volume, and some alcohol advertisements now carry a responsible drinking message.

In addition, the drinks industry will be encouraged to play a full role in the public health consultation, 'Choosing Health? The Government's consultation on action to improve people's health'.

Making more information available at the point of sale alone is unlikely to change behaviour, but it is an excellent way of disseminating information and raising awareness

There is no evidence that consumers in England change their behaviour as a result of the current unit information on products; and fairly extensive research conducted in the US reports no significant change in drinking behaviour as a result of these labels.¹¹

However, labels provide an excellent way of disseminating information, and - depending on their content - may play a useful role in raising awareness and in educating drinkers about the risks associated with alcohol misuse.

There is much greater potential for voluntary good practice by the alcohol industry in informing consumers

Building on current good practice, and under the aegis of the broader social responsibility scheme set out in Chapter 6 and 7 of this report, the alcohol industry will be strongly encouraged to add messages encouraging sensible consumption to the labels of its product. A statutory approach to labelling would need to be cleared under EU legislation. Steps should therefore be taken in parallel to examine the legal and practical feasibility of compulsory labelling in the future, should voluntary arrangements prove less effective than hoped.

¹¹ Interim Analytical Report, p.149.

In the same way, Government would like to see producers and retailers of alcohol, both on- and off-licence, taking a more proactive role in disseminating advisory information in both drinking and purchasing environments. Advertisers, too, have a responsibility to strongly encourage sensible drinking.

Actions

‘Choosing Health? The Government’s consultation on action to improve people’s health’ will lead to a White Paper on Public Health issues later in the year. This will involve working with a number of industrial and consumer groups about how they can improve the health of the public and the actions below will be taken in conjunction with the work on this White Paper.

- 4. *As part of the social responsibility scheme (see Chapters 6 and 7), alcohol producers and manufacturers will be strongly encouraged to add messages encouraging sensible consumption, alongside unit content, to the labels of its products in a form agreed with the Department of Health.***
- 5. *As part of the social responsibility scheme (see Chapters 6 and 7), all retailers of alcohol, both on- and off-licence, will be strongly encouraged to display information setting out the sensible drinking message and explaining what a unit is and how it translates in practical terms to the drinks sold.***
- 6. *As part of the social responsibility scheme (see Chapters 6 and 7), the alcohol industry will be strongly encouraged to display a reminder about responsible drinking on its advertisements.***
- 7. *From Q2/2004, the Department of Health will work with the UK Permanent Representation to the European Union (UKRep) and partners within government to examine the legal and practical feasibility of compulsory labelling of alcoholic beverage containers.***

Further detail of the arrangements surrounding these recommendations can be found in Chapters 6 and 7.

4.3 Education and young people

Young people need clear and accessible information in order to make responsible choices about drinking behaviour

Young people under the age of 16 are drinking twice as much today as they did ten years ago, and report getting drunk earlier than their European peers. A number of issues surround alcohol misuse by young people, from specific health effects to alcohol-related crime, school exclusion and unsafe sex. As part of a long-term alcohol harm reduction strategy, it is vital that young people are educated to make responsible choices about their drinking behaviour.

‘Choosing Health? The Government’s consultation on action to improve people’s health’ will also examine how children can be encouraged to make healthy choices.

Alcohol education in schools is provided in a number of different ways

Alcohol education is already a statutory requirement of the National Curriculum Science Order. This represents the statutory minimum, and schools are expected to use the non-statutory framework for personal, social and health education (PSHE) as the basis for extending their provision. PSHE provides pupils with opportunities to develop their knowledge, skills, attitudes and understanding about alcohol.

There are further opportunities for alcohol education to be addressed within Citizenship, which became statutory in secondary schools in September 2003. Alcohol education also features as one of the ten themes of the National Healthy School Standard (NHSS). So there is sufficient opportunity to educate about alcohol.

Local authorities, the Connexions service, further and higher education colleges provide other avenues for helping young people learn to make responsible choices.

But although information is already being provided, we need to know more about how best to influence attitudes and behaviour

Although such programmes are successful in imparting information, an extensive international literature suggests that conventional alcohol education programmes are generally less effective in changing behaviour. There is some suggestion that peer-led prevention programmes can enhance teacher-led programmes, and that interactive programmes to develop interpersonal skills can be effective in changing behaviour. But we need to know more about what approaches will deliver tangible changes in attitude and behaviour.

As well as giving more information about alcohol, Government will pilot innovative approaches and feed them back into the school curriculum

The Blueprint programme is a research programme designed to examine the effectiveness of a multi-component approach to drug education. It differs from existing drug education in that in addition to school-based activities the programme involves parents, the community, the media and health policy work. It also uses normative education techniques. The programme draws on worldwide evidence and adapts it to the English education system. It will be crucial that the results of the Blueprint programme inform future teaching practices in this area.

It will be equally important to address the lack of evidence relating to the effectiveness of interventions for children and young people outside the classroom - in non-traditional settings such as youth centres and leisure facilities. As part of this, young people themselves should be consulted on what is most likely to make a difference.

Actions

8. *By Q3/2007, the Department for Education and Skills (in consultation with the Department of Health and the Home Office) will use the findings of the Blueprint research programme to ensure that future provision of alcohol education in schools addresses attitudes and behaviour as well as providing information.*
9. *This will be complemented by research to review the evidence base for the effectiveness of interventions on alcohol prevention for children and young people both inside and outside the school setting (including youth and leisure facilities). This research should be led by the Department of Health, in consultation with the Department for Education and Skills, the Department for Culture, Media and Sport, the Health Development Agency, and other appropriate research organisations. Research will be completed by Q1/2005, and results disseminated thereafter.*

4.4 Alcohol misuse in the workplace

Alcohol misuse leads to loss of productivity for the country and loss of employment opportunities for the individual

Alcohol misuse among employees costs up to £6.4bn in lost productivity through increased absenteeism, unemployment and premature death. It can also lead to unemployment and loss of quality of life for individual problem drinkers, who tend to stay in jobs for shorter periods than employees who do not misuse alcohol.

There is a clear framework on health and safety, but less emphasis on general awareness

There is a clear framework in health and safety law as well as in practices adopted by individual businesses to ensure that alcohol does not cause accidents in the workplace.

However, as well as being a health and safety issue, alcohol misuse is a major cause of absenteeism, and lost productivity and profitability. Employers need to know how to recognise when an employee has an alcohol problem and what actions to take and procedures to follow. The Department of Health and the Health and Safety Executive recommend that employers should have an alcohol policy setting out signs to look for and procedures to follow. Whilst over half of employers do have an alcohol policy and there are many examples of good practice (see Box 4.3), many of those who do not are likely to be small businesses who could benefit from advice on what to do.

Box 4.3 – The Royal and Sun Alliance

The Royal and Sun Alliance's Drug and Alcohol Policy, introduced from March 2000, involved the production of a Policy and Practice statement followed by the face to face training of nearly 3000 managers and supervisors. The Royal & Sun Alliance

also produced a video for other companies thinking about introducing a drug and alcohol policy.

Actions

‘Choosing Health? The Government’s consultation on action to improve people’s health’ will lead to a White Paper on Public Health issues later in the year. This will involve working with a number of organisations within industry on how they can improve employees’ health and the actions below will be taken in conjunction with the work on this White Paper.

10. *The Department of Health will set up a website to provide advice on the warning signs of alcohol misuse and how to handle employees who appear to have an alcohol problem. This will be established in consultation with the Department of Trade and Industry, the Health and Safety Executive, the Trades Unions Congress, the Confederation of British Industry and the Federation of Small Businesses. The site will also include a link to a directory of services for referrals for extra help. This site will be running by Q1/2005.*

11. *By Q3/2004, Home Office will extend the scope of the National Workplace Initiative, which trains company representatives on handling drug use in the workplace, to include alcohol.*

4.5 Advertising

Alcohol advertising should neither condone nor encourage irresponsible drinking behaviour

The UK alcoholic drinks industry spends over £200m per year on direct alcohol advertising (TV, radio, and print media). With this commercial right comes the responsibility to ensure that advertising does not glamorise or condone harmful drinking behaviour.

Current advertising regulation governing alcoholic drinks in the UK combines both statutory regulation and self-regulation

In the UK, the advertising and marketing of alcoholic products are subject to a framework of regulatory codes, some of which are regulated by statute and some by self-regulatory systems.

- Television and radio advertising is regulated by Ofcom. Regulation includes mandatory pre-clearance of advertising before broadcast.
- Sales promotions and all advertisements that appear in print media are governed by a self-regulatory system, administered by the Advertising Standards Authority (ASA). Since 1996, the Portman Group has also operated a voluntary code of practice regulating the marketing of alcoholic drinks.

All codes of practice, both statutory and self-regulatory, recognise the need for special sensitivity to be taken in the treatment and portrayal of alcohol in advertisements. The

existing codes prohibit approaches such as the promotion of irresponsible consumption, the connection of alcohol with sexual and social success, and, in particular, advertising being directed at or appealing to children and young people under 18. Anyone associated with drinking must be, and look, at least 25. Broadcasters breaching the TV and radio codes are obliged to withdraw the advertisement, and may be required to pay substantial fines.

Nevertheless, consultation on the strategy revealed widespread concern that some alcohol advertisements breach the spirit, if not the letter, of the TV advertising code

The number of alcohol advertisements attracting complaints in either broadcast or non-broadcast media is very small. However, our consultation exercise showed increasing concern at the way in which some TV advertising appears to be in breach of the spirit, if not the letter, of existing codes. The types of advertisements cited included those:

- condoning excessive drinking;
- linking alcohol with sexual and social success;
- encouraging irresponsible behaviour; and
- covertly targeting young people.

Given that young people may be especially susceptible to advertising, this latter issue is of particular concern. Evidence suggests that there is a link between young people's awareness and appreciation of alcohol advertising, and their propensity to drink both now and in the future. However, the direction of causality is ambiguous: it is not clear whether those who are predisposed to drink because of other influences are particularly interested in alcohol advertising, or whether it is a particular interest in the advertising which encourages their desire to drink.

The Government will also be looking more widely at advertising and healthy choices as part of its consultation on public health, which will lead to the publication of a White Paper later in 2004.

There is as yet no definitive proof of the effect of advertising on behaviour

There is no clear case on the effect of advertising on behaviour. One recent study suggests that such an effect may exist, but is contradicted by others which find no such case. So the evidence is not sufficiently strong to suggest that measures such as a ban on advertising or tightening existing restrictions about scheduling should be imposed by regulation.

What does emerge clearly is that the current system is not sufficiently tightly drawn up and enforced. On a precautionary basis, there is a clear case for tightening existing rules on the content of advertising. To work well:

- the existing codes need to set out unequivocally the issues which the rules are designed to address but to be flexible enough to allow the regulator to pursue the public interest whatever new creative techniques may emerge;
- the Code needs to be systematically and rigorously enforced by the Broadcast Advertising Clearance Centre, where advertisements are "pre-cleared", focussing

not just on causing offence but more broadly on potential to condone or encourage misuse, taking account of all available relevant research; and

- the industry itself has to take a more responsible attitude to prove that self-regulation can be made to work effectively.

This responsibility has recently passed to Ofcom.

Action

- 12. *Ofcom will oversee a fundamental review of the code rules on alcohol advertising and their enforcement. The review will focus in particular on:***
- i) ensuring that advertisements do not target under-18s, and tightening the provisions if necessary;*
 - ii) ensuring that advertisements do not encourage or celebrate irresponsible behaviour;*
 - iii) the potential of advertisements to encourage alcohol misuse as well as the simple potential to cause offence; and*
 - iv) ensuring that, as part of its wider duty to publicise its remit, Ofcom ensures publicity for the regulator's role in relation to broadcast advertising and complaints.*

Ofcom will consult stakeholders and complete this review by Q4/2004.

CHAPTER 5: IDENTIFICATION AND TREATMENT

Summary

- A successful alcohol treatment programme requires:
 - the identification and referral of people with alcohol problems;
 - treatment tailored to differing individual needs and motivations, including support for families where appropriate; and
 - services that are effective in helping vulnerable and at-risk groups.
- There are a number of problems with the existing identification, referral and treatment services:
 - alcohol problems are often not identified sufficiently early, leading to later financial and human costs;
 - health service staff have low awareness of alcohol issues;
 - there is little available information on demand for treatment, the provision of services to meet this demand, or for the current capacity of treatment services;
 - the structure of alcohol treatment can vary widely, with no clear standards for, or pathways through, treatment; and
 - procedures for referring vulnerable people between alcohol treatment and other services are often unclear.
- Government will improve the identification and referral of those with alcohol problems by:
 - running pilot programmes to establish whether earlier identification and treatment of those with alcohol problems can improve health, lead to longer-term savings, and be embedded into mainstream health care provision; and
 - raising health service staff awareness of alcohol misuse issues and improving their ability to deal with them.
- Government will aim to improve treatment by:
 - conducting a national audit of alcohol treatment, including the provision of aftercare. This will establish levels of current provision and the extent of unmet demand, to form the basis for improving services; and
 - improving standards of treatment by introducing more co-ordinated arrangements for commissioning and monitoring standards.
- Government will improve services for vulnerable groups by:
 - commissioning integrated care pathways for the most vulnerable, who often have multiple problems: those with drug problems, mental illness, homeless people and young people.

This chapter considers the best way of identifying and treating those who have established alcohol problems that may be affecting their health or their social functioning.

The previous chapter considered ways of helping people to identify problems with their drinking through education and communication. This chapter looks at what health and other services can do to help people identify and resolve these problems.

Effective treatment requires that:

- those with alcohol problems are identified and referred to the appropriate services;
- appropriate treatment is available; and
- treatment for vulnerable groups covers all their related needs and problems, and adequate aftercare is available.

Measures to better identify, treat and retain problem drug users within the treatment system have formed a central plank of current drugs policy. Current drugs policy measures include using the criminal justice system to better identify and capture problem drug users (testing those who have committed “trigger offences” and referring them to treatment) and increasing treatment capacity and reducing waiting times for treatment. An estimated 25% of drug users may also have an alcohol problem.¹²

The percentage of those abusing alcohol who are likely to have a drugs problem is likely to be much lower. The population of those who have an alcohol problem is much broader than the population of problem drug users. A high proportion of high harm-causing drug users (about 90%) will be committing an average (per individual) of approximately £90,000 worth of crime each per year to fund their habit (mainly a high volume of low level, low impact crimes such as shop-lifting and stealing).¹³ Identification and capture of these high harm-causing drug users through the criminal justice system is therefore appropriate. By contrast, the large majority of those abusing alcohol are unlikely to have contact with the criminal justice system.

However, unlike in the area of drugs policy there has been little focus on how best to identify and encourage those with alcohol problems to move into treatment. This section therefore considers how best to identify and treat problems with alcohol misuse and consider whether there are any lessons to be learnt from drugs policy.

¹² Interim Analytical Report, p.26.

¹³ Brand, S. and Price, R. (2000), Home Office Research Study 217: The economic and social costs of crime, Home Office; and Bennett, T. and Sibbitt, R. (2000), Home Office RDS Directorate Research Findings 119: Drug Use Among Arrestees, Home Office.

5.1 Identification and referral of those with alcohol problems

Alcohol problems are not always identified and appropriate referral or treatment does not always occur

Identification and treatment of an individual's alcohol problems can prevent and reduce the human and social costs which can arise where serious problems with alcohol develop.

People with alcohol problems are likely to come into contact with a range of public institutions. These include:

- health services;
- social services;
- a variety of voluntary bodies - for example, those offering alcohol advice and treatment, as well as those offering services to vulnerable groups;
- the police and the criminal justice system; and
- schools and educational institutions.

Although people with alcohol problems can present at any point of the health service, or indeed through other public services, their problems may not be picked up for a number of reasons:

- the absence of a clear identification process; and
- lack of staff training to enable them to identify an underlying problem of alcohol misuse or to know how to refer an individual with a problem - there are often pressures on staff time and possible unease about a problem which still carries a strong stigma.

The majority of alcohol misusers needing help are likely to see the health system as their first port of call. They are much less likely than drug misusers to have a criminal record. What we set out below therefore focuses in particular on the health system. But it recognises that those with alcohol problems – or families affected by alcohol misuse – can present in any part of the system and that procedures therefore need to be in place more widely to ensure that they are identified and referred to help.

Improving the identification process in the health system

Access points in the health system

The health service presents a variety of access points for those with alcohol misuse problems:

- many individuals and families will use their local GP surgery or local primary health care clinic as the first port of call. It is estimated that each GP sees 364 heavy drinkers a year;
- A&E is another key route. Research commissioned by the SU suggested that 40% of A&E admissions, rising to 70% at peak times, are related to alcohol. There are examples of excellent practice in identifying alcohol misuse by this route. For example, St Mary's Hospital in Paddington applies a customised questionnaire to all entrants and refers those with problems to an alcohol misuse worker;

- hospital inpatient and outpatient services (for example, in Cardiff, the brief interventions are carried out in the maxillofacial clinic since many alcohol-related violent incidents result in injuries to the face);
- mental health care services. Around a third of those with mental illness have substance misuse problems and half of those attending drug and alcohol services have mental health problems; and
- ante-natal care.

All these points of access could provide opportunities to establish whether a patient has an alcohol problem and to take action.

Identifying the problem: screening and brief interventions

Box 5.1 – Screening

- Screening is a method of identifying alcohol consumption at a level sufficiently high to cause concern. Screening can be carried out using a specially developed screening tool, usually a questionnaire.
- A number of screening questionnaires have been developed, but the most comprehensive is felt to be the Alcohol Use Disorders Identification Test (known as the AUDIT) which was developed by the World Health Organisation.
- Screening does not need to involve a specific tool: it can also take the form of relevant questions asked during the course of a consultation, e.g. at a GP surgery.

There are essentially two different types of alcohol screening:

- Universal screening is the screening of all patients in a GP surgery, clinic, outpatient department or other setting. However, recent research has raised questions about the value and effectiveness of universal screening, which means that it is difficult to advance a sound case for this type of screening.
- Targeted screening involves screening only those people who may be drinking in a problematic way. Under this system, only those people who present to the health service with symptoms and conditions which may be linked to problematic drinking are screened - for example, a patient presenting to a GP surgery with persistent stomach pains, or who is in hospital following a cardiac arrest.

Following screening, individuals may benefit from a “brief intervention”. There is no standard definition of a brief intervention – interventions can range from a short conversation with a doctor or nurse to a number of sessions of motivational interviewing. But there are some elements which are common to all brief interventions – the giving of information and advice, encouragement to the patient to consider the positives and negatives of their drinking behaviour, and support and help to the patient if they do decide that they want to cut down on their drinking. Brief interventions are usually “opportunistic” – that is, they are administered to patients who have not attended a consultation to discuss their drinking.

For patients whose problems are not yet too severe, brief interventions may be an effective approach. For example, evidence shows that drinkers may reduce their consumption by as much as 20% as a result of a brief intervention.¹⁴ Equally, evidence shows that heavy drinkers who receive an intervention are twice as likely to cut their alcohol consumption as heavy drinkers who receive no intervention.

However, the research evidence on brief interventions draws heavily on small-scale studies carried out outside the UK. More information is needed on the most effective methods of targeted screening and brief interventions, and whether the successes shown in research studies can be replicated within the health system in England.

Actions

13. *The Department of Health (DH) will strengthen the emphasis on the importance of early identification of alcohol problems through communications with doctors, nurses and other health care professionals. DH will do this with immediate effect.*

14. *The Department of Health will set up a number of pilot schemes by Q1/2005 to test how best to use a variety of models of targeted screening and brief intervention in primary and secondary healthcare settings, focusing particularly on value for money and mainstreaming.*

Staff training to identify and refer those with alcohol problems

At present there is little training on alcohol issues for health professionals. Many health professionals acknowledge that they need more training and studies indicate that some do not feel adequately trained to deal with alcohol-related problems. Some doctors report receiving as little as one afternoon's training on alcohol issues during the five years of their undergraduate medical education. This can lead to issues around basic awareness of alcohol misuse, lack of clarity on next steps and sometimes nervousness about opening up discussion.

However, there is no central requirement to train on alcohol issues. Each medical school has the leeway to make decisions about its own curriculum. These are "quality-assured" by the General Medical Council (GMC) to ensure that graduates can be registered with the GMC as doctors. The GMC expects medical graduates to be aware of issues such as alcohol misuse, but the attention that this subject receives in medical curricula will vary. Broadly similar arrangements exist for the training of nurses and other health professionals. While the Department of Health has no responsibility for curriculum decisions, it has a role to play in clarifying the value of this education to curriculum bodies.

Once health professionals are working in the NHS, their further development is usually driven by the needs of continuing professional development where the delivery mechanism is increasingly through appraisal and personal development planning. For some, like doctors in training, postgraduate education is undertaken against curricula developed by medical Royal Colleges and approved by the

¹⁴ Babor, T. *et al.* (2003), *Alcohol: No Ordinary Commodity – Research and Public Policy* (O.U.P.)

competent authorities. In other cases, training will be offered against programmes commissioned by, for example, workforce development confederations or local employers. The main avenue for progress is through local health economies working with the NHSU (the corporate university for the NHS), Skills for Health and the higher education sector to produce modules and programmes which adequately cover alcohol concerns.

Actions

15. *The Deputy Chief Medical Officer for Health Improvement and the Chief Nursing Officer will act as “training champions” to raise the profile of medical and nurse training on alcohol issues, from Q3/2004.*

16. *The Department of Health will work with medical and nursing colleges and other training bodies to develop training modules on alcohol, covering undergraduate, postgraduate and medical curricula and updated regularly, by Q3/2005.*

Identifying problems with alcohol in other services

We set out in the project’s interim analytical report the wide variety of “capture points” other than the health service for individuals and families affected by alcohol misuse.¹⁵ Problems can be picked up, for example:

- at pre-school care;
- at school, further education and higher education institutions;
- by the Connexions service;
- in the workplace;
- by social services; and
- at any stage of the criminal justice system - police, courts, probation and prison.

In many of these areas procedures are already in place:

- the Healthy Schools strategy lists alcohol as one of its ten priorities;
- the Connexions service has an assessment framework which includes substance misuse and which will be made mandatory in April 2004; and
- Youth Offending Teams will share a target with the National Treatment Agency from April 2004 to ensure: that all young people are screened for substance misuse, and that those with identified needs receive appropriate specialist assessment within 5 working days and - following assessment - access the early intervention and treatment services they require within 10 working days.

So there is a widespread recognition of the issues already. But it is important that basic awareness of the issue and where to refer people for help is bedded into existing services across the board. We set out in Chapter 4 proposed measures for the workplace, and in Chapter 6 how links might be made between the health and criminal justice systems.

¹⁵ Interim Analytical Report, p.140.

Action

17. From Q2/2004, the Department of Health will work with the Home Office, the Department for Education and Skills and the National Treatment Agency to develop guidance within the Models of Care framework on the identification and appropriate referral of alcohol misusers.

5.2 Treatment

Different types of treatment are appropriate for different types of individuals

Around £95m is spent each year on providing treatment at around 475 specialised alcohol treatment services in England. The majority of these are funded by the NHS, but run by voluntary organisations. However, this is a small fraction of the £1.7bn the NHS spends on dealing with alcohol-related illness.

The effectiveness of treatment is dependent on degree of motivation and type of problem, but no one single treatment can be singled out as more effective. Different individuals will respond to different types of treatment. Treatments need to be tailored to an individual's circumstances, needs and motivation, and include:

- **Community structured counselling**, including motivational therapy, coping / social skills training, behavioural self-control training, marital / family therapy.
- **Community detoxification**, usually takes place in the home, with the support of a GP, nurse or alcohol treatment worker.
- **Specialised residential services** – for clients who are not able to receive or not suitable to receive community based treatment.
- **Self-help groups** such as Alcoholics Anonymous.

The Models of Care work will incorporate a review of the appropriateness and effectiveness of different types of treatment, to inform commissioners and service providers.

There has been little focus on alcohol treatment

In the area of drugs policy an extensive amount of work is going on to form a better picture of the relationship between demand and supply of treatment places at both a local and a national level. By contrast, in the area of alcohol policy, there is:

- no national or local picture of the amount of demand for alcohol treatment or the number and type of treatment places available;
- there are no comprehensive standards in the treatment field for access, types of treatment or aftercare; and
- no system to allow for the consistent and coherent commissioning of alcohol treatment services.

There is little information on the extent to which existing levels of provision of alcohol treatment services meet demand

As with drugs, alcohol services have been set up and funded on a historical basis rather than in a way designed to meet need. As a result there is a patchwork of provision relying heavily on the voluntary sector. Providers draw funding from a confusing variety of sources, with a risk of conflicting accountabilities. In the area of drugs policy a concerted effort is currently being made to ensure that local treatment demand can be met. The same is not true in the area of alcohol policy.

As a result there is very little information on the demand for, or provision of, alcohol treatment services. No information is collected on:

- the numbers of people entering treatment each year;
- the proportion of successful outcomes;
- the length of waiting times;
- the extent to which the treatments offered meet the individual's need for treatment, aftercare and other support;
- how many times individuals pass through the system;
- how levels of provision meet need locally as well as nationally;
- the involvement of families in treatment; and
- whether some groups find access to services particularly difficult.

However, there is some evidence to suggest that there is more demand for treatment than currently provided.¹⁶ There is a clear perception amongst providers that alcohol receives a low priority and needs more resources.

There are no comprehensive standards

In the area of drugs policy there has also been considerable work to develop measures of standards and effectiveness of treatment. By contrast, in the area of alcohol policy there is no clear statement of the type of alcohol treatment services to be provided, of care pathways or of standards, although there is much excellent practice – for example, the Drugs and Alcohol National Occupation Standards (DANOS), which specify the standards of performance to which people in the drugs and alcohol field should be working.

There is no system to allow for coherent or consistent commissioning

For drugs, structures and funding have been put in place to secure greater consistency in the way in which treatment is commissioned. By contrast, there is currently little consistency in the way alcohol treatment is commissioned. Providers receive funding from a wide range of sources to cover one service. Discussions with practitioners suggest that there is sometimes uncertainty as to which funds (if any at all) can be used for alcohol services, and that such services are perceived as low priority.

¹⁶ See, for example, Turning Point (2003), *Waiting for Change: Treatment Delays and the Damage to Drinkers*.

Actions

Better information on services to inform future provision

- 18. The Department of Health will conduct an audit of the demand for and provision of alcohol treatment in England by Q1/2005. The audit will provide information on gaps between demand and provision of treatment services and will be used as a basis for the Department of Health to develop a programme of improvement to treatment services.**

Clear standards

- 19. The National Treatment Agency (NTA) will draw up a “Models of Care framework” for alcohol treatment services, drawing on the alcohol element of the existing Models of Care framework. It would look to the Commission for Healthcare Audit and Inspection (CHAI) to monitor the quality of treatment services subject to the formulation of suitable criteria and CHAI's workload capability.**

Coherent commissioning

- 20. From Q2/2004, remaining Drug Action Teams will be encouraged to become Drug and Alcohol Action Teams (or other local partnership arrangements) to assume greater responsibility in commissioning and delivering alcohol treatment services; though their capacity to do so will have to be carefully considered.**

5.3 Treatment and aftercare for vulnerable groups

There is a risk that alcohol treatment for vulnerable groups might fail due to lack of co-ordination of treatments and services

Some people have complex needs of which alcohol is only one. For example:

- around a third of psychiatric patients with a serious mental illness also have a substance misuse problem;
- around half of rough sleepers are alcohol-reliant, and many other homeless people - such as those in hostels - have problems with alcohol;
- an estimated 25% of drug misusers also misuse alcohol; and
- some young people have complex multiple needs.

Offenders are disproportionately represented in these groups. We return to their needs in Chapter 6.

Alcohol misusers with multiple problems can access treatment and support services via a number of different routes. However, there are not always procedures for identifying the presence of alcohol problems or referring clients from one service to another. Even within the substance misuse field there is no agreed protocol, for example, that a client with drug and alcohol problems attending a drug and alcohol

treatment service for drug treatment will necessarily receive treatment for both their drug and alcohol problems.

This has two consequences. It means, crucially, that very vulnerable people do not get help. It also means that resources invested by one service may be less effective because of the lack of follow-up. For example, there is little point providing detoxification treatment for a homeless person with a chaotic lifestyle if he or she does not continue to receive support to find and/or sustain accommodation.

We are aware that there is an association between alcohol problems and mental ill health, which often causes concern for commissioners as well as providers of services. To help address this concern the Department of Health published a “Dual Diagnosis Good Practice Guide” in May 2002.

The guidance summarises current policy and good practice in the provision of mental health services to people with severe mental health problems and problematic substance misuse. The substances concerned include all types of substances whether licit or illicit. Crucially, it includes alcohol and other substances which may be purchased legally, such as solvents, as well as illegal drugs including opiates, stimulants and cannabis.

The guidance provides a framework within which staff can strengthen services so that they have the skills and organisation to tackle this area of work. It also recognises that mental health services must also work closely with specialist substance misuse services to ensure that care is well co-ordinated. In addition, the guidance highlights some examples of excellent practice in NHS services.

Around half of rough sleepers are dependent on alcohol: often they will drink on the street and may disturb members of the public. Local authority homelessness strategies have a role to play for those street drinkers who are homeless. Facilities already exist for some street drinkers - during the day, wet centres provide safe and sheltered provision for many such drinkers, providing support and advice including on housing. Over night, places are available in night shelters and hostels.

There are a number of examples of good practice in helping street drinkers, particularly those who are also homeless. The Office of the Deputy Prime Minister’s Homelessness and Housing Support Directorate and the King’s Fund have co-funded a review of the function and impact of existing wet centres, and a guidance manual for setting up and running new facilities.¹⁷ The review studied four wet centres in detail, including the Booth Centre in Manchester (Box 5.2). Wet centres allow people to consume alcohol on their premises, and some local authorities are considering starting up such centres in an effort to curb street drinking and provide more targeted resources for drinkers.

¹⁷ See www.kingsfund.org.uk/grants

Box 5.2 – The Booth Centre (Manchester)

The Booth Centre has been operating as a drop-in and activity centre for homeless people since May 1995. The Centre's activity programme provides a range of education, training, creative arts, sports and outdoor activities designed to help people find an alternative to homelessness and street drinking. The Centre's garden provides a supervised environment where people can drink twice a week during the drop-in sessions. Through regular support, advice and encouragement, the Centre achieves great success in helping street drinkers to find and maintain suitable accommodation and to start tackling the problems which their drinking causes.

On 1 April 2003, the Office of the Deputy Prime Minister launched the 'Supporting People' programme, which offers vulnerable people, including those with alcohol-related problems, the opportunity to improve their quality of life by providing a stable environment which enables greater independence. The programme aims to deliver high quality and strategically planned housing-related support services which are cost effective and reliable, and complement existing care services. Supporting People commissioning bodies have been set up in each administering authority area to take a strategic view of the provision of housing-related support in their areas and bring together the local authority (both the county and district councils in two-tier administrations), Primary Care Trusts and local probation services.

Supporting People Administering Authorities across England have been allocated approximately £19.6m for 2004/05 to help vulnerable people with alcohol problems. Supporting People can provide the means to those with alcohol-related problems to settle in a new home and sustain a tenancy or stay in one place long enough to benefit from training, counselling and other support to promote independence and stability.

Box 5.3 – Supporting People Health Pilots

The Supporting People health pilot programme is intended to support commissioning bodies and service providers wishing to use the framework provided by Supporting People to develop partnerships with health and social care services in new ways, in order to contribute to health objectives. The health pilots will address issues relating to various Supporting People client groups. Four of the pilots (Southwark, North Lincolnshire, Northampton and Doncaster) will include people with alcohol-related problems within their client groups.

The health pilots will be evaluated and the results will be used to demonstrate the impact of partnership working between health bodies and Supporting People and to create an evidence base to feed into priorities for Supporting People five year strategies, which must be in place by November 2004.

Action

- 21. *From Q2/2004, the Department of Health will work with the Home Office, the Department for Education and Skills, the Office of the Deputy Prime Minister and the National Treatment Agency to develop guidance within the Models of Care framework on integrated care pathways for people in vulnerable circumstances, such as people with mental illness, rough sleepers, drug users and some young people.***

CHAPTER 6: ALCOHOL-RELATED CRIME AND DISORDER

Summary

- Alcohol misuse is a major contributor to crime, disorder and anti-social behaviour, with alcohol-related crime costing society up to £7.3bn per annum.
- The most visible areas of concern for most people include:
 - alcohol-related disorder and anti-social behaviour in towns and cities at night; and
 - under-age drinking.
- Less visible but equally significant concerns are:
 - crime, disorder and anti-social behaviour – often caused by repeat offenders;
 - domestic violence; and
 - drink-driving.
- Government will reduce the problems caused by drinking in town and city centres by clearly defining the shared responsibilities of individuals, the alcoholic drinks industry and the Government. This will require:
 - making greater use of existing legislation and penalties to combat anti-social behaviour - for example, greater use of Fixed Penalty Notices;
 - working with the alcohol industry to manage and deal with the consequence of town and city centre drinking, by agreeing a new code of good practice and the joint funding of local initiatives; and
 - encouraging local authorities more actively to tackle problems where they occur.
- Government will tackle under-age drinking by:
 - greater enforcement of existing laws not to sell alcohol to under-18s;
 - improving the information about the dangers of alcohol misuse available to young people; and
 - encouraging provision of more alternative activities for young people.
- Government will tackle alcohol-related repeat offending by further piloting of arrest-referral schemes and exploring the effectiveness of diversion schemes.
- Government will seek better identification of alcohol problems and referral to alcohol services as part of existing measures on domestic violence.
- Drink-driving measures appear to have worked well but there is some evidence that drink-driving may be increasing amongst some groups (e.g. young men). Government will, therefore, closely monitor the trends to assess whether additional action is needed.

Alcohol-related crime is a major issue

Alcohol misuse is closely linked with a wide range of crimes, disorders and anti-social behaviours. It is not necessarily a direct cause of those crimes: there are a variety of factors involved, such as surrounding environment and circumstance. Often though, alcohol will be a contributory factor.

The costs of alcohol misuse for crime and disorder outweigh those for any other harm identified. We estimate the costs for alcohol-related crime to be up to £7.3bn.¹⁸

The remainder of this chapter focuses on the current major challenges for government that we have identified in terms of alcohol-related crime, disorder and anti-social behaviour. Public perception is that two issues are of particular concern:

- alcohol-related disorder and anti-social behaviour in towns and cities at night; and
- reducing levels of under-age drinking.

However, we also focus on three other areas which are less publicly visible but equally important:

- managing repeat offenders of alcohol-related crime;
- alcohol and domestic violence; and
- drink-driving.

In some of these areas, strategies already exist – such as those on anti-social behaviour and for supporting victims – and are complemented by this strategy.

6.1 Crime, disorder and anti-social behaviour in towns and cities at night

City and town centre evening life (the ‘night time economy’) has burgeoned over the last 10 years, often directly linked to urban regeneration. This has had many positive effects in terms of energising local economies, raising business rates and improving consumer choice. Where night-time economies are well managed, with constructive support from the alcoholic drinks industry, everyone wins: consumers are encouraged to come into town centres and businesses and local economies flourish.

But alcohol-related violence and disorder are a highly visible part of the night-time economy. This is a phenomenon no longer confined to weekends. The British Crime Survey shows that 33% of stranger and 25% of acquaintance alcohol-related assaults happen on weekday evenings/nights. Our consultation suggested that it is increasingly spreading out to suburbs. Particularly evident – though not necessarily reflective of the population as a whole – is a culture of going out to get drunk (see Box 4.1).

¹⁸ Interim Analytical Report, p.68.

The effects are widely apparent and have an impact on large numbers of people in a variety of ways:

- Through violence, assault and disorder. In 1999, there were an estimated 1.2m incidents of alcohol-related violence. More than half of those arrested for breach of the peace and nearly half of those arrested for criminal damage have been drinking.¹⁹ Heavy drinking raises the risk of sexual assault: one UK study found that 58% of rapists reported drinking beforehand.²⁰ Many victims of alcohol-related violence may also have been drinking, and often share similar profiles to offenders.²¹
- Through the impact on the urban infrastructure. The direct effects are broken glass, noise, litter from late-night fast-food outlets and, on occasion, human waste. Street drinking can be perceived as intimidating by others.

The growth of the night-time economy can bring significant economic and social benefits. At the same time, however, it can also create major costs for the tax payer in terms of additional policing required, criminal justice system costs, the costs of tidying up city centres and accident and emergency costs. Resources may also be skewed to policing the night-time economy with knock-on effects for policing elsewhere.

It also directly undermines the Government's strategy of encouraging a more diverse economy in town and city centres. Sixty-one per cent of the population think that alcohol-related violence on the streets is increasing, whilst 43% of women and 38% of men see drinking on the street as a problem.²² Many people are therefore less, rather than more, likely to want to spend more time in city centres perceived as violent and dominated by alcohol.

Many factors fuel this culture

Culture changes over time. Findings from our consultation exercise suggested that drinking at lunchtime is now less acceptable. Drink-driving has become completely unacceptable to the vast majority of the population. By contrast low level alcohol-related crime and disorder have become – in public perception at least – a dominant theme in town and city centres.

Alcohol-related violence and disorder are fuelled by three main factors:

- **Individual reactions.** Alcohol impairs cognitive and motor skills. Drunk people are therefore more likely to misread situations, react aggressively, and have accidents. The decision to get drunk is fuelled by a wide range of factors – for example price, availability, accepted social norms, fashion and perception of risk. In the culture of drinking to get drunk, which often sets the tone for the night-time economy, the norms differ from usual behaviour - noisy behaviour may be

¹⁹ Interim Analytical Report, p.69.

²⁰ Interim Analytical Report, p.62.

²¹ Interim Analytical Report, p.60.

²² Interim Analytical Report, p.53.

expected and aggressive behaviour tolerated, with drunkenness used as an excuse. Where there is little social control, such behaviour is likely to increase.

- **The supply of alcohol.** There is evidence that a number of factors around the supply of alcohol are likely to raise the risk of disorder. Premises where there is little seating, loud music, large numbers of young customers, poorly-trained staff and excessively cheap promotions are particularly likely to fuel disorder and violence. The effects can become particularly apparent where there is a high density of premises. Conversely, solutions involving the industry such as ‘Pubwatch’ schemes or those helping to police late-night transport work well because they target the problems at source and use existing expertise.
- **The surrounding infrastructure.** At night, fights and disputes occur over scarce infrastructure such as food outlets and transport e.g. queuing for taxis or buses. These problems are worse where premises all close at the same time and there is no supervision from authority figures. The Licensing Act 2003 has been designed to tackle this.

There is, therefore, a shared responsibility for managing the problems generated by the night-time economy:

- individuals need to take more responsibility for the consequences of their drinking decisions;
- the alcoholic drinks industry needs to take more responsibility for preventing and tackling the harmful effects of alcohol misuse not only inside but outside premises; and
- the statutory authorities need to manage the infrastructure and consequences actively.

All of this plays out directly in communities and neighbourhoods. For example, a residential area can be transformed, not always to the advantage of residents, by the grant of a late licence. So communities need to be able to influence the agenda actively.

The key to managing the night-time economy lies in the effective joining-up of resources

In some areas the co-ordination of tools to manage the night-time economy is already happening and is yielding results (see Box 6.1). But overall there are varying degrees of awareness of the problem, of the approaches which can be brought to bear and of the results which can be achieved.

Box 6.1: The Manchester Citysafe Scheme

When the centre of Manchester was rebuilt after the bombing of the Arndale Centre, the development of a vibrant night-time economy was a key result. However the increase in licensed capacity was accompanied by an increase in assaults. The Manchester Citysafe scheme was therefore set up to co-ordinate approaches and actively manage the economy. The scheme:

- Targets individuals with a variety of messages through posters, or on litter bins, for example, reminding them of the need to drink safely. It enforces penalties on anti-social behaviour so as to achieve maximum deterrent effect.
- Works with the industry to ensure good practice. Establishments which fall short are placed on a “top 10” list and attract close police attention.
- Brings together a range of statutory authorities to ensure effective management of the night-time infrastructure. For example, transport may be secured through the supporting of a late-night bus service with CCTV and supervised bus loaders, as well as through tackling unlicensed taxis and patrolling taxi ranks. Statutory authorities work alongside the police to ensure that all aspects of the night-time economy are actively managed.
- As a result the rising trend of late night disorder was reduced by 8.5% in the first year and 12.3% in the second.

Responsibility for managing the night-time economy

As the example above shows, a strategic approach to managing the night-time economy incorporates three key principles:

- individual responsibility: individuals are responsible for making choices about their behaviour in an informed way, and responsible for the consequences of those choices;
- responsibility of the alcoholic drinks industry: local establishments are responsible for giving accurate information, minimising the harm caused by alcohol misuse and working with local agencies to help tackle the consequences; and
- Government responsibility: Government is responsible for ensuring that information is provided, for protecting individuals and communities from harm caused by the behaviour of others, and for ensuring a fair balance between the interests of stakeholders.

Individual responsibility for choices and consequences

To make choices individuals need accurate information. As we explain in Chapter 4, individuals already receive information about drinking from a variety of sources: the Government’s sensible drinking message, unit labelling on bottles, and material produced by the Portman Group. This is supplemented by various local information campaigns: for example, the West Midlands Police have produced a series of posters depicting the consequences of heavy drinking. However, the overall impact is stronger in some areas than others.

The consequences of failing to behave responsibly are already dealt with in a number of ways:

- under the 1902 Licensing Act any individual who has been convicted of offences related to drunkenness three times within the preceding twelve months can be banned by the courts from buying alcohol from any licensed premise for three years;
- it is an offence to be drunk and disorderly and/or drunk and incapable;
- Acceptable Behaviour Contracts engage individuals in recognising the negative impact of their anti-social behaviour on other people and in agreeing to change it.

Although they are informal and voluntary, breach may result in an application for an Anti-Social Behaviour Order or other legal action; and

- Anti-Social Behaviour Orders are civil orders which aim to protect the community from behaviour which causes or is likely to cause harassment, alarm or distress to others, and can be clearly linked to alcohol misuse. For example, they can prevent an individual associating with other people with whom they commit anti-social behaviour. Breach is a criminal offence with a maximum penalty of five years imprisonment and/or a fine.

Enforcement of legislation on drunk and disorderly behaviour has dropped sharply over the last 10 years. This reflects not only falling priority but also, crucially, the sheer practicalities of policing large numbers of drunk people. Arresting someone for drunk and disorderly behaviour and taking them to the custody suite can take two hours or more - during which the officer is effectively off the streets. If charged and convicted, average fines are around £100. The introduction of Fixed Penalty Notices means that enforcing legislation on drunk and disorderly behaviour will be easier.

Government should consult with the police on how best to:

- raise the priority given to dealing with alcohol-related crime and disorder. The measures outlined in the strategy and the provisions in the Licensing Act are designed to reduce problems, freeing up police time to pre-empt trouble spots and make more use of deterrent policing; and
- ensure that officers are fully aware of current powers, on how and when to bring prosecutions and on seeking and making a case for reviewing existing licences and objecting to new ones where appropriate.

The Home Office Police Standards Unit (PSU) is developing a programme to reduce violence in the key violent crime areas in England and Wales, with particular emphasis on alcohol-related violent crime. As with street and gun crime, such violent crime can be concentrated in a few localities. Research suggests that a relatively small number of areas with boundaries that overlap cause, or are responsible for, a disproportionate amount of violence and serious violent crime. Focusing resources in these areas could therefore help to reduce alcohol-related violent crime.

The PSU will produce a “good practice guide” by the end of April 2004 drawn from current experience of what has worked so far that is helping to tackle alcohol-related crime. Additional tactics will also be developed with the key stakeholders at the national level, once research has got behind the data, to establish the emerging trends and key themes for intervention, prevention and enforcement. These tactics will include targeted interventions against those responsible for the proliferation of the under-age and high-volume drinking cultures which result in so much of our violent crime. The aim will also be to encourage the inclusion of Community Support Officers (CSOs), neighbourhood and street wardens, in the key areas to support community-based initiatives.

Key to the success of any enforcement elements of a strategy will be addressing the “drinking culture” which exists. A main element of the enforcement strategy will be to engage upon a concerted marketing campaign and re-enforcing key messages to all major stakeholders that operating outside the law will not be tolerated, particularly where juveniles and young-people are concerned. Those who do so should be

prepared for sustained, highly pro-active enforcement of current and new legislation. The message will be clear that those who are not prepared to “self-police” and contribute to changing the present high-volume and binge-drinking culture should be prepared for a strong response not only from the police but also those other responsible enforcement agencies.

Only a concerted partnership approach will achieve the success which communities demand. Police forces and their partner agencies will need to be pro-active in enforcement, intervention and prevention and provide assessments on enforcement activity on a regular basis to show what enforcement results have achieved and what success looks like; what actions have taken place, with what result relating to arrests and actions against irresponsible stakeholders and how they manage their business.

Actions

- 22. The Home Office will consult and work with the police and the courts on enforcing the law more tightly on those who offend, from Q2/2004. We will:**
- i) encourage greater use of Fixed Penalty Notices (FPNs) to clamp down on low-level drunk and disorderly behaviour such as noise and urinating in public;**
 - ii) encourage greater use of Fixed Penalty Notices for a wider range of offences, such as littering, and for bar and retail staff found to have sold alcohol to those already drunk;**
 - iii) encourage full use of preventative/prohibitive measures such as Acceptable Behaviour Contracts and applications for Anti-Social Behaviour Orders in appropriate cases to tackle unacceptable behaviour;**
 - iv) use conditional cautions, once introduced, as a basis for directly targeting the offence – linked to an agreement not to frequent local pubs;**
 - v) look at making more use of accreditation schemes for non-police staff introduced under the Police Reform Act 2002. These can improve co-ordination and information sharing with the police and, where appropriate, suitable people can be accredited to use a limited range of police powers - for example, door supervisors, who will be licensed by the Security Industry Authority, could also be accredited by the police; and**
 - vi) encourage police forces to make greater use of Community Support Officers at night (as well as during the day) where appropriate, and consult stakeholders on extending their powers to enforce licensing offences.**
- 23. Through the Police Standards Unit the Home Office will:**
- i) develop a programme to reduce violence in the key violent crime areas in England and Wales with particular emphasis on alcohol-related violent crime, by Q4/2004 ;**
 - ii) identify and spread good practice in local policing strategies and tactics which tackle alcohol-related violence, by Q2/2004; and**
 - iii) contribute to a concerted marketing campaign and re-enforcing key messages to all major stakeholders that operating outside the law will**

not be tolerated, particularly where juveniles and young-people are concerned, by Q4/2004.

24. The Home Office will establish a small working group, including representatives from outside Government, to look at whether any additional measures are required to effectively clamp down on those responsible for alcohol-fuelled disorder, particularly in city centres. This group will include representatives from the police and organisations with an interest and will report by Q2/2004 whether any additional targeted measures may be required.

Industry responsibility for preventing and tackling harm

There is already some voluntary good practice: the Portman Group's initiatives on drunkenness, the British Beer and Pub Association's (BBPA) code on irresponsible promotions and their work with Crime and Disorder Reduction Partnerships, and the Safer by Design scheme. Where these are adopted they work well. However, examples such as these are isolated initiatives rather than universal good practice.

Box 6.2: Managing the Consequences of the Night-Time Economy

Example 1: Getting home safely

In Wolverhampton, door supervisors help to police bus routes home from clubs, preventing disorder and ensuring clubbers return home in safety.

Example 2: Preventing trouble before it occurs

In York, the Pubwatch scheme has been running for 10 years. Justices require all licensees to operate the scheme. Both licensees and police carry a pager, which allows transmission of information about troublemakers in less than a minute. Community Support Officers in York are now to be issued with video cameras to help crack down on disorder and violence.

The industry also has statutory obligations. Under the 1964 Licensing Act it is a criminal offence to sell either to drunks or under-18s, and to allow a drunk to be on the premises; these provisions have been carried forward into the Licensing Act 2003, and the provisions on sales to under-18s tightened to place test purchasing on a statutory footing.

However, our consultation exercise suggested that more needs to be done. We therefore propose a two-part scheme to help:

- minimise and prevent harm through a code of good practice; and
- tackle the consequences through a financial contribution from the industry locally.

Part 1: A code of good practice

All retailers of alcohol, on and off licence, would be strongly encouraged to sign up to this code and would receive accreditation. We envisage that the code of good practice might include:

- a commitment to seek a passport, driving licence or other form of identification (for example, through the industry-led PASS accreditation scheme) as proof of age, and to display prominently information that under-18s will not be served;
- a commitment to undertake “test purchasing” to ensure that retailers are not serving under-18s or allowing drunks on the premises;
- display of information about responsible drinking including unit levels, the sensible drinking message and the risks of drink-driving;
- clear and prominent sign-up to a ‘designated driver scheme’ (whereby people are encouraged to designate a driver for the evening who will not drink);
- an agreement that all bar staff will have a minimum level of training on managing alcohol misuse: although qualifications do exist the take-up is very low, which reflects the fast turnover of staff. Businesses might for example band together to buy in training. This will complement the licensing of door staff from March 2004, which will be piloted in Hampshire and the Isle of Wight;
- abiding by the existing British Beer and Pubs Association code on irresponsible promotions, with a commitment not to sell drinks at unsustainably low prices or to encourage high levels of irresponsible consumption (e.g. “all you can drink for £10”);
- a commitment to provide reasonably priced soft drinks and to make free water available on all bars. A start has already been made by the requirement imposed by the Department for Trade and Industry to display all prices of soft drinks;
- designing premises to minimise the risk of harm and disorder, for example by using the “Safer by Design” scheme;
- use of safer forms of glass. As there is no clear consensus, we propose asking a working group of industry representatives, police and doctors to make a definitive recommendation which would then form the industry standard; and
- where such schemes exist, agreement to join radio/text pager schemes linked to the police.

The code would be drawn up jointly by Government and industry. Both its use and content could be tailored to local circumstances: we envisage the local authority taking the lead in this process consulting with partners through the Crime and Disorder Reduction Partnership, the industry and the local community. Adherence to the code could be taken into account when there is an official complaint against a premises and license removal is being considered. Take-up of the code would be assessed as part of the proposed review of the scheme early in the next parliament.

Part 2: A financial contribution from the industry towards managing the crime and disorder consequences of alcohol misuse, where necessary

Depending on the outcome of the proposed consultation process, a financial contribution towards the costs of alcohol misuse may be required. This contribution would be paid into a local fund, which would be collected and managed by local authorities, with councils at an individual authority level covering their costs through

contributions received. It would be for Crime and Disorder Reduction Partnerships and, importantly, for the local community to decide how the fund would be used to target and tackle alcohol misuse, particularly that which is associated with the night-time economy.

The money would be used to tackle some of the costs of alcohol misuse and thereby attract a wider variety of customers into town centres. For example, the fund might be used to pay for additional Community Support Officers, additional cleaning, additional bus services, or for setting up a Pubwatch scheme. The exact use would depend on local priorities, in the context of Section 17 of the Crime and Disorder Act 1998, but the fund would provide additional help and not replace existing services or measures. The mechanism might also vary depending on local needs: for example, a Business Improvement District might be appropriate for improving infrastructure in some areas. Administration costs would be met from the fund itself.

This fund would be complemented by the work that is underway to establish a Victims Fund. The proposed Victims Fund will ensure that victims can access a variety of support services tailored to their needs by putting more money into services such as practical support, information and advice to victims of rape and sexual offences, road traffic incident victims, and those who have been bereaved by crime.

The operational details of the scheme (including the conditions of the code of practice, the scale and scope of the financial contribution and the need to fund authorities fully for the additional responsibilities they face) will be developed in consultation with the industry, councils and the local community. In light of local priorities, local authorities will be responsible for deciding whether and, if so, where the scheme should operate.

Criteria for assessing the effectiveness of the scheme will be developed as part of the consultation process. However, success measures should include: the number of retailers participating in the scheme, the size of the fund created, the range of activities funded, and the effectiveness of these activities in reducing alcohol-related harm.

Action

25. Government will consult with the industry on the introduction of a two-part voluntary social responsibility scheme for alcohol retailers. This will (i) strengthen industry focus on good practice and, (ii) where necessary, seek a financial contribution from the industry towards the harms caused by excessive drinking. The scheme will be voluntary in the first instance and should be established in participating areas by Q1/2005.

The success of the voluntary approach will be reviewed early in the next parliament. If industry actions are not beginning to make an impact in reducing harms, Government will assess the case for additional steps, including possibly legislation.

Statutory responsibility: balancing the interests of stakeholders and providing a clear strategic framework

Local authorities have a duty under Section 17 of the Crime and Disorder Act 1998 to consider the implications for crime and disorder in policy and decision-making across their full range of services and do all they reasonably can to prevent crime and disorder in their area. They have a variety of tools at their disposal for setting a strategic framework to manage the night-time economy:

- planning law and policy;
- licensing law;
- better security inside premises through the establishment of the Security Industry Authority;
- existing provision on litter and noise; and
- transport policy.

Planning law and policy

- Developers and local planning authorities can make agreements under Section 106 of the Town and Country Planning Act 1990 to deal with the impacts of a development. This takes the form of a negotiated agreement, but the Office of the Deputy Prime Minister is currently proposing a new approach to improve speed and certainty, which would offer the option of either a planning charge or a negotiation.
- Changes have already been announced to the Town and Country Planning Use Classes Order to ensure that any proposal to change use of an existing building into a pub or bar has to apply for planning permission: this will make it harder for example for a restaurant to change to a bar without seeking permission first, and will allow the presence of other outlets to be taken into account.
- Under Section 17 of the Crime and Disorder Act 1998 the local planning authority must have regard to the likely effect on crime and disorder in its area when determining a planning application. They must also consider whether the proposal could be amended or planning conditions imposed to contribute to the prevention of crime and disorder. It is important that full use is made of this power.
- The joint Home Office and Office of the Deputy Prime Minister guidelines on planning out crime, “Safer Places: The Planning System and Crime Prevention”, recognise that planning should aspire to make places better for people and deliver development which is sustainable. The guidelines are intended to make designers, planners and planning authorities think more about designing crime and disorder resistance into new developments, and to work with the police to this end. They are not prescriptive – crime and disorder issues vary and there are, therefore, no universal solutions. An example of how planning out crime can work is the improvements to Stroud town centre (see Box 6.3).

Box 6.3: Improvements to Stroud Town Centre

Stroud has a pleasant town centre that has suffered from high levels of crime and anti-social behaviour. In particular, there have been problems associated with street drinking, begging, drug addiction and shoplifting.

A holistic approach to planning out crime has been taken in Stroud, including:

- public realm improvements incorporating the redevelopment of the town square, maintaining the cleanliness of the town centre, sign-posting and permanent public art;
- efforts to increase activity in the town centre: events, a farmers market, living over the shop and reusing derelict buildings;
- building the identity of the town centre by promoting its civic design strengths and ‘theming’ quarters with locally-relevant motifs. A database of local artists exists for public art projects;
- installing CCTV, controlled by a central office and connected to a police radio system. In order to reduce negative visual impact, cameras are housed in small domes; and
- good quality street lighting.

Licensing law

- The new licensing regime under the Licensing Act 2003 sets four key licensing objectives:
 - prevention of crime and disorder;
 - prevention of public nuisance;
 - public safety; and
 - prevention of harm to children.
- The duty to promote the four licensing objectives falls on anyone carrying out any function under the Act. This includes not only personal and premises licence holders and holders of club premises certificates, but also, for example, licensing authorities, the police and environmental health officers.
- The Licensing Act includes provisions for licensing authorities to take into account provisions on local saturation when considering applications for licences.
- The removal of fixed closing hours is designed to encourage later closing times in order to lengthen the period of time during which customers leave licensed premises, thereby reducing the large concentrations at fixed, early closing times which actively provoke disorder and nuisance.
- The Act significantly expands existing police powers to close down instantly for up to 24 hours, pubs, nightclubs, hotels and restaurants that are disorderly, likely to be disorderly or from which noise nuisance is emanating - to include licensed premises of all kinds and temporary events.
- The Licensing Act tightens the law on the sale of alcohol to minors and places test purchasing on a statutory footing
- Under the Act local authorities can include the use of Security Industry Authority licensed door supervisors as part of an establishments licence requirement

Security inside premises

- The Security Industry Authority will assume its functions from March this year under the provisions of the Private Security Industry Act 2001. In future it will be a legal requirement for all door supervisors to be licensed through the Security Industry Authority, with training forming part of that licensing. This will raise

standards and good practice in an important area of the night-time economy on a country-wide basis.

Existing provision on litter and noise

- Littering that can be linked directly to a specific premises can be dealt with through Street Litter Control Notices, which can be issued by local authorities under s.93 of the Environmental Protection Act 1990. The notice specifies requirements on the owner or occupier to keep the land free of litter and refuse. Local authorities wardens and accredited officers can also issue Fixed Penalty Notices (currently £50) for anyone caught committing a littering offence, and can keep the proceeds of these. Under the Licensing Act 2003, the premises operating policy can also require licensees to deal with litter.
- Local authorities already have powers to deal with noise related to premises through the Environmental Protection Act 1990. In addition, the Anti Social Behaviour Act 2003 gives Environmental Health Officers powers to close noisy premises, while the Licensing Act 2003 allows the police to close premises on the grounds of noise and disorder.
- What is less clear is how noise outside premises can be tackled. The issue merges with more general disorder and anti-social behaviour.

Transport policy

- There are already good local initiatives, which work in partnership with the local authority, transport providers and the police: for example, provision of night buses, encouragement of late night taxi services. Authorities' Local Transport Plans are the mechanism by which local authorities should work in partnership with all appropriate bodies to deliver effective local transport strategies. Effective strategies will include provision of night-time and evening services, where this is appropriate to the local situation. It is for local authorities to identify where and how to take action. In some cases, bus operators also provide night bus services on a commercial basis.

Not all areas have problems with the night-time economy. We do not therefore see a case for requiring every authority to produce a strategy to tackle the issues. Different social norms and markets operate in different parts of the country, and it is important to ensure that the right approaches are tailored to local circumstances. In order to ensure that the issues are properly considered however, local authorities should be encouraged to:

- work with industry to set up local schemes as set out above, encouraging membership as part of licensing policy;
- ensure that all the services they provide themselves linked to the night-time economy (licensing, trading standards, transport strategy, street cleaning, environmental health) are co-ordinated to deal with the consequences; and
- co-ordinate a strategy for managing the night time economies in their areas as part of existing local strategies.

Actions

- 26. *The Office of the Deputy Prime Minister will provide guidance to all local authorities in England on managing the night-time economy as part of existing local strategies, by Q3/2004.***
- 27. *The Home Office will serve as the focus of good practice on alcohol-related crime and disorder and will co-ordinate a cross-governmental approach by Q4/2004. It will do so by providing a toolkit for tackling issues and act as a source of advice, consultancy and training. It will achieve this by working closely with:***
- i) the Improvement and Development Agency to disseminate change in management practice;***
 - ii) the Anti-Social Behaviour Unit to ensure that good practice on the ground is rapidly disseminated; and***
 - iii) Government Offices to identify areas of good practice (we see merit in identifying ten trailblazer areas to test out approaches).***
- It will be important to co-ordinate good practice across these areas to minimise bureaucracy.***
- 28. *The Regional Co-ordination Unit will ensure that areas with alcohol-related problems are taking action to tackle them by asking Government Offices to identify areas and work with their Crime and Disorder Reduction Partnerships to develop approaches as part of existing strategies: this should be completed by Q4/2004.***
- 29. *One of the objectives of the Licensing Act is to reduce alcohol-related disorder. So evaluation of the Act is crucial: the Home Office and the Department for Culture, Media and Sport will work to ensure this happens. The Office of the Deputy Prime Minister will also commission a study to report by Q4/2006 to look at the costs for local authorities associated with the introduction of the Licensing Act and how it is working alongside the other measures we have outlined: this will help Government to decide whether regulation is needed.***

6.2 Under-age Drinkers

Under-age drinking on the streets is widely perceived as the most serious type of problem drinking: 57% of those who were asked about problem drinking in their area identified under-18s as the biggest issue. Although it is illegal for under-18s to buy alcohol and for it to be sold to them, under-aged drinking is an important issue in tackling alcohol-related disorder.²³

British teenagers are some of the heaviest drinkers in Europe. This can lead to a variety of problems

British teenagers are some of the heaviest drinkers in Europe: more than a third of 15 year-olds report having been drunk at age 13 or earlier compared to around one in ten

²³ Interim Analytical Report, p.53.

French or Italian children. By the age of 15 just under half of all teenagers report drinking in the previous week, and the number of units consumed has doubled from 5.3 in 1990 to 10.5 in 2002. This consumption is more likely to be outside the home and less likely to be in the home under supervision.

Many young people who drink will experience nothing worse than a hangover. But some will suffer very serious consequences. They may progress less well at school and find it difficult to establish and sustain friendships. Evidence arising from our consultation exercise suggests that the number of hospital admissions of children with acute alcohol poisoning has risen dramatically. Young people who drink are, like others, at higher risk of accidents, unwanted pregnancies and assault.

Our analysis suggested that a range of factors influence this behaviour, including individual reactions and circumstances, family background, surrounding culture and the market.

Box 6.4: Alcopops and Young People

“Alcopops”, or Ready to Drinks (RTDs), were introduced in 1996. There is no evidence that they raised the number of young people drinking. However, they may have contributed to the increase in the amount drunk: between 1992 and 2001, the average amount of alcohol consumed increased by 63%, with approximately half of this growth first measured in the year in which RTDs were introduced.

Consumption of RTDs by 11-15 year olds rose by two-thirds between 1996 and 2001 with a dip in 1998 - which is likely to relate to rising prices and the introduction of the Portman Group's code of practice for the packaging, marketing and sale of alcoholic drinks.

A range of approaches are already used to help young people learn to drink responsibly

Enforcement

There is already a clear legal framework preventing the sale of alcohol to under-18s:

- The Licensing Act 1964 specifies that it is an offence to sell to under-18s on licensed premises, or knowingly to allow another to do so.
- It places test purchasing on a statutory footing and also makes proxy purchasing an offence.
- The 1964 Act and these offences will shortly be repealed and replaced by the Licensing Act 2003, which will contain similar provisions but increase the penalties significantly, as well as making it an offence to sell to an under-18 anywhere.
- The Confiscation of Young Persons (Alcohol) Act 1997 allows for confiscation of alcohol from a young person on the street.
- Local authorities can restrict drinking in areas where it is causing nuisance or disorder.

There is also a clear framework of options for under-age drinkers:

- Fixed Penalty Notices can now be given to 16 and 17 year olds for drunk and disorderly behaviour.
- We describe Acceptable Behaviour Contracts and Anti-Social Behaviour Orders in section 6.1 above. Under the Criminal Justice Act 2003, Individual Support Orders will be introduced for 10-17 year olds who are subject to Anti-Social Behaviour Orders. Individual Support Orders will require the individual to help to tackle the causes of their anti-social behaviour – for example, through counselling to tackle alcohol misuse.

Retailers use proof-of-age schemes in a variety of ways, but there is no consistency in their use.

Attitudes and alternatives

Enforcement is backed up by measures to educate young people about the dangers of alcohol misuse and provide alternatives. We describe in chapter 4 measures already being taken.

One reason often cited for under-age drinking is that there are few alternative forms of entertainment available for this group. The Government is already taking a number of steps in this area. It will for example be investing £1bn a year for the next two years in improving sports facilities. The Youth Justice Board and the Home Office are carrying out work in this area through the Positive Futures programme and Positive Activities for Young People, which involves funding sporting and leisure activities to reduce crime, disorder and substance misuse. The Children's Fund provides a further source of funding.

However, provision varies widely. In some cases street drinking reflects a genuine lack of alternatives. In others, it may be seen as the preferred activity, with other activities – even though provided - coming a poor second.

But despite these measures, levels of drinking by under-18s remain high, suggesting that more needs to be done

As we explain above, levels of drinking have risen amongst under-18s over the last 10 years and alcohol is widely available. So clearly more needs to be done.

Rightly or wrongly, young people often feel that the only option available is to drink – whether on the street or at home. So they may congregate outside local off licences or on housing estates, causing low-level disturbance and disruption to local residents.

Although the legal framework is comprehensive, enforcement is very limited and has dropped sharply in the last 10 years. In 2000 there were 130 prosecutions for selling to under-18s of which 56 were found guilty; there were 24 prosecutions for under-age purchase of which 22 were found guilty. The 2002 Schools Survey found that 48% of 11-15 year olds drinkers reported never buying alcohol. However, 17% bought from friends/relatives and 16% from off-licences, 10% from shops and supermarkets and

8% from pubs. Smuggled alcohol was not separately recorded but may account for some of the purchase from friends and family.²⁴

Our consultation exercise suggested that the low level of enforcement reflects both the higher priority given to other issues and the amount of effort involved compared to the likelihood of punishment. So measures to make enforcement swifter and easier building on the range of sanctions for licensed premises introduced under the Licensing Act are required.

Meanwhile, retail practice varies on seeking proof of age. There is no universally accepted means of proof of age. It is not routinely sought and evidence from our consultation exercise suggests that the available cards are easily forged. In some areas - such as Manchester - there is already an understanding that young drinkers will need to produce a passport or driving licence as proof of age. The expectation that identity will need to be proved is at best patchy.

The Government's plans for a national identity cards scheme would provide a nationally accepted, useful and secure way of proving and determining age when young people wish to purchase age restricted products such as alcohol. However, this is some way in the future - the introduction of plain identity cards on a phased basis would, on current plans, begin during 2007/08.

In the shorter term, the Government has a strong interest in initiatives like the British Retail Consortium's Proof of Age Standards Scheme (PASS) which establishes a common standard for issuing the various proof of age cards that are available. This should go some way towards assisting retailers in recognising and accepting reputable cards when requesting proof of ID and for young people to prove their age.

We will introduce a range of measures to crack down on under-age drinking. These will apply to all premises with a licence, not only pubs and bars. More alcohol is now bought off licence than on. So policy in this area must focus on the off licence trade – supermarkets, off licences and other sources – as well as on licence.

Actions

30. *Under the Licensing Act 2003 selling to under-18s can already lead to an automatic request for a licence review. From Q2/2004, Home Office will build on this, looking at measures to secure tighter enforcement of existing policies of not selling to under-18s, consulting with the police, the courts, and with young people:*

- i) ensuring that full use is made of existing powers to tackle under-age drinking, including test purchasing, and, where there is anti-social behaviour linked to alcohol, applications for preventative/prohibitive measures such as Anti-Social Behaviour Orders;***
- ii) we will include powers to tackle sales to under-18s as part of our consultation on new powers for Community Support Officers;***

²⁴ Blenkinsop, S *et al.* (2003), Smoking, drinking and drug use among young people in England in 2002, London: TSO.

- iii) *we will consult with the police on making more use of powers to target problem premises;*
- iv) *Fixed Penalty Notices for disorder are being rolled out in England and Wales from January 2004, allowing a more direct response to alcohol-related disorder; and*
- v) *consider introducing Fixed Penalty Notices for bar staff who sell to under-18s.*

31. The social responsibility scheme for alcohol retailers (see section 6.1) will strongly encourage:

- i) *better training for staff; and*
- ii) *an expectation that all premises with a licence, on and off licence, will make it clear they do not sell to or for under-18s - for example, by a clearly displayed poster - and that identity will be sought as a matter of course, building on the provisions of the Licensing Act. Retailers will be encouraged to ask for a PASS card, passports or driving licences if in doubt.*

These measures will be backed up by:

- the work of the Home Office's Police Standards Unit (described in section 6.1 above);
- improving the focus in education on behaviour and attitudes as outlined in Chapter 4; and
- making it easier for communities to fund alternative schemes. We will set up an industry fund which is independently administered and to which communities will be able to bid for funding for alternative provision for young people. We explain more about this in Chapter 7.

6.3 Dealing with people who repeatedly commit alcohol-related offences

Cutting repeat offending caused by alcohol misuse

The large majority of alcohol-related offenders will not be habitual offenders and many will have only one encounter with the criminal justice system. However, some offenders are arrested repeatedly for alcohol-related offences: around 20% of alcohol-related arrestees have four or more previous convictions.²⁵ Mechanisms for identifying them and referring them for help are haphazard, meaning that they continue offending to their own detriment, and that of society, whilst taking up criminal justice resources.

Repeat offenders are not a homogenous group. Different offenders will have different needs – some may need extensive alcohol treatment and other support, but many will not. It will be important to ensure that a range of interventions are available, allowing different interventions to be offered to offenders with different needs.

²⁵ Maguire, M and Nettleton H. (2003) "Reducing alcohol-related violence and disorder: An evaluation of the 'TASC' project". London: Home Office.

Many offenders who are repeatedly arrested for alcohol-related offences will not be dependent on alcohol, although they may be drinking heavily and frequently. Evidence suggests that, in particular, many of those arrested for violence are likely to be younger and not dependent on alcohol. This group of offenders is unlikely to need extensive alcohol treatment. However, people in this group do have problems which need to be addressed: brief interventions, counselling, or referral to self-help groups may well be appropriate, depending upon the individual case. In other cases, more generic treatment may be more appropriate.

By contrast, offenders who are dependent on or who have serious problems with alcohol may be helped by specialist alcohol treatment, although much will depend on the individual offender's motivation to engage with the treatment.

There are currently eight referral schemes with a specific focus on alcohol: some of these are based on arrest and others on bail conditions. These have not been systematically evaluated, but available management statistics suggest that one such scheme reduced re-offending by up to half. These encouraging results suggest that it is worth looking at whether more use could be made of arrest referral schemes. Schemes will need to ensure that they offer a full range of interventions.

In terms of criminal justice interventions, it is crucial that - as part of existing regular updates - sentencers are made aware of the treatment that is available as part of a sentence. Currently, this could be as part of a Community Rehabilitation Order or a Community Punishment and Rehabilitation Order. In due course, the Criminal Justice Act 2003 will introduce the Community Order and Suspended Sentence Order to which an alcohol treatment requirement can be added in appropriate cases. Furthermore, under the new provisions it will no longer be a requirement that the offender's dependency on or misuse of alcohol caused or contributed to the offence. We do not see a case for mandatory testing for alcohol use, although of course treatment agencies may test offenders as a way of gauging their progress. Around a quarter of drug users also have problems with alcohol, and this is already addressed as part of the overall treatment package.

The introduction of conditional cautioning could be used to deal with alcohol-related offenders. Certain offenders might, for example, be required to keep away from local pubs for three months and asked to seek treatment as well, if a referral to treatment was appropriate in that individual's case.

Anti-Social Behaviour Orders (ASBOs) may be appropriate for use on those who offend repeatedly in order to draw clear boundaries on acceptable behaviour. ASBOs can be used to prohibit people from anti-social acts related to alcohol – for example, by prohibiting them from entering specified pubs/areas, consuming alcohol in public or associating with persons with whom they behave anti-socially. In addition, orders to prohibit anti-social behaviour can be made when an individual is convicted of a criminal offence.

Action

32. *The Home Office and the Department of Health will:*

- i) consider establishing pilot arrest referral schemes for evaluation with an aim of having clear emerging conclusions by Q4/2007; and*
- ii) encourage Crime and Disorder Reduction Partnerships to work with Local Criminal Justice Boards to implement the conclusions of those schemes if there is a clear case for effectiveness.*

Protecting offenders

Certain offenders may be repeatedly arrested for being drunk and incapable and placed in police custody suites where they prevent use of cells for other potentially more serious offenders. They also require checking every fifteen minutes. Intoxicated arrestees need to be carefully monitored whilst in police custody: in 2001-02, there were 16 deaths in police custody involving substance misuse.

It may be possible to offer better protection to these offenders, either by ensuring a higher level of support in police custody suites or by referring these offenders to other venues where it may be easier to protect their health, for example at local wet hostels, other temporary accommodation, or within the health service. However, no research has been conducted on whether these approaches offer improved protection to offenders or whether they can also offer the opportunity to tackle repeat offending through linking up with the interventions described above.

Actions

33. *The Home Office, the Department of Health and the Office of the Deputy Prime Minister will consider commissioning research to report by Q4/2007 to explore the effectiveness of diversion schemes in protecting repeat offenders and combating alcohol misuse among these offenders.*

34. *Crime and Disorder Reduction Partnerships will build the results of this research into their plans if there is a clear case for effectiveness (from Q4/2007).*

Alcohol misuse amongst prisoners

Problems with alcohol are widespread in prison. In the year before conviction, 63% of sentenced male prisoners and 39% of sentenced female prisoners reported “hazardous” drinking. The criminal justice system has a key role in reducing recidivism through both the prisons and the probation system, who have a joint target for reducing re-offending.

These routes into the system for some of those with the most deep-seated problems are vital. To ensure that they work effectively there needs to be:

- consideration of alcohol as an issue before sentencing as discussed above;
- screening of new prisoners to identify whether there are alcohol problems;
- provision of treatment; and

- effective follow-up, as part of wider rehabilitation policy - to ensure that offenders are directed to appropriate services when they leave prison.

Some provision is already made:

- detoxification is available on reception in all local and remand prisons: during 2002-3 an estimated 6,400 prisoners received alcohol detoxification and an estimated 7,000 combined drug and alcohol detoxification;
- some prisons run alcohol awareness courses;
- Alcoholics Anonymous run services in around 50% of prisons;
- some offending behaviour programmes already address some of the underlying criminogenic factors associated with alcohol-related offending;
- for prisoners whose alcohol misuse is part of poly-drug misuse, CARAT's services (Co-ordinating, Assessment, Referral, Advice and Throughcare) are available – a low-level intervention that creates a care plan based on the specific needs of the prisoner; and
- new funds under Spending Review 2002 are improving drug and alcohol service provision and resettlement planning for juveniles in custody, led by the Youth Justice Board in partnership with the Prison Service, Secure Training Centres and local authority Securer Children's Homes.

The Prison Service will introduce an Alcohol Strategy for prisoners from Spring 2004. Within existing resources, there will be a new prison rule to allow alcohol testing at the discretion of the governor; and a treatment/interventions good practice guide which sets out a model treatment framework.

Alcohol misuse among offenders under probation supervision

Alcohol-related offending is also a significant issue for the Probation Service. Evidence from the pilots of the Prison and Probation Services' joint Offender Assessment System (OASys) found that, of those assessed, alcohol was a criminogenic need for 35% and a disinhibitor in the current offences of 37%.

Some provision is already made to meet this need, frequently delivered in partnership with a range of voluntary and statutory agencies:

- probation areas refer some alcohol misusing offenders into mainstream specialist interventions;
- substance misuse programmes;
- a programme aimed at drink-drivers; and
- lifestyle interventions - such as employment, training and education.

However, existing provision is not centrally co-ordinated and monitored, and delivery of treatment can be inconsistent. The National Probation Service is therefore developing an alcohol strategy to establish a consistency of approach to tackling alcohol-related offending across the Probation Service based upon evidence of good practice. An agreed framework, "Towards an NPS' Alcohol Strategy" is in place, which identified ten key issues that should form the structure of the strategy and the steps which should form the next stages of the development process. This work, centred around three distinct but inter-related strands of research, is presently being taken forward. Within existing resources, the emphasis of the strategy is likely to have

to be on consolidating the work already being done across the Service, and building on good practice.

The National Probation Directorate (NPD) is working closely with the Prison Service to ensure that the emerging probation strategy dovetails with the equivalent Prison Service strategy. This will become especially important with the creation of the National Offender Management Service (NOMS) from June 2004.

6.4 Domestic violence

Identification and referral of victims and perpetrators of domestic violence who have alcohol problems

Alcohol is one of the risk factors in domestic violence. Almost one in four women are estimated to have been assaulted by a partner since age 16, and one third of victims of physical domestic violence assaults say that their attacker had been drinking.

Alcohol is not the cause of domestic violence, but it can exacerbate the effects - for example increasing the severity of injuries sustained by the victim. It is a fact that substance misuse and domestic violence often co-exist: rates of alcohol misuse and dependence among perpetrators may be up to seven times higher than in the general population.²⁶

Victims of domestic violence may also use alcohol as a coping mechanism. Heavy drinkers are also at increased risk of victimisation.²⁷ Either way problems with alcohol can make it harder to access help.

We need to recognise the nature of the links between alcohol misuse and domestic violence and address those links in public policy and in the design of local services. We also need to recognise that - as with responsible drinking messages - those who produce and sell alcohol may have an important role to play in disseminating key messages about domestic violence.

Action

35. The Home Office and the Department of Health will, from Q2/2004:

- i) ensure that the work to develop the Models of Care commissioning framework takes account of the need to ensure that perpetrators and victims of domestic violence receive help from both domestic violence and alcohol treatment services, as appropriate to their needs;*
- ii) explore the potential for partnerships with alcohol producers and sellers to promote key messages - for example, helpline numbers to victims and the message that domestic violence is unacceptable to perpetrators; and*
- iii) encourage local partnerships to consider using money from the Fund (described in section 6.1) to support local domestic violence projects and support services.*

²⁶ Interim Analytical Report, p.61.

²⁷ Ibid.

6.5 Drink Driving

Drink driving has been successfully reduced over the last 30 years

Drink driving has long been regarded as socially unacceptable. Alcohol impairs a driver's reaction time, and puts the driver, passengers, other road users and pedestrians lives at risk.

Government has tackled drink driving through a package of measures, combining preventative measures, information and awareness campaigns and enforcement. This "package" approach, which has been introduced over the last 30 years, has been effective in reducing drink drive deaths. Between 1993 and 2001 the total number of driving casualties fell by 12%. This has achieved real culture change for many. Drink-driving is no longer socially acceptable, and tough enforcement – e.g. loss of driving licence – has a major impact on offenders' lives. The concept of a package of measures used here is a good model for tackling other alcohol-related harms.

The drink-driving package consists of the following measures:

- an absolute offence rather than one that depends upon proof of impairment in each case: it is illegal to drive with a blood alcohol concentration above the legal limit of 0.08% (80mg of alcohol per 100ml blood) in the UK;
- specific breath testing powers. Police can breath test drivers who they suspect to have been drinking, have committed a driving offence, or have been involved in an accident;
- disqualification from driving for a minimum period of one year to punish a drink driving conviction;
- rehabilitation courses;
- mandatory medical tests for High Risk Offenders (those convicted of a blood alcohol concentration of 200mg or more, those committing two or more offences within 10 years, or those refusing to give a specimen); and
- advertising campaigns: promoting the drink drive message through a variety of media (such as radio and TV) and working in partnership with other bodies such as the Nationwide Football League.

In addition, the Home Office has been working closely with voluntary groups such as RoadPeace and the Campaign Against Drinking and Driving to establish more clearly the effects of serious road incidents and the options on emotional and practical support services. The evidence is that the trauma and suffering caused by road death and serious injury can be exacerbated in cases that have involved drinking and driving. The Government's National Strategy for Victims and Witnesses proposes more support for victims of serious road incidents, as part of a more diverse provision of services for victims. The Home Office is running pilot projects in Bedfordshire, Merseyside and West Yorkshire (Bradford and Calderdale) to test different approaches to delivering support services for road crash victims and to identify good practice.

Overall, the UK's record on drink driving is excellent

Although the blood alcohol limit of 0.08% in the UK is amongst the highest in Europe (most countries set it at 0.05%), sustained advertising and vigorous enforcement and punishment have ensured some of the lowest levels of casualties. It is essential, however, to keep current policies under review, and co-ordinated with alcohol policies in the rest of Government.

But drink-driving related casualties have been rising

However, between 1993 and 2001 the total number of casualties from road accidents rose by one fifth. Research identifies young men (who are likely to be unemployed or in manual work) in particular. Amongst 18-25 year old men, heavy or problem drinkers were six times more likely to be involved in an accident than moderate drinkers. There is no clear evidence to link this to any rise in binge-drinking. But Government will need to monitor trends very closely and consider whether more should be done to target these specific groups.

As far as enforcement is concerned, the maximum penalty for the offence of causing death by careless driving when under the influence of drink or drugs has been increased from 10 to 14 years' imprisonment. The Government is also planning to require all offenders disqualified for two years or more to retake the driving test, and to increase police powers to allow them to carry out evidential roadside breath-testing.

Alcohol retailers need to support the current approach by promoting designated driver schemes, and offering free/cheaper soft drinks to drivers. This already exists under the Portman Group's "I'll be Des" scheme. As part of the social responsibility scheme described in Chapter 7, pubs and other establishments will be encouraged to sign up to and publicise the scheme. They will also be expected to display information on unit content of drinks, sensible drinking and drink-drive limits.

Actions

- 36. Although policies have worked very well, the Department for Transport will monitor closely trends which are giving cause for concern and consider whether more should be done to target 18-25 year olds, especially [from Q2/2004].***
- 37. As part of the proposed social responsibility scheme, the industry will be encouraged to make more prominent use of the existing "I'll be Des" scheme and to display information about drinking and driving.***

CHAPTER 7: SUPPLY AND INDUSTRY RESPONSIBILITY

Summary

- The alcoholic drinks market is valued at more than £30bn per annum, with around one million jobs estimated to be linked to it. Excise duties on alcohol raise about £7bn per year and, like other sectors, the industry pays local and central taxes.
- Chapter 3 highlighted the shared responsibility for tackling the harms associated with alcohol misuse. This requires a partnership between individuals, families and communities, public services such as the NHS and the police, the government, and the alcohol industry.
- Working with the industry is, therefore, at the heart of this strategy. Analysis showed that solutions implemented with the industry were highly effective and reached large numbers of people.
- It is also clear that there is a strong business case for more socially responsible practices by the industry itself.
- The industry does recognise its responsibilities and a number of good examples of social responsibility initiatives already exist. However, best practice is patchy and not always well co-ordinated across the industry, and it is not strategically aligned with the efforts of government and the voluntary sector.
- Government will work with the industry at national level to introduce a new award scheme. This scheme will combine a code of good practice with a financial contribution from the industry towards efforts to tackle the harms caused by alcohol misuse. The scheme will be overseen by a small independent board. This complements the proposals for working with the industry at local level set out in Chapter 6.
- The scheme will be voluntary at first. This allows the industry to demonstrate its willingness to develop best practice and work with Government. But an independent audit of the scheme will be commissioned early in the next parliament to assess its efficiency.

7.1 The central role of the alcohol industry

The alcohol drinks market is a substantial and valuable part of the UK economy and society. However, alcohol can also be harmful – for the drinker, their friends and family and for wider society

The alcohol drinks market generates over £30bn annually, provides around one million jobs and plays an important role in maintaining a dynamic leisure and hospitality sector. The alcohol industry contributes £7bn a year to the national exchequer in the form of excise duty. Like other sectors, it also contributes through VAT and local and central taxation.

However, the harms resulting from alcohol misuse are rising, affect a wide cross-section of society, and are calculated to cost the economy up to £20bn per year.

The alcohol industry has a vital role in helping to prevent and tackle the harms caused by alcohol misuse

As we set out in Chapter 3, tackling the harms associated with alcohol misuse is a shared responsibility - between individuals, their families and communities, public services such as the NHS and the police, the government and the alcohol industry.

Our analysis found that the industry needs to be at the heart of preventing and tackling alcohol misuse, and that approaches which involved the industry have proved to be successful and reach large numbers of people. Many of the factors which the industry can affect (ranging from the way in which alcohol is packaged and promoted, to the management of the pub or bar in which it is consumed) can help encourage a more responsible approach to alcohol.

The industry's role needs to go beyond complying with its statutory responsibilities, to setting high standards of socially responsible practice

Businesses that produce, promote and sell alcoholic drinks already have a complex set of statutory responsibilities and regulatory regimes – in relation to health and safety legislation, licensing law, fire-safety law and other areas. The industry's first responsibility is to ensure that it is complying with its legal requirements effectively.

But we believe that the industry's responsibilities go beyond this, and that the industry has a wider social responsibility to promote and strongly encourage best practice. Moreover, there is an important business case – in terms of benefits such as enhanced reputation, improved competitiveness and strengthened risk-management – to adopting more socially responsible business practices, as businesses in other sectors, such as the energy sector, have already demonstrated.

Whilst there are many excellent initiatives, corporate social responsibility in the alcohol industry is currently patchy and not well co-ordinated

There are already a number of good examples of social responsibility initiatives undertaken by the alcohol industry both collectively and individually.

Box 7.1: Social Responsibility Initiatives

The alcohol industry has set up and funded a number of ‘social aspects organisations’, operating at global (e.g. the International Center for Alcohol Policies), European (e.g. The Amsterdam Group), and at national levels (e.g. The Portman Group).

The Portman Group is the principal social responsibility body for the UK alcohol industry. It was established in 1989 to promote sensible drinking, to help prevent alcohol misuse, to encourage responsible marketing, and to foster a balanced understanding of alcohol-related issues. The Portman Group provides ‘sensible drinking’ advice and supports the government, media, industry and consumers with research, educational materials and campaigns. It also encourages responsible marketing practices through its Code of Practice.

Some companies within the UK alcohol industry have already taken a variety of initiatives such as creating dedicated teams of social responsibility advisers; establishing socially responsible marketing codes; piloting responsible drinking advertisements; and funding community and citizenship programmes.

However, best practice is patchy and not always well co-ordinated across the industry, or strategically aligned with the work of government and other stakeholders, such as the police, health professionals, and the voluntary sector in this area. Only by more effectively spreading existing best practice, and by joining efforts with the work of these other stakeholders, can we maximise our impact in tackling the harms.

7.2 Government will work with alcohol producers to set up a scheme to reduce harm

In addition to the social responsibility scheme for retailers at a local level set out in Chapter 6, Government will also work with alcohol producers at a national level to increase corporate social responsibility. The proposed national-level scheme will comprise three parts:

Part 1: Promotion of good practice in product development, branding, advertising and packaging

Accreditation criteria might include:

- agreement not to manufacture irresponsibly – for example, products apparently targeted at under-age drinkers or encouraging drinkers to drink well over recommended limits;
- agreement to observe advertising codes;
- conforming to the Portman Group’s existing code on packaging;
- as discussed in chapter 4, an agreement to put the sensible drinking message on bottles alongside information about unit content; and

- moving towards packaging products in safer materials – for example, alternatives to glass bottles: a working group of industry, medical and other experts should be convened to reach a clear view on what these are as set out above.

Part 2: A donation to an independent fund

This will be:

- used to fund community and national-level projects designed to tackle alcohol-related harm: it might for example fund projects aimed at providing alternative activities for young people, targeting information and helping culture change or helping to deal with specific consequences of misuse;
- administered by an independent board, on which industry, government and the voluntary sector will be represented. The board will assess bids for funding according to agreed criteria; and
- financed on a basis agreed between the industry and government.

Part 3: Promotion of good practice down the supply chain

For example, assistance in training and serving practices or discounts to retailers who sign up to the retail accreditation scheme described in Chapter 6.

Our intention is to have the scheme up and running by April 2005. We expect to consult extensively with the industry and other stakeholders on the details of what should be included and how the scheme should work.

7.3: How the scheme might work

Administration

The Department of Health and the Home Office would take the lead in establishing a small administering body for the scheme. It could be established as a separate board, and would have a number of functions:

- spreading best practice;
- advising businesses who are seeking accreditation;
- promoting the scheme;
- managing accreditation; and
- agreeing criteria for projects to be funded and overseeing the administration of the fund created.

Administration needs to be as light touch as possible. Businesses would submit a self-assessment of how they comply with clearly-defined criteria. The applications would need to be approved by the accreditation body. At producer level, companies will be required to submit a self-assessment report for independent auditing. Although this checklist approach lacks the subtlety of a more sophisticated qualitative assessment of a company's corporate social responsibility, such as an in-depth social audit, it is easier to administer, and has the advantage of encouraging a wide compliance.

Membership of the scheme would be renewed annually. Producers would submit a report on initiatives taken over the year, which would again be independently audited.

Finance

The scheme would be self-financing: administration costs would be covered by a small charge on all those organisations that participate. This charge should be proportional to the size of the organisation, to avoid imposing excessive burdens on small businesses.

Governance

The administration of the scheme also needs to guarantee its credibility. So it will need to retain sufficient independence and distance from the organisations which it accredits. It should be governed by an independent board, which would include representation from the industry, but also the voluntary sector, experts in corporate social responsibility, perhaps drawn from another business sector, representatives of the general public, and other stakeholders such as the police and the NHS. The board needs to understand and appreciate commercial business practice, and the particular features of this industry. It needs equally to appreciate the problems caused by alcohol misuse and their effects on the ground. And it needs to command credibility and respect as an independent body in its own right.

The fund

The fund should be operated at arm's length from the body administering the scheme, perhaps by an independent board comprising representatives from Government, the industry, the health service, voluntary sector providers and community representatives. Its task would be to set clear criteria for giving funds and ensure their efficient use, building on good practice where appropriate.

7.4 Ensuring the scheme is working

Incentives to participate

Recognition and status will be a main reason for businesses taking up the scheme. Over time we expect the scheme to develop a critical mass of its own, so that the presumption will be that businesses expect to participate unless they have very good reasons not to. Our aim would be to work actively with industry leaders to use peer influence to bring others on board.

What will we do if the scheme is not making a difference?

We are keen to allow the industry to demonstrate its willingness to abide by best practice. We propose that participation in the scheme should initially be voluntary. We will commission an independent audit early in the next parliament to assess how well the scheme is working (to be funded by the scheme itself). The key criteria for success will be the number of large producers participating, the size of the fund

created, the number and scope of projects funded, and the effectiveness of these projects in reducing alcohol-related harm. If industry actions are not beginning to make an impact in reducing harms, Government will assess the case for additional steps, including possibly legislation.

Action

38. Government will consult with the industry on the introduction of a three-part voluntary social responsibility scheme for alcohol producers. This will (i) strengthen industry focus on good practice, (ii) seek a financial contribution from the industry towards the harms caused by excessive drinking, and (iii) encourage producers to promote good practice down the supply chain. The scheme will be voluntary in the first instance and should be established by Q1/2005.

The success of the voluntary approach will be reviewed early in the next parliament. If industry actions are not beginning to make an impact in reducing harms, Government will assess the case for additional steps, including possibly legislation.

CHAPTER 8: DELIVERY AND IMPLEMENTATION

Summary

- Our analysis identified four key harms arising from alcohol misuse:
 - harms to health;
 - harms to public order;
 - harms to productivity; and
 - harms to families and society.
- It found that without clear responsibilities at central and local level, and clear indicators of progress, effective change is unlikely.
- Currently:
 - there is no strategy at national level;
 - Government has no over-arching objective for tackling alcohol misuse; and
 - there are examples of excellent practice at local level, but no established ways of delivering them.
- Government therefore proposes:
 - light-touch central arrangements, with the Home Office and the Department of Health sharing a responsibility for delivery. They will work closely with other departments such as the Department for Culture, Media and Sport, the Office of the Deputy Prime Minister, and the Department for Education and Skills;
 - using new indicators to track progress; and
 - flexibility for local partnerships to deliver what is needed in their area, whilst staying in line with the aims of the national strategy.

We argue in Chapter 3 that, amongst other responsibilities, Government has a responsibility to set out a clear strategic framework for reducing the harms caused by alcohol misuse. Chapters 4 to 7 set out what that strategy is. In this chapter we set out the mechanisms through which we will deliver the strategy and monitor progress. We identify three main mechanisms:

- better co-ordination and a more strategic approach in central Government;
- a clear framework of directional indicators to enable measurement of progress towards the overarching objective of reducing harm, and arrangements for monitoring progress; and
- arrangements for delivery at local level which give flexibility to meet local priorities within the strategic objective of reducing harm.

8.1 Better co-ordination and a more strategic approach in central Government

Government has, until now, not taken a strategic approach to addressing alcohol issues

A large number of Government departments have a stake in alcohol issues. The lead currently lies with the Department of Health. Although responsibility for the key harms associated with alcohol lie with the Department of Health and the Home Office, many other departments also have an interest in the issues:

- The Department for Culture, Media and Sport is responsible for licensing legislation relating to the sale and supply of alcohol, and sponsors the tourism and hospitality industry to which the sale of alcohol is important;
- The Office of the Deputy Prime Minister, through local authorities, is responsible for planning and management of local night-time economies and for provision of services to some of the most vulnerable through ‘Supporting People’ and services to homeless people;
- The Department for Education and Skills is responsible for alcohol education in schools and provision of services to children and young people;
- The Department for Transport is responsible for drink-driving, and for setting the framework for local authorities’ local transport strategies;
- The Department for Environment, Food and Rural Affairs is responsible for sector sponsorship;
- The Department for Trade and Industry is responsible for social responsibility;
- The Department for Work and Pensions is involved through disability benefits, and together with the Health and Safety Executive has responsibility for the health and safety aspects of alcohol misuse in the workplace;
- HM Customs and Excise is responsible for collecting alcohol excise duty and preventing smuggling; and
- HM Treasury is responsible for setting levels of alcohol (excise) duty and VAT on alcohol (collected by HM Customs and Excise) and for general levels of taxation in respect of industry and business.

Consequently:

- there is no clear focus for policy making;
- communications are not co-ordinated; and
- research evidence is weak in some areas, making it difficult to evaluate policy.

The two key areas for public intervention are health and crime

The key harms in terms of cost and numbers lie in health and crime. So there is a clear logic to giving a joint responsibility to the Department of Health and the Home Office to deliver against agreed outcomes as the two departments with responsibility for dealing with the greatest harms and having the most effective levers to tackle them.

However alcohol misuse is an issue which influences virtually every area of public policy. Much of the strategy we have outlined hinges on raising awareness of alcohol and dealing with its consequences within existing activity, making it a mainstream issue rather than isolating it. So it is essential that the Department of Health and the

Home Office work very closely across Whitehall, particularly with departments that have a strong interest such as the Department for Culture, Media and Sport, the Office of the Deputy Prime Minister and the Department for Education and Skills.

Action

39. *The Minister of State for Policing and Crime Reduction (Home Office) and the Parliamentary Under-Secretary of State for Public Health (Department of Health) will assume joint responsibility for delivery of the strategy [from Q2/2004]:*

- i) they should report quarterly to an appropriate Cabinet Committee;*
- ii) the Cabinet Committee will be supported by regular meetings of designated officials from Whitehall departments with an interest to ensure better co-ordination of policy, communications and research. This will be organised by DH and HO officials and chaired alternately by the two ministers; and*
- iii) an external stakeholder group will be created to bring an outside perspective and serve as a sounding-board for initiatives.*

8.2 Setting goals and monitoring progress

There is no comprehensive target for reducing the harms caused by alcohol misuse

There is no over-arching Government objective for reducing the harms caused by alcohol misuse and few indicators. It is therefore hard to identify how far desired outcomes on managing alcohol misuse are being achieved.

It is also difficult to ensure that the right research data is gathered to measure progress. There are currently few mechanisms to ensure that research into alcohol misuse is co-ordinated across Government, and many elements of alcohol-related harm can be difficult to measure.

The Government will be reviewing its performance management and monitoring arrangements as part of the forthcoming Spending Review. The paragraphs below set out a framework for monitoring the strategy, but this framework will need to be subsumed within the Government's wider performance management framework referred to above.

To track progress effectively Government will need:

- clear aims;
- indicators to measure progress;
- a baseline to inform future evaluation;
- better co-ordination of research; and
- a clear timetable for review and monitoring.

Clear aims

The aim of this strategy is to prevent any further rise in the harms caused by alcohol misuse and, subsequently, to begin to reduce them.

Indicators to measure progress on reducing harm

This will need to be underpinned by indicators against which Government will measure its progress in reducing the four key harms caused by alcohol misuse.

- Reducing the harms to health:
Each year it would be good practice for each Primary Care Trust (PCT), or by arrangements a lead PCT or partnership which acts on behalf of other PCTs and agencies within a local authority area, to publish:
 - details for the partnership responsible for commissioning alcohol prevention and treatment services including its membership and a single point of contact for enquiries;
 - planned and actual increases in the numbers accessing treatment for alcohol-related problems;
 - a statement outlining the arrangements for alcohol treatment and points of contact for those requiring help;
 - a statement outlining the arrangements for the promotion of sensible drinking;
 - a statement outlining the contribution alcohol prevention and treatment will make to the Crime and Disorder Strategy.

We can see value in such indicators being collected and published to help track progress of the Government's Alcohol Harm Reduction Strategy, though recognise that at present some of this information might not be readily available or robust enough in some areas. In the longer term, some of these indicators as might also in some way usefully form part of the Comprehensive Performance Assessments for local authorities.

- Reducing the harms caused by crime and disorder:
 - to reduce the number of incidents of alcohol-related violent crime and to change the perception that drunk and rowdy behaviour is increasing, as measured by the British Crime Survey;
 - to reduce low-level disorder in the night-time economy and improve its diversity: we will measure this both through the use of existing surveys and through the evaluation of the Licensing Act set out in Chapter 6;
 - to monitor through existing statistics the extent to which under age drinking is being prevented and tackled
 - the Home Office will examine whether it is possible to measure a reduction in the number of repeat offences of domestic violence where alcohol is involved; and
 - to resume the downward trend in drink-driving incidents as measured in statistics produced by the Department for Transport.

- Reducing the harms to productivity:
 - to monitor through examination of existing statistics levels of alcohol-related employee absenteeism, unemployment and reduced efficiency.
- All of these should be backed up by keeping consumption trends under review to inform future policy. The Department of Health and the Home Office will:
 - monitor through the General Household Survey and the Health Survey for England whether levels of chronic drinking and binge-drinking (35/50+ units a week) are dropping;
 - in tandem with this they will revisit the definitions used in existing research to allow more accurate identification of levels of binge-drinking which should give cause for concern; and
 - monitor the proportions of under-16s who drink, and the average amount they drink .

Establishing a baseline to inform future evaluation

The baseline should be monitored from April 2004. This will be established by:

- the treatment audit discussed in Chapter 5;
- the evaluation on the Licensing Act discussed in Chapter 6; and
- the estimates on effects on productivity contained in the Strategy Unit's interim analytical report.

Better co-ordination of research

As we set out above, there are no mechanisms for co-ordinating research to ensure that gaps are filled and that best use is made of resources. So in future the Department of Health and the Home Office will take the lead in co-ordinating research priorities and funding more effectively. It is important that this process extends outside Government and includes funders of research such as the Medical Research Council, the Economic and Social Research Council and the Alcohol Education and Research Council. There is also a case for working more closely with the industry. The Department of Health and the Home Office will examine ways in which this can be done more effectively.

A timetable for monitoring progress

- An appropriate Cabinet Committee will monitor progress quarterly for the first year then six-monthly.
- As set out above, there will be an independent review early in the next parliament to assess whether enough progress has been made on working with the industry.
- This will inform a general review of policy by Q2/2007 to see if the trends are moving in the right direction and focus on what needs to happen next.

Action

- 40. Government will have a clear commitment to deliver an over-arching alcohol harm reduction strategy from Q2/2004. This will be:**
- i) *assessed against indicators of progress for the four key harms identified;*

- ii) set against a clear baseline;*
- iii) supported by better co-ordination of research; and*
- iv) regularly monitored.*

8.3 Flexibility to deliver at local level

Local partnerships already exist which can form a focus for reducing the harms caused by alcohol misuse, and there are excellent examples of good practice. But practice varies

Alcohol misuse is an issue which spans a wide range of bodies:

- local health Primary Care Trusts;
- local authorities (including social services);
- the local police and other parts of the criminal justice system;
- education services and services for young people;
- the hospitality, leisure and retail industries and others selling alcohol; and
- local voluntary organisations, such as service providers or residents' associations.

A variety of partnerships already exist which bring these together in differing formats:

- Crime and Disorder Reduction Partnerships. The Crime and Disorder Act 1998 (CDA98) sets out statutory requirements for responsible authorities (the police, local authorities and other local agencies and organisations) to develop and implement strategies to tackle crime and disorder in their area. These are known as Crime and Disorder Reduction Partnerships (CDRPs). They are accountable to Government Offices and ultimately the Home Office for tackling crime and disorder and misuse of drugs. Working together, the responsible authorities and other agencies, make up a virtual body of diverse partners. This multi-agency approach looks to encourage partners to promote consideration of crime and disorder issues in their own core activities in order to raise and improve safety and security in local neighbourhoods.
- Criminal Justice Boards and Youth Offending Teams provide a specific focus for criminal justice at local level for adults and for juveniles;
- Drug and Alcohol Action Teams set standards for and commission treatment services in around 70% of areas; in the remainder their focus is solely on drugs, as Drug Action Teams; and
- Local Strategic Partnerships provide an overarching and voluntary forum for co-ordination of local priorities: they do not have statutory responsibilities.

To comply with changes to the Crime and Disorder Act 1998 brought in by the Police Reform Act 2002, the Home Office is encouraging Crime and Disorder Reduction Partnerships to integrate with Drug and Alcohol Action Teams/Drug Action Teams. Many partnerships began the integration/closer working process from 1 April 2003. Integration of all DATs and CDRPs in unitary/metropolitan authorities and closer working in two tier authorities should be finalised by 1 April 2004.

Integration will bring many benefits, such as simplified local working relationships, give greater recognition to common interests, and provide the right framework to enable the more effective delivery of the crime reduction and drugs agendas.

Primary Care Trusts in England will become a responsible authority within the CDRP subject to commencement order not before 1 April 2004. They will bring together the key local agencies with an interest in reducing the harms caused by alcohol misuse: the health service, the criminal justice system and the local authority.

In some areas alcohol misuse is already firmly bedded into these partnerships as an issue, and there are excellent examples of good practice.

Box 8.1 – Hammersmith and Fulham Alcohol Strategy

The London borough of Hammersmith and Fulham has brought together all those with an interest to agree a three-year alcohol strategy spanning health and crime issues. The strategy has a full time co-ordinator and is supported by a sergeant within the Metropolitan Police.

The crime and disorder element of the strategy is supported by a Public Service Agreement signed with the Government to reduce alcohol-related disorder and assaults in the Shepherd's Bush Green area. Key strands of activity for this element of the strategy include:

- a multi-agency night-time economy working group, which has developed an action plan for managing the night-time economy;
- the Shepherds Bush Bar Charter - a forum which promotes responsible management of licensed premises. It has membership from the public, local licensees, the police and the local authority. Projects have included the installation of a 'Safety net' radio system in licensed premises around the Green and the delivery of safer drinking and personal safety campaigns;
- the production of a "safer pubbing" guide - a supporting document developed for the local licensing policy which will include guidance on minimising the risks of alcohol-related disorder and environmental and noise pollution;
- a review of transport provision in light of changed dispersal patterns;
- the introduction of a controlled drinking area in Fulham; and
- the improvement of support services for street drinkers.

However delivery of strategy and services varies widely, and good practice is not always disseminated.

How the strategy will be delivered at local level

Effective delivery of outcomes at local level will be crucial if the objectives set out above are to be achieved. Our guiding principles are:

- maximum local flexibility;
- a minimum of new bureaucracy; and
- raising the profile of alcohol misuse in existing services and structures.

Who will deliver the strategy locally?

As set out above, there is already some close working between some Crime and Disorder Reduction Partnerships and some local health services. With the addition of representatives from local voluntary organisations and the industry, they form the obvious body for formulating and delivering a strategy within the wider framework set by the Local Strategic Partnership (which brings together at a local level the different parts of the public, private, community and voluntary sectors).

The CDRP as a partnership can help individual members achieve their objectives by:

- providing a forum for agreeing a strategic framework on alcohol misuse which reflects local priorities, ensures complementary objectives and sits within existing strategies where appropriate;
- ensuring that organisations share information and good practice; and
- providing a forum for agreeing how organisations will work together, for example police and A&E departments.

It is essential that other key stakeholders are involved in this process:

- representation from the alcohol industry, building on the existing British Beer and Pubs Association partnership scheme;
- representation from local voluntary groups; and
- representation from the local community.

The overarching aim of such frameworks will be to tackle the four key harms identified in the analysis. But it is for local partnerships to decide what their priorities are within that framework. For example one area may have serious problems with the night-time economy. Another might have large numbers of under-age drinkers with consequent impacts on their health, performance at school and the local environment. So local strategies need to be tailored to local needs.

We set out four key levers for intervention in the strategy. Local agencies will work within existing chains of accountability to deliver outcomes. But we will look to the CDRP working in consultation with the industry, the voluntary sector and the local community to provide a forum for discussion, sharing of good practice and co-ordination to maximise effect in the use of each lever.

- **Education and communication:** partners will work with local schools and institutions to find innovative ways of conveying messages about alcohol and achieving behavioural change. For example the police and the PCT might join forces to give clear messages about the dangers of under-age drinking;
- **Treatment:** the remaining DATs will be encouraged to take on responsibility for alcohol services. PCTs will remain responsible for treating alcohol-related conditions, whilst all partners will share a responsibility for the identification and referral of individuals with alcohol-related problems and for wider prevention activity.
- **Community safety.** The police will take the lead in demonstrating a reduction in alcohol-related crime and disorder. Better management of the night-time economy is likely to be at the heart of this for many partnerships, and the local authority will need to take a lead.

- **Working with the industry.** Local authorities will take the lead in setting up local social responsibility schemes as described in Chapter 6 to feed into the management of the night-time economy and in bringing together all the statutory partners needed to manage it effectively.

How will outcomes be monitored?

We expect that, where there is a clear case for a strategy, local authorities will wish to produce an alcohol strategy. This is likely to be in the context of existing strategies and will be left to the discretion of local authorities.

To ensure that the harms caused by alcohol misuse are tackled effectively, Government Offices will be asked to identify areas with particular issues, ensure that a strategy is built into the Service Delivery Agreement where appropriate, and monitor its delivery as part of the agreement. In addition, all Crime and Disorder Reduction Plans will be expected to include a statement concerning alcohol-related problems.

Action

41. From Q2/2004, where appropriate to local need, Crime and Disorder Reduction Partnerships - including representation from the local Primary Care Trust - will provide a co-ordinating body for agreeing local priorities and determining future direction. We will not be seeking compulsory strategies from local authorities, but expect to see measures for tackling alcohol misuse embedded within existing strategic frameworks. Government Offices will work with areas that have identified particular issues.

Action Plan

The report's actions will be implemented by the Government according to the following time-table.

No.	Page	Action	Lead Responsibility	Date
		CHAPTER 4: EDUCATION AND COMMUNICATION		
1	31	The Department of Health and the Home Office, in consultation with other departments such as the Department for Education and Skills, the Department for Culture, Media and Sport, and the Department for Environment, Food and Rural Affairs will establish an alcohol communications group to share best practice and agree strategies. The communications group will draw on the expertise of outside stakeholders including the industry and voluntary organisations. This will be established by Q3/2004.	DH, HO	Q3/2004
2	31	The Department of Health will carry out a re-assessment of the current "sensible drinking" message, focusing on developing a simpler format for the message, and one which makes it easier to relate to everyday life. This should be achieved by Q2/2005.	DH	Q2/2005
3	31	The Department of Health will work with others inside and outside Government to identify the most effective messages to be used with binge- and chronic drinkers, and the most effective media for disseminating these messages. The Government communications group should aim to develop these messages and disseminate them from Q2/2005.	DH	Q2/2005
4	33	As part of the social responsibility scheme (see Chapters 6 and 7), alcohol producers and manufacturers will be strongly encouraged to add messages encouraging sensible consumption, alongside unit content, to the labels of its products in a form agreed with the Department of Health.	Industry	
5	33	As part of the social responsibility scheme (see Chapters 6 and 7), all retailers of alcohol, both on- and off-licence, will be strongly encouraged to display information setting out the sensible drinking message and explaining what a unit is and how it translates in practical terms to the drinks sold.	Industry	
6	33	As part of the social responsibility scheme (see Chapters 6 and 7), the alcohol industry will be strongly encouraged to display a reminder about responsible drinking on its advertisements.	Industry	
7	33	From Q2/2004, the Department of Health will work with the UK Permanent Representation to the European Union (UKRep) and partners within government to examine the legal and practical feasibility of compulsory labelling of alcoholic beverage containers.	DH	Q2/2004

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8	35	By Q3/2007, the Department for Education and Skills (in consultation with the Department of Health and the Home Office) will use the findings of the Blueprint research programme to ensure that future provision of alcohol education in schools addresses attitudes and behaviour as well as providing information.	DfES	Q3/2007
9	35	This will be complemented by research to review the evidence base for the effectiveness of interventions on alcohol prevention for children and young people both inside and outside the school setting (including youth and leisure facilities). This research should be led by the Department of Health, in consultation with the Department for Education and Skills, the Department for Culture, Media and Sport, the Health Development Agency, and other appropriate research organisations. Research will be completed by Q1/2005, and results disseminated thereafter.	DH	Q1/2005
10	36	The Department of Health will set up a website to provide advice on the warning signs of alcohol misuse and how to handle employees who appear to have an alcohol problem. This will be established in consultation with the Department of Trade and Industry, the Health and Safety Executive, the Trades Unions Congress, the Confederation of British Industry and the Federation of Small Businesses. The site will also include a link to a directory of services for referrals for extra help. This site will be running by Q1/2005.	DH	Q1/2005
11	36	By Q3/2004, Home Office will extend the scope of the National Workplace Initiative, which trains company representatives on handling drug use in the workplace, to include alcohol.	HO	Q3/2004
12	38	Ofcom will oversee a fundamental review of the code rules on alcohol advertising and their enforcement. The review will focus in particular on: <ul style="list-style-type: none"> i) ensuring that advertisements do not target under-18s, and tightening the provisions if necessary; ii) ensuring that advertisements do not encourage or celebrate irresponsible behaviour; iii) the potential of advertisements to encourage alcohol misuse as well as the simple potential to cause offence; and iv) ensuring that, as part of its wider duty to publicise its remit, Ofcom ensures publicity for the regulator's role in relation to broadcast advertising and complaints. Ofcom will consult stakeholders and complete this review by Q4/2004.	Ofcom	Q4/2004

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		CHAPTER 5: IDENTIFICATION AND TREATMENT		
13	43	The Department of Health (DH) will strengthen the emphasis on the importance of early identification of alcohol problems through communications with doctors, nurses and other health care professionals. DH will do this with immediate effect.	DH	Q2/2004
14	43	The Department of Health will set up a number of pilot schemes by Q1/2005 to test how best to use a variety of models of targeted screening and brief intervention in primary and secondary healthcare settings, focusing particularly on value for money and mainstreaming.	DH	Q1/2005
15	44	The Deputy Chief Medical Officer for Health Improvement and the Chief Nursing Officer will act as “training champions” to raise the profile of medical and nurse training on alcohol issues, from Q3/2004.	DH	Q3/2004
16	44	The Department of Health will work with medical and nursing colleges and other training bodies to develop training modules on alcohol, covering undergraduate, postgraduate and medical curricula and updated regularly, by Q3/2005.	DH	Q3/2005
17	45	From Q2/2004, the Department of Health will work with the Home Office, the Department for Education and Skills and the National Treatment Agency to develop guidance within the Models of Care framework on the identification and appropriate referral of alcohol misusers.	DH	Q2/2004
18	47	The Department of Health will conduct an audit of the demand for and provision of alcohol treatment in England by Q1/2005. The audit will provide information on gaps between demand and provision of treatment services and will be used as a basis for the Department of Health to develop a programme of improvement to treatment services.	DH	Q1/2005
19	47	The National Treatment Agency (NTA) will draw up a “Models of Care framework” for alcohol treatment services, drawing on the alcohol element of the existing Models of Care framework. It would look to the Commission for Healthcare Audit and Inspection(CHAI) to monitor the quality of treatment services subject to the formulation of suitable criteria and CHAI's workload capability.	NTA	Q4/2004
20	47	From Q2/2004, remaining Drug Action Teams will be encouraged to become Drug and Alcohol Action Teams (or other local partnership arrangements) to assume greater responsibility in commissioning and delivering alcohol treatment services; though their capacity to do so will have to be carefully considered.	HO	Q2/2004
21	50	From Q2/2004, the Department of Health will work with the Home Office, the Department for Education and Skills, the Office of the Deputy Prime Minister and the National Treatment Agency to develop guidance within the Models of Care framework	DH	Q2/2004

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		on integrated care pathways for people in vulnerable circumstances, such as people with mental illness, rough sleepers, drug users and some young people.		
CHAPTER 6: ALCOHOL-RELATED CRIME AND DISORDER				
22	57	<p>The Home Office will consult and work with the police and the courts on enforcing the law more tightly on those who offend, from Q2/2004. We will:</p> <ul style="list-style-type: none"> i) encourage greater use of Fixed Penalty Notices (FPNs) to clamp down on low-level drunk and disorderly behaviour such as noise and urinating in public; ii) encourage greater use of Fixed Penalty Notices for a wider range of offences, such as littering, and for bar and retail staff found to have sold alcohol to those already drunk; iii) encourage full use of preventative/prohibitive measures such as Acceptable Behaviour Contracts and applications for Anti-Social Behaviour Orders in appropriate cases to tackle unacceptable behaviour; iv) use conditional cautions, once introduced, as a basis for directly targeting the offence – linked to an agreement not to frequent local pubs; v) look at making more use of accreditation schemes for non-police staff introduced under the Police Reform Act 2002. These can improve co-ordination and information sharing with the police and, where appropriate, suitable people can be accredited to use a limited range of police powers - for example, door supervisors, who will be licensed by the Security Industry Authority, could also be accredited by the police; and vi) encourage police forces to make greater use of Community Support Officers at night (as well as during the day) where appropriate, and consult stakeholders on extending their powers to enforce licensing offences. 	HO	Q2/2004
23	57	<p>Through the Police Standards Unit the Home Office will:</p> <ul style="list-style-type: none"> i) develop a programme to reduce violence in the key violent crime areas in England and Wales with particular emphasis on alcohol-related violent crime, by Q4/2004 ; ii) identify and spread good practice in local policing strategies and tactics which tackle alcohol-related violence, by Q2/2004; and iii) contribute to a concerted marketing campaign and re-enforcing key messages to all major stakeholders that operating outside the law will not be tolerated, particularly where juveniles and young-people are concerned, by Q4/2004. 	HO	<ul style="list-style-type: none"> i) Q4/2004 ii) Q2/2004 iii) Q4/2004
24	58	The Home Office will establish a small working group, including representatives from	HO	Q2/2004

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		outside Government, to look at whether any additional measures are required to effectively clamp down on those responsible for alcohol-fuelled disorder, particularly in city centres. This group will include representatives from the police and organisations with an interest and will report by Q2/2004 whether any additional targeted measures may be required.		
25	60	<p>Government will consult with the industry on the introduction of a two-part voluntary social responsibility scheme for alcohol retailers. This will (i) strengthen industry focus on good practice and, (ii) where necessary, seek a financial contribution from the industry towards the harms caused by excessive drinking. The scheme will be voluntary in the first instance and should be established in participating areas by Q1/2005.</p> <p>The success of the voluntary approach will be reviewed early in the next parliament. If industry actions are not beginning to make an impact in reducing harms, Government will assess the case for additional steps, including possibly legislation.</p>	Government and industry (retailers)	Q1/2005
26	64	The Office of the Deputy Prime Minister will provide guidance to all local authorities in England on managing the night-time economy as part of existing local strategies, by Q3/2004.	ODPM	Q3/2004
27	64	<p>The Home Office will serve as the focus of good practice on alcohol-related crime and disorder and will co-ordinate a cross-governmental approach by Q4/2004. It will do so by providing a toolkit for tackling issues and act as a source of advice, consultancy and training. It will achieve this by working closely with:</p> <ul style="list-style-type: none"> i) the Improvement and Development Agency to disseminate change in management practice; ii) the Anti-Social Behaviour Unit to ensure that good practice on the ground is rapidly disseminated; and iii) Government Offices to identify areas of good practice (we see merit in identifying ten trailblazer areas to test out approaches). <p>It will be important to co-ordinate good practice across these areas to minimise bureaucracy.</p>	HO	Q4/2004
28	64	The Regional Co-ordination Unit will ensure that areas with alcohol-related problems are taking action to tackle them by asking Government Offices to identify areas and work with their Crime and Disorder Reduction Partnerships to develop approaches as part of existing strategies: this should be completed by Q4/2004.	RCU	Q4/2004
29	64	One of the objectives of the Licensing Act is to reduce alcohol-related disorder. So	HO, DCMS, ODPM	Q4/2006

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		evaluation of the Act is crucial: the Home Office and the Department for Culture, Media and Sport will work to ensure this happens. The Office of the Deputy Prime Minister will also commission a study to report by Q4/2006 to look at the costs for local authorities associated with the introduction of the Licensing Act and how it is working alongside the other measures we have outlined: this will help Government to decide whether regulation is needed.		
30	67	<p>Under the Licensing Act 2003 selling to under-18s can already lead to an automatic request for a licence review. From Q2/2004, Home Office will build on this, looking at measures to secure tighter enforcement of existing policies of not selling to under-18s, consulting with the police, the courts, and with young people:</p> <ul style="list-style-type: none"> i) ensuring that full use is made of existing powers to tackle under-age drinking, including test purchasing, and, where there is anti-social behaviour linked to alcohol, applications for preventative/prohibitive measures such as Anti-Social Behaviour Orders; ii) we will include powers to tackle sales to under-18s as part of our consultation on new powers for Community Support Officers; iii) we will consult with the police on making more use of powers to target problem premises; iv) Fixed Penalty Notices for disorder are being rolled out in England and Wales from January 2004, allowing a more direct response to alcohol-related disorder; and v) consider introducing Fixed Penalty Notices for bar staff who sell to under-18s. 	HO	Q2/2004
31	68	<p>The social responsibility scheme for alcohol retailers (see section 6.1) will strongly encourage:</p> <ul style="list-style-type: none"> i) better training for staff; and ii) an expectation that all premises with a licence, on and off licence, will make it clear they do not sell to or for under-18s - for example, by a clearly displayed poster - and that identity will be sought as a matter of course, building on the provisions of the Licensing Act. Retailers will be encouraged to ask for a PASS card, passports or driving licences if in doubt. 	Industry	
32	70	<p>The Home Office and the Department of Health will:</p> <ul style="list-style-type: none"> i) consider establishing pilot arrest referral schemes for evaluation with an aim of having clear emerging conclusions by Q4/2007; and ii) encourage Crime and Disorder Reduction Partnerships to work with Local 	HO, DH	Q4/2007

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		Criminal Justice Boards to implement the conclusions of those schemes if there is a clear case for effectiveness.		
33	70	The Home Office, the Department of Health and the Office of the Deputy Prime Minister will consider commissioning research to report by Q4/2007 to explore the effectiveness of diversion schemes in protecting repeat offenders and combating alcohol misuse among these offenders.	HO, DH, ODPM	Q4/2007
34	70	Crime and Disorder Reduction Partnerships will build the results of this research into their plans if there is a clear case for effectiveness (from Q4/2007).	HO	Q4/2007
35	72	The Home Office and the Department of Health will, from Q2/2004: i) ensure that the work to develop the Models of Care commissioning framework takes account of the need to ensure that perpetrators and victims of domestic violence receive help from both domestic violence and alcohol treatment services, as appropriate to their needs; ii) explore the potential for partnerships with alcohol producers and sellers to promote key messages - for example, helpline numbers to victims and the message that domestic violence is unacceptable to perpetrators; and iii) encourage local partnerships to consider using money from the Fund (described in section 6.1) to support local domestic violence projects and support services.	HO, DH	Q2/2004
36	74	Although policies have worked very well, the Department for Transport will monitor closely trends which are giving cause for concern and consider whether more should be done to target 18-25 year olds, especially [from Q2/2004].	DfT	Q2/2004
37	74	As part of the proposed social responsibility scheme, the industry will be encouraged to make more prominent use of the existing "I'll be Des" scheme and to display information about drinking and driving	Industry	
CHAPTER 7: SUPPLY AND INDUSTRY RESPONSIBILITY				
38	80	Government will consult with the industry on the introduction of a three-part voluntary social responsibility scheme for alcohol producers. This will (i) strengthen industry focus on good practice, (ii) seek a financial contribution from the industry towards the harms caused by excessive drinking, and (iii) encourage producers to promote good practice down the supply chain. The scheme will be voluntary in the first instance and should be established by Q1/2005. The success of the voluntary approach will be reviewed early in the next parliament. If	Government and industry (producers)	Q1/2005

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		industry actions are not beginning to make an impact in reducing harms, Government will assess the case for additional steps, including possibly legislation.		
CHAPTER 8: DELIVERY				
39	83	The Minister of State for Policing and Crime Reduction (Home Office) and the Parliamentary Under-Secretary of State for Public Health (Department of Health) will assume joint responsibility for delivery of the strategy [from Q2/2004]: i) they should report quarterly to an appropriate Cabinet; ii) the Cabinet Committee will be supported by regular meetings of designated officials from Whitehall departments with an interest to ensure better co-ordination of policy, communications and research. This will be organised by DH and HO officials and chaired alternately by the two ministers; and iii) an external stakeholder group will be created to bring an outside perspective and serve as a sounding-board for initiatives.	HO, DH	Q2/2004
40	85	Government will have a clear commitment to deliver an over-arching alcohol harm reduction strategy from Q2/2004. This will be: i) assessed against indicators of progress for the four key harms identified; ii) set against a clear baseline; iii) supported by better co-ordination of research; and iv) regularly monitored.	HO, DH	Q2/2004
41	89	From Q2/2004, where appropriate to local need, Crime and Disorder Reduction Partnerships - including representation from the local Primary Care Trust - will provide a co-ordinating body for agreeing local priorities and determining future direction. We will not be seeking compulsory strategies from local authorities, but expect to see measures for tackling alcohol misuse embedded within existing strategic frameworks. Government Offices will work with areas that have identified particular issues.	HO	Q2/2004

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