

Safe. Sensible. Social.

The next steps in the
National Alcohol Strategy



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Ministerial foreword

Our relationship with drink in this country is complicated. Encouraging everyone who drinks to do so in a safe, sensible and social way is a big challenge. As adults, we enjoy drinking, and most under-16s have their first taste of alcohol with parents, at home.

Most of us do drink sensibly (although we may drink more than we think we do at times). But we don't want drunken violence, vandalism and packed accident and emergency departments to be the hallmark of a Saturday night out in Britain. Nor do we want to pick up the huge financial tab for the significant minority who don't know when to stop drinking – around £20 billion each year in ill health and crime and disorder.

But whose responsibility is it to change the way some of us drink?

The Government is determined to play its full role, working with partners. In 2004, the Government published the [Alcohol Harm Reduction Strategy for England](#), and considerable progress has been made since then. This renewed alcohol strategy builds on that progress and will forge a clearer national understanding of what is acceptable drinking behaviour, in order to reduce the amount of harm that alcohol causes to individuals, families and communities.

Caroline Flint
Minister of State for Public Health

We will challenge the idea (among some of the population) that drunken antisocial behaviour is acceptable or normal. For the first time, we will publish clear guidelines for parents and young people about the effects of alcohol and what is not safe and sensible. We will spell out clearly for everyone, of all ages, the health risks of harmful drinking. Those most at risk from their drinking behaviour will be targeted for support. Binge drinkers, some of whom are responsible for most drink-related violence, will be penalised and directed towards help where appropriate. Those who illegally sell alcohol to under-18s will continue to feel the full weight of the law.

However, ultimately, promoting a sensible drinking culture that reduces violence and improves health is a job for us all, not just the Government. Everyone must take personal responsibility. Parents and guardians should look at the example they set in their drinking habits, as well as know what their children are up to outside the home. Friends of antisocial and harmful drinkers must exert influence. Business and industry should reinforce responsible drinking messages at every opportunity.

We believe that we can make our country a healthier, safer place to live, but only if we all pull together, and change the way some of us drink.

Vernon Coaker
Parliamentary Under-Secretary of State
for Policing, Security and Community Safety

Types of drinking

Sensible drinking

Sensible drinking is drinking in a way that is unlikely to cause yourself or others significant risk of harm.

The Government advises that:

- adult women should not regularly drink more than 2–3 units of alcohol a day;
- adult men should not regularly drink more than 3–4 units of alcohol a day; and
- pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby they should not drink more than 1–2 units of alcohol once or twice a week and should not get drunk.

The risk of harm from drinking above sensible levels increases the more alcohol that you drink, and the more often you drink over these levels.

Sensible drinking also involves a personal assessment of the particular risks and responsibilities of drinking at the time, e.g. it is sensible not to drink when driving or when taking certain medications.

Harmful drinking

Harmful drinking is drinking at levels that lead to significant harm to physical and mental health and at levels that may be causing substantial harm to others. Examples include liver damage or cirrhosis, dependence on alcohol and substantial stress or aggression in the family.

Women who regularly drink over 6 units a day (or over 35 units a week) and men who regularly drink over 8 units a day (or 50 units a week) are at highest risk of such alcohol-related harm.

Women who drink heavily during pregnancy put their babies at particular risk of development of fetal alcohol syndrome or fetal alcohol spectrum disorder. These disorders lead to lifelong intellectual and behavioural problems for their child.

Binge drinking

Binge drinking is essentially drinking too much alcohol over a short period of time, e.g. over the course of an evening, and it is typically drinking that leads to drunkenness. It has immediate and short-term risks to the drinker and to those around them.

People who become drunk are much more likely to be involved in an accident or assault, be charged with a criminal offence, contract a sexually transmitted disease and, for women, are more likely to have an unplanned pregnancy.

Trends in binge drinking are usually identified in surveys by measuring those drinking over 6 units a day for women or over 8 units a day for men. In practice, many binge drinkers are drinking substantially more than this level, or drink this amount rapidly, which leads to the harm linked to drunkenness.

After an episode of heavy drinking, it is advisable to refrain from drinking for 48 hours to allow your body to recover.



Executive summary

Next steps in the national alcohol strategy:

- sharpened criminal justice for drunken behaviour;
- a review of NHS alcohol spending;
- more help for people who want to drink less;
- toughened enforcement of underage sales;
- trusted guidance for parents and young people;
- public information campaigns to promote a new 'sensible drinking' culture;
- public consultation on alcohol pricing and promotion; and
- local alcohol strategies.

The current position

Alcohol can play an important and positive role in British culture. It is part of our social and family life, and can enhance meal times, special occasions and time spent with friends.

However, more needs to be done to promote sensible drinking. Excessive alcohol consumption among some sections of the population is a cause for considerable concern – a concern that is shared by both the Government and the general public.

80% of people think that more should be done to tackle the level of alcohol abuse in society

In 2004, the Government published the [Alcohol Harm Reduction Strategy for England](#). This was a major milestone: it was the first cross-government statement on the harm caused by alcohol, which included a shared analysis of the problem and the programme of action to respond. Key activities have included:

- **better education and communication** through the 'Know Your Limits' binge-drinking campaign, the 'THINK!' drink-driving campaign and the enforcement of Ofcom's new code on television advertising;
- **improving health and treatment services** through the first national assessment of the need for and availability of alcohol treatment. Launching trailblazer projects to identify and advise people whose drinking habits are likely to lead to ill health in the future;
- **combating alcohol-related crime and disorder** through the use of new enforcement powers in the Licensing Act 2003 and the Violent Crime Reduction Act 2006; and
- **working with the alcohol industry** to include health information on alcohol bottles, to set up

local partnership schemes such as Best Bar None, which promote responsible management of licensed premises and forming a new independent charity, the Drinkaware Trust, to promote sensible drinking.

So, significant progress has been made. And yet there is more that we can and need to do. For example:

- Despite violent crime falling by 43% since a peak in 1995, and new police and Licensing Act powers being used to bear down on public disorder, surveys show that there is an increase in the proportion of the public who perceive that crime and disorder is on the rise.
- Since 2001, the number of young people aged 11–15 who drink alcohol appears to have reduced. However, overall those who do consume alcohol are drinking more and more often, with higher levels of alcohol consumption being associated with a range of high-risk behaviours including unprotected sex and offending.
- Although there has been a huge reduction in the annual number of drink-driving deaths in Great Britain, from more than 1,600 at the end of the 1970s to 560 in 2005, during the past 10 years the rate of decline in all drink-driving casualties has slowed significantly.
- Deaths caused by alcohol consumption have doubled in the past two decades, with more people becoming ill and dying younger.
- People may be drinking more than they think they are. HM Revenue and Customs data indicates that the actual amount of alcohol being sold is significantly higher than the self-reported information on drinking habits in the General Household Survey (GHS) suggests.

So, from today...

This new strategy, **Safe. Sensible. Social. The next steps in the National Alcohol Strategy**, builds on the foundations laid and the lessons learnt since 2004. In short, it will deliver three things.

First, we need to ensure that the laws and licensing powers we have introduced to tackle alcohol-fuelled crime and disorder, protect young people and bear down on irresponsibly managed premises are being used widely and effectively.

Secondly, we must sharpen our focus on the minority of drinkers who cause or experience the most harm to themselves, their communities and their families. These are:

- **young people under 18 who drink alcohol**, many of whom we now know are drinking more than their counterparts did a decade ago; and
- **18–24-year-old binge drinkers**, a minority of whom are responsible for the majority of alcohol-related crime and disorder in the night-time economy;
- **harmful drinkers**, many of whom don't realise that their drinking patterns damage their physical and mental health and may be causing substantial harm to others.

Finally, we all need to work together to shape an environment that actively promotes sensible drinking, through investment in better information and communications, and by drawing on the skills and commitment of all those already working together to reduce the harm alcohol can cause, including the police, local authorities, prison and probation staff, the NHS, voluntary organisations, the alcohol industry, the wider business community, the media and, of course, local communities themselves.

Together, we need a clear and focused programme of action that will meet our shared, long-term goal:

To minimise the health harms, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.

We will use regular national and local data on alcohol-related crime and ill health to track progress against our goals and to identify where more effort is needed in the future.

Next steps, a call to action

- **Sharpened criminal justice for drunken behaviour** – The criminal justice system will be used to bear down on those committing crime and antisocial behaviour when drunk. Points of intervention will be introduced following arrest, through conditional caution and through disposal. Offenders will be given the facts about

unsafe drinking and its link to criminal behaviour. They will be offered advice, support and treatment where appropriate. And we will explore ways to make them pay for these interventions.

- **A review of NHS alcohol spending** – A root-and-branch stocktake of the burden of alcohol-related harm on NHS resources will be carried out to inform smarter spending decisions, driving local investment in prevention and treatment while delivering better health and saving the NHS money.
- **More help for people who want to drink less** – Many people who reduce their drinking to within sensible limits don't need or want professional help, but there are many people who would like more support. We will develop and promote sources of help for people who want to drink less, including telephone helplines, interactive websites and support groups.
- **Toughened enforcement of underage sales** – Successive enforcement campaigns have made it harder for under-18s to buy alcohol. Since 2004, the national test-purchase failure rate has fallen from around 50% to around 20%. Now, local authorities and the police have more powers to prosecute and even close premises that persistently sell alcohol to children.
- **Trusted guidance for parents and young people** – Many young people drink alcohol that has been bought for them by adults at home or in public places – with or without the approval or knowledge of their parents. To help young people and their parents make informed decisions about drinking, the Government will provide authoritative, accessible guidance about what is and what is not safe and sensible in the light of the latest available evidence from the UK and abroad.
- **Public information campaigns to promote a new sensible drinking culture** – A new generation of publicity campaigns will mark a paradigm shift in the ambition and impact of public information about alcohol. The 'Know Your Limits' campaign will continue to develop and expand, acting as a call to action to promote sensible drinking and highlighting the physical and criminal harm related to alcohol misuse.
- **Public consultation on alcohol pricing and promotion** – Does alcohol pricing and promotion cause people to drink more? An independent review of the evidence, followed by a consultation beginning next year, will enable us to explore the relationship between promotional activity and harmful consumption, particularly among young people.
- **Local alcohol strategies** – Local communities are best placed to tackle local problems, including alcohol-related disorder. By April 2008, all Crime and Disorder Reduction Partnerships (CDRPs) – comprising the police, local authorities, police authorities, fire and rescue authorities and primary care trusts in England, and civil society organisations – will be required by law to have a strategy to tackle crime, disorder and substance misuse (including alcohol-related disorder and misuse) in their area.



Introduction

In 2004, the Government published the [Alcohol Harm Reduction Strategy for England](#). This renewed strategy takes stock of progress since then. As well as giving an update of progress since 2004, it sets out the Government's ambition to achieve significant reductions in the harms and cost of alcohol misuse in England over the next 10 years. It identifies next steps which will build on the existing programmes of work that the Government has developed since the launch of the 2004 strategy. Most important of all, it explains how these actions will support the vital work being carried out by the police, local authorities, the NHS, voluntary organisations, the alcohol industry and wider society to tackle this issue.

Although alcohol plays an important and positive role in many aspects of British life, the Government recognises and shares the public's concern that current levels of crime and disorder and ill health caused by alcohol are unacceptable and that these need to be tackled further. Reducing levels of alcohol consumption by those under the age of 18 years, delaying the age at which they start drinking and changing their patterns of drinking behaviour are also priorities for the Government.

International evidence suggests that these goals can be achieved, but not overnight. Many of the actions outlined in this strategy will begin over the

next few years and some are already under way, but they will take time and need to be sustained to deliver results. In countries that have succeeded in reducing the harm being caused by alcohol, it has taken 10 or more years for reductions in alcohol consumption to lead to lower levels of diseases such as cirrhosis of the liver.

The [Alcohol Harm Reduction Strategy for England](#) was the first attempt to bring together government interventions to prevent, minimise and manage alcohol-related harm. The original strategy contained a commitment to review progress in 2007 (Annex C). This has provided a unique opportunity to learn from progress made and to focus on those areas where further action is needed.

Reviewing progress

Over the past year, the Government has reviewed progress against the 2004 strategy. We have examined research and statistics, sought a wide range of views and involved key experts, stakeholder organisations and the alcohol industry itself on what more needs to be done and how this can be achieved.

We found that the analysis in the original [Alcohol Harm Reduction Strategy for England](#) remains valid, and we have not attempted to replicate this in our

renewed strategy. We also found that significant progress has been made: of the 41 actions in the original strategy, 26 have been delivered and a further 14 are underway. Levels of violent crime have fallen, and levels of alcohol consumption are no longer rising.

But over the same period, public concern about the harm caused by alcohol has risen. People's concerns about antisocial behaviour have also increased, and the incidence of liver disease and deaths caused by excessive drinking have continued to increase.

It's a question of culture

Surveys of public opinion on alcohol suggest that most people think that the root of the problem lies in the English 'drinking culture' and that many people are too willing to tolerate drunkenness and antisocial behaviour as an accepted part of life. Many people already drink within the Government's sensible drinking guidelines or only exceed them occasionally. The guidelines set out the level of consumption that medical advice suggests is not likely to cause harm to health. Even among 18–24-year-olds, the group most often associated with drunkenness, over two-thirds of young men and three-quarters of young women report drinking within the sensible drinking guidelines and, of those who do drink at levels above those guidelines, only a quarter actually become involved in antisocial behaviour or disorder.

Making drunkenness unacceptable

But a significant minority of people who drink – many of whom will not consider that they have a 'drink problem' – are putting themselves and others at risk. These include those younger adults who are involved in the very visible displays of drunkenness and antisocial behaviour in city centres, which are widely reported in newspapers. But just as important are slightly older drinkers who drink regularly, often at home, at levels which, within as little as 10 years, will cause or contribute to serious health problems.

In our discussions with stakeholders, everyone we spoke to agreed that our society needs new attitudes about not crossing the line between having a good time and putting others at risk. Just

as very few people now think that drink driving is acceptable, we need much greater awareness of how drinking too much can affect our health, family, children and friends.

Those close to people who are drinking too much can play a part in positively influencing the drinking behaviour of those drinkers, and we need to support them in doing so.

Alcohol misuse may not only harm the drinker

Harm from other people's drinking is common and wide ranging. It ranges from the less severe, such as being kept awake at night by rowdy behaviour or covering for a colleague who fails to turn up for work, through to much more severe consequences, such as domestic violence, assault or neglect of children.

There needs to be a similar recognition that excessive drinking also has impacts beyond the drinkers themselves. Family, friends and work colleagues of excessive drinkers can also suffer very seriously from the effects of another's drinking. This will often be long before the health effects of harmful drinking have become apparent to the drinker.

The role of the alcohol industry

Much of the industry is already working hard to encourage responsible practice in the way alcohol is manufactured and sold, and good progress has been made. Many companies have adopted voluntary codes or participate in award schemes. But there are still businesses that act outside the law or fail to consider the interests of their customers or local communities, such as by selling alcohol to people under the age of 18 or to anyone who is obviously already intoxicated. The police and local authorities will continue to target law breaking and irresponsible behaviour, by both individual drinkers and retailers of alcohol. The Government will also ensure that sufficient measures are in place to eliminate irresponsible promotions and to protect children from the influence of alcohol promotions and advertising.

A coordinated approach

This strategy outlines a coordinated and concerted approach to support this change in drinking culture and outlines how a wide range of government departments have a role in supporting this important work. It shows how local communities, the police, local authorities, the NHS, voluntary organisations, the alcohol industry, the wider business community and the media all have a vital role to play. The strategy also explains how this work will be coordinated across government, monitored and reported.

Although the strategy covers England, it has been prepared in discussion with the devolved administrations in Scotland, Northern Ireland and Wales, and reflects many common themes within programmes developed by each administration to tackle the harm caused by alcohol.



The current position: alcohol consumption, harm and public opinion in England

The majority of adults in England consume alcohol. In the 1990s, consumption of alcohol increased. This was especially true of women and children. The way we drink is also changing, with more alcohol being bought from off-licences and consumed at home.

Government guidelines suggest that women should not regularly exceed 3 units¹ per day and that men should not regularly exceed 4 units per day because of the progressive health risks associated with this. Most people have heard of units and say they do not regularly exceed the Government's sensible drinking guidelines. Even among 16–24-year-olds, the group most often associated with drunkenness, approximately six in 10 young men and young women, when asked to record how much they drunk, were found to be drinking within the sensible drinking guidelines. Of those young people who do binge drink,² only a quarter actually become involved in antisocial behaviour or disorder. However, very few people are able to estimate accurately how many units they drink, which suggests that more needs to be done to help them do this.

Drinking above the sensible drinking levels, particularly when this is done regularly over an extended period of time, causes risks to health. Drinking above sensible levels also contributes to crime and disorder. The British Crime Survey (BCS) suggests that, with the exception of 2003/04, the number of alcohol-related violent offences has decreased every year since 1995. However, the BCS also shows that people are increasingly likely to think that alcohol-related disorder is a problem (from 20% in the 2003 BCS to 25% in the BCS for the year ending December 2006). Alcohol-related deaths and disease have increased. However, at low levels, alcohol consumption can offer some health benefits to those over the age of 45 years.

In addition to communicating these messages concerning sensible drinking, we also need to focus our efforts on the significant minority of drinkers who are at greatest risk of harming themselves or others. Our analysis suggests that these fall into three main groups:

1 A UK unit is 10ml or 8g of pure alcohol. The number of units in a drink depends on what you are drinking – how strong it is and how much there is. Half a pint of 3.5% beer/lager/cider is one unit, one small glass (125ml) of wine at 9% is one unit.

2 Matthews S. *et al.* (2006) *Underage drinking: findings from the 2004 Offending, Crime and Justice Survey*. Home Office Research Findings No. 277. Defined here as drinking alcohol at least once a month and feeling very drunk at least once a month.

- **young people under 18 and in particular between 11 and 15 years.** This is the age when most young people start to drink alcohol;
- **young adults, especially 18–24-year-old binge drinkers,** who are responsible for a disproportionate amount of crime and disorder; and
- **harmful drinkers,** whose patterns of drinking damage their physical or mental health and who may be causing substantial harm to others. Women who drink over 35 units a week (or who regularly drink over 6 units a day) and men who drink over 50 units a week (or who regularly drink over 8 units a day) are at high risk of such harm. Too many people drink in this way without realising the harmful consequences.

Public opinion – a call for action

Surveys of public opinion in England and the UK as a whole suggest that alcohol is a major cause of concern.³

Typical findings of surveys include the following:

- Seven in 10 people think the UK would be a 'healthier and better place to live' if the amount of alcohol consumed was reduced.⁴
- Most people perceive alcohol (78% of people) and tobacco (60%) to be more damaging to health than illegal drugs.⁵
- Most people (80%) think more should be done to tackle the level of alcohol abuse in society.⁶
- Most people (78%) feel informed about the risks of alcohol, although 40% would like more information.⁷
- Eight in 10 people support the current legal age for purchase but think there should be tougher penalties for retailers who sell alcohol to underage drinkers.⁸
- Around seven in 10 people think that advertising influences the amount that other people drink, while only one in 10 thinks that it influences the amount that they drink.⁹

Recent drinking trends

According to self-reported data in the General Household Survey (GHS), alcohol consumption rose between 1960 and 1980, then stabilised. Consumption by young women and children increased significantly in the 1990s.

HM Revenue and Customs (HMRC) excise data on 'duty paid' clearances for the UK domestic market shows a longer sustained, continuing rise in overall consumption to 2004, with a fall in 2005 and 2006 (provisional data).

There is conflicting data on consumption and trends in consumption. HMRC data on clearances for 2005 suggests that the average adult purchased the equivalent of 11.3 litres of pure alcohol over the year.¹⁰ This is almost double an estimate based on the GHS data reported by the Office for National Statistics (ONS). This suggests that the average adult drank 10.8 units of alcohol weekly in 2005, equivalent to 5.6 litres of pure alcohol over the whole year.¹¹ The GHS data, based on the number of drinks people remember having in the past week, shows that a trend of increasing consumption stabilised after 1980. By contrast, HMRC data on clearances indicates a continuing increase, particularly since 1995, with a rise of 24% between 1995 and 2004 and a fall of 2% in 2005. Provisional data suggests that a further fall took place in 2006.

While both sets of data show a fall in consumption in 2005, it is still too early to be sure that the consumption of alcohol is no longer rising.

The reasons for the disparities between GHS and clearance data are not clear. HMRC data includes drinks that are not actually drunk, for example because they are out of date or not finished, but this in itself would not explain the difference. We can, therefore, be reasonably certain that self-reported data in the GHS understates actual consumption and that people are drinking more than they think they are.

3 The Portman Group (2000) *Alcohol and society: research study conducted by MORI for the Portman Group*. London: The Portman Group.

4 Ibid.

5 YouGov poll for *The Telegraph* and RSA, August 2006.

6 The Portman Group (2000) *Alcohol and society: research study conducted by MORI for the Portman Group*. London: The Portman Group.

7 Ibid.

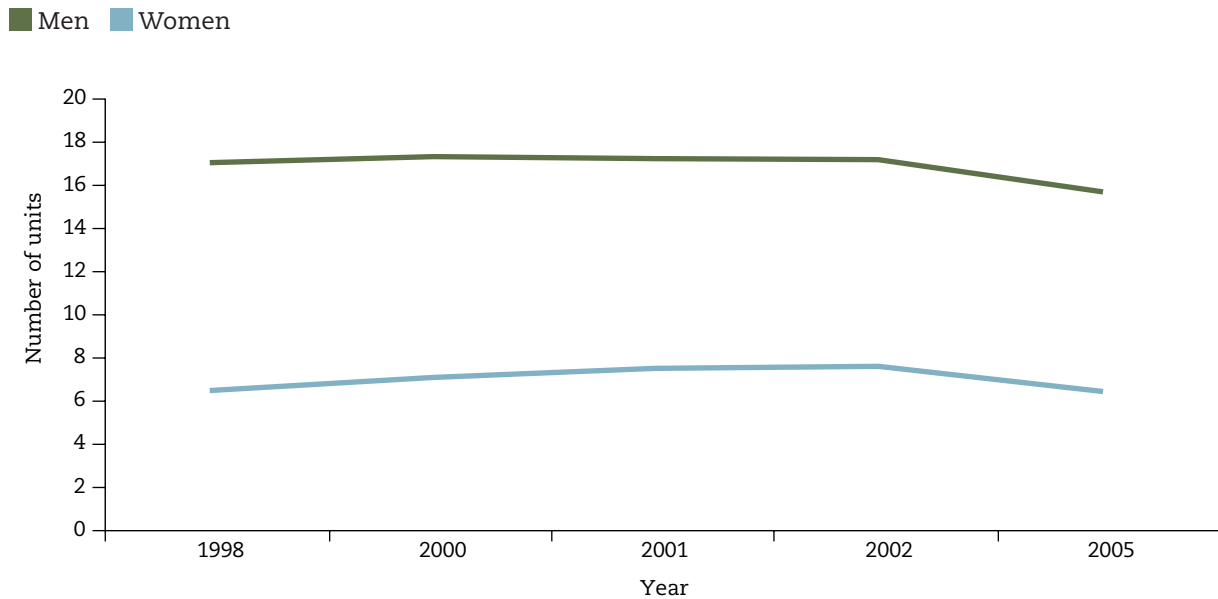
8 Ibid.

9 Ibid.

10 UK figures.

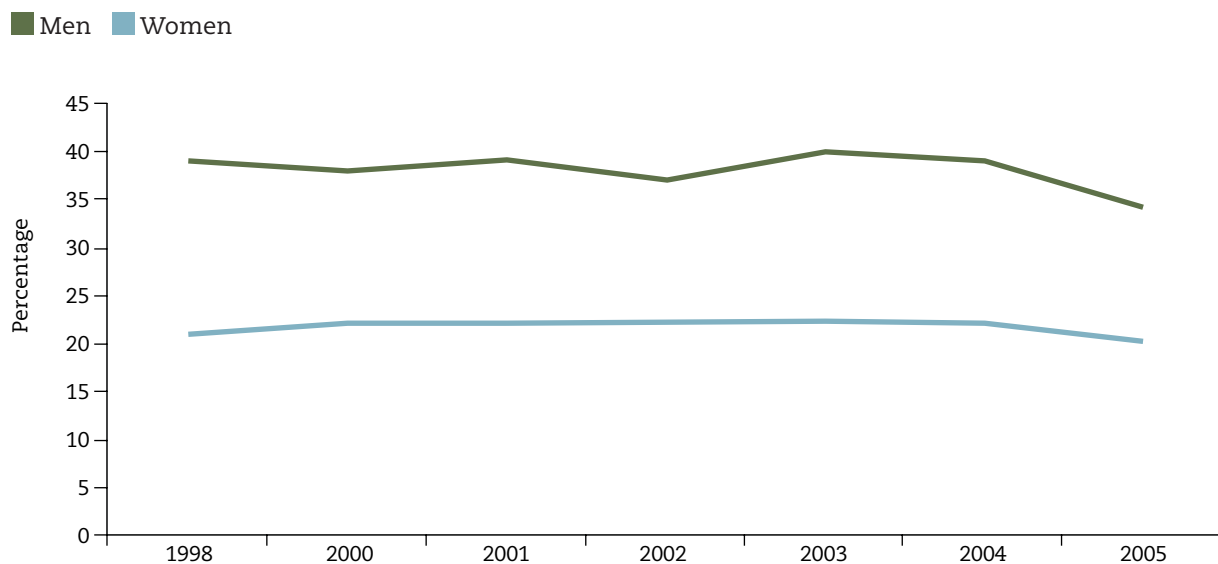
11 Great Britain figures.

Figure 1: Average weekly alcohol units by gender



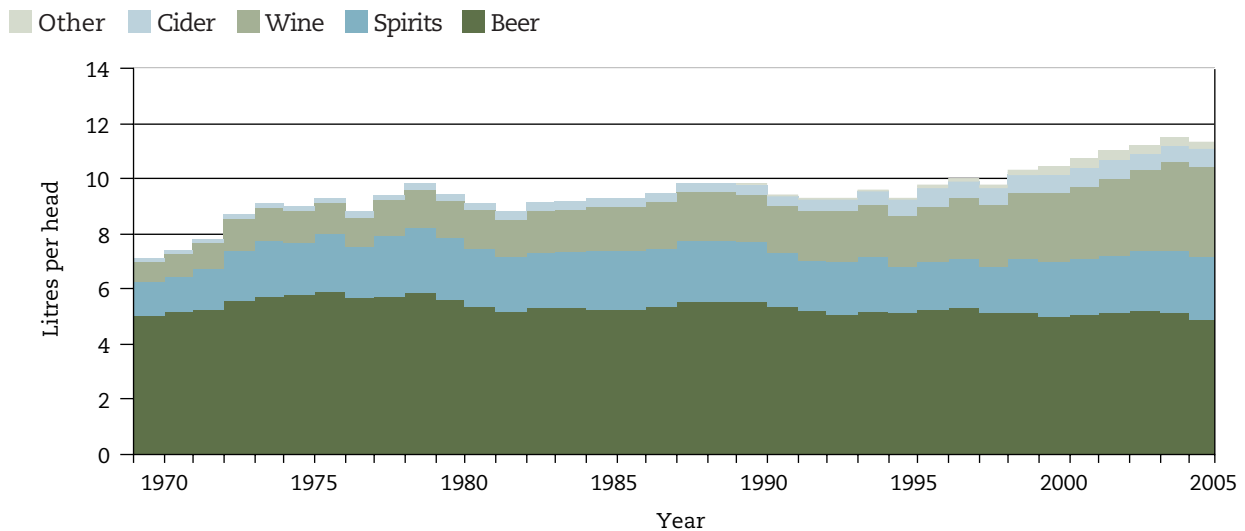
Note: Adult consumption, based on self-reported GHS data. Based on the self-reported data, the majority of people aged 16 and over in the UK drink at least once a week (64%). This figure is higher among men (72%) than women (57%). Source: GHS 2005; ONS 2006.

Figure 2: Percentage drinking more than the recommended daily number of units of alcohol



Note: In 2005, fewer people aged between 16 and 24 said they drank more than the recommended daily alcohol levels compared with 2002. Source: GHS 2005; (2006) Goddard E. Office for National Statistics.

Figure 3: HMRC data on excise duty clearances of alcohol: alcohol consumption litres per head 15+ pure alcohol equivalent



Source: HMRC statistical factsheet on alcohol duties, March 2007.

The reasons for the differing trends over a long period require further investigation. The Government will review both data sources by the end of 2007 to identify which set of data may give the best picture of current consumption and trends and what further data analyses may be needed. Further analyses may be needed on the implications of any under-reporting of total consumption for data on consumption by particular groups.

How we drink

In England, 90% of people drink alcohol, and most people have heard of units of alcohol and the sensible drinking message. However, most people do not keep a check on the number of units they drink and may be drinking more than they think they are.

Patterns of drinking

- Self-reported data suggests that men are much more likely than women to have exceeded the recommended daily benchmarks on at least one day during the last week: 35% of men, compared with 20% of women.
- Young people aged 16–24 years were significantly more likely than people in other age groups to

have exceeded the recommended daily number of units.

Sensible drinking

- The effect of alcohol on an individual varies with age, weight, health, gender and other factors such as diet.
- Consistent with the recommendations of the 1995 **Sensible Drinking** report, the Department of Health advises that men should not regularly drink more than 3–4 units of alcohol per day, and women should not regularly drink more than 2–3 units of alcohol per day. Regularly drinking at levels greater than these is associated with progressive health risks and is not recommended.
- The 1995 report also states that after an episode of heavy drinking it is advisable to refrain from drinking for 48 hours to allow the body to recover.
- For men over 40 and post-menopausal women, modest alcohol consumption (1 or 2 units per day) has a protective effect against coronary heart disease and stroke. This protective effect is estimated to prevent up to 22,000 deaths annually. But because these diseases tend to occur at later ages, these benefits are not great enough to cancel out the overall number of years of life lost due to alcohol-related accidents, deaths and injuries across society as a whole.

Understanding units

- Although most drinkers have heard of measuring alcohol consumption in units (86%) and most people are aware of the daily benchmarks (69%), only 13% keep a check on the number of units they drink.¹²
- Many people are confused about what a unit means and about the relationship between units and glass sizes and drink strengths.

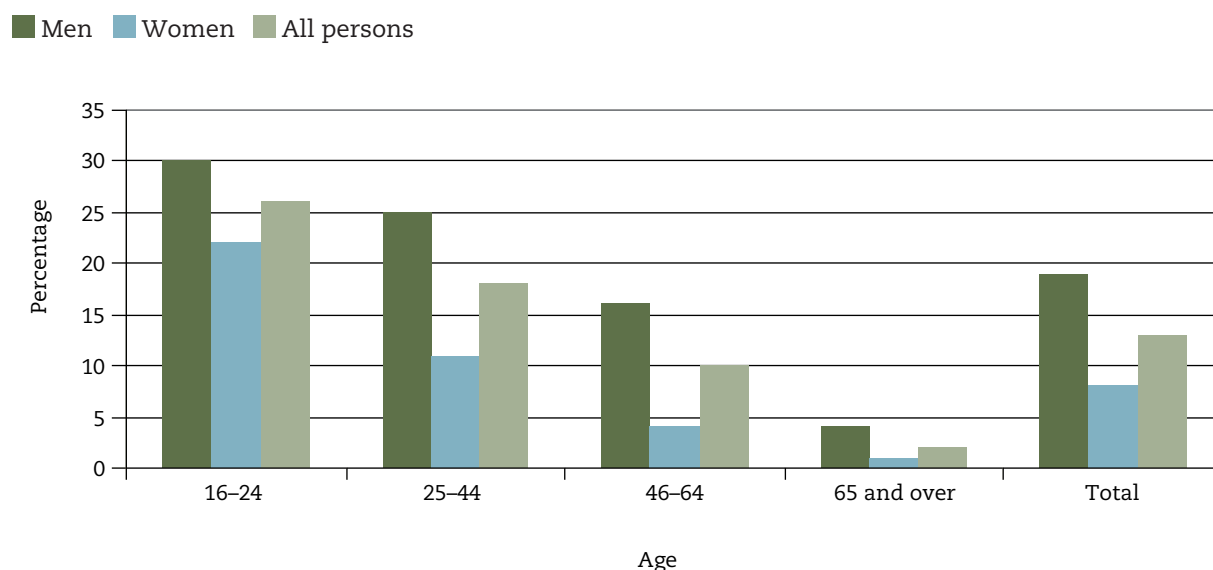
Alcohol and pregnancy

- Over half (54%) of mothers said they drank alcohol during pregnancy. Older mothers, mothers from managerial and professional occupation groups, and mothers in England and Wales were the most likely to drink during pregnancy.
- The proportion of mothers who reported drinking alcohol during pregnancy fell between 2000 and 2005. Among mothers who drank during pregnancy, consumption levels were low. Only 8% drank more than 2 units of alcohol per week on average.
- Almost three-quarters of mothers (73%) who drank during pregnancy received advice about drinking, with midwives being the most common source.¹³

Harmful drinking

- Young people aged 16–24 years are significantly more likely than people in other age groups to consume more than twice the recommended sensible drinking limit. Of men aged 16–24, 30% drink at a harmful level, compared with just 4% of those aged 65 or over. Of 16–24-year-old women, 22% drink a harmful amount of alcohol on at least one day in the preceding week, compared with only 1% of women in the oldest age group.
- The number of adults whose self-reported alcohol consumption exceeds the sensible drinking limit remains high but since 2003 these numbers have remained stable among women and has decreased among men.
- The proportion of 16–24-year-old women who drank a harmful amount on at least one day in the previous week increased from 24% to 28% between 1998 and 2002 but then decreased to 22% in 2005.
- The corresponding measure among 16–24-year-old decreased from 37% in 2003 to 30% in 2005.
- Drinking more than the sensible drinking guidelines is more common in areas of high deprivation, according to Department of Health analysis of ONS data (2006).¹⁴

Figure 4: Percentage of the adult population of Great Britain who drank over twice the sensible drinking limit on at least one occasion in the last week by gender and age, 2005



Source: GHS 2005 (2006); Goddard E. Office for National Statistics.

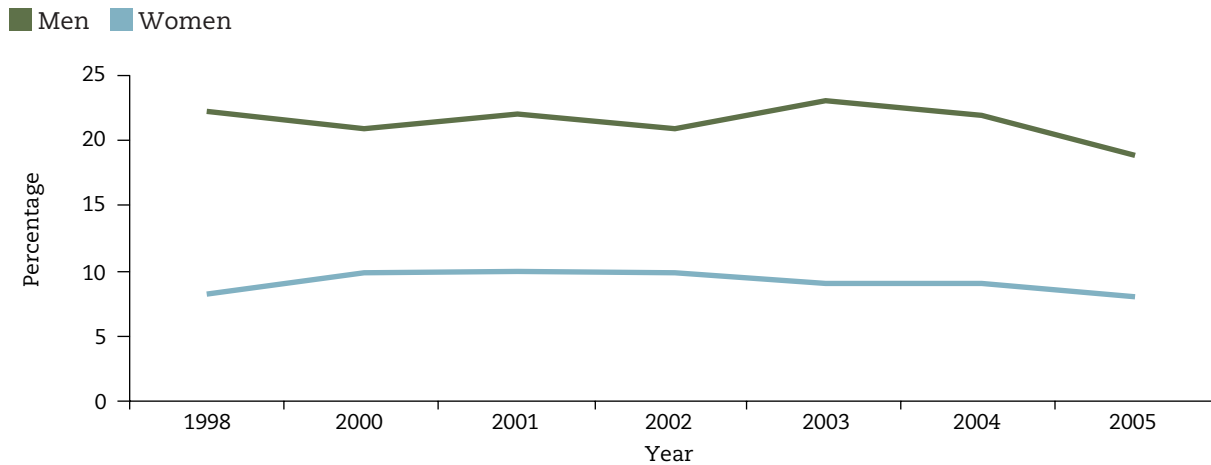
12 ONS (2006) *Drinking: adults' behaviour and knowledge in 2006*. Omnibus Survey Report No. 31.

13 Infant Feeding Survey 2005, available at:

www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/infant-feeding/infant-feeding-survey-2005

14 GHS 2005; (2006) Goddard E. Office for National Statistics.

Figure 5: Percentage of the adult population of Great Britain who drank over twice the sensible drinking limit on at least one occasion in the last week, 1998–2005



Alcohol and inequalities in health

- Drinking over the sensible drinking guidelines is more common in areas of high deprivation. Department of Health analysis of ONS data indicates that alcohol-related death rates are about 45% higher in areas of high deprivation.
- For women living in the most deprived areas, alcohol-related death rates are three times higher than for those living in the least deprived areas.
- For men, alcohol-related death rates, for those living in the most deprived areas, were five times higher than for those living in the least deprived areas.

Alcohol and young people aged under 18

While the proportion of young people who are drinking has declined in recent years, those who do drink are consuming more alcohol, more often. High levels of alcohol consumption is associated with a range of high-risk behaviours including unprotected sex and offending.

In 2006, fewer young people aged 11–15 reported drinking than in 2001, but more young people are drinking than they were in 1988. At the same time as prevalence rates have declined, consumption rates have risen. Young people who drink are drinking twice what they were in 1990. Drinking rates and levels vary by age. Worryingly, the amount of alcohol consumed by younger

adolescents aged 11–13 continues to climb, while older adolescents' consumption levels have more or less stabilised since 2001. As yet we do not fully understand the reasons for these trends, and are committed to studying them further to effectively prevent the harms associated with alcohol consumption.

Trends in young people's use of alcohol (self-reported data)

- Since 2001, the proportion of young people aged 11–15 who, when asked, said they have **never drunk alcohol** has gone up, from 38% to its current 46%. Some 21% of young people reported drinking alcohol in the past week, down from 26% in 2001. While the number of young people drinking alcohol has declined, those who are drinking are consuming more alcohol, more often.
- The average weekly consumption of alcohol reported by young people who drink aged 11–15 years **doubled** in the 1990s, from an average of 5 units a week in 1990 to 10 units a week in 2000.
- Over the last six years, self-reported levels of consumption of alcohol by older adolescents who drink has remained stable, while younger adolescents' consumption has steadily increased. Those 11–13-year-old boys who drank in the last week consumed 11.9 units per week in 2006, up 6.4 units from 2001. Those 11–13-year-old girls who drank consumed 8.4 units a week in 2006, up 2.7 units since 2001.

- A key factor with regard to consumption is age, and the key turning point in preventing harm seems to be at age 13, by which time the proportion of young people who will have drunk alcohol at some point in their lives exceeds those who have not. Frequent alcohol use also increases with age. In 2006, 41% of 15-year-olds drank alcohol in the last week, compared with 16% of 13-year-olds, 8% of 12-year-olds and 3% of 11-year-olds.
- The UK now has among the highest incidences of youth drunkenness. Among 35 European countries, the UK has the third highest proportion of 15-year-olds (24%) who have been drunk 10 times or more over the past year, based on self-reported data. We need to understand better the differences in drinking patterns between young people in the UK and their European counterparts.

Why do young people drink alcohol?

- Most young people see the use of alcohol as more acceptable than smoking cigarettes or cannabis, while the most common reason young people give for consuming alcohol is to help socialise with their peers.
- Children's levels of drinking are linked with their parents' drinking and broader parental influences including parenting styles and family structures.
- We do know that parents and peers are both important influences on young people's drinking,

good and bad, and these influences are thought to be interlinked. It has been suggested that good parenting can equip young people with social skills that make them less susceptible to any peer influences to consume alcohol.

Patterns of young people's use of alcohol

The pattern of young people's drinking differs with the age of the child or young person:

- At age 11, the majority of young people do not drink, and those who do tend to drink at home with their parents.
- Those 13-year-olds who do drink are as likely to drink with their parents as with friends.
- At age 15, almost 90% have tried alcohol, while over a third drink once a week or more. Those 15-year-olds who do drink usually do so with their friends. The most common drinking location is still at home or someone else's home, but drinking in unsupervised outdoor locations, which is closely linked with harm, peaks in this age group.
- Among 16–17-year-olds, about half drink at least once a week, and the most popular drinking location is pubs. This data precedes the recent enforcement activity on underage sales, so it will need to be examined further in the light of future survey results.

Figure 6: Consumption of alcohol in the last week among 11–15-year-old pupils in England, 1990–2006

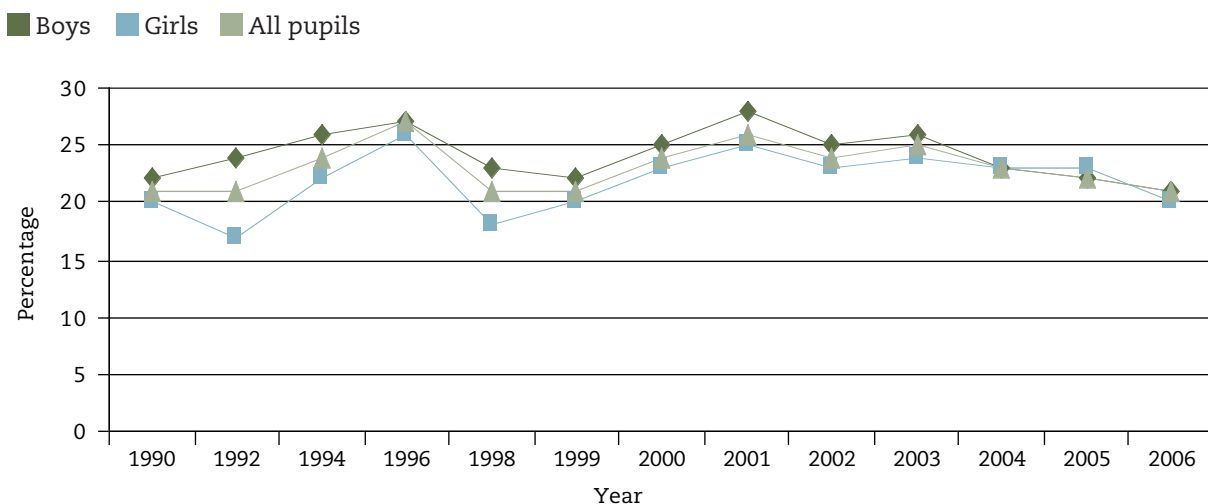
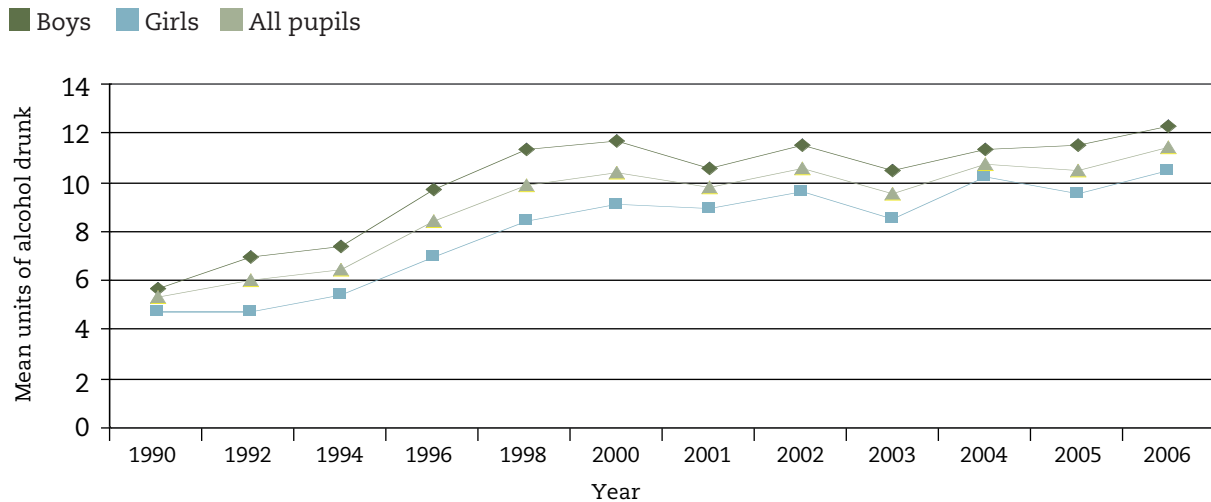


Figure 7: Average alcohol consumption among 11–15-year-old pupils in England who drank in the last week, 1990–2006



Source: Fuller E. (2007) *Drug use, smoking and drinking among young people in England: Headline figures*. Health and Social Care Information Centre.

Harmful consequences of young people’s drinking

- Among young people who drink, those who report frequent binge drinking and frequent drinking are most likely to report injuries whilst under the influence of alcohol. Only a small proportion of those young people who drink alcohol are admitted to hospital, but the number of hospital admissions related to alcohol consumption has been increasing among young people in England in recent years.
- There are strong links between high levels of youth alcohol consumption and other risk factors such as youth offending, teenage pregnancy, truancy, exclusion and illegal drug misuse, but the precise nature of this relationship is not fully understood.
 - Among 10–15-year-olds, being drunk once a month or more in the last 12 months increases the likelihood of offending.
 - Among 14–15-year-olds, those who have drunk in the last month are more likely to engage in sexual activity.
 - Alcohol consumption can have adverse effects on school performance, with drinking being seen to be both a result and a cause of school failure, truancy and exclusion.

- Deaths from liver cirrhosis have risen in the 25–34 age group, and this is thought to be a consequence of increased drinking starting at an earlier age.
- People who go on to become dependent on alcohol in later life often start drinking before the age of 14. Risk factors for youth alcohol consumption mirror those of other risky behaviours such as:
 - early involvement in problem behaviour;
 - parental alcohol misuse; and
 - harsh and inconsistent parental supervision.

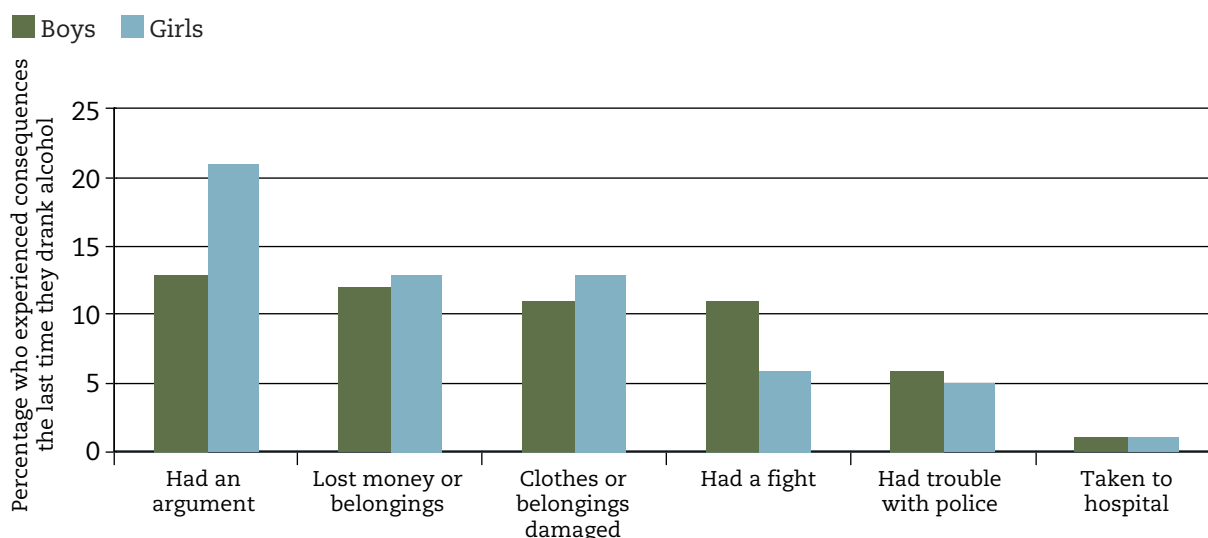
Alcohol, crime and antisocial behaviour

Underage drinking and drinking by young adults is perceived as a real problem by the public. Over half of those who reported witnessing drunken or rowdy behaviour said it was due to young people drinking in the streets and other public places.

Under-18s

- Drinking among young people under the age of 18, especially frequent drinking, is associated with criminal and disorderly behaviour. Nearly half of all 10–17-year-olds who drink once a week or more admitted to some sort of criminal or

Figure 8: Consequences of drinking among 11–15-year-olds



Source: Fuller E. (2005) *Smoking, drinking and drug use among young people in England in 2004*. Health and Social Care Information Centre.

disorderly behaviour: around two-fifths reported getting into an argument and about a fifth stated they had got into a fight during or after drinking.

- Of the offences reported by young people under the age of 18, 37% were committed by those who drank once a week or more.
- Data collected before the recent enforcement campaigns suggests that nearly half of underage drinkers reported that they obtained their alcohol from their parents (48%), and other sources were friends (29%) and bars or pubs (22%).
- The majority of underage drinkers who attempted to buy alcohol from licensed premises were successful (84%) and 14% had been successful more than 11 times. Among those aged 16–17 years, the figures were even higher with nearly all successfully purchasing from a shop (96%) or pub (98%) at least once. Of those 16 and 17-year-olds who had successfully purchased alcohol, many had purchased alcohol more than 11 times in bars and clubs and from shops (66% and 39% respectively).¹⁵

18–24-year-olds

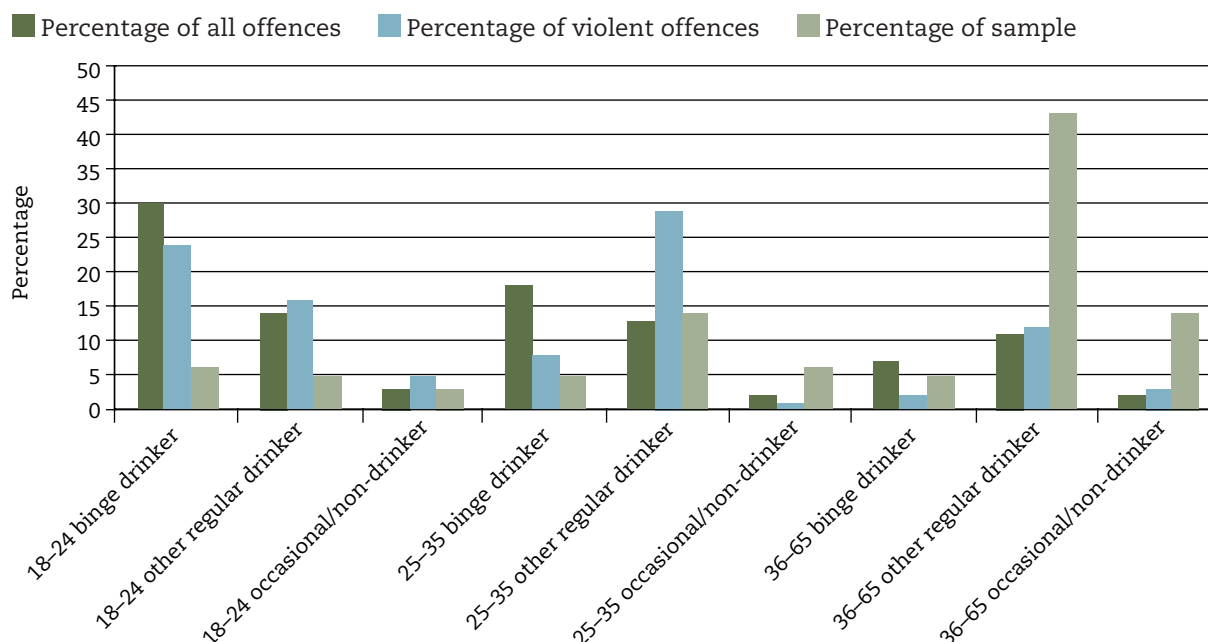
- Among adults aged 18–65, those aged 18–24 were more likely (44%) than any other age group to binge drink (Matthews S. *et al.* (2006) identified this as drinking at least once a month and reporting feeling very drunk at least once a month in the last 12 months) and were twice as likely to do so as 25–35-year-olds (22%).
- Of young people aged 18–24, those who binge drink were far more likely to admit to committing criminal or disorderly behaviours during or after drinking (63%) than other regular drinkers (34%) of the same age group (see Figure 9).
- This group also accounted for a third (30%) of all offences and a quarter (24%) of all violent offences reported in the last year, despite only representing 6% of the sample (see Figure 9).
- Even when the analysis took other factors into account, the frequency with which individuals got drunk was still found to be an important indicator of criminal and disorderly behaviour during or after drinking. The likelihood of getting into an argument, getting into a fight or damaging something belonging to someone else during or after drinking increased the more frequently an individual got drunk.

¹⁵ *Underage Drinking: Findings from the 2004 Offending, Crime and Justice Survey*. Home Office Research Findings 277.

Violent crime and disorder

- Due to the large fall in violent crime since 1995, as measured by the BCS, the actual number of offences where the offender is believed to be under the influence of alcohol has dropped by about a third since 1995.
- Alcohol consumption is most likely to be associated with violence committed by strangers and with incidents which result in wounding.
- Offenders were thought to be under the influence of alcohol in nearly half of incidents of domestic violence (46%) and acquaintance violence (44%), whereas they were least likely to be under the influence in incidents of mugging (21%).¹⁶
- Around half of all violent incidents take place at the weekend. Furthermore, the majority of violent incidents take place at night (between midnight and 6am), and this is particularly the case for stranger violence and wounding offences (66%).
- In 2005/06, about a fifth (17%) of all violent incidents were committed in or around pubs or clubs, a statistically significant decrease compared with 2004/05, although the level is similar to that of 1995, when it was 19%.¹⁷

Figure 9: Proportion of offences and sample accounted for, by age and drinking pattern



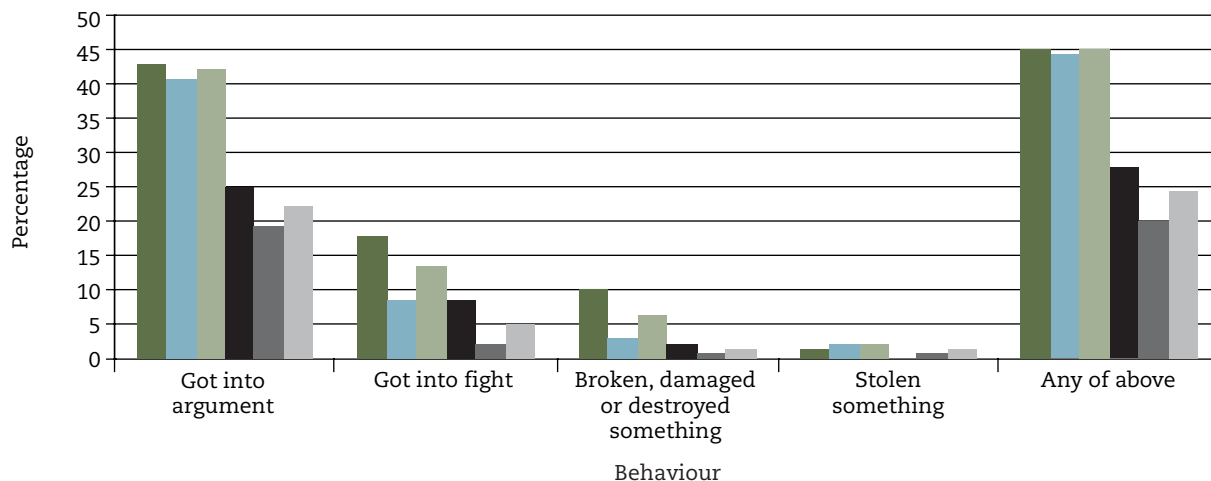
Source: Matthews S. and Richardson A. (2005) *The 2003 Offending Crime and Justice Survey: alcohol-related crime and disorder*. Home Office Research Findings 261.

16 Walker A. et al. (2006) *Crime in England and Wales 2005/06*. Home Office Statistical Bulletin 12/06.

17 Walker A. et al. (2006) *Crime in England and Wales 2005/06: Supplementary tables: Nature of burglary, theft, criminal damage, vehicle and violent crime*. Home Office.

Figure 10: Criminal and disorderly behaviour during or after drinking among 18–24-year-olds, by sex and drinking pattern

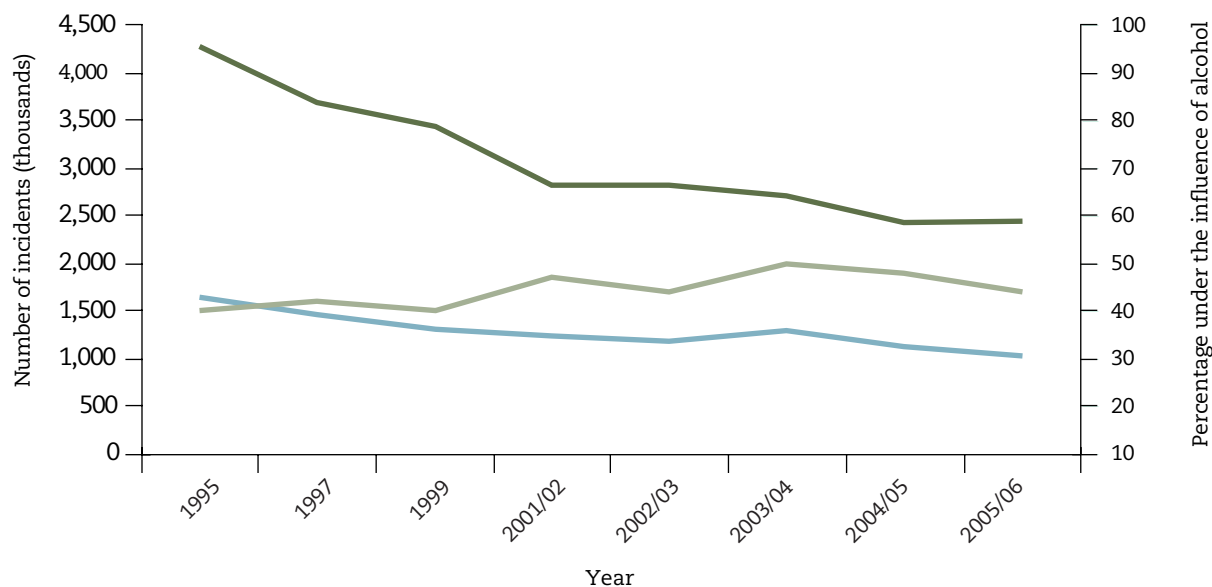
Binge drinkers: male
 Binge drinkers: female
 Binge drinkers: total
 Other regular drinkers: male
 Other regular drinkers: female
 Other regular drinkers: total



Source: Matthews S. and Richardson A. (2005) *The 2003 Offending Crime and Justice Survey: alcohol-related crime and disorder*. Home Office Research Findings 261.

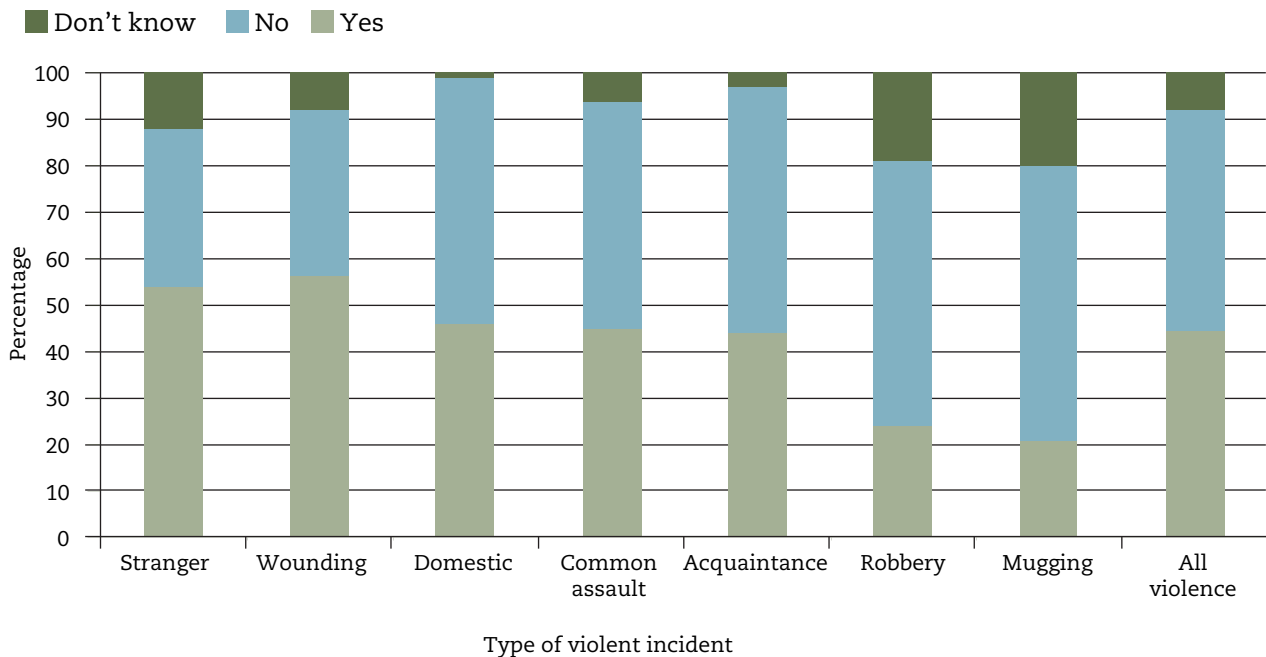
Figure 11: All BCS violent crime, 1995–2005/06, showing proportion and estimated number of incidents where offender was thought to be under the influence of alcohol

All BCS violence (number of incidents)
 Number under influence of alcohol
 Percentage under influence of alcohol



Source: Walker A. et al. (2006) *Crime in England and Wales 2005/06*. Home Office Statistical Bulletin.

Figure 12: Offender(s) under the influence of drink in violent incidents: BCS 2005/06



Source: Walker A. et al. (2006) *Crime in England and Wales 2005/06*. Home Office Statistical Bulletin.

Public perceptions of alcohol-related crime and disorder

Most people think that people being drunk or rowdy in a public place is a significant problem. This perception increased from 20% to 25% for the same period in 2006 (see Figure 13).

Alcohol and health

Alcohol-related illness or injury accounts for 180,000 hospital admissions per year. In 2005, 4,160 people in England and Wales died from alcoholic liver disease. For men who are regularly drinking more than 8 units a day and women regularly drinking more than 6 units a day, or 50/35 units per week respectively, the risks of various diseases, such as liver disease, stroke etc., are significantly higher.

Alcohol-related hospital admissions

- Alcohol-related illness or injury accounts for 180,000 hospital admissions per year. These include admissions where alcoholic liver disease, the toxic effect of alcohol or mental and

behavioural disorders due to alcohol are identified as the primary or secondary diagnosis.

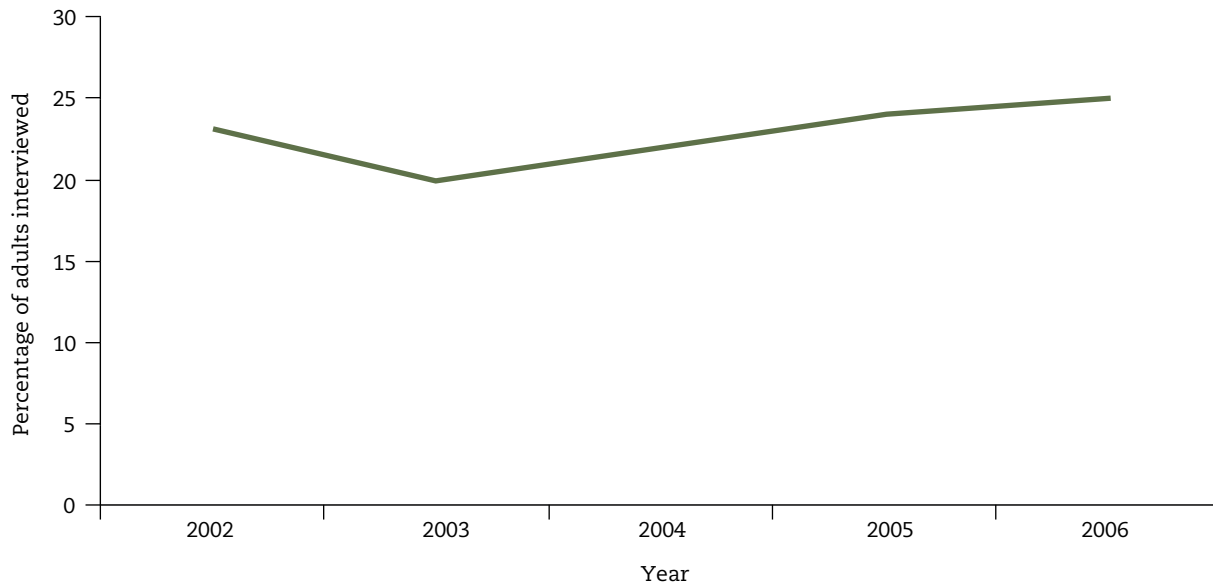
- Because drinking is generally socially tolerated and because problems such as liver disease and high blood pressure may not show any symptoms until serious damage has occurred, the harm to health is often well established before intervention is made.
- Those at highest risk of being admitted to hospital with a primary or secondary diagnosis that was linked to alcohol are men aged over 35 who work in an unskilled or manual field or are unemployed.
- Recent divorce significantly increases the likelihood of harmful drinking.
- Half of homeless people are dependent upon alcohol.¹⁸

Health-related harm

- Alcohol misuse is directly linked to deaths from certain types of diseases, such as liver cirrhosis. It may also be associated with other causes of death such as stroke.

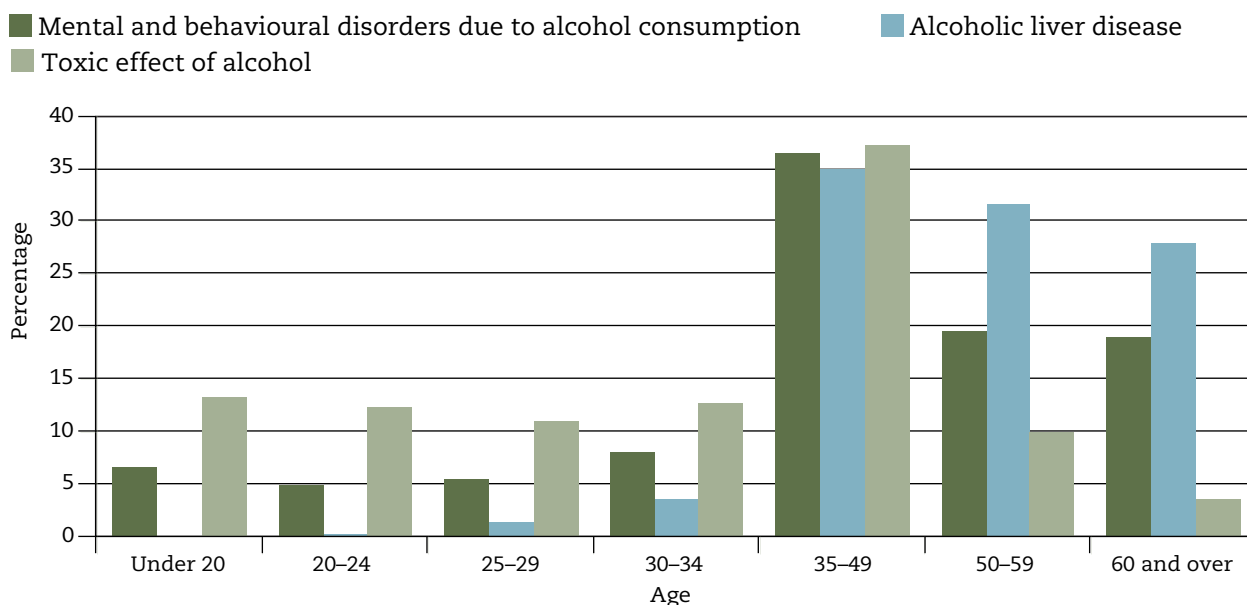
¹⁸ Department of Health (2005) *Alcohol Misuse Interventions: Guidance on Developing a Local Programme of Improvement*.

Figure 13: People's perception of drunk and rowdy behaviour in public places to be a fairly or very big problem in their area: BCS



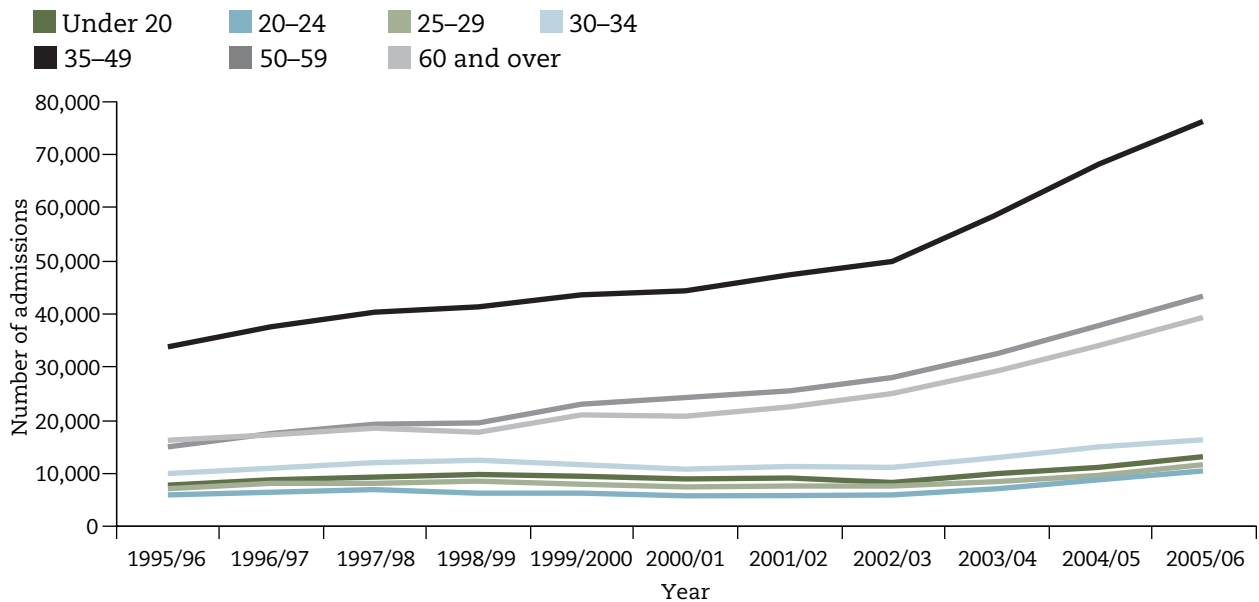
Source: Lovbakke J., Taylor P. and Budd S. (2007) *Crime in England and Wales: Quarterly Update to December 2006*. Home Office Statistical Bulletin 07/07.

Figure 14: Percentage of NHS admissions where there was a primary or secondary diagnosis of selected alcohol-related conditions by age: England 2005/06



Source: The Information Centre (2006) Hospital Episode Statistics (HES). www.hesonline.org.uk

Figure 15: Number of NHS admissions where there was a primary or secondary diagnosis of selected alcohol-related conditions by age: England 1995/96 to 2005/06



Source: The Information Centre (2006) Hospital Episode Statistics (HES). www.hesonline.org.uk

- Men who regularly drink more than 8 units a day and women who drink more than 6 units a day raise their risk of having various diseases, as shown in Tables 1 and 2.
- A recent review conducted by Paul Cassidy and Eileen Kaner investigated the patient records of 34 practices across Gateshead Primary Care Trust, covering approximately 250,000 patients. Their findings show that, for many people identified in their study as drinking above sensible daily guidelines, alcohol consumption could be a major contributory factor to a range of chronic conditions.

Alcohol-related deaths

- Alcohol-related death rates have more than doubled since 1979, with more people dying at a younger age.
- Excessive alcohol consumption is associated with between 15,000 and 22,000 premature deaths annually. In 2003, the total number of deaths that were **directly** attributable to alcohol peaked at 6,580, which represented an increase of 10% since 2001 (The ONS tracks the number of deaths that are **directly** related to alcohol consumption; death rates before 1999 are not directly

comparable with later years because of methodological changes – see Figure 10.)

- In 2005, 4,160 people in England and Wales died from alcoholic liver disease – an increase of 41% since 1999, when the number of deaths from this disease was 2,954. This increase mirrors the trend in the number of admissions to hospital for this disease. The number of deaths from fibrosis and cirrhosis of the liver has remained stable since 1999, and the number of deaths from alcohol cardiomyopathy (a disease of the heart muscle) has gone down by 43% (from 142 in 1999 to 80 in 2005).
- More men than women died from each of the alcohol-related causes except for chronic hepatitis, where the reverse was true.
- Department of Health analysis of ONS data indicates that alcohol-related death rates are about 45% higher in areas of high deprivation.
- For women living in the most deprived areas, alcohol-related death rates are three times higher than for those living in the least deprived areas.
- For men living in the most deprived areas, this is even worse: alcohol-related death rates are over five times higher than for those living in the least deprived areas.

Table 1: Increased risks of ill health to harmful drinkers

Condition	Men (increased risk)	Women (increased risk)
Hypertension (high blood pressure)	Four times	Double
Stroke	Double	Four times
Coronary heart disease (CHD)	1.7 times	1.3 times
Pancreatitis (inflammation of the pancreas)	Triple	Double
Liver disease	13 times	13 times

Source: Anderson P. (2007) *The scale of alcohol-related harm*. (Unpublished) Department of Health.

Table 2: Those with chronic conditions who are drinking above sensible daily guidelines on a regular basis

Condition	Men	Women
Hypertension	42%	10%
CHD	34%	6%
Stroke	33%	7%
Diabetes	35%	8%
Kidney disease	26%	6%
Depression	42%	16%

- In 1991, alcohol-related deaths peaked at around age 70 for both men and women, but by 2005 the peak age was around 55–59 for men and women (see Figure 20).

Drinking and driving

- Estimates for 2005 suggest that 6% of road casualties and 17% of all road deaths occurred when someone was driving while over the legal limit for alcohol.
- From 1980 to 1999 the number of people killed or seriously injured annually in drink-driving accidents in Great Britain fell from 9,000 to fewer than 3,000. However, during the past 10 years there has been no significant decrease in the number killed or seriously injured each year, despite year-to-year fluctuation.

- Although there has been a huge reduction in the annual number of drink-driving deaths in Great Britain, from more than 1,600 at the end of the 1970s to 560 in 2005, during the past 10 years the rate of decline in all drink-driving casualties has slowed significantly (see Figure 19).¹⁹
- The number of people found guilty of or cautioned for causing death by careless driving while under the influence of drink or drugs has remained fairly stable: from 52 in 1995 to 66 in 2005.²⁰

19 Department for Transport, Scottish Executive, National Assembly for Wales (2006) *Road Casualties Great Britain 2005: Annual Report*. The Stationery Office: London. www.dft.gov.uk/162259/162469/221412/221549/227755/roadcasualtiesgreatbritain2005a

20 Home Office (2006) *Criminal Statistics in England and Wales 2005*. Home Office Statistical Bulletin 19/06.

Figure 16: Deaths due to causes related to alcohol by age and sex: England and Wales 2005

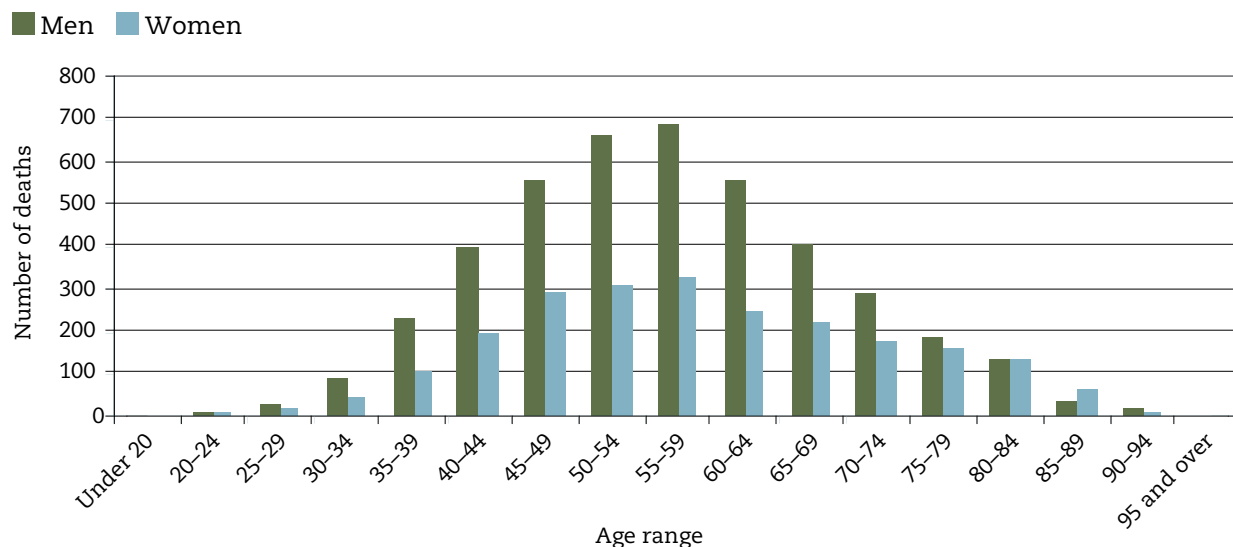
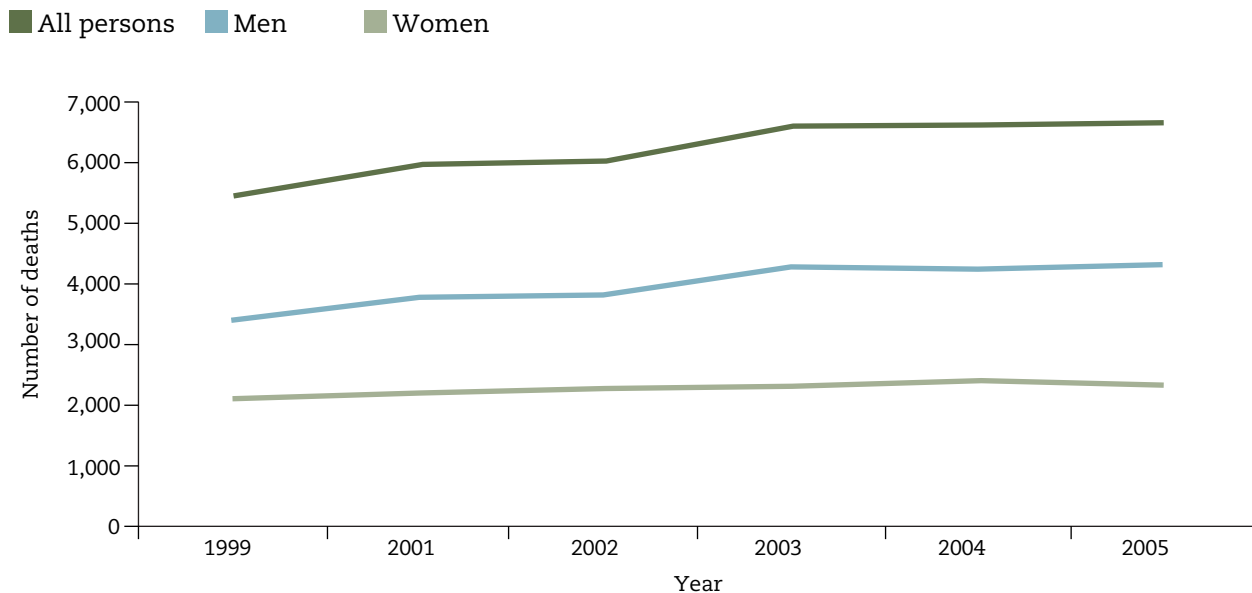
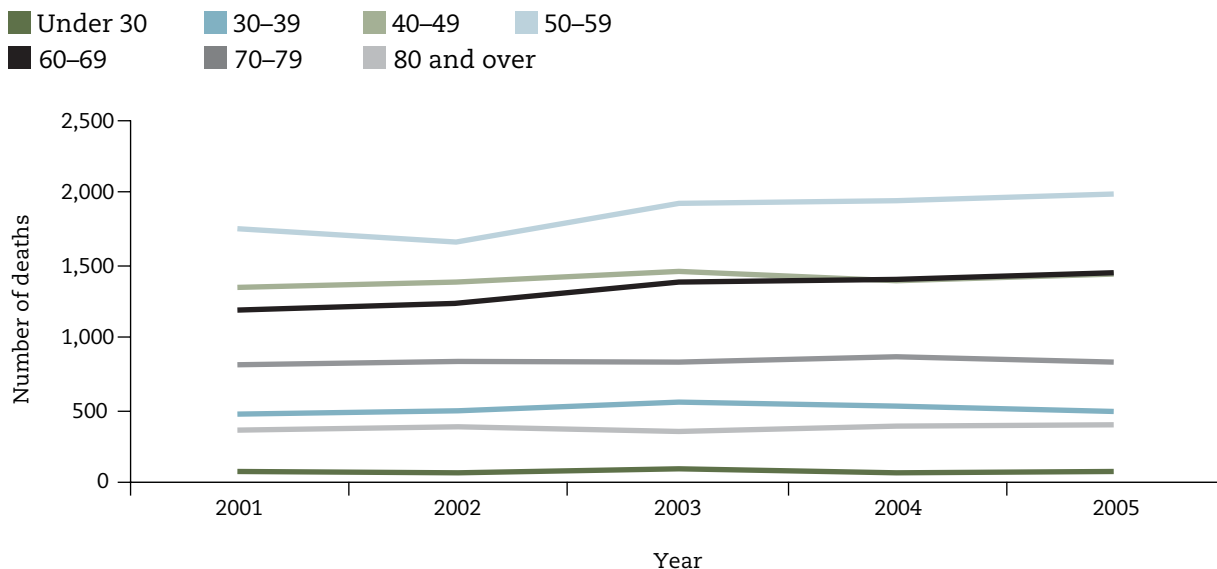


Figure 17: Number of deaths from selected causes linked to alcohol consumption, by sex, in England and Wales, 1999 to 2005



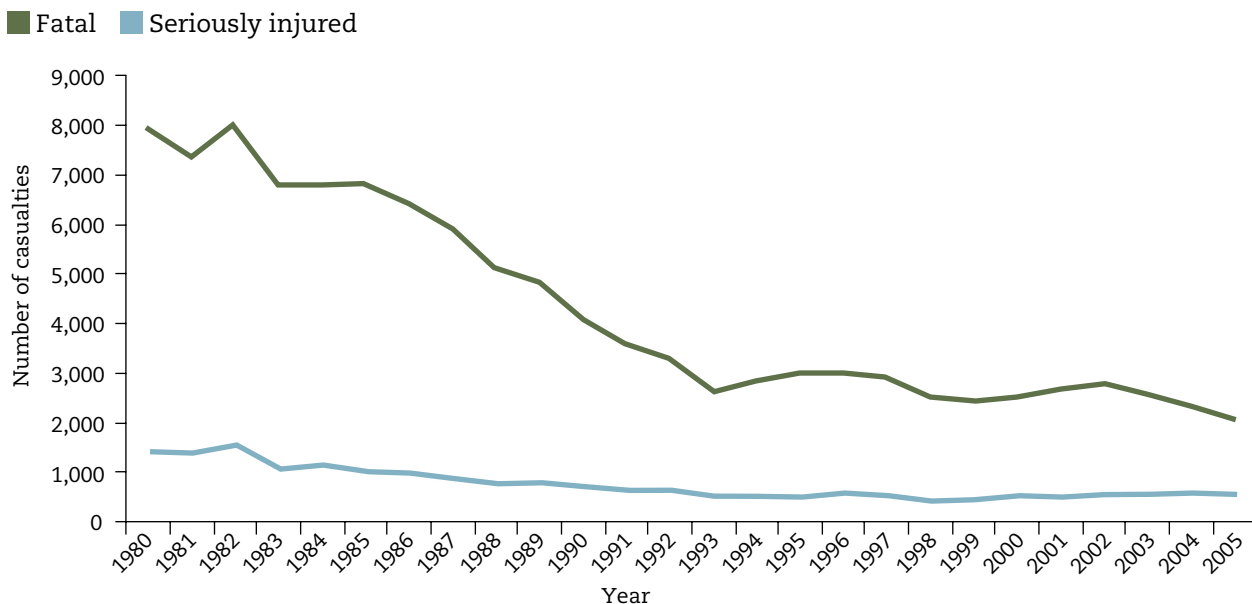
Sources: Mortality Statistics: Review of the Registrar General on deaths by cause, sex and age in England and Wales. Cause, Nos. 28, 29, 30, 31 and 32; 2001, 2002, 2003, 2004 and 2005. (2006) Office for National Statistics. National Statistics Online – Product – Mortality statistics: Cause (Series DH2).

Figure 18: Number of alcohol-related deaths by age: England and Wales 2001 to 2005



Source: National Statistics Online, Mortality Statistics: Cause (Series DH2).

Figure 19: Casualties killed or seriously injured in drink-driving accidents in Great Britain, 1980-2005



Source: Department for Transport, Scottish Executive, National Assembly for Wales (2006) *Road Casualties Great Britain 2005: Annual Report*. The Stationery Office: London.

www.dft.gov.uk/162259/162469/221412/221549/227755/roadcasualtiesgreatbritain2005a

Alcohol and the economy

- Reviews of the literature and secondary analysis conducted to support the development of the **Alcohol Harm Reduction Strategy for England** (2004) indicated that damage to health, crime and disorder, and the loss of work productivity resulting from alcohol misuse cost around £20 billion per year in England and Wales.
- The **Alcohol Harm Reduction Strategy for England** estimated that total annual healthcare costs alone related to alcohol misuse add up to £1.7 billion per year. The bulk of these costs is borne by the NHS.
- In addition to reduced productivity at work, excessive drinking is associated with unemployment. Costs arising from such increased unemployment are estimated to be in the region of £1.9 billion per year.
- However, alcohol-related harm should not be viewed in isolation, as alcohol consumption can also have positive effects.
- Drinking at a responsible level can be a source of enjoyment for the vast majority of those who participate.
- Over 1 million people are employed in hotels, pubs, bars, nightclubs and restaurants in the UK.²¹
- Furthermore, the development of the evening economy, driven by the alcohol leisure industry, has supported a **revival of city centres** across England and Wales.²²

21 Labour Force Survey, 2005/06.

22 Strategy Unit Alcohol Harm Reduction Project (2003) *Interim Analytical Report*. Cabinet Office.



What's working: building on successes so far

Real progress has been made since the Government published the [Alcohol Harm Reduction Strategy for England](#) in 2004. Most of the commitments within the Government's strategy have been delivered. Sales of alcohol to underage drinkers and alcohol-related violent crimes and offences have fallen. The amount of alcohol being drunk may no longer be increasing and most people no longer report drinking at levels which are above the Government's sensible drinking guidelines.

The strategy aimed to reduce the harm caused by alcohol misuse through a programme of joint government and industry action for:

- better education and communication;
- improving health and treatment services;
- combating alcohol-related crime and disorder; and
- working with the alcohol industry.

The Government was committed to reviewing its alcohol strategy in 2007. This has provided an opportunity to take stock and focus on those areas where further progress is needed.

Annex C lists progress against each of the recommendations in the 2004 strategy. This chapter

outlines the key achievements so far under each of the four programme headings within the 2004 strategy.

Better education and communication

'Know Your Limits' campaign

In October 2006, the Government launched the 'Know Your Limits' campaign – the first national campaign to target 18–24-year-old binge drinkers. Messages were delivered across a range of media, including television, cinema, print, radio and online, and were further supported by PR activity.

The overarching aims of the campaign were to:

- increase awareness and consideration of the consequences of drinking responsibly;
- increase knowledge and understanding of sensible drinking levels; and
- highlight where to get more help or treatment.

The campaign played on the vulnerability of binge drinkers and emphasised both the physical and criminal consequences that can arise from irresponsible alcohol consumption.

The television and cinema advertising contrasted the feeling of drunken invincibility with a 'hero to zero' theme and showed the serious physical harm that could occur as a consequence of binge drinking.



Government 'Know Your Limits' campaign

Evaluation of the campaign demonstrated that it was highly effective in raising awareness and had a high level of recall among young people.



Government 'Know Your Limits' campaign

The Government is committed to continuing its investment in the 'Know Your Limits' campaign and will run activity before peak drinking times, such as Christmas and New Year. We will also seek ways to broaden the messages and widen the audience reach.

'THINK!' drink-driving campaign

The Department for Transport has been active in developing effective, targeted anti-drink-driving publicity campaigns under the 'THINK!' banner. The Department will continue to monitor the effectiveness of the 'THINK!' drink-driving campaigns, consider ways of targeting hard-to-reach groups and, through this, develop a new multimedia campaign for 2007/08.

The 'THINK!' campaign used graphic images of the injuries which drink driving can cause to drive home its message that drinking and driving don't mix.



Department for Transport

Restriction on alcohol advertising

The alcohol industry is now regulated by a mix of statutory and self-regulation. In 2005, following a review and consultation by Ofcom, the statutory codes for broadcast advertising of alcohol were tightened. In response to the Alcohol Harm Reduction Strategy, the Committee of Advertising Practice, under the Advertising Standards Authority (ASA), also strengthened the self-regulatory regime for non-broadcast advertising to bring it broadly in line with the new television rules. In particular, the rules concerning appeal to young people, sexual content and irresponsible or antisocial behaviour were strengthened. The ASA maintains and enforces codes on broadcast and non-broadcast advertising. Research commissioned by the ASA is already under way and will assess the extent to which the changes to the codes have substantially reduced the appeal of advertising to under-18s.

The ASA upheld a complaint against Young's and Co plc in January 2006. One ad featured a man dressed in a white suit with a ram's head. The image was set against the backdrop of a swimming pool and depicted several women in bikinis, whose attention was focused on the 'ram'. The ad also featured the head of a pint, along with the Young's logo, which was superimposed onto the foreground under the phrase, 'THIS IS A RAM'S WORLD'. The ASA ruled that the ad depicted the ram as the centre of social attention and, therefore, implied social success, sexual success and enhanced attractiveness. The adjudication can be found at: www.asa.org.uk/asa/adjudications/public/

Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks

Much of the alcohol industry is self-regulated. For example, the Portman Group has a Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks that covers the naming of products, packaging, websites, press releases, branded merchandise, sampling and sponsorship. The code states that a drink's naming, packaging and promotion should not appeal specifically to under-18s. Furthermore, they should not encourage immoderate consumption; be associated with antisocial behaviour, illegal drugs or sexual success; or suggest that drinking leads to popularity. The code is supported by virtually the whole industry, including producers, importers, wholesalers, retailers and trade associations. Drinks found to be in breach of the code are not sold by retailers until they have been re-branded to comply with it. All complaints are considered by an independent complaints panel. Members of this panel have no connections with the alcohol industry.

Complaints against two brands were upheld in 2006, one of which was the 'Wee Beastie, Big Beastie' produced by Inver House Distillers Ltd.



The appeal of both products and the brand's website to under-18s meant that they infringed the voluntary code.

In November 2005, representatives of alcohol industry published a set of Social Responsibility Standards for the Production and Sale of Alcoholic Drinks in the UK. These set out a wide range of principles for the production, distribution, marketing and retailing of alcoholic drinks. They are supported by member companies of the trade associations and are commended by non-members involved in these sectors.

The signatories of the Social Responsibility Standards document reported on progress in late 2006. There have been many examples of good practice, such as the Best Bar None scheme where this has been implemented, and instances of effective local joint working.

Government ministers have since asked the alcohol industry to work with the Government on five key priority areas:

- sales to drunk people and underage sales;
- improving and monitoring staff performance;
- monitoring the impact of pricing, promotions and advertising;
- implementing agreed objectives on the sensible drinking message; and
- supporting the monitoring and enforcement of the standards/codes.

Alcohol and pregnancy

In 2005, the Department of Health commissioned a literature review from the National Perinatal Epidemiology Unit on the effects of low to moderate alcohol consumption in pregnancy. The review supported the scientific conclusions from the 1995 Sensible Drinking Working Group, which found some evidence to suggest that binge drinking can affect the development of the nervous system in the fetus. However, low to moderate consumption during pregnancy was not found to have any adverse effects on the baby.

The Department also recognised that there was a risk that guidance to women based on this advice would be difficult to interpret in terms of the

amount it would be safe to drink when pregnant and that many women preferred not to drink at all while pregnant.

Therefore, the Government, with the agreement of the four Chief Medical Officers of the UK, decided to strengthen the wording of the advice to women, while not departing from the conclusions of the 1995 Sensible Drinking Working Group, and to make this advice consistent across the whole of the UK.

The revised wording is as follows:

As a general rule, pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby they should not drink more than 1 to 2 units of alcohol once or twice a week and should not get drunk.

This advice can be summarised (such as on bottles of alcohol, for example) as:

Avoid alcohol while pregnant or trying to conceive.

Improving health and treatment services

Trailblazer research trials to support harmful drinkers

There is a very large body of international research evidence that shows that early identification of alcohol misuse and the delivery of simple advice can be very effective in reducing people's drinking to more sensible levels. The evidence indicates that for every eight people who receive advice, one will reduce their drinking to within low-risk levels. This compares favourably with smoking advice, where only one in 20 will act on the advice given, or one in 10 when nicotine replacement therapy is offered.

In November 2006, three major trailblazer research trials involving 57 separate sites were launched. The trials, which will take place in NHS and criminal justice settings, will begin seeing patients later in 2007. Nine accident and emergency department (A&E) sites, 24 GP practices and 24 criminal justice sites will be recruited for each A&E unit. Around 2,500 patients will be involved across the 57 sites.

Figure 20: Are you a harmful drinker? A score of three or more suggests that you may be

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have 8 (men)/ 6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if your answer above is monthly or less						
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

World Health Organisation 2001

The trailblazers will help us improve the way we identify and support harmful drinkers to reduce their drinking to sensible levels. Research running alongside the trials will be reported in May 2009.

The trailblazers will use screening questionnaires to identify hazardous and harmful drinkers. There are a number of these, but the most widely used is based on the Alcohol Use Disorder Identification Test (AUDIT), developed by the World Health Organization (WHO). At 10 questions in length, using the full AUDIT is often too time consuming for widespread implementation, so briefer versions, such as FAST (see Figure 20), have been developed.

The AUDIT questionnaire or the abbreviated versions can also be used by GPs or other professionals to help them spot individuals whose drinking may be cause for concern.

Two examples of implementing brief advice

Two large trials with GPs and primary care nurses have been run in the North East of England as part of a WHO collaborative study exploring ways to implement identification of cases of at-risk drinking and the delivery of brief advice. Once GPs and nurses had agreed to try implementing a brief intervention programme, a combination of written guidance, practice-based training and telephone support calls was used to encourage actual use.

Within these trials, GPs screened over 12,000 patients and identified 4,080 at-risk drinkers in a three-month period. In a similar period, nurses screened 5,500 patients and identified 1,500 at-risk drinkers. Most of the patients who had an increased risk to their health because of their drinking were given a five-minute brief intervention.

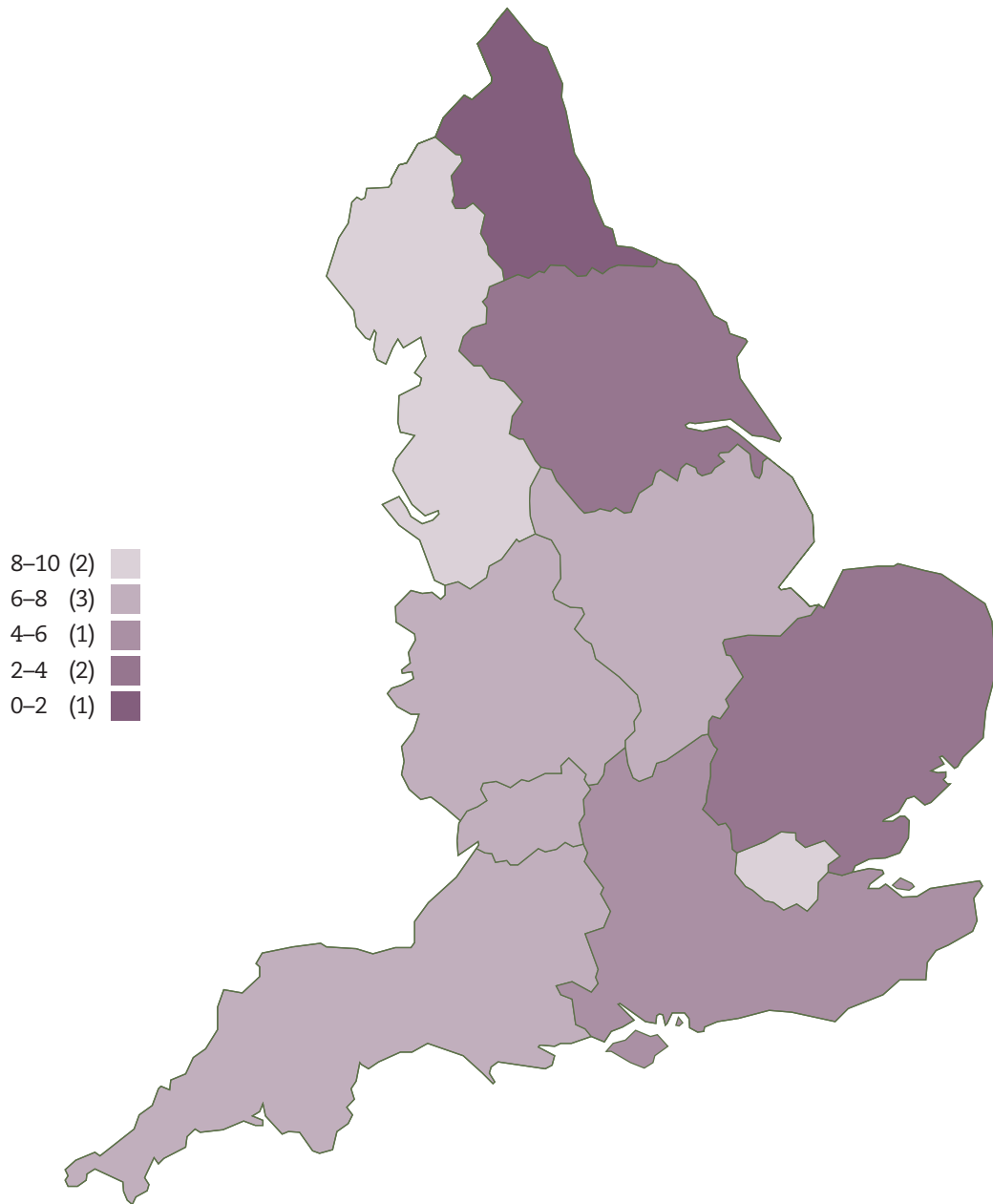


National assessment of the need for and availability of alcohol-related treatment

The Alcohol Needs Assessment Research Project (ANARP) provides the first ever comprehensive picture of the need for and availability of alcohol-related treatment in England. The ANARP identifies services for those requiring treatment for alcohol disorders and relates this to need at regional and national levels. This means that the Department of Health and the NHS are now much clearer about the level of demand for alcohol treatment services and the task facing us.

The study, published in November 2005, found a high level of need across all the categories of drinkers. In 2003/04, a total of £217 million was being invested in alcohol treatment and 63,000 people were receiving treatment for alcohol-related disorders. However, approximately 8.2 million people in England are drinking above the low-risk or sensible level and around 1.1 million people are actually dependent on alcohol. It also identified large variations in the level of provision for dependent drinkers across the country. At any one time, most dependent drinkers will not need structured treatment and may not be willing to accept treatment places. International models suggest that levels of service provision are likely to be too low if less than 10% of dependent drinkers are able to access treatment. ANARP suggests that many, but by no means all, areas fall into this category.

Figure 21: Percentage of dependent drinkers who are accessing treatment



Note: Average for England is 6%.

Source: Department of Health (2005) ANARP.

Guidance on the provision of effective alcohol treatment services

Following the publication of the national assessment in November 2005, the Department of Health published **Alcohol Misuse Interventions: guidance on developing a local programme of**

improvement, aimed at local health organisations, local authorities and other organisations and groups working with the NHS to tackle alcohol misuse. It provides practical guidance on developing and implementing programmes that can

improve the care of hazardous, harmful and dependent drinkers, such as:

- assessing local need;
- identifying local service gaps;
- developing local interventions; and
- establishing effective partnerships between primary care trusts, local authorities and other service providers.

In June 2006, the Department of Health and the National Treatment Agency published **Models of Care for Alcohol Misuse** (MoCAM). This guidance document sets out a framework for commissioning and providing interventions and treatment for adults affected by alcohol misuse.

The Review of the Effectiveness of Treatment for Alcohol Problems, published in November 2006 by the National Treatment Agency, provides an authoritative and comprehensive review of what research tells us about alcohol treatment. It shows that treatment can be an effective and cost-effective response to alcohol problems, and provides practitioners, commissioners and managers of services with the best available evidence for commissioning local alcohol services.

The Alcohol Education and Research Council (AERC)

On 2 January 2007, the Prime Minister agreed that responsibility for the AERC formally transferred from the Department for Culture, Media and Sport to the Department of Health. The Council, which is an Executive Non-Departmental Public Body established under the Licensing (Alcohol Education and Research) Act 1981, with two main aims:

- to generate and disseminate research-based evidence to inform and influence policy and practice; and
- to develop the capacity of people and organisations to address alcohol issues.

The Council will continue to be an independent and authoritative source of evidence-based advice. Unlike most other Executive Non-Departmental Public Bodies, the Council funds its activities through income earned on the monies transferred to it in the 1970s following the end of an earlier

government Compensation Scheme. Appointments to the AERC's governing Council are made by the Secretary of State for Health.

Combating alcohol-related crime and disorder

New powers under the Licensing Act and the Violent Crime Reduction Act

Rights and responsibilities are at the heart of the Government's approach to alcohol. Most people do drink sensibly, but whilst levels of alcohol-fuelled crime and disorder are falling, public concern continues to rise.

The Licensing Act 2003, implemented in 2005, provides a more flexible approach to licensing hours. It is set within a strong framework of powers to regulate the sale of alcohol at the point of sale and robust powers to deal with irresponsible premises. These powers include:

- **expanded police powers** to close down disorderly and noisy licensed premises;
- **empowering police, residents and others to seek reviews of licences where problems occur**, backed up by an extended range of measures that impact on businesses and their profits (such as limiting opening hours or requiring them to close on weekends or for up to three months);
- **increased fines** (as well as potential suspension for up to six months or forfeiture of personal licences) following conviction for offences of allowing disorderly conduct or sales of alcohol to people who are drunk;
- **increased penalties for breach of licence conditions** – a maximum fine of £20,000 and/or imprisonment for up to six months;
- **increased penalties for selling alcohol to children** – maximum fine increased to £5,000 on conviction, and it is possible for courts to suspend or order forfeit of personal licences on a first offence as opposed to a second conviction, as was the case previously; and
- **prosecution** by licensing officers for breach of licensing conditions and other licensing offences.

The powers in the Licensing Act have been complemented by a range of additional measures in the Violent Crime Reduction Act 2006 to tackle irresponsible individual licensed premises, to

reinforce local alcohol retailers' collective responsibility for alcohol-related crime and disorder and to tackle the behaviour of individuals.

The powers include:

- **alcohol disorder zones** as a last resort for police and local authorities to charge some licensed premises for the cost of additional enforcement activity;
- **directions to leave**, which enable the police to ban a person from a locality for a maximum of 48 hours;
- **enabling police and/or trading standards officers to ban the sale of alcohol for up to 48 hours** at premises that are persistently selling alcohol to under-18s;
- **expedited licence reviews**, which enable the police to apply for a fast-track review of the licences of premises associated with serious crime and serious disorder; and
- **drinking banning orders**, where individuals could be banned from named premises for

criminal or disorderly conduct for between two months and two years.

A strategic approach to tackling alcohol misuse across the correctional services

In May 2006, the National Probation Service published *Working with Alcohol Misusing Offenders – A strategy for delivery*, which complements *Addressing Alcohol Misuse – a Prison Service Alcohol Strategy for Prisoners*, published in December 2004, in order to create a National Offender Management Service (NOMS) strategy. This provides NOMS with a coherent framework for tackling alcohol misuse which is evidence-based, and will lead to greater consistency and coordination of delivery.

National alcohol misuse enforcement campaigns

Four national **alcohol misuse enforcement campaigns (AMECs)** took place between 2004 and 2006. Police and trading standards officers targeted

Improving safety in the night-time economy in Liverpool: an example of good practice

Citysafe, Liverpool's Community Safety Partnership, has developed a web of interlinked initiatives to reduce the potential impact of alcohol-related crime and antisocial behaviour. The local partnership has developed Pub Watch and the Best Bar None schemes to promote good practice in the licensing trade. The Chamber of Commerce, the City Council, Merseyside Police and other partners have encouraged city centre pubs and clubs to be part of a radio link, which enables staff to share information about potential problems and to notify the police about incidents quickly. Taxi-marshalling schemes have also been introduced and have had positive effects, reducing potential flashpoints at the designated taxi ranks.

Citysafe has also funded two schemes as part of its prevention strategy. The first has been to deploy additional handheld metal detectors at pubs and clubs to discourage the carrying of knives and other offensive weapons. The scheme is being extended to include door supervisors. The second scheme promotes the use of polycarbonate glasses in bars and clubs. As part of the promotion, Citysafe is subsidising the difference in price between conventional glasses and the polycarbonate replacements. The scheme builds on the Crystal Clear programme, which aimed to reduce glass-related injuries and assaults. In September, following joint work involving the City Council, Citysafe and the police, a designation order for the city centre was obtained under powers contained in sections 12–14 of the Criminal Justice and Police Act 2001, so as to prevent alcohol consumption in public places.

In a partnership between local A&E departments, the police and Liverpool John Moores University, Citysafe has been promoting increased data sharing regarding alcohol-related assaults in the city. The data from A&E departments is helping Citysafe to target hotspot locations and bars. In turn, such activity is beginning to produce a reduction in the number of referrals to A&E departments.

This package of initiatives has helped to reduce assaults, robbery and antisocial behaviour by over 28% in the city centre compared with last year. The overall figures represent the lowest in the centre for 10 years.

irresponsible drinkers who were causing violence and disorder, as well as premises that were breaking the law by selling to under-18s. The police developed good practice tactics in dealing with alcohol-related incidents, which will now form part of mainstream policing. A poster campaign was produced and launched by the Home Office and the Association of Chief Police Officers (ACPO), warning the public of the new fines for disorder.

As a consequence of the test-purchase component of the campaigns, retailers strengthened their procedures and training of staff in relation to alcohol sales. Most retailers have now adopted the 'Challenge 21' policy, whereby anyone appearing to be under 21 is asked to produce a valid form of identification prior to any sale of alcohol. Test-purchase failure rates have dropped accordingly, indicating that it is increasingly difficult for under-18s to purchase alcohol illegally. During AMEC 1 in 2004, the overall test-purchase failure rate was 50%; by AMEC 4 in the summer of 2006, it had reached 29% and 21% for the on- and off-licence trade respectively, and 18% for supermarkets.

Tackling alcohol-related violence through the Tackling Violent Crime Programme

The Tackling Violent Crime Programme (TVCP) was launched in November 2004. Through this programme, the Home Office initially worked intensively with practitioners in a small number of local areas with high levels of more serious violent crime. The aim was to support local efforts in reducing alcohol-related crime and domestic violence in particular; to improve police and other agencies' performances and partnership working; to improve local strategies; and to develop good practice, which could then be disseminated nationally. The TVCP worked with 32 of the 373 Crime and Disorder Reduction Partnerships (CDRPs) in England and Wales in 2006/07; this number is subject to expansion in 2007/08, when the Government Offices for the Regions take over regional delivery of the programme.

Tackling violent crime in Sheffield: an example of good practice

Since joining the Home Office's TVCP, the Sheffield Community Safety Partnership has introduced a number of new initiatives to reduce violent crime, particularly in relation to the night-time economy.

These include 'meet and greets' at key entry points to the city's night-time economy area. Police community support officers and the Council's City Centre Ambassadors mix with the public, providing community safety, advice on crime prevention and a high-profile presence. These officers also use questionnaires to gather information and intelligence from the public.

Incidents are analysed weekly to produce an accurate picture of where, when and what offences are being committed. This allows the licensing team, trading standards officers, and the fire service to focus their checks and attention on premises that require action.

A city centre triage and help point has also been introduced, where members of the public can access treatment for minor injuries or advice. The South Yorkshire Ambulance Service and South Yorkshire Police also undertake joint patrols, therefore ensuring an improved service to the public. These initiatives have led to a reduced demand for ambulance services at peak demand times. Initial data suggests that this reduction is around 7% on both Friday and Saturday nights.

A taxi-marshalling scheme at key locations within the city has also been launched and is proving a great success. It ensures that night-time revellers can get out of the city quickly and efficiently rather than becoming embroiled in disorder or violence.

In the period between April and October 2006, Sheffield saw a reduction in serious violent crime of approximately 30%.

An independent evaluation of the TVCP conducted in November 2006 has shown that:

Anecdotal evidence together with reductions in serious violent crime ... provide reassurance of the programme's effectiveness.

Since the programme started in November 2004 there have been important decreases in more serious violence in the participating areas, in which the TVCP has undoubtedly played a part.

Good practice that was developed through this programme on tackling alcohol-related (and domestic) violence is being disseminated nationally.

Alcohol disorder within accident and emergency departments and other NHS sites

As a part of government action to tackle alcohol-related disorder, the NHS Security Management Service has implemented a number of measures, including the creation of a new Legal Protection Unit, to ensure that effective sanctions are applied to those who attack NHS staff or cause a nuisance or disturbance on NHS premises:

- The police, Crown Prosecution Service and NHS nationally have agreed a consistent approach to the prevention, detection, investigation and application of sanctions in respect of assaults against staff within the NHS.
- A new offence of causing a nuisance or disturbance on NHS premises is intended to prevent behaviour which has an impact on the delivery of NHS healthcare and causes distress to staff, patients and the public. Potential offenders will be made aware that their behaviour is unacceptable and that they may be removed and face a fine of up to £1,000.
- The Emergency Workers (Obstruction) Act 2006 came into force on 20 February 2007. The Act makes it an offence to obstruct or hinder emergency workers who are responding to emergency circumstances or those assisting them.

Alcohol and domestic violence

The Government recognises that although alcohol is not the cause of domestic violence, it can exacerbate it. Drinking is common in incidents of intimate partner violence and can be a contributing

factor. In a study among domestic violence offenders on probation or those referred for a pre-sentence report, alcohol use was a feature in the majority of offences (62%), and almost half of the sample (48%) were alcohol dependent.²³

The Government has invested over £70 million in tackling the problem of domestic violence and has developed a Domestic Violence National Delivery Plan. In March 2007, we published a progress report on government action in tackling domestic violence, which can be found at www.crimereduction.gov.uk. The Home Office is working closely with other central government departments, regional government and local partnerships, particularly those responsible for crime and disorder, to ensure an effective, multiagency response to domestic violence in the context of the Government's Strategic Framework. This is as set out in the Home Office's consultation paper, **Safety and Justice and Our Response to It**. This approach has led to the Domestic Violence, Crime and Victims Act 2004, which received Royal Assent on 15 November 2004 and is the biggest overhaul of legislation on domestic violence in more than 30 years.

Two domestic violence enforcement campaigns (DVECs) have also been carried out to improve police performance in relation to evidence gathering and enforcement and, through such efforts, to increase the number of offenders brought to justice. These included innovative work such as the use of head cameras to gather evidence at domestic violence incidents. In the Stella Project in London and the A&E data-sharing initiative in the South East, 22 hospitals collected data on violent crime and shared information to reduce violent crime, offered support to victims and helped to ensure that perpetrators were dealt with through the criminal justice system. The lessons learnt in these campaigns have greatly improved our knowledge of what works in policing domestic violence.

Alcohol and sexual violence

There are strong links between alcohol and sexual violence. Approximately one-third of sexual assaults take place when the victim has consumed alcohol, with perpetrators taking advantage of vulnerability caused by excessive drinking.²⁴ Many perpetrators of sexual violence and abuse also drink alcohol prior to the incident and/or have drinking problems.²⁵

23 Gilchrist E. *et al.* (2003).

24 Kelly L., Lovett L. and Regan J. (2005) *A Gap or a Chasm? Attrition in reported rape cases*. Home Office Research Study 293.

25 Grubin D. and Gunn J. (1990) *The imprisoned rapist and rape*. London: Department of Forensic Psychiatry, Institute of Psychiatry.

Alcohol abuse is also a common mechanism for coping with the effects of sexual violence and abuse.

In 2006, the Government's 'Consent' campaign delivered the message that it was an individual's personal responsibility to seek active consent to sex, particularly when one or both parties has been drinking. This was reinforced by the 'Know Your Limits' campaign in 2006/07, which made young women aware of how alcohol increases vulnerability to sexual assault. Further information on alcohol and sexual violence can be found in the cross-government Action Plan on Sexual Violence and Abuse, published in April 2007 and available at: www.crimereduction.gov.uk/sexualoffences/sexual03.htm

Alcohol misuse by parents

Parents with substance misuse problems (including alcohol) can place their children at risk. Identifying and providing support for the children and their parents is a difficult but vital responsibility which cuts across a number of different agencies' responsibilities. Alcohol misuse is often one of many interrelated problems within the most vulnerable families and is a key driver of wider social exclusion. Half of relationship breakdowns and one-third of all domestic violence are alcohol-related. The children of alcohol misusers are more likely to drink earlier and to experience behavioural problems and poor outcomes at school.

The Children Act 2004 places responsibility on directors of children's services to protect children and young people from significant harm. Adult services also have a responsibility to provide services and to take into account the needs of service users who are parents in the delivery of those services. Both adult and children's services need to work in close partnership to ensure that the best possible service is delivered to families with children.

In April 2006, the Department for Education and Skills published the revised guidance document, **Working Together to Safeguard Children**, which outlined ways that individuals and organisations should work together to safeguard and promote the welfare of children. The guidance recommended the establishment of interagency protocols for coordinating assessment and support between

adult drug services and children's services, as well as collaboration with other agencies, such as health, maternity, social care, courts and the prison/probation services. The need to identify and respond to parental substance misuse is also identified within the Common Assessment Framework (CAF) for children's services.

The Government is also investigating new models of support for those families with the most complex needs. The Social Exclusion Task Force in the Cabinet Office is leading a cross-government review of policy on families at risk which includes parental alcohol misuse as a key driver of poor family outcomes. The review will identify barriers and practical solutions to the provision of a coherent 'whole family' approach to support vulnerable families. It will report in two stages: an analysis report in June followed by policy outcomes in autumn 2007.

Working with the alcohol industry

Improving the labelling on alcohol containers

A growing number of labels on bottles of alcohol are now carrying unit content. This helps consumers to estimate how much they really drink. An agreement has been reached with the alcohol industry regarding new labelling on alcohol containers and packaging bought or sold in the UK. The new labelling will show the Government's sensible drinking message (SDM) and the alcohol unit content of containers and (for wine and spirits, where practicable) of standard glasses. The Government hopes that the majority of product labels will carry the SDM towards the end of 2008. There are ongoing discussions with the industry regarding the inclusion of messages that encourage sensible drinking at point of sale and on advertising.

Labels may include:

- the drink's unit content – for beer, wine and spirits, this will be given per glass and per bottle;
- the recommended Government safe drinking guidelines: 'UK Chief Medical Officers recommend men do not regularly exceed 3–4 units daily and women 2–3 units daily';
- information on alcohol and pregnancy: 'Avoid alcohol if pregnant or trying to conceive';
- a sensible drinking message such as 'Know your limits'; and

- the website address or logo of the Drinkaware Trust (www.drinkaware.co.uk).

The Government is encouraging the alcohol industry to include on labels sensible drinking information for pregnant women as part of the overall SDM.

The graphic below illustrates information which may be displayed, although individual companies' labels will vary.



Department of Health

Providing the SDM and unit information on alcohol labels will play a part in supporting a wider government-led campaign from 2008. A campaign supported by information on labels should enable people more easily to assess their own consumption and exercise choice in avoiding drinking at hazardous or harmful levels.

Restrictions on alcohol advertising

See page 34.

Establishing the Drinkaware Trust

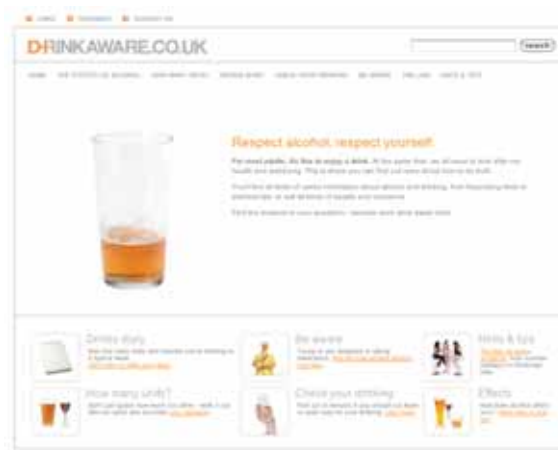
The [Alcohol Harm Reduction Strategy for England](#) (2004) set out plans to create a national producers fund, so that the alcohol industry would play a significant role in affecting behavioural change, as well as in preventing and tackling alcohol-related harm.

Drinkaware fulfils the public education, community awareness and campaigning function envisaged in the Alcohol Harm Reduction Strategy for a fund to tackle alcohol misuse and alcohol-related harm. A key part of Drinkaware's purpose is to raise awareness, challenge attitudes and change behaviour in relation to alcohol misuse and alcohol-related harm.

The new Drinkaware Trust was established in early 2007, following extensive negotiations between the Government, the alcohol industry and the health and voluntary sectors. Debra Shipley has been appointed as its unpaid, independent chair, supported by a new board of trustees drawn equally from the alcohol industry and non-industry stakeholders. A fundraising plan is in place to achieve a funding target of £12 million in the first three years.

The Drinkaware Trust's consumer website (www.drinkaware.co.uk) now receives more than 85,000 visits a month and is referenced on advertising, labelling and point-of-sale promotions, and through the activities of non-industry partners. It has become established as a key reference point for accurate information on sensible drinking and forms the backbone of campaigning and educational materials for consumers.

The new board of trustees is now focusing on developing Drinkaware's priorities and forward work programme.



Drinkaware Trust

Responsible production and sale of alcoholic drinks

In November 2005, the alcohol industry launched the Social Responsibility Standards for the Production and Sale of Alcoholic Drinks in the UK, fulfilling a recommendation of the original Alcohol Harm Reduction Strategy. The standards complement the existing regulatory framework and were compiled by the alcohol industry in partnership with the Government. They draw together existing codes, good practice and advice into a single cohesive set of standards. Fifteen trade associations, representing producers and retailers from both the off-licensed and on-licensed sectors, have signed up to the standards. Member companies have undertaken to adopt these standards and to ensure that they are adhered to and maintained within their respective businesses.

The document covers a wide range of standards relevant to the retail (on-licensed and off-licensed trade) and manufacturing sectors, including:

- the sensible drinking message:
 - in advertisements;
 - at the point of sale; and
 - in other sites, including product labelling;
- marketing:
 - broadcast and non-broadcast advertising (in accordance with existing statutory and non-statutory codes);
 - packaging, merchandising, sponsorship, etc; and
 - websites;
- retailing:
 - general: including partnership working, promotions, prevention of underage sales, training and retail displays;
 - the on-trade: underage sales and sales to drunk people, promotions, exit and dispersal policies, and other schemes, for example designated driver; and
 - the off-trade: underage sales, promotions, in-store tasting, product siting, information about sensible drinking, and managing the outside of premises, for example to prevent antisocial behaviour.

BEST BAR NONE
BB
AWARDS

Home Office/
Greater Manchester Police

Best Bar None

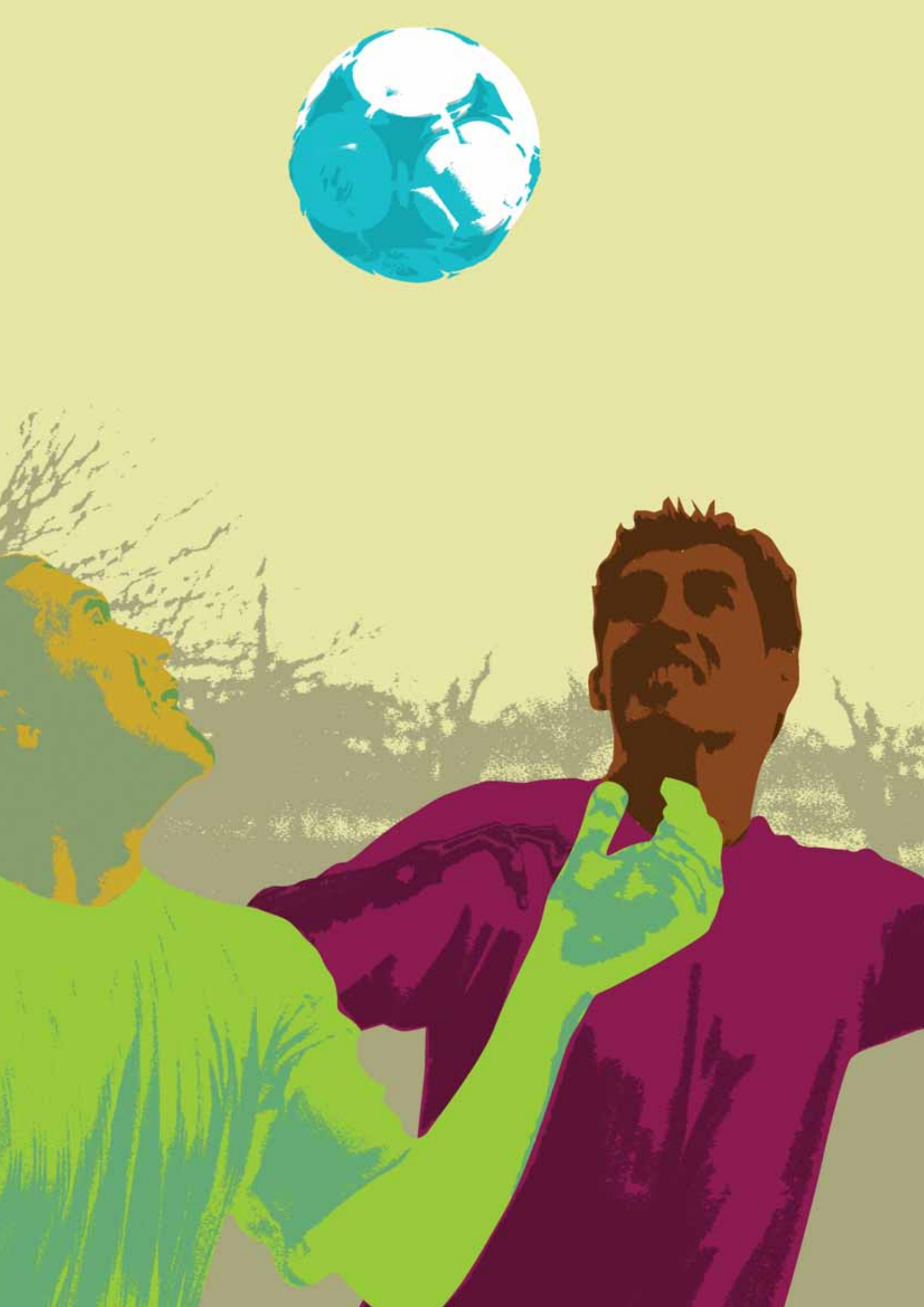
Best Bar None schemes are locally initiated, voluntary awards for the on-licence trade based. They are based on partnership working between police and local retailers to promote responsible management of on-licence premises and to reduce incidents of crime and disorder associated with alcohol.



Zelgrain Ltd

The winner of Brighton's 2006 Best Bar None award was the World's End public house. It was judged that:

There is something here for everyone – with books, a big screen TV and a selection of traditional and new pub games such as chess and carom.



Action:

next steps for delivering change

As well as building on what has been achieved, this chapter sets out the Government's ambition to do more. We will challenge the belief that drunkenness and antisocial behaviour are an accepted part of an English 'drinking culture'. If asked to recall how much they have drunk in the past week, most people's consumption already falls within the Government's sensible drinking guidelines or only exceeds them occasionally. Even among 16–24-year-olds, the group most often associated with drunkenness, approximately six in 10 young men and young women report drinking within these levels. Of those young people who do binge drink,²⁶ only a quarter actually become involved in antisocial behaviour or disorder.

However, the Government shares the widespread public concern that levels of alcohol-related crime and disorder are still too high, that alcohol-related illness continues to rise and that people may be drinking more than they think they are, and is committed to achieving reductions in all of these areas. We now need to focus additional efforts on the significant minority of drinkers who experience, and are responsible for, most of the crime, health and social harm associated with alcohol misuse.

Government research suggests that this focus should be on **young people under 18 who drink alcohol** (in particular 11–15-year-olds), many of whom we now know are drinking more than they used to only a few years ago; the **18–24-year-old binge drinkers**, a minority of which are responsible for the majority of alcohol-related crime and disorder in the night-time economy; and the **harmful drinkers**, whose patterns of drinking damage their physical or mental health and who may be causing substantial harm to others. This means action by the NHS, local authorities, voluntary organisations and the police to provide support, advice and, in some cases, protection for those who are at most risk.

At the same time, we need to ensure that everyone is able to make informed choices about how much they drink. This means being able to estimate how much they really are drinking and knowing the risks associated with regularly drinking over sensible drinking levels. Everyone also needs to feel confident that the police, local authorities and the on- and off-licence trade are also doing all they can to target law breaking and irresponsible behaviour, and that the NHS is identifying patients with alcohol problems early and providing support and treatment where it is needed.

²⁶ Defined as drinking alcohol at least once a month and feeling very drunk at least once a month.

Everyone's responsibility

Government departments, local communities, the police, local authorities, the NHS, schools, voluntary organisations, the alcohol industry, the wider business community and, of course, the media all have a vital role to play in delivering this strategy.

But this is also about individual responsibilities. We all need to be aware of how our drinking could affect our health, family, children and friends. We need to think about what we can do to help and influence friends, family members or work colleagues who are drinking too much. We can help ensure that problems are being tackled within our communities by raising concerns with the police or local authorities, and making sure they are dealt with. And it is at the community level that the greatest changes have already been achieved with many impressive partnerships and projects which have tackled local problems head on and made real improvements.

Progress has been made by the alcohol industry in promoting more responsible retailing and stamping out irresponsible behaviour. Many companies have adopted voluntary codes or participate in award schemes such as Pubwatch, Best Bar None and Challenge 21, which have helped to promote responsible retailing of alcohol and reduce disorder. But there are still businesses that act outside the law or fail to consider the interests of their customers or local communities. The police and local authorities will continue to target law breaking and irresponsible behaviour, both by individual drinkers and retailers of alcohol. The Government will also need to consider whether enough is being done to protect children from the influence of alcohol promotions.

Focusing on outcomes

The Government's aim is to achieve significant and measurable reductions over a sustained period of time in the harm caused by alcohol. We will monitor the success of this strategy by focusing action on reducing the types of harm that are of most concern to the public, including:

- a reduction in the levels of alcohol-related violent crime, disorder and antisocial behaviour;

- a reduction in the public's perceptions of drunk and rowdy behaviour; and
- a reduction in chronic and acute ill health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions.

The Government also aims to increase the public's awareness of the risks associated with excessive consumption and how to get help:

- Most people will be able to estimate their own alcohol consumption in units.
- Most people will be able to recall the Government's sensible drinking guidelines and know the personal risks associated with regularly drinking above sensible limits.
- Most people will be able to recognise what constitutes their own or others' harmful drinking and know where to go for advice or support.

We also expect that achievement of these outcomes will result in reductions in the most harmful types of alcohol consumption, and in particular will lead to:

- an increase in the number of people drinking within the Government's sensible drinking guidelines;
- a reduction in the number of men who are drinking more than 50 units a week and the number of women who are drinking more than 35 units, or more than twice the sensible daily drinking guidelines on a regular basis; and
- a reduction in the number of under-18s who drink and in the amount of alcohol they consume.

Sustained reductions in some types of harm, such as levels of liver cirrhosis, could take as much as 10 years to achieve, as the benefits of reduced drinking begin to feed through and levels of disease fall. Progress against each of these measures will be published annually. Local data will also be available on each of the three measures of alcohol-related harm to support target setting and prioritisation by local partnerships.

Hidden harm

Much of the alcohol-related damage that is experienced by disadvantaged groups is hidden. This damage includes that caused by partner, child and elder abuse, including violent abuse but also abuse by neglect. It also includes damage within families or communities where alcohol is taboo, making disclosure, early identification and treatment much harder. There is further hidden damage to workplaces, the economy, and to the stability and integrity of communities.

In delivering the strategy, the Government will make sure that hidden harm is included wherever possible in designing activities for consultation and engagement.

Actions to reduce harm

Support for local partnerships and communities

A new programme will help local partnerships and communities tackle alcohol-related crime and disorder – encouraging more and stronger local partnerships and industry participation.

The Government believes that encouraging stronger local partnerships and greater industry participation will help drive real reductions in crime and disorder related to alcohol misuse and change people's perceptions of antisocial behaviour.

Initiatives to reduce alcohol-related harm are already well established in some local areas. These may take the form of cross-agency partnerships that focus on:

- tackling violent crime by participating in the Tackling Violent Crime Programme (TVCP);
- tackling crime and disorder more generally;
- licensing; and
- managing the night-time economy.

Participating agencies may include the police, Crime and Disorder Reduction Partnerships (CDRPs), trading standards, licensing officers, local transport providers, planning and environmental health, fire officers, primary care trusts (PCTs) and representatives from the licensed trade.

Effective and responsive local delivery structures for tackling alcohol-related crime and disorder have often involved multiagency teams involving the police, local authority enforcement officers and sometimes health or children's workers. These teams can use the full range of powers available to them to deal with irresponsible licensed premises and criminal and disorderly behaviour and provide the local infrastructure to support management of the night-time economy.

The Home Office will develop new guidance and support for Government Offices for the English Regions and a wide range of stakeholder groups represented at a local level to help:

- tackle alcohol-related crime and disorder and antisocial behaviour associated with the night-time economy in town and city centres;
- develop a coordinated approach to intervening with individuals whose offending is linked to alcohol;
- work with the alcohol industry to make further progress in the responsible sale and retailing of alcohol and eliminate underage sales; and
- adopt ways of working that use the full range of new and existing powers, while ensuring that particular groups are not targeted inappropriately.

Government Offices for the Regions will be asked to ensure strategic regional coordination of the requirement for local partnerships to tackle alcohol-related crime and disorder.

Local efforts to tackle alcohol-related crime and disorder will be included within CDRP strategies which, following the Police and Justice Act 2006, are required to address alcohol-related issues. Government Offices for the Regions will ensure that CDRPs are supported and feel equipped to deliver their strategies from April 2008 and can achieve any alcohol-related improvement targets negotiated and agreed through Local Area Agreements. They will encourage consistency of approach nationally and locally and the sharing of good practice. This will also complement work already under way through the Home Office's TVCP, the regional delivery of which will be the responsibility of the Government Offices from 2007/08. The Home Office will support the Government Offices in taking over these new roles and will look at how best to highlight action

and enforcement measures being implemented by local partnerships more widely.

Earlier identification, intervention and treatment of drinking that could cause harm

To support the roll-out and take-up of targeted identification and brief advice, a healthcare collaboration will be set up to disseminate the early results of the trailblazer research programmes and share learning on implementation.

The Department of Health is implementing reforms to transform services for patients and users. A range of new incentives and levers are being put in place to deliver a self-improving health and social care system that no longer relies on top-down direction and control. *The Commissioning Framework for Health and Well-being*²⁷ sets out a vision in which health and social care commissioners work together and put people at the centre of commissioning. This means that it is even more important for local health and social care organisations to understand the impact that harmful drinking is having on the health of the local population and how adequate the current level of provision is in minimising harm to health.

The Alcohol Needs Assessment Research Project (ANARP) indicated that, in 2003/04, £217 million was being invested in specialist alcohol treatment in England, but it also identified large variations in the level of provision for dependent drinkers across the country. Encouraging earlier identification and the provision of brief advice for drinking that is causing or could cause harm is also a priority. There is strong international evidence that significant reductions in chronic ill health and hospital admissions can be achieved through GPs or other health professionals providing advice to patients about their drinking.

The Department of Health's new guidance, *Alcohol Misuse Interventions – guidance on developing a local programme of improvement*, has set out common sense steps for delivering identification and brief advice that will be useful to local healthcare organisations and other local partners. To support the roll-out and take-up of targeted identification and brief advice, the results of trailblazer programmes will be widely disseminated to all local partnerships and, in addition, a new healthcare collaboration to bring areas together to learn from each other and overcome barriers to implementation will be established.

An important analysis of brief interventions concluded that:

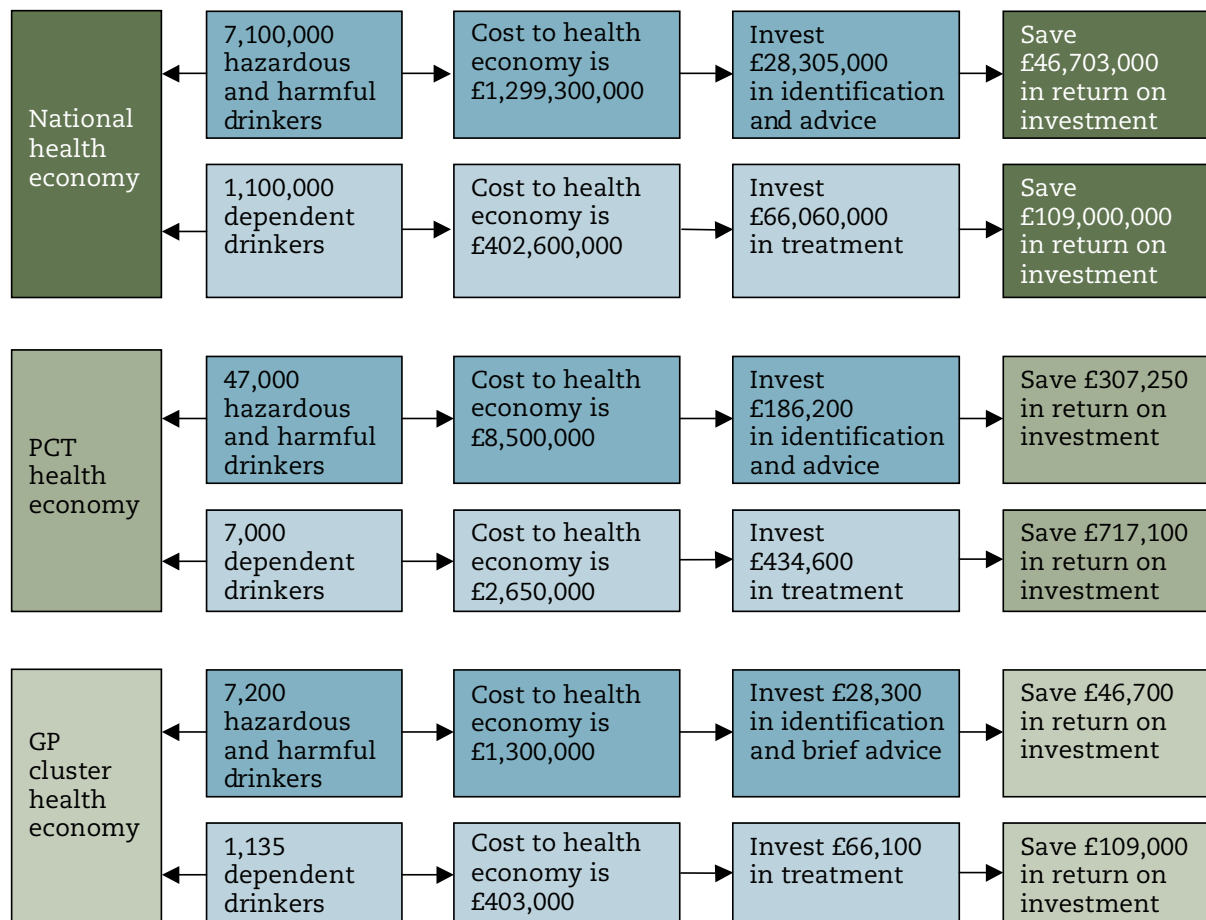
If consistently implemented across the UK, simple alcohol advice would result in 250,000 men and 67,500 women reducing their drinking levels from hazardous and harmful to low risk each year.

It is estimated that an investment of £24 million in implementing identification and brief advice could return savings to the NHS of £40 million over four years. In addition, initial modelling has suggested savings from investing in services for harmful and dependent drinkers as shown in Figure 22.²⁸

²⁷ Department of Health (2007) *The Commissioning Framework for Health and Well-being*. London: DH.

²⁸ 'Harmful' is classified with 'hazardous' in this diagram (rather than with dependent drinkers) because of the data sources used.

Figure 22



The Royal Liverpool Hospital Lifestyles Team: an example of good practice

The Lifestyles Team was set up when staff at the Royal Liverpool Hospital realised the size of the burden that alcohol-related attendances placed on the hospital. One-third of admissions to intensive treatment units and 12% of attendances in the accident and emergency (A&E) department were directly attributable to alcohol.

They found that employing an alcohol specialist nurse in the A&E department to assess patients prevented unnecessary admissions to the hospital and encouraged better patient education and links with other services. This has resulted in the discharge of 258 patients to date who might otherwise have been admitted, resulting in substantial cost savings to the hospital.

The discharge of these patients accounts for a cost saving on bed days of at least £175,000. Preventing the admission of as few as 23 patients could cover one year’s salary for the alcohol specialist nurse.

The scheme was also shown to improve clinical practice and patients’ satisfaction and to increase the confidence and skills of nurses caring for these patients. Significant reductions in alcohol consumption by hazardous and at-risk drinkers and reductions in the use of healthcare by heavy and dependent drinkers were also recorded.

Pirmohamed M., Brown C, Owens L. *et al.* (2000) ‘The burden of alcohol misuse on an inner-city general hospital’, *Quarterly Journal of Medicine*, 93: 291–5.

There will be a national review of the cost to the NHS of alcohol-related harm – identifying areas where the greatest savings can be made, through earlier identification and interventions for drinking that could cause harm.

Over the next year, the National Audit Office (NAO) is considering carrying out a study into the provision of interventions with the potential to reduce harm to health and the burden of harmful drinking on the NHS. The Department of Health will work with the regulatory bodies to support local health and social care organisations in responding to the findings of any reports produced by the regulatory bodies.

The Department of Health will develop a framework to support commissioners in planning local investment.

This framework will be based on an accurate assessment of the:

- supply of and demand for alcohol-related services;
- likely impact of introducing targeted identification and brief advice for hazardous and harmful drinkers and improved pathways to specialist treatment for dependent drinkers;
- contribution made to improving the nation's health and reducing inequalities; and
- need to overcome barriers to access of services encountered by different sectors of society.

The framework will include:

- an interactive web-based commissioning tool;
- a web-based local alcohol profile (updated June 2007);
- data on the contribution of alcohol to different types of health and crime harm;
- guidance on developing local indicators; and
- guidance on **The Commissioning Framework for Health and Well-being** and alcohol.

Local data on the level of health harms is now available for each PCT and local authority and can be obtained at: www.nwph.net/alcohol/lape/

Tackling alcohol-related offending

There will be concerted local and national action to target alcohol-related offenders, using a combination of penalties and health and education interventions to drive home messages about alcohol and risks and to promote behaviour change.

At each stage of the criminal justice system (CJS) there is an opportunity to identify individuals who are misusing alcohol and to provide appropriate interventions, ranging from brief advice and information through to referral to alcohol specialist treatment and rehabilitation. These provide an opportunity to:

- reduce offenders' alcohol consumption to sensible drinking levels;
- improve offenders' understanding of how to drink sensibly and of the risks of not doing so; and
- reduce the likelihood of reoffending.

The pre-court stage

The police often deal more with the results of binge drinking than of chronic dependent drinking. Binge drinkers who have been arrested for alcohol-related offences often respond well to being referred for brief advice sessions (known as brief interventions) where alcohol specialists can educate them about the effects of their drinking and the links between unsafe alcohol consumption and criminal behaviour. The introduction of conditional cautions under the Criminal Justice Act 2003 also provides an opportunity to steer offenders into this type of intervention. However, provision of these interventions is currently patchy.

Although there is a significant body of evidence showing how effective identification and brief advice is for reducing consumption levels in healthcare settings, there is a need for research into their ability to reduce offending in an appropriate, effective and cost-efficient manner in CJS settings.

The Home Office will assess the contribution of the existing arrest referral pilot projects and initiatives and establish a small number of alcohol referral schemes by autumn 2007.

These will:

- establish whether alcohol brief interventions (using police contact as a gateway) reduce reoffending among those arrested for alcohol-related offences and contribute towards meeting local targets;
- investigate how referral schemes can be established to provide appropriate and effective interventions in a cost-efficient manner; and
- increase the number of conditional cautions that have alcohol referral attendance as a condition.

We hope to use the information gathered from the pilots to establish good practice, including what works for different cultural groups and different genders, and to identify the benefits to local areas of prioritising existing resources in their own alcohol referral schemes.

At court and after sentencing

Elsewhere in the CJS, the courts can, for example, attach an Alcohol Treatment Requirement (ATR) to a community order or suspended sentence order, targeted at those offenders who are alcohol dependent and require intensive specialist treatment. A supervision or activity requirement of the community order or suspended sentence order is used to provide brief information, advice and support for those offenders with less serious alcohol problems.

The National Probation Service (NPS) also has two substance misuse group work programmes, which address alcohol-related offending behaviour, and the Drink Impaired Drivers (DID) scheme, which is aimed at drink drivers with no other criminogenic need. The NPS is also piloting the Lower Intensity Alcohol Module (LIAM) for those offenders whose alcohol misuse and offending needs are not sufficient to lead to a referral to one of the existing substance misuse programmes but might require referral to another programme (e.g. tackling violent behaviour) but where there is still a need for alcohol-related offending to be addressed.

The range of work undertaken by the NPS is reflected in the strategy **Working with Alcohol Misusing Offenders – A Strategy for Delivery**.

For offenders in custody, **Addressing Alcohol Misuse – A Prison Service Alcohol Strategy** provides a framework for addressing prisoners' alcohol problems. It balances treatment and support with supply reduction measures. The strategy is supported by a treatment interventions good practice guide. In prisons, a range of interventions are in place to support those with an alcohol problem. These include detoxification for dependent drinkers in all local and remand prisons and Counselling, Assessment, Referral, Advice and Throughcare Services (CARATS) where alcohol is part of a wider substance misuse problem (or where local funding to work with alcohol users has been identified). Interventions can include identification and brief advice, one-to-one work and group work sessions, and are designed to address problematic alcohol use and offending behaviour.

Work to improve the way alcohol-related offenders are dealt with and support National Offender Management Service (NOMS) key strategic aims and objectives includes:

- **publication of an alcohol information pack for offenders under probation supervision;**
- **issue of revised ATR implementation guidance;**
- **dissemination across the NPS of learning points from seven alcohol best practice projects;**
- **research to examine the availability and accessibility of alcohol treatment for offenders to inform policy to improve alcohol provision;**
- **joint prisoner befriending scheme in seven London prisons; and**
- **work with the Prison Service National Drugs Programme Delivery Unit and Rehabilitation for Addicted Prisoners Trust (RAPt) to develop two alcohol treatment programmes for prisons.**

Replacing glassware and bottles in high-risk premises

The Government will support local action to secure the replacement of glassware and bottles with safer alternatives in individual high-risk premises.

The British Medical Journal has highlighted that injury caused by drinking glasses could be reduced substantially by the universal use of toughened glass in bars and clubs. Data published in 1998 showed that 4% of the 125,000 violent facial injuries sustained annually were caused by so-called 'glassing' injuries.²⁹ Research undertaken by the University of Bristol suggested that bar glassware accounted for 10% of assault injuries in A&E departments.³⁰

The Government recognises that glassware can increase the risk of injury from violence and assaults. The Licensing Act 2003 regulates the sale of alcohol; operators are issued with a licence to sell alcohol, and it is the conditions placed on the licence that are the main vehicle for regulating their activity. The Act enables licensing authorities to require glassware to be replaced by safer alternatives in individual licensed premises where a problem has been identified and representations have been made. The measures in the existing Licensing Act will be complemented by provisions in the Violent Crime Reduction Act 2006, sections 21–22 of which will allow licensing authorities to fast track licence conditions, on the application of a senior police officer, in cases of serious crime and disorder.

The Government believes that a risk-based, rather than blanket, approach to requiring licensed premises to use safer alternatives is the best way to tackle the problem of glass-related injuries. In June 2004, there was a total of around 160,000 licensed premises, of which 113,000 were establishments with licences to sell alcohol on the premises. Bars and pubs constitute 72% of on-licensed premises.³¹ There are many different types of licensed premises, with different business offerings, located in towns, cities and rural areas, and there are a number of factors that increase the risk of glass-related injury. A pub or bar is not necessarily a high risk simply because it is in a town centre and open

late, but neither is a premises low risk just because it is in the countryside and closes at 11pm. As well as location and operating hours, factors such as the type of venue, its customer make-up and the professionalism of its management can all have a bearing on whether a premises presents a risk of disorder and glass-related injury.

An expert group, comprising police, doctors, academics and representatives of the alcohol industry, will be set up to gather further evidence of where targeted interventions might produce benefits and agree how high-risk premises can be best identified.

The expert group will be in place by autumn 2007 and will be tasked with outlining the evidence base and proposals for further action in 2008. The Government will then work with its partners to ensure that these actions are agreed and implemented.

Drink driving

There will be concerted local action to enforce the law on drink driving and on sales of alcohol to underage people.

Improving the enforcement of the law on drink driving is one of the key initiatives set out in the Government's review of its Road Safety Strategy. The strategy also considers reducing the UK's blood alcohol limit while driving from 80mg/100ml to 50mg/100ml but suggests that the first priority will be to tighten enforcement.

The UK already has stringent penalties for drink driving. The Government believes that continuing to improve the enforcement of the current limit has the potential to deliver a substantial further reduction in deaths and serious injury.

The review also announced that a public consultation exercise would begin in 2007 with the aim of exploring ways in which enforcement by the police could be made easier.

Underage sales

The Government will continue to prioritise reductions in the test-purchase failure rate for

29 Derived from Magennis P., Shepherd J., Hutchison H. and Brown A. (1998) 'Trends in facial injury', *BMJ*, 316: 325–6.

30 Shepherd J.P., Scully C., Shapland M. *et al.* (1988) 'Assault: Characteristics of victims attending an inner city hospital', *Injury*, 19: 185–90.

31 Derived from the Department for Culture, Media and Sport (2004) *Statistical Bulletin Liquor Licensing, England and Wales 2003–2004* (see www.culture.gov.uk).

underage sales of alcohol. This will mean ensuring that enforcement agencies are making use of good practice and applying tactics and powers effectively.

A considerable amount of activity has been dedicated to tackling underage sales since the Alcohol Harm Reduction Strategy was published in 2004, including national campaigns led by the Home Office, in addition to new and strengthened legislation. These campaigns have made it harder for children to purchase alcohol, as evident from a drop in test-purchase failure rates from 2004 to 2006.

The enforcement of alcohol and entertainment licensing was made a national enforcement priority for local authorities by the Rogers Review (2007).³² Monitoring of underage sales by trading standards officers forms a part of local authority work in enforcing licensing standards.

Many retailers have already taken steps to strengthen their procedures and training in relation to sales of alcohol, implementing Challenge 21 schemes, where anyone who appears to be under 21 will be asked for a valid form of identification. In the case of a minority of retailers, there is still room for significant improvement, and campaigns are now targeting problem premises that persist in selling alcohol to children, making use of tough sanctions available under new legislation.

Success will require commitment from retailers to ensure that they introduce effective monitoring and comprehensive training. The Government also expects the alcohol industry, where it has not already done so, to encourage universal adoption of Challenge 21 or an equivalent scheme, and to secure the commitment of retailers to prevent underage selling.

Enforcement of underage sales also relies on a reliable and transparent system of collection of the relevant data.

The Government will work with the Association of Chief Police Officers (ACPO) and Local Authorities Coordinators of Regulatory Services (LACORS) to develop a data collection model, and will provide

further guidance by October 2007 to ensure that enforcement activity is efficient and well targeted.

Responsible retailing and promotions

The Government will commission an independent national review of evidence on the relationship between alcohol price, promotion and harm, and, following public consultation, will consider the need for regulatory change in the future, if necessary.

The Government will review the evidence on how and in what circumstances price – including discounting, advertising and other forms of promotion – drives overall consumption of alcohol and problem drinking in particular. As part of this, we will look for evidence on whether the current advertising restrictions are sufficient to protect children and young people, taking into account the work currently being done by the Advertising Standards Authority (ASA). The statutory powers which exist for local authorities to restrict the sale of alcohol and the regulatory regime, overseen by the ASA, to restrict alcohol advertising have been summarised in Chapter 5.

We will also consider the evidence that pricing structures may form an effective part of a harm reduction strategy for heavy drinkers, young people and people on low incomes. This review will be led by the Department of Health, in collaboration with other government departments, and will be carried out during 2008. The Government will seek the advice of the Alcohol Education and Research Council, as an independent and authoritative source of evidence-based advice, on the extent to which current research indicates to what extent, if any, the advertising and promotion of alcohol could result in increased levels of consumption and harm to health. The review will take into account work currently being done by the advertising regulators.

32 Rogers P. (2007) *National enforcement priorities for local authority regulatory services*. London: Cabinet Office.

Price promotions

Sales promotions are a legitimate business tool to alert consumers to new products or increase awareness of a particular brand. The Competition Commission is currently considering the issue of loss leading and its effect on competition (including the sale of alcoholic products) and will publish its report later in 2007.

The alcohol industry's Social Responsibility Standards for the Production and Sale of Alcoholic Drinks in the UK include a commitment to 'take all necessary steps to ensure that brands are not used as part of irresponsible promotions' or promotions that 'appear to encourage excessive consumption'.

However, the Government is aware that many people are concerned that the practice of 'deep discounting' – selling alcohol often below cost price to encourage customers to enter a business – could result in harmful drinking of alcoholic products. Industry voluntary codes for the on-licensed trade already discourage promotions where the price structure provides an incentive for people to purchase and, in particular, to consume more alcohol than they otherwise would have done. Price promotions such as 'free drinks for five minutes after an England goal' and 'free vodka between 10pm and 11pm' and 'all you can drink for £X' offers, are all examples of this.

The Government believes that retailers of alcoholic products should continue, therefore, to play their part in ensuring that their sale of discounted alcohol is not encouraging irresponsible drinking.

Review of Social Responsibility Standards

A review and consultation will take place on the effectiveness of the industry's Social Responsibility Standards in contributing to a reduction in alcohol harm and, following public consultation, will consider the need for regulatory change in the future, if necessary.

In addition to statutory regulation, the Government will continue to encourage partnerships to work

with the local licensed trade to promote good practice and compliance with existing voluntary codes. We will also work with industry and consumer bodies to ensure that existing voluntary codes are transparent and fully accessible to the public and are as effective as possible so that breaches of the industry's standards can be reported and acted upon by members of the public. The Government also welcomes the positive actions of the industry to reduce underage sales and include information on sensible drinking and alcohol unit content on bottles and containers. However, it also believes that more can be done to ensure the visible and transparent implementation of these standards and that there are good arguments for independent monitoring to verify that standards actually have improved.

The alcohol industry standards and a range of other voluntary codes and self-regulation schemes are also explained on pages 34 and 35. Although many companies and businesses have agreed to follow these codes, there are inevitably variations in how the practices are actually applied in different premises. It can also be difficult for members of the public who wish to make a complaint about irresponsible retailing or products to know which code or legislation applies and who to make a complaint to. The Government believes that all businesses that sell alcohol should seek ways to ensure that voluntary standards are being met 'on the ground'. This might be through local award schemes such as Best Bar None, or more formal self-regulation arrangements based on standards against which members of the public may make complaints, such as the code operated by the Portman Group, or by using 'mystery shoppers' to monitor compliance.

During 2008, the Government will also commission a review and consult on the effectiveness of the industry's Social Responsibility Standards in contributing to a reduction in alcohol harm and the extent to which they have been implemented. This consultation will seek views from a wide range of interested groups such as those in the health sector, the alcohol industry, the police, non-governmental organisations and equality groups, including those most targeted by advertising and those most at risk of absorbing unsafe messages.

Further steps may include work with the industry to tighten standards and their monitoring and enforcement.

Labelling alcohol products

Consultation will take place in 2008 on the need for legislation in relation to alcohol labelling, depending on the implementation of the scheme to include information on sensible drinking and drinking while pregnant on alcohol labels and containers.

Following the launch of the Alcohol Labelling Scheme in 2007, the Government will continue to seek agreement with the industry on the display of information at points of sale setting out the sensible drinking message and a useful practical understanding of alcohol units, and on the inclusion in advertisements of a reminder about sensible drinking.

In April 2007, the alcohol industry agreed with the Department of Health additions to labelling to support sensible drinking. During 2008, the Government will consult on the extent to which these additions – along with a pregnancy message currently under discussion – have been implemented. It will also consider consultation on possible legislative options should insufficient progress have been made by then.

Actions to raise awareness

Promoting a culture of sensible drinking

In developing this renewed strategy, the Government looked at how public opinion has changed since the publication of the 2004 strategy and sought the views of a wide range of national and local stakeholders. What we found was a commonly held belief that the root cause of the problems lay with the English 'drinking culture' and a willingness to tolerate drunkenness and antisocial behaviour as a 'normal' part of life. But this is changing. Most of us now think that the social attitude to 'crossing the line' between having a good time to putting ourselves and others at risk needs to change.

There are also very real and underestimated risks associated with children and young people drinking

alcohol and getting drunk which need to be better understood. Those who are most vulnerable, such as victims of domestic violence or children whose parents are dependent on alcohol, also need more specialised support. While much has been done to reduce the number of businesses that sell alcohol illegally to under-18s, we now know that most of the alcohol consumed by 11–15-year-olds is provided by parents and friends. Parents are one of the strongest influences on young people's lives, and we believe that parents, given the right information and support, can play a vital role in reducing consumption and preventing harm associated with alcohol consumption among young people.

Drinkaware

The Government will also look to the Drinkaware Trust to continue to develop the information and advice provided to the public about alcohol through its website at: www.drinkaware.co.uk. It welcomes the use of the website address on an increasing number of alcohol products as a part of the Alcohol Labelling Scheme the alcohol industry has agreed with the Government. The Government will also be seeking the advice of the Drinkaware Trust on the development of its own advertising and social marketing campaign and how best to ensure these have the greatest impact.

The Government also looks to the alcohol industry to increase its support for the Drinkaware Trust to a level that reflects the increasing number of consumers who see it on alcohol labels and packaging and use it to obtain information about sensible drinking and the risk associated with harmful alcohol consumption. Industry investment will be closely monitored by the Government and included within its consultation on legislation relating to the sale and promotion of alcohol.

Challenging binge-drinking culture

Sustained national campaigning will challenge public tolerance of drunkenness and drinking that causes harm to health.

The Government will challenge the societal acceptance of alcohol abuse. We will use social marketing to help shift attitudes to alcohol and will campaign to reduce the acceptability of public

drunkenness by increasing awareness of the harm to health caused by excessive drinking and the harm that drinking can inflict upon others.

The Government will adopt a new national leadership role in which it will challenge the attitudes and practices that underlie cultural attitudes towards alcohol, and it will back this up with a series of marketing campaigns to raise public awareness of the risks associated with drinking too much.

The Government will also seek the advice of local partnerships on how campaigns can best support them in tackling the particular problems that affect their area.

Raising unit awareness

Sustained national campaigning will raise the public's knowledge of units of alcohol and ensure that everyone has the information they need to estimate how much they really do drink.

Knowing the sensible drinking limits and how many units you actually drink yourself is key to making an informed choice about how to minimise the risks to yourself and others.

Research commissioned by the Department of Health concluded that:

Some sort of unit-like system would appear to be essential: progress is unlikely unless drinkers are provided with rules of thumb that they can remember and the need for which they understand. This understanding is badly lacking at present. An information campaign designed to familiarise people with the rationale for recommending drinking levels at all (presumably identifying the penalties of exceeding them) is a prerequisite of any significant change in public attitudes.

Since the publication of the original strategy, significant progress has been made with the alcohol industry on inclusion of additional information on labels and packaging. This presents a real opportunity to use labels alongside a mass media campaign and wider social marketing initiatives to help to reinforce sensible drinking guidance.

Raising awareness of the risks of harmful drinking

The Government, through its communications campaigns, the NHS and local communities, will target information and advice towards people who drink at harmful levels, and their families and friends.

This will build on our successful 'Know Your Limits' campaign targeting 18–24-year-old binge drinkers, the initial evaluation of which indicates that it achieved one of the highest levels of recognition among its target audiences for a public campaign in recent years.

The Government will undertake social marketing research to gain a clear understanding of how people from all sectors of society who may be more likely to drink harmfully respond to information about alcohol and what influences their drinking behaviour. We will look at how people live their lives and identify ways to help them choose healthier lifestyles. This could range from advice from their GP or one of the new NHS health trainers to seeing an advertising campaign or receiving self-help materials from a helpline or via their child's school. We will also link with programmes that already exist in schools and healthcare settings, and improved incentives will ensure that local providers develop tailored approaches to fit the needs of their communities.

As part of the research, we will also look at the most effective social marketing approach to use targeted, compelling messages to reach the groups most at risk. It is particularly important, for example, that women at higher risk are aware of such advice and that healthcare professionals such as GPs and midwives use it in their everyday practice.

Alcohol and pregnancy

The Government, through its communications campaigns and NHS maternity care, will ensure that the reworded pregnancy advice is communicated to women who are pregnant or trying to conceive.

We will also raise awareness of government advice on alcohol consumption for women who are pregnant or trying to conceive. A rewording of this

advice has recently been agreed by the Department of Health and the devolved administrations of Scotland, Wales and Northern Ireland, as well as each of their Chief Medical Officers.

Alcohol, diet and nutrition

Alcoholic drinks can be highly calorific and consumption can be associated with weight gain and its associated health problems. The Drinkaware Trust website (www.drinkaware.co.uk) contains information on this.

The Food Standards Agency (FSA) is consulting until June 2007 on a Saturated Fat and Energy Intake Programme. The Department of Health will work with the FSA and the Drinkaware Trust to explore means by which the calorific value of alcoholic drinks can be better communicated to consumers, in ways that complement the Government's sensible drinking message.

Support for harmful drinkers

The Government will support the development of a range of new kinds of information and advice aimed at people who drink at harmful levels and their families and friends. These will run alongside other kinds of support and advice from the NHS.

Most people, including those who do drink harmfully, want information about the effects of alcohol, its risks and the strength of different drinks, as well as advice on the use of units and how to apply this information to their own consumption at some point in their lives. The Government's plans to expand the provision of information and advice are outlined on page 58. These are essential to help people make an informed choice about how much they drink.

Many people who drink harmfully, including dependent drinkers, are able to reduce the amount they drink without needing professional treatment. This is often achieved through self-help or support from family and friends. An important part of this is estimating how much they actually drink and planning how they can reduce this. There needs to be a wide range of ways in which people who want to reduce their drinking can seek help that is appropriate to their needs. These might include

helplines, internet-based guidance and questionnaires, and self-help and mutual aid groups.

But resources for people who want to reduce their alcohol consumption are poorly developed compared with those that exist for people seeking to lose weight or stop smoking, for example. The Government's aim is therefore to support and promote the development of these and to work with the voluntary sector, pharmacies, healthcare organisations and the media to explore ways in which a wider range of support can be made more widely available and accessible to all sectors of the community, including those with poor literacy skills and those whose first language is not English.



But as the overall level of alcohol consumption has increased, so have the levels of harm or dependence, and an increased proportion of people now need more extended brief interventions or low-intensity treatment options. This might include personalised feedback from health professionals on individual risk and help in developing their commitment to change their behaviour and reduce how much they drink.

Many harmful drinkers, especially those over 35 years old, develop alcohol-related chronic health problems such as liver cirrhosis, hypertension or heart disease and will need treatment from their GP or health trust. The most high-risk and most dependent drinkers will need structured treatment, but some of these people will also respond to less intensive options, which may be offered through alcohol treatment services or in NHS hospitals.

By closely linking its communications campaign and new kinds of support for harmful drinkers with the services provided by the NHS, the Government aims to encourage and support people who want to reduce or stop drinking in getting the kind of support or treatment best suited to their needs and motivations.

Figure 23 shows a range of actions which support informed choice, help people to help themselves and to support those at most risk.

Figure 23

	TYPE OF DRINKING	GOVERNMENT RESPONSE		
		Information and advice	Identifying those at risk	Targeted support
Risk increases 	Abstinent or sensible drinkers (do not exceed 2–3 (for women)/ 3–4 (for men) units a day on a regular basis)	Supporting informed decision making on: <ul style="list-style-type: none"> • sensible drinking; • assessing your own consumption; and • risks linked to harmful drinking 	Identifying drinkers regularly exceeding sensible drinking message 	Not applicable
	Drinkers at increasing risk of harm due to consumption above sensible levels (do exceed 2–3 (for women)/ 3–4 (for men) units a day regularly)			Helping people help themselves through: <ul style="list-style-type: none"> • brief advice or interventions by NHS/CJS; • helplines or internet questionnaires, advice, etc.; • self-help groups; and • advice or assessment offered by other community organisations, e.g. pharmacies, NHS health trainers, alternative health providers
	Drinkers at most risk of harm (exceed 35 (for women)/50 (for men) units a week or 6 (for women)/ 8 (for men) units a day on a regular basis)			Providing treatment for those that need it: <ul style="list-style-type: none"> • treatment for alcohol dependence; and • treatment for alcohol-related conditions, e.g. cirrhosis, mental illness

Preventing harm in under-18s

To help young people and their parents make informed decisions about drinking, the Government will provide authoritative, accessible guidance about what is and what is not safe and sensible in the light of the latest available evidence from the UK and abroad.

The Government will provide new guidance and advice to young people, parents, teachers and health professionals on preventing the harm associated with alcohol consumption by those under 18 years of age. The guidance will be based on the advice of a panel of people with expertise in youth alcohol use, as well as on consultation with young people and parents.

Every Child Matters and **Youth Matters** set out the Government's vision for children and young people: we want all young people to be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic well-being. We are committed to making this vision a reality. We are concerned that youth alcohol use puts young people's health and safety at risk. The evidence presented in previous chapters tells us that young people are drinking alcohol at a younger age, and those who do so are drinking in greater quantities than ever before. The evidence also suggests that alcohol has serious consequences for young people both now and later in life.

Although the law allows young people and their parents to decide when young people can consume alcohol, the Government believes, in light of the evidence, that it has a responsibility to parents and young people to provide clearer information and guidance on the harm associated with youth alcohol use. We think that once they are given clearer information, young people and their parents will be able to make decisions that will best support their health, well-being and successful transition in to adulthood.

In order to support young people's health and well-being and to minimise the risks associated with alcohol use, we want to:

- delay the onset of regular drinking, primarily by changing the attitudes of 11–15-year-olds and their parents about alcohol;
- reduce harm to young people who have already started drinking; and
- create a culture in which young people feel that they can have fun without needing to drink.

There are still, however, significant gaps in our understanding of how alcohol consumption affects young people's growth and development. Although we have sensible drinking guidelines for adults, we do not as yet have a clear and consistent age-based message on young people and alcohol. It's not just about how much young people drink, but when and how they consume alcohol.

The Government already takes a range of measures to prevent the sale of alcohol to under-18s. However, given that the majority of young people do not buy the alcohol they drink but mostly receive it from others, primarily friends and family, we think that a fresh approach is needed to complement the action on underage sales. The Government is committed to helping young people and their parents to better understand the harm and risks associated with alcohol use, to delay the onset of drinking and to prevent the pattern of early frequent drinking.

We will do this by developing a consistent, age-based information for young people and parents on the effects of alcohol on young people's social, emotional and physical health, and cognitive function, and how best to prevent harm to young people associated with alcohol consumption. We believe this information and guidance will help young people and parents make informed decisions about when and how much they drink.

Actions we will take

Information and guidance

The Government will convene a panel of paediatricians, psychologists and epidemiologists to compile and discuss the latest evidence on the effects of alcohol on young people's physical and emotional health, cognitive development and brain function.

We will seek out the views of parents, young people and other key stakeholders when developing, distilling and distributing any information and guidance. We are interested in knowing which young people are drinking at the most harmful levels, what interventions work with young people who are frequent drinkers, and how the Government could be most helpful in supporting young people and their parents to make decisions around youth alcohol use.

The Government will raise awareness of the issues and will – through a social marketing campaign – work to create a culture where it is socially acceptable for young people to choose not to drink and, if they do start drinking, do so later and more safely.

We will consider a range of more targeted preventative measures, including identification and brief advice for use within the targeted youth support system. To help us with our thinking, we will take into account two recent reviews by the National Institute for Health and Clinical Excellence (NICE), the first of which looked at community-based substance misuse interventions and the second of which reviewed alcohol education in schools.



Making it happen:

how the strategy will be delivered

National leadership

This section outlines how success will be built into the delivery of public services at local, regional and national level and the ways we shall foster relationships with communities, voluntary and community organisations, employers and industry. It builds on the chapters in this strategy that outline the key actions the Government will take to ensure delivery.

National delivery

Building partnership and inviting engagement

For each of the actions to reduce harm caused by alcohol and increase public awareness of the risks associated with excessive consumption and how to get help, the Government will work in partnership with local authorities, police and other enforcement agencies, the NHS, voluntary and community organisations, the prison and probation services, the alcohol industry and wider society.

Public consultations will take place and reviews of the evidence by experts will be commissioned to ensure that the Government can take decisions that reflect the advice and expertise of those who are likely to be involved in delivering them. Our experience to date suggests that this combination of evidence-based practice and partnership working is most likely to deliver long-term results.

However, this does not mean that there will be occasions where the Government will need to consider further legislation. This will be where progress is not being made fast enough or where serious barriers to delivery have been identified following discussions with all those concerned.

The next steps for each of the priority actions identified within the strategy are listed in Annex B.

Overseeing delivery

A cross-government Ministerial Alcohol Group has already been established. The Ministerial Group is jointly chaired by ministers from the Home Office and

the Department of Health. Other represented departments include the Department for Culture, Media and Sport, Communities and Local Government, Department for Education and Skills, Department for the Environment, Food and Rural Affairs, HM Treasury, Department for Transport, Ministry of Justice and the Cabinet Office.

The Ministerial Group will be supported by the official-level Alcohol Strategy Group which will provide leadership and a cross-departmental team coordinating work streams and providing performance information.

These arrangements will ensure that the delivery of the strategy commitments is monitored and reported, that risks to delivery are identified and minimised, and that interdependencies between programmes are managed effectively.

Other boards and steering groups involving partners outside the Government will be convened to help lead change and report on progress.

Measuring progress

The **Alcohol Harm Reduction Strategy for England** (2004) also proposed that a review of progress be made during 2007 (Annex C). This renewed strategy incorporates the review.

The Ministerial Group and Alcohol Strategy Group will continue to monitor and manage the delivery of the strategy against the outcomes and actions outlined above. The Alcohol Harm Reduction Programme Office will provide full support to enable this, including management reports.

The evaluation of the impact of the Licensing Act 2003 on crime and disorder, led by the Home Office, is continuing and will inform further developments as results are made available. Publication of the evaluation is currently planned for the end of 2007.

Information on progress against actions contained within this strategy as well as links to statistical data assessing reductions in alcohol harm or changes in public awareness will be published on government websites.

Ensuring action locally: a clear system for delivery

There is now a wealth of information available to show how alcohol use affects crime, health and social harm. Much of this harm is preventable, and local partnerships are well placed to understand how alcohol affects their local communities. Local authorities, NHS organisations and the police can use the current and developing delivery frameworks to reduce alcohol-related harm through local strategic and operational planning and performance management arrangements.

The local government White Paper **Strong and prosperous communities**³³ sets out a new framework delivering better outcomes for local people by reinforcing the importance of the strengthened role of Local Area Agreements (LAAs) which, from 2008, will be based on locally owned priorities rather than national targets. This strengthened role of LAAs is supported by duties placed on local partners that will facilitate closer working across health and social care.

The Department of Health is also creating a new regulatory framework within which the reformed NHS will operate. This will be focused on local priorities and based on outcomes. The overall approach is in line with the direction of the new local government performance framework and will also support stronger partnership working with local authorities on joint health and social care provision.

Local partnerships

Local partnerships have already been established independently in various locations, and at various levels, to tackle alcohol-related harm. Partnerships have generally arisen in response to individual local problems, so their structures, membership, leadership and priorities have been determined by the practitioners involved.

Many local partnerships are well placed to deal with community safety, health, children's or economic issues but Local Strategic Partnerships (LSPs) – or Local Area Agreement (LAA) partnerships in two-tier areas – are best placed to plan a comprehensive, integrated and inclusive approach which extends right across the different ways alcohol impacts on local people and communities.

33 Department for Communities and Local Government (2006) *Strong and prosperous communities: The Local Government White Paper*, London: The Stationery Office.

Crime and disorder

The police, local authority, fire and rescue service and primary care trusts (PCTs) are designated as 'responsible authorities' for reducing crime and disorder in their local areas through Crime and Disorder Reduction Partnerships (CDRPs).

CDRPs are expected to prepare **strategic assessments** and plans to identify and deliver local actions to address the key challenges facing their localities. In general terms, the proactive involvement of the responsible authorities and local licensees are core requirements for a successful local partnership committed to reducing alcohol-related crime and disorder. Responsible authorities include public bodies that must be notified of applications and are entitled to make representations to the licensing authority in relation to the application for the grant, variation or review of a premises licence.

Health

Local authorities and PCTs share a responsibility to improve health and well-being by:

- leading community partnerships;
- delivering on national priorities and targets;
- identifying local needs and achieving local targets; and
- commissioning and delivering services.

Local authorities and PCTs will be required to produce a joint **strategic needs assessment** of the health and social care needs of their local population. This will ensure that local partners have a shared understanding of the needs of their locality, enabling them to agree more effective long-term health and well-being priorities.

Health Reform in England: update and commissioning framework signalled a shift from the existing Department of Health target-driven system, to a system that can adapt and become more flexible and responsive to patient and user needs, which means greater local control and ownership of service improvements and less direction from the centre. In March 2006, the Department of Health published **The Commissioning Framework for Health and Well-being**. This is a consultation document with the final document to be published in

September 2007. The framework is designed to enable commissioners to achieve:

- a shift towards services that are personal, sensitive to individual need and that maintain independence and dignity;
- a strategic reorientation towards promoting health and well-being, investing now to reduce future ill health costs; and
- a stronger focus on commissioning the services and interventions that will achieve better health, across health and local government, with everybody working together to promote inclusion and tackle health inequalities.

Strategic health authorities have a responsibility to provide strategic leadership and organisational and workforce development and to ensure that local systems operate effectively and deliver improved performance within the NHS.

They play an important role in making sure that there are appropriate local responses to alcohol-related harm. Through sound leadership and performance management, they can ensure that:

- health services are commissioned according to need, with a focus on prevention through to healthcare and in partnership with social care; and
- PCTs contribute effectively to LAAs.

Children's Trusts and Children and Young People's Strategic Partnerships

Directors of children's services have a statutory responsibility to safeguard children and young people from significant harm, including from alcohol-misusing parents. Local Safeguarding Children Boards oversee how organisations should work together to safeguard and promote the welfare of children, develop interagency protocols for the coordination of assessment and support across adult drug services and children's services as well as collaboration with local drug services and other agencies such as health, maternity services, social care, courts and the prison and probation services.

Children's Trusts and local Children and Young People's Strategic Partnerships, in association with the Drug and Alcohol Action Team (DAAT), are responsible for addressing the needs of young

people and their families where alcohol is a consideration. They may, for example, tackle issues such as the prevalence and impact of underage drinking, and take action to tackle alcohol problems that contribute to poor educational attendance and attainment or teenage pregnancies.

Guidance published by the Department for Education and Skills (DfES) in 2005 sets out how local DAATs and children's services work together as part of a multiagency approach to young people's substance misuse, as set out in and reflected in their Children and Young People's Plans.

In 2006/07, the Home Office, Department of Health and DfES provided funding of £61.8 million through the Young People Substance Misuse Grant to support local responses in England to children and young people's substance misuse, including universal education and prevention projects, targeted support for the most vulnerable young people and specialist drug and alcohol treatment services.

Economic partnerships

Local economic partnerships may focus on the economic benefits of the night-time economy rather than the community safety or health implications of alcohol misuse. These partnerships have a role to play in considering the impact of alcohol on the local economy and may also help to ensure that the capacity and resources needed to help address the community safety and health implications of alcohol misuse are available.

Local Area Agreements

LAAs are currently in place across England (with the exception of the Isles of Scilly). From 2008, LAAs will become the central 'delivery contract' between central government and local government and its partners. LAAs will be the only mechanism where central government agrees targets with local government. The targets selected will be drawn from the National Indicator Set of around 200 indicators. There will be a maximum of 35 improvement targets (in addition to the 18 statutory education and early years targets) in each LAA, negotiated between central and local government based on a local area's priorities. There will also be the opportunity for local government to agree local

targets with partners, which will not have to be reported to central government.

LAAs provide the opportunity to work in partnership with local government to identify clear expectations for local partnerships to tackle alcohol-related harm, while preserving the principle of local flexibility to determine how local effort is organised and interventions delivered. They provide a clear understanding of what each partner can contribute. Alcohol is increasingly being reflected within LAAs with more local partnerships setting targets to reduce alcohol-related crime or hospital admissions.

Regionally

A new role for Government Offices for the Regions in ensuring strategic regional coordination of local partnerships' requirement to tackle alcohol-related crime and disorder is laid out in Chapter 6.

Government Offices will also work with local authorities to ensure that there are improved targets for alcohol-related harm reduction in LAAs where it is a local priority. Regional Directorates of Public Health also have a particular role in supporting local partnership activity to reduce the harm to health caused by alcohol, by:

- engaging other stakeholders, including regional development agencies and media;
- completing regional mapping of alcohol-related issues to identify priority localities and progress in tackling alcohol-related agenda;
- negotiating and performance managing local alcohol-related improvement targets through the 'new style' LAAs; and
- promoting the preparation of local alcohol action plans and use of the proposed common framework to enable self-assessment and performance management to underpin local delivery, particularly in those localities that underperform against any agreed alcohol-related improvement targets.

Table 3: Taking responsibility – who does what

Agency	Responsibility
CDRPs and LSPs	Local partners working to agreed strategies to reduce crime and disorder, and promote public safety. Best placed to lead local partnerships in absence of existing, established lead.
Police (responsible authority)	Leading enforcement activity.
Fire authority (responsible authority)	Responsible for ensuring public safety on licensed premises.
Trading standards (responsible authority)	Protecting children from harm by tackling illegal sales of alcohol to minors. Managing and resourcing test-purchase operations on off-licences.
Health and safety authority (responsible authority)	Exercising powers under the Licensing Act 2003 to carry out inspection and enforcement roles.
Local Safeguarding Children Boards (responsible authority)	Safeguarding and promoting the welfare of children including those cases where parental alcohol misuse is a factor.
Environmental health (responsible authority)	Tackling noise and health and safety problems.
Licensed trade	Complying with all legislation and conditions of licence. Training staff and participation in Pubwatch and industry accreditation schemes, such as Best Bar None, to promote responsible management of premises.
Licensing authorities	Licensing premises and people in accordance with the licensing objectives. Undertaking reviews of licences as requested.
Hospital accident and emergency (A&E) departments	Providing emergency treatment and contributing to collecting data on violent alcohol-related incidents, including crimes not reported to the police where this is collected on a local level.
PCT	Commissioning local primary care services to meet community needs, including those related to alcohol misuse.

Other members that may be well placed to play an important role in local partnerships:

Agency	Responsibility
DAAT	Coordinating and implementing substance misuse strategies to reduce harm and educate communities.
Children's services	Safeguarding children and supporting families where alcohol-related harm is a factor. Early identification of substance misuse-related needs through the common assessment framework.
Youth Justice Board	Reducing youth offending and antisocial behaviour through Youth Offending Teams (YOTs).
Education providers	Providing life skills and citizenship lessons. Working with police and other agencies to address antisocial behaviour and promote youth safety. Providing alcohol education as part of personal, social and health education.
General practitioners	Providing general healthcare and identifying harmful drinkers, delivering brief advice and treating or referring problem drinkers as appropriate.
Ambulance service	Frontline services for people injured or poisoned as a result of alcohol. Providing intelligence regarding injury caused by alcohol.
NHS acute trusts and hospitals	Emergency treatment to people injured or poisoned as a result of alcohol. Treatment for chronic effects of alcohol use including liver cirrhosis, coronary heart disease, cancer, stroke etc. Providing intelligence regarding injury and illness caused by alcohol.
NHS mental health and acute trusts	Providing specialist treatment for alcohol misusers. Also providing support for people with mental health and alcohol-related problems, especially dependent drinkers.
Third sector	Providing advice, counselling and treatment for those affected by alcohol misuse (e.g. Alcoholics Anonymous) and supporting the development of more responsive and effective partnership working and service delivery.
Local authority (street cleaning)	Providing intelligence around the locations of possible youth drinking dens. Liaising with localities on the most appropriate times for street cleaning and providing information on problem premises.
Local authority (neighbourhood teams)	Providing intelligence from tenants on drunkenness, violence and disorder. Liaising between licensed traders and businesses where appropriate.
Local authority (taxi and private hire licensing)	Ensuring public safety on public transport systems following the end of licensing hours, e.g. taxi marshals etc.

Agency	Responsibility
Town and city centre management	Key role as interested parties in the development of town and city centres promoting all leisure activities and town/city centre living. Providing intelligence on irresponsible premises and using alcohol-restricted areas to tackle alcohol abuse in public places.
Transport providers	Working with partners for the provision of late night transport, e.g. night buses.
Magistrates' courts	Handling appeals against applications which support the licensing objectives. Supporting the authorities in tackling illegal sales of alcohol to underage youngsters and drunks through appropriate and proportionate penalties. Ensuring that drunkenness is taken into account as an aggravating factor when sentencing.
Security Industry Authority	Licensing and training of staff employed in the private security industry, ensuring that public safety and confidence is maximised. (This role may also be shared with local authorities through shared powers.)
Probation Service	Managing alcohol-misusing offenders subject to statutory supervision. Undertaking initial screening and delivering brief advice to harmful/hazardous drinkers, identifying and referring those with more serious alcohol problems into structured treatment. Delivering accredited substance misuse programmes. Working with local partners to ensure there is sufficient alcohol and support provision.
Prison Service	Reducing the harm associated with the misuse of alcohol, including that related to offending, by offering treatment and support to prisoners and preventing the use of alcohol in prisons. Providing a range of interventions to support those with an alcohol problem, undertaking clinical services (detoxification) and Counselling, Assessment, Referral, Advice and Throughcare Services (CARATS) where alcohol is part of a wider substance misuse problem. Other interventions can include initial screening, brief interventions, one-to-one and group work sessions to address problematic alcohol consumption and offending behaviour.
Local Prolific and other Priority Offenders	Overseeing prolific offender intervention where alcohol is a factor.
HM Revenue and Customs	Providing intelligence-led enforcement linked to the distribution of 'bootleg' alcohol.
Regional development agencies/local economic development partnerships	Promoting sustainable alcohol-related economic development, addressing the adverse impact on productivity and engaging the business community.
Private sector	Addressing the impact of alcohol on productivity. Supporting local partnership working to reduce alcohol-related harm.



Annex A:

Outcome measures – technical details

STRATEGY OUTCOMES: Reductions in the harm caused by alcohol	Source and regularity
A reduction in the proportion of victims of violent crime who perceive the offender(s) to be under the influence of alcohol.	British Crime Survey (BCS), annually
A reduction in the public's perceptions of drunk and rowdy behaviour.	BCS, quarterly
A reduction in the number of more serious violence against the person offences (excluding threats to kill) and other offences against the person with injury.	Police recorded crime, quarterly
A reduction in the number of violent and disorder offences committed within the context of the night-time economy.	Annually, from April 2007
A reduction in chronic and acute ill health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions	Hospital Episode Statistics (HES), annually
STRATEGY OUTCOMES: Increases in public's awareness	Source and regularity
Most people will be able to recall the Government's sensible drinking guidelines, and will know the personal risks associated with regular drinking above the sensible limits.	Office for National Statistics (ONS) Omnibus survey: drinking: adults' behaviour and knowledge module, biennial Future basis of measurement to be reviewed
Most people will be able to estimate their own alcohol consumption in units	ONS Omnibus survey: drinking: adults' behaviour and knowledge module, biennial Future basis of measurement to be reviewed
Most people will be able to know where to go for advice or support.	ONS Omnibus survey: drinking: adults' behaviour and knowledge module, biennial

STRATEGY OUTCOMES: Measuring alcohol consumption	Source and regularity
Proportion of people drinking within the Department of Health’s sensible drinking guidelines.	General Household Survey (GHS), annually Future basis of measurement to be reviewed
Proportion of people who are drinking more than 50 units a week (35 units for women), and of those drinking more than twice the sensible daily drinking guidelines on a regular basis.	GHS, annually Future basis of measurement to be reviewed
Reductions in the number of under-18s who drink and in the amount of alcohol they consume.	GHS – 16–18-year-olds, annually Schools Survey – 11–15-year-olds, annually A review of data will consider how the GHS compares with other data sources and how these can best be used

Annex B:

New actions and next steps

Objective	Priority actions	Next steps	Lead department
<p>Reductions in the harm caused by alcohol</p> <ul style="list-style-type: none"> • A reduction in levels of alcohol-related violent crime, disorder and antisocial behaviour. • A reduction in the public's perceptions of drunken and rowdy behaviour. • A reduction in chronic and acute ill health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions. 	<p>Support for local partnerships and communities</p> <ol style="list-style-type: none"> 1. A new programme will help local partnerships and communities tackle alcohol-related crime and disorder – encouraging more and stronger local partnerships and industry participation. 2. Government Offices for the Regions will be asked to ensure strategic regional coordination of the requirement for local partnerships to tackle alcohol-related crime and disorder. <p>Earlier identification interventions and treatment for drinking that could cause harm</p> <ol style="list-style-type: none"> 3. To support the roll-out and take-up of targeted identification and brief advice, a healthcare collaboration will be set up to disseminate the early results of the trailblazer research programmes and share learning on implementation. 4. There will be a national review of the cost to the NHS of alcohol-related harm, identifying areas where the greatest savings can be made, through earlier identification and interventions for drinking that could cause harm. 	<p>Notification to local partnerships April 2008</p> <p>Notification to Government Offices November 2007</p> <p>Launch of collaboration April 2008</p> <p>Planned publication of review September 2008</p>	<p>HO</p> <p>HO</p> <p>DH</p> <p>DH</p>

Objective	Priority actions	Next steps	Lead department
	<p>5. The Department of Health will establish a framework to support commissioners in planning local investment.</p> <p>Tackling alcohol-related offending</p> <p>6. There will be concerted local, regional and national action to target alcohol-related offenders, using a combination of penalties and health and education interventions to drive home messages about alcohol and risks and to promote behaviour change.</p> <p>7. Work to improve the way alcohol-related offenders are dealt with in custody and in the community and support National Offender Management Service (NOMS) key strategic aims and objectives include:</p> <ul style="list-style-type: none"> • publication of an alcohol information pack for offenders under probation supervision; • issue of revised Alcohol Treatment Requirement (ATR) implementation guidance; • dissemination across the National Probation Service of learning points from seven alcohol best practice projects; • research to examine the availability and accessibility of alcohol treatment to offenders to inform policy to improve alcohol provision; • joint pilot prisoner befriending scheme with Alcohol Concern in seven London prisons, evaluated by Alcohol Concern; and • work with the Prison Service National Drugs Programme Delivery Unit and Rehabilitation of Addicted Prisoners Trust (RAPt) to develop two alcohol treatment programmes for prisons. 	<p>Framework published December 2008</p> <p>Establish alcohol arrest referral pilot Autumn 2007</p> <p>Summer 2007</p> <p>Autumn 2007</p> <p>Ongoing</p> <p>April 2009</p> <p>Launched May 2007 and to be evaluated by Alcohol Concern summer 2007</p> <p>Launched April 2007. To be evaluated with a view to accreditation in 2008</p>	<p>DH</p> <p>HO/ DH</p> <p>HO</p> <p>Moj/ NOMS</p>

Objective	Priority actions	Next steps	Lead department
	<p>Replacing glassware and bottles in high-risk premises</p> <p>8. The Government will support local action to secure the replacement of glassware and bottles with safer alternatives in individual high-risk premises.</p> <p>9. An expert group comprising police, doctors, academics and representatives of the alcohol industry will be set up to gather further evidence of where targeted interventions might produce benefits and agree how high-risk premises can be best identified.</p> <p>Drink driving</p> <p>10. There will be concerted local action to enforce the law on drink driving and on sales of alcohol to underage people.</p> <p>Underage sales</p> <p>11. The Government will continue to prioritise reductions in the test-purchase failure rate for underage sales of alcohol. This will mean ensuring that enforcement agencies are making use of good practice and applying tactics and powers effectively.</p> <p>12. The Government will work with the Association of Chief Police Officers and Local Authorities Coordinators of Regulatory Services to develop a data collection model and will provide further guidance to ensure that enforcement activity is efficient and well targeted.</p> <p>Responsible retailing and promotions</p> <p>13. The Government will commission an independent national review of evidence on the relationship between alcohol price, promotion and harm, and, following public consultation, will consider the need for regulatory change in the future, if necessary.</p>	<p>Ongoing</p> <p>Evidence gathering and production of best practice October–December 2008</p> <p>Ongoing, with regular publication of statistics</p> <p>Ongoing, with regular publication of test-purchase campaign results</p> <p>Early 2008</p> <p>Review published April 2008</p>	<p>HO/DCMS</p> <p>HO</p> <p>HO/DfT</p> <p>HO</p> <p>HO</p> <p>DH</p>

Objective	Priority actions	Next steps	Lead department
	<p>Review of the Social Responsibility Standards</p> <p>14. A review and consultation will take place on the effectiveness of the industry's Social Responsibility Standards in contributing to a reduction in alcohol harm, and, following public consultation, will consider the need for regulatory change in the future, if necessary.</p> <p>Labelling alcohol products</p> <p>15. Consultation will take place in 2008 on the need for legislation in relation to alcohol labelling, depending on the implementation of the scheme to include information on sensible drinking and drinking while pregnant on alcohol labels and containers.</p>	<p>Terms of Reference of the review to be agreed following discussions with alcohol industry and other stakeholders Autumn 2007</p> <p>Launch of public consultation Nov 2008</p>	<p>HO/DCMS</p> <p>DH</p>
<p>Increases in the public's awareness of the risks associated with excessive consumption and how to get help</p> <ul style="list-style-type: none"> • Most people will be able to estimate their own alcohol consumption in units. • Most people will be able to recall the Government's sensible drinking guidelines and will know the personal risks associated with regularly drinking above the sensible limits. 	<p>Promoting a culture of sensible drinking</p> <p>16. Sustained national campaigning will challenge public tolerance of drunkenness and drinking that causes harm to health.</p> <p>17. Sustained national campaigning will raise the public's knowledge of units of alcohol and ensure that everyone has the information they need to estimate how much they really do drink.</p> <p>18. The Government, through its communications campaigns, the NHS and local communities, will target information and advice towards people who drink at harmful levels, their families and friends.</p> <p>Alcohol and pregnancy</p> <p>19. The Government, through its communications campaigns and NHS maternity care, will ensure that the reworded pregnancy advice is communicated to women who are pregnant or trying to conceive.</p>	<p>New communications campaign launched April 2008</p> <p>New communications campaign launched April 2008</p> <p>New information and advice available August 2008 onwards</p> <p>New communications campaign launched April 2008</p>	<p>DH/HO</p> <p>DH</p> <p>DH/HO</p> <p>DH</p>

Objective	Priority actions	Next steps	Lead department
<ul style="list-style-type: none"> Most people will be able to recognise what constitutes their own or others' harmful drinking and will know where to go for advice and support. 	<p>Support for harmful drinkers</p> <p>20. The Government will support the development of a range of new kinds of information and advice aimed at people who drink at harmful levels and their families and friends. These will run alongside other kinds of support and advice from the NHS.</p> <p>Preventing harm to those under 18 years of age</p> <p>21. To help young people and their parents make informed decisions about alcohol consumption, the Government will provide authoritative, accessible guidance about what is and what is not safe and sensible in the light of the latest available evidence from the UK and abroad.</p> <p>22. The Government will convene a panel of paediatricians, psychologists and epidemiologists, to compile and discuss the latest evidence on the effects of alcohol on young people's physical and emotional health, cognitive development and brain functioning.</p> <p>23. The Government will raise awareness of young people's alcohol use and will – through a social marketing campaign – work to create a culture where it is socially acceptable for young people to choose not to drink and, if they do start drinking, to do so later and more safely.</p>	<p>New information and advice available August 2008 onwards</p> <p>Consultation with parents, young people and other stakeholders March–June 2008</p> <p>Panel of professionals convened to assess the effects of alcohol on young people's health and development November 2007–January 2008</p> <p>Campaign launch April 2008</p>	<p>DH/ HO</p> <p>DfES</p> <p>DfES</p> <p>DfES</p>

Annex C:

Summary review of the Alcohol Harm Reduction Strategy for England (2004)

Response to recommendations					
Introduction will set out a general overview and pick out the key features of progress. Will be important to note that delivery of such detailed work plan was subject to review, and decisions were taken to deprioritise some of the recommendations made by the Programme Board.					
No	Page	Recommendation	Lead	Date	Response
Chapter 4: Education and communication					
1	26	Establish an Alcohol Communications Group to share best practice, agree strategies and draw on the expertise of outside stakeholders, including the industry and voluntary organisations.	DH, HO	Q3/2004	The Alcohol Communications Group was established in Q3/2004, culminating in the launch of the 'Know Your Limits' campaign in October 2006.
2	26	Reassess 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.	DH	Q2/2005	The presentation of sensible drinking advice was revised following extensive qualitative research, including a review on alcohol and pregnancy by the National Perinatal Epidemiology Unit. This has been used in government public communications and campaigns.
3	26	Identify the most effective messages to be used with binge drinking and chronic drinkers, and the most effective media for disseminating these messages.	DH	Q2/2005	The Department of Health (DH) and Home Office (HO) have carried out an evidence review of international campaigns and best practice to develop the 'Know Your Limits' campaign targeted at binge drinkers, underage drinkers, dependent drinkers and pregnant women.

No	Page	Recommendation	Lead	Date	Response
4	28	As part of the social responsibility scheme, all retailers of alcohol, both on- and off-licence, will be strongly encouraged to add messages encouraging sensible consumption, alongside unit content, to the labels of its products.	DH	Q2/2006	Discussions with the alcohol industry to agree a common format for sensible drinking messages on alcoholic drinks' labels held. Voluntary agreement on the introduction of labels on bottles and cans by the end of 2008 announced May 2007.
5	28	Strongly encourage all retailers of alcohol, both on- and off-licence, 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.	DH	Q2/2006	Discussions with the alcohol industry are continuing.
6	28	Strongly encourage the alcohol industry to display a reminder about responsible drinking on its advertisements, as part of the social responsibility scheme (see Chapters 6 and 7).	DH		Discussions with the alcohol industry are continuing.
7	28	Examine the legal and practical feasibility of compulsory labelling of alcoholic beverage containers, working with the UK permanent representation to the union and partners within government.	DH	Q2/2004	Ongoing. DH participated in the development of an EU strategy to support member states in reducing alcohol-related harm, which was adopted on 24 October 2006. The EU strategy covers four themes: the protection of young people, children and the unborn child; reducing injuries and deaths from alcohol-related road traffic accidents; preventing alcohol-related harm among adults and reducing the negative impact on the workplace; and informing, educating and raising awareness.
8	30	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	A final report on the delivery of the programme will be published in spring 2007. The final report addressing impact on young people's substance-using behaviour will be available in March 2008.

No	Page	Recommendation	Lead	Date	Response
9	30	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).	DH	Q1/2005	The proposed research has been deferred (pending the publication of the two reports at 8, above).
10	31	DH 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.	DH	Q1/2005	The 'Know Your Limits' campaign website, www.knowyourlimits.gov.uk , was launched in October 2006.
11	31	By Q3/2004, the 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	DH and Investors in People (IiP) UK are continuing to review the feasibility of including health and well-being within the standards for IiP. A decision on the inclusion of a health and well-being framework for IiP is expected to be taken in 2008.
12	33	Ofcom will oversee a fundamental review of the code rules on alcohol advertising and their enforcement.	Ofcom	Q4/2004	The outcome of Ofcom's review into the rules on alcohol advertising and their enforcement was issued in October 2004 following an extensive consultation, and is available at: www.ofcom.org.uk/consult/condocs/AlcAds/decision/decision.pdf
Chapter 5: Identification and treatment					
13	38	DH will strengthen the emphasis on the importance of early identification of alcohol problems through communications with doctors, nurses and other healthcare professionals.	DH	Q2/2004	DH is continuing to disseminate its suite of guidance on treatment and interventions to healthcare professionals.
14	38	DH will set up a number of pilot schemes 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	£3.2 million has been allocated to initiate a series of identification and brief advice trailblazer projects, to help define the best methods to identify and intervene early with people whose use of alcohol may be hazardous to their health. The project is expected to report in May 2009.

No	Page	Recommendation	Lead	Date	Response
15	38	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.	DH	Q3/2004	The Deputy Chief Medical Officer and the Chief Nursing Officer have agreed to act as alcohol 'training champions' to raise the profile of alcohol training for healthcare professionals.
16	38	DH will work with medical and nursing colleges and other training bodies to develop training modules on alcohol, covering undergraduate, postgraduate and medical curricula, and will update these regularly.	DH	Q3/2005	DH commissioned the International Centre for Drug Policy to work, with the 32 UK medical schools to develop the first consensus guidance for teaching on alcohol, drugs and tobacco in the undergraduate medical curriculum. This guidance was published in April 2007.
17	39	Develop guidance within the Models of Care framework on the identification and appropriate referral of alcohol misusers.	DH	Q2/2004	Models of Care for Alcohol Misuse was published in June 2006. The National Treatment Agency (NTA) and DH expect to publish guidance on the design of integrated care pathways for alcohol for publication in Q4/2007.
18	41	DH 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 DH to develop a programme of improvement to treatment services.	DH	Q1/2005	The Alcohol Needs Assessment Research Project (ANARP) was published in November 2005. A suite of guidance has subsequently been developed, which provides guidance on developing and implementing programmes that can improve the care of hazardous, harmful and dependent drinkers.

No	Page	Recommendation	Lead	Date	Response
19	41	The 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.	NTA	Q4/2004	A Models of Care framework has been published and distributed by DH and the NTA along with an evidence-based review of effectiveness of alcohol treatment. Work is continuing to establish an Assessment and Benchmarking Framework for Alcohol Interventions for hazardous, harmful and dependent drinkers to encourage local investment and support the commissioning process.
20	41	Drug Action Teams (DATs) will be encouraged to become Drug and Alcohol Action Teams (DAATs) (or other local partnership arrangements) to assume greater responsibility in commissioning and delivering alcohol treatment services.	HO	Q2/2004	Approximately 50% of DATs in England include alcohol in their remits, managing both drug and alcohol issues according to local need.
21	43	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.	DH	Q2/2004	The care pathways document is under development by DH and the NTA and will be published in Q4/2007.
Chapter 6: Alcohol-related crime and disorder					
22	50	<p>The HO will consult and work with the police and courts on enforcing the law more tightly on those who offend. We will:</p> <ul style="list-style-type: none"> • encourage greater use of Fixed Penalty Notices (FPNs) to clamp down on low-level alcohol-related offences; • encourage full use of preventative/prohibitive measures such as Anti-Social Behaviour Orders (ASBOs) in appropriate cases; • use conditional cautions, once introduced, as a basis for directly targeting the offence; • look at making more use of accreditation schemes for non-police staff; and • encourage police forces to make greater use of police community support officers (PCSOs) where appropriate. 	HO	Q2/2004	The introduction of conditional cautions under the Criminal Justice Act 2003 provides an opportunity to steer offenders into brief interventions. The HO is aiming to establish a small number of alcohol arrest referral schemes by autumn 2007. One method of referral will be through conditional caution. Through the Police Reform Act 2002, the chief officer of a police office in England and Wales can designate a specific range of police powers to PCSOs, including the power to issue Penalty Notices for Disorder. The Serious Organised Crime and Police Act 2005 extended PCSO powers in relation to alcohol licensing.

No	Page	Recommendation	Lead	Date	Response
23	50	<p>The HO will:</p> <ul style="list-style-type: none"> develop a programme to reduce alcohol-related violence in the key violent crime areas in England and Wales; identify/spread good practice in local policing strategies and tactics which tackle alcohol-related violence; and reinforce key messages to all major stakeholders that operating outside the law will not be tolerated, particularly where juveniles and young people are concerned. 	HO	Q4/2004; Q2/2004; Q4/2004	Between 2004 and 2006, four national alcohol misuse enforcement campaigns have taken place to tackle alcohol-related disorder and to allow police to embed good practice in mainstream policing. During this period, the overall national test-purchase failure rate fell from approximately 50% to nearly 20%. The Tackling Violent Crime Programme (TVCP) was launched in November 2004 and supports local efforts to reduce particularly alcohol-related crime and domestic violence, and to improve the police's and other agencies' performance and partnership working.
24	50	The HO 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.	HO	Q2/2004	The Alcohol Harm Reduction Programme Board was convened by Hazel Blears and the Prime Minister soon after publication of the 2004 strategy. The Alcohol Strategy Group and the Ministerial Group on Alcohol-Related Harm have since considered the need for further measures within the Respect Action Plan and as part of the process of reviewing the 2004 strategy.
25	53	<p>The Government will consult with industry on the introduction of a two-part voluntary social responsibility scheme for alcohol retailers. This will:</p> <p>(i) strengthen industry focus on good practice; and</p> <p>(ii) where necessary, seek a financial contribution from the industry towards the harm caused by excessive drinking.</p>	DH/HO	Q1/2005	Part (i) was fulfilled through the Social Responsibility Standards for the Production and Sale of Alcoholic Drinks, published in November 2005. The Government continues to work with the alcohol industry to ensure effective implementation. Part (ii) was fulfilled through the creation in January 2007 of the Drinkaware Trust as an independent, charitable organisation.
26	56	The Office of the Deputy Prime Minister (ODPM) will provide guidance to all local authorities in England on managing the night-time economy as part of existing local strategies.	ODPM	Q3/2004	Good Practice in Managing the Evening and Late Night Economy was published in October 2004, available at: www.communities.gov.uk/index.asp?id=1502998

No	Page	Recommendation	Lead	Date	Response
27	56	<p>The HO will provide 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"> the Improvement and Development Agency to disseminate change in management practice; the Anti-Social Behaviour Unit to ensure that good practice on the ground is rapidly disseminated; and Government Offices to identify areas of good practice. (We see merit in identifying 10 trailblazer areas to test out approaches.) 	HO	Q4/2004	<p>Through the Tackling Violent Crime Programme (TVCP), the HO is working intensively to support local efforts to reduce particularly alcohol-related crime and domestic violence; to improve the police's and other agencies' performance and partnership working; to improve local strategies; and to develop good practice which can then be disseminated nationally. A number of guidance documents that identify best practice were published. These are available at: http://police.homeoffice.gov.uk/operational-policing/crime-disorder/alcohol-misuse</p> <p>The TOGETHER (now Respect) website and Actionline are services dedicated to sharing best practice among practitioners that tackle antisocial behaviour, including alcohol misuse.</p>
28	58	<p>The Regional Co-ordination Unit (RCU) 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 (CDRPs).</p>	RCU	Q4/2004	<p>The RCU is working directly with Government Offices to ensure that areas are taking action. This includes the establishment of Alcohol Harm Reduction Regional Programme Boards in Government Office areas to:</p> <ul style="list-style-type: none"> coordinate what is done by each organisation represented; and ensure the effectiveness of what is done by each organisation.
29	56	<p>Evaluation of the Licensing Act by the HO, Department for Culture, Media and Sport (DCMS) and Communities and Local Government (DCLG) will also commission a study report to look at the costs for local authorities associated with the introduction of the Licensing Act.</p>	HO, DCMS, ODPM	Q4/2006	<p>The HO, supported by other government departments, is conducting an evaluation of the impact of the Licensing Act 2003 on levels of crime and disorder.</p>

No	Page	Recommendation	Lead	Date	Response
30	60	<p>The HO will look 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, including:</p> <ul style="list-style-type: none"> i) ensuring that full use is made of existing powers to tackle underage drinking, including test purchasing and, where appropriate, ASBOs; ii) powers to tackle sales to under-18s as part of our consultation on powers for PCSOs; iii) consulting with the police on making more use of powers to target problem premises; iv) rolling out Fixed Penalty Notices (FPNs) in England and Wales from January 2004; and v) consider introducing FPNs for staff who sell to under-18s. 	HO	Q2/2004	<ul style="list-style-type: none"> i) Test-purchase operations were conducted on a national basis during the alcohol misuse enforcement campaigns, to ensure that the alcohol industry complied with its undertaking to seek to eliminate underage sales by the end of 2006. In October 2006, the HO funded a small test-purchase campaign to monitor the extent to which good practice has been taken on board by premises that are known to have sold alcohol to minors. As a result, 42 premises are currently subject to licence review by their local authority, which may result in a change in their licence conditions. ii) Through the Police Reform Act 2002, the chief officer of a police force in England and Wales can designate a specific range of police powers to PCSOs, including the power to issue FPNs for selling alcohol to a person under 18. iii) The Licensing Act 2003 gives police new powers to shut down disorderly premises for up to 24 hours where there is either actual or likely disorder or to prevent a public nuisance, owing to the noise emanating from the premises. iv) FPNs have been rolled out and are used as a more direct response to alcohol-related disorder and to prevent the sale of alcohol to under-18s.

No	Page	Recommendation	Lead	Date	Response
31	60	<p>The social responsibility scheme for alcohol retailers will strongly encourage:</p> <ul style="list-style-type: none"> • better training for staff; and • 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. 	Industry		<p>The Social Responsibility Standards for the Production and Sale of Alcoholic Drinks were published in November 2005. The Government is continuing to work with the alcohol industry to ensure effective implementation of initiatives set out in the industry's principles and standards document, e.g. preventing underage sales, retail staff training and performance, and monitoring the impact of pricing, promotions and advertising.</p>
32	62	<p>The HO and DH will</p> <ul style="list-style-type: none"> • consider establishing pilot arrest referral schemes for evaluation; and • encourage CDRPs to work with Local Criminal Justice Boards to implement the conclusions of those schemes if there is a clear case for effectiveness. 	HO, DH	Q4/2007	<p>Intervention and brief advice trailblazers are planned for criminal justice settings, although these research sites may not include arrest referral schemes. The Home Office aims to establish a small number of alcohol arrest referral schemes by autumn 2007 in order to:</p> <ul style="list-style-type: none"> • establish whether alcohol brief interventions (using police contact as a gateway) reduce reoffending among those arrested for alcohol-related offences and contribute towards meeting local targets; • investigate how referral schemes can be established and operated in a cost-efficient manner; and • increase throughput of conditional cautions that have alcohol referral attendance as a condition. <p>We hope to use the information gathered from the pilots to establish good practice and encourage local areas to introduce and finance their own alcohol referral schemes.</p>

No	Page	Recommendation	Lead	Date	Response
33	62	The HO, DH and ODPM will consider commissioning research to explore the effectiveness of diversion schemes in protecting repeat offenders and combating alcohol misuse among them.	HO, DH, DCLG	Q4/2007	<p>The identification and brief advice trailblazer project (see 31) will provide evidence on the delivery, effectiveness and cost-effectiveness of a range of alcohol screening and brief interventions approaches across settings and regions in England.</p> <p>The proposed Home Office Alcohol Intervention Programme will bring together a range of existing alcohol-related interventions aimed at offenders with alcohol misuse problems and work towards the expansion of these interventions.</p>
34	62	CDRPs will build the results of this research into their plans if there is a clear case for effectiveness.	HO	Q4/2007	Research is ongoing and so as yet there are no results for CDRPs to build into their plans.
35	64	<p>The HO and DH will:</p> <ul style="list-style-type: none"> i) ensure that the Models of Care commissioning framework takes account of the need to ensure that perpetrators and victims of domestic violence receive help; ii) explore the potential for partnerships with alcohol producers and sellers to promote key messages; and iii) encourage local partnerships to consider using money from the fund to support local domestic violence projects and support services. 	HO, DH	Q2/2004	<ul style="list-style-type: none"> i) Models of care for alcohol misusers (MoCAM) and associated guidance have taken into account the needs of both victims and perpetrators of domestic violence. ii) The Portman Group's code of practice for alcohol producers and the Social Responsibility Standards for the Production of Alcohol document both encourage the promotion of sensible drinking messages by alcohol producers and sellers. iii) Local partnerships through Local Area Agreements have been given the flexibility to use money from the Safer, Stronger Communities Fund to support local domestic violence projects and support services, where it is agreed with partners.

No	Page	Recommendation	Lead	Date	Response
36	66	The Department for Transport (DfT) will monitor closely trends in alcohol-related road traffic collisions and casualties and consider whether more should be done to target 18–25-year-old motorists.	DfT	Q2/2004	The DfT continues to monitor trends closely. The latest available figures show that, in 2004, male drivers under the age of 30 had the highest incidence of failing a breath test after involvement in a personal injury or collision and had the most drink-drive collisions. The Government will continue to monitor the effectiveness of the drink-drive campaigns and consider ways of targeting hard-to-reach groups and, through this, develop a new drink-drive campaign for 2007/08.
37	66	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.			<p>The Social Responsibility Standards for the Production and Sale of Alcohol, published in November 2005, encourage the industry to make use of the 'I'll be Des' scheme (www.beerandpub.com/content.asp?id_Content=2287). The DfT has provided financial support for 'I'll be Des' schemes amounting to £41,800 between 2001 and 2006.</p> <p>The Government will continue to monitor the effectiveness of the drink-drive campaigns and consider ways of targeting hard-to-reach groups and, through this, develop a new drink-drive campaign for 2007/08.</p> <p>Drink-driving enforcement: The Government will start a process of consultation in 2007 to explore what further measures may be required to support the enforcement of drink-driving laws.</p>

No	Page	Recommendation	Lead	Date	Response
Chapter 7: Supply and industry responsibility					
38	71	<p>The Government will consult with industry on the introduction of a three-part voluntary social responsibility scheme for alcohol producers. This will:</p> <ul style="list-style-type: none"> i) strengthen industry focus on good practice; ii) seek a financial contribution from the industry towards the harm caused by excessive drinking; and iii) encourage producers to promote good practice down the supply chain. 	Government and industry (producers)	Q1/2005	<p>Part (i) was fulfilled through the Social Responsibility Standards for the Production and Sale of Alcoholic Drinks, published in November 2005. Implementation is ongoing and the Government is working with industry to further embed the standards. Part (ii) was fulfilled through the creation in January 2007 of the Drinkaware Trust as an independent, charitable organisation.</p>
Chapter 8: Delivery and implementation					
39	74	<p>The Minister of State for Policing and Crime Reduction (HO) and the Parliamentary Undersecretary of State for Public Health (DH) will assume joint responsibility for delivery of the strategy, reporting to a Cabinet Committee and supported by regular meetings of officials and an external stakeholder group.</p>	HO, DH	Q2/2004	<p>The Parliamentary Undersecretary of State for Policing, Security and Community Safety (HO) and the Minister of State for Public Health (DH) have jointly led the delivery of the strategy and held a number of meetings since publication.</p> <ul style="list-style-type: none"> • The interdepartmental Ministerial Group on Alcohol-Related Harm (jointly chaired by the HO and DH ministers) was established in July 2006 to provide direction and oversight of the development of cross-government harm reduction work. • The Ministerial Group is supported by the official-level Alcohol Strategy Group consisting of senior officials from departments represented on the Ministerial Group. • External stakeholders have been represented in a variety of groups and forums, including a Communications Stakeholder Group (jointly chaired by the HO and DH).

No	Page	Recommendation	Lead	Date	Response
40	76	<p>The Government will have a clear commitment to deliver an overarching alcohol harm reduction strategy. This will be:</p> <ul style="list-style-type: none"> assessed against indicators of progress for the four key harms identified; set against a clear baseline; and supported by better coordination of research. 	HO, DH	Q2/2004	The Alcohol Harm Reduction Programme was established after the launch of the Alcohol Harm Reduction strategy to oversee delivery. The Government continues to monitor the effectiveness of the strategy, with departments working together to provide quarterly updates of the leading indicators in a single report.
41	79	For Q2/2004, where appropriate to local need, CDRPs – including representation from the local PCT – will provide a coordinating body for agreeing local priorities and determining future direction.	HO	Q2/2004	Work is progressing well, with partnerships being created, for example an Alcohol Advisory Group set up by the Government Office for the North East and the Greater London Alcohol and Drug Alliance to tackle alcohol-related issues.

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