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ALCOHOL
STRATEGY
Government reads last rites over alcohol strategy

Birmingham City Council withdraws from ‘Responsibility Deal’

Ban on below cost sales will have little impact on alcohol consumption

Scots ban on multi-buy promotions claimed to be working

Round the clock alcohol home delivery service

Statistics on Alcohol - England, 2013 - consumption down but hospital admissions up

UK-first detox scheme battles alcohol addiction across Greater Manchester, tackling A & E repeat stays - by Danielle Wainwright

Hospitals missing opportunities to intervene early in care of people with alcohol-related illness - unnecessary deaths being caused

Police officers feel the real impact of alcohol in N E England

Balance North East attacks alcohol licensing of cinemas

New Guidance for Commissioners of drug and alcohol services

Alcohol Concern calls for major shake up of alcohol advertising

Ofcom also investigates alcohol advertising

Limited use of new licensing powers

Newcastle becomes first city to implement late night levy

But neighbouring Hartlepool puts hold on early pub closing as “too risky for businesses”

Alarm over prospect of motorway pubs

Drink drive deaths up by a quarter

Do some young people’s attitudes to alcohol make them more likely to be violent when drinking?

Underage drinkers “turning to online retailers to buy alcohol”

Continuing decline in drinking, smoking and drug taking in school-age children

CORRECTION: In an article referring to the patronage of Action on Addiction in the Spring 2013 issue, we incorrectly stated that HRH the Duchess of Kent had become a patron of the Charity. This should, of course, have read HRH the Duchess of Cambridge. Alcohol Alert apologizes for the mistake.
The formal announcement of the evisceration of the Government’s alcohol strategy for England was made by Home Secretary, Teresa May, though the oral announcement to the House of Commons was made by junior minister Jeremy Brown, a Liberal Democrat. It was explained that MUP would not, after all, be implemented, despite this having been proclaimed as the central plank of the alcohol strategy, and despite Prime Minister, David Cameron, having made a personal pledge to introduce MUP.

In his introduction to the Government’s National Alcohol Strategy for England, published in March 2012, David Cameron said:

“We can’t go on like this. We have to tackle the scourge of violence caused by binge drinking. And we have to do it now.

…… And that means coming down hard on cheap alcohol. When beer is cheaper than water, it’s just too easy for people to get drunk on cheap alcohol at home before they even set foot in the pub. So we are going to introduce a new minimum unit price. For the first time it will be illegal for shops to sell alcohol for less than this set price per unit. We are consulting on the actual price, but if it is 40p that could mean 50,000 fewer crimes each year and 900 fewer alcohol-related deaths a year by the end of the decade.” As reported previously in Alert (Spring 2013), Mr Cameron appears to have been the victim of a Cabinet revolt. Rejected also was another key policy, a ban on heavily discounted multi-buy alcohol promotions in supermarkets, along with the proposal to include the protection of public health as an objective of the Licensing Act. There is thus little left of the original planned strategy and despite Prime Minister, David Cameron, having made a personal pledge to introduce MUP.

The Scottish Government, however, remains on course to introduce MUP. Scottish Health Minister Alex Neil is reported as saying: “The forthcoming UK decision – whether they decide to proceed or not – has no impact on the Scottish Government’s approach to minimum pricing. Minimum pricing will begin saving lives within months of its introduction. That is why the Scottish Government remains committed to this life-saving policy.” The Scottish Government has already introduced restrictions on multi-buy promotions, and these are believed to be having the desired effect north of the border. (see page 6)

**Next Steps**

The Government’s new position is outlined in its response to the public consultation on the alcohol strategy. In her ministerial foreword, Teresa May explains that while the Government is determined to curb excessive drinking, “no one wants to make laws that don’t produce the results they were intended to…(and) the consultation has not provided evidence that conclusively demonstrates that Minimum Unit Pricing will actually do what it is meant to: reduce problem drinking without penalizing all those who drink responsibly.” Mrs May continues: “In the absence of that empirical evidence, we have decided that it would be a mistake to implement MUP at this stage. We are not rejecting MUP – merely delaying it until we have conclusive evidence that it will be effective.”

Mrs May’s assertion that there is a lack of empirical evidence to support MUP is puzzling on several counts, not least that the very evidence described as lacking is actually contained in reports from the University of Sheffield which the Government itself commissioned. Moreover, the preferred Government alternative to MUP, a ban on ‘below cost’ sales of alcohol, has been assessed by the same research team as having negligible effect on levels of alcohol consumption or harm. (see page 5)

In a Downing Street press conference, David Cameron attempted to salvage some semblance of consistency by insisting that a ‘below cost’ ban is essentially the same as MUP. “We are introducing …. what is effectively a minimum price.” He said. It will be “illegal” to sell alcohol below the price of duty plus VAT. He also claimed that the idea of a minimum unit price for alcohol “has merit” but lacked evidence to back it up. He said that if more
research showed that it worked he would be happy to reconsider the policy. He did not refer to the evidence that presumably must exist to back up the ‘below cost’ ban, or explain how the ‘below cost’ ban can have evidence in support while MUP does not if they are essentially the same.

According to the Home Secretary’s response to the alcohol strategy consultation, the new priority of the Government is “to engage the (alcohol) industry… to follow practices that help everyone who likes a drink to consume alcohol responsibly.” The Government appears to be recommending greater use of voluntary schemes such as Best Bar None to tackle the problems of drunken disorder.

‘Day of shame’

The abandonment of the planned alcohol strategy before it had even begun, combined with the decision to ‘postpone’ the introduction of plain packaging of cigarettes, caused dismay in the public health community and left the Government, and particularly the Prime Minister, looking weak, and vulnerable to the charge that it had succumbed to intense pressure from the alcohol and tobacco lobbies. Conservative backbencher Sarah Wollaston, a former GP and a leading campaigner for both minimum alcohol pricing and plain cigarette packaging, commented that the result of the decisions would be more lives ruined for the sake of political expediency. She tweeted, “R.I.P public health. A day of shame for this government; the only winners big tobacco, big alcohol and big undertakers.”

Responsibility Deal

The Labour Party condemned the Government for its U-turn which, it suggested, had been brought about by lobbyists.

“Do I detect traces of lobbying on the minister’s breath?” Labour Home Office spokeswoman Diana Johnson asked in parliament. “After a two-year Whitehall farce over their alcohol strategy, we’ve ended up exactly where we started.”

However, when in office, Labour had also failed to introduce MUP, and in debates the Labour government repeated its position that ‘it would be unfair if responsible drinkers had to pay significantly more for their alcohol because of a small minority of people who drink irresponsibly’. The Labour government even appeared to pre-empt the recommendation to introduce MUP made by its own Chief Medical Officer. Prior to the publication of the Chief Medical Officer’s report, the Times quoted a “source close to the Prime Minister” (Gordon Brown) as saying ‘I do not think this is where we are going. The majority of sensible drinkers should not have to pay the price for the irresponsible and excessive drinking by a small minority.’

To add to the Government’s woes, the few remaining public health organisations still participating in the Government’s ‘Responsibility Deal’, designed supposedly to encourage commercial operators to contribute to the public health programme, walked out in protest at the abandonment of what they regard as evidence-based policies in favour of mainly industry-preferred charades.

A joint statement was issued by Cancer Research UK, the Faculty of Public Health, the UK Health Forum, and Professor Nick Sheron, Responsibility Deal Alcohol Network Co-Chair, and Head of Clinical Hepatology, University of Southampton:

“We are extremely disappointed that despite the wealth of good evidence that it will save lives without penalising moderate drinkers, minimum unit pricing (MUP) is not in the Government’s alcohol strategy.

“Talk of ‘punishing the hard worker’ who can afford few other pleasures than a pint of mild is a red herring. There is no such thing as an entirely safe level of alcohol, and a moderate drinker would hardly notice a minimum unit price, particularly if he or she drinks in a pub. It is our most deprived communities who pay the highest price for cheap alcohol through the consequences of street crime, violence and younger people developing alcohol-related health problems.…”

“...It is perfectly clear that MUP has fallen victim to a concerted and shameful campaign of lobbying by...
sections of the drinks industry who are putting profits before health and public safety. The actions of those companies and trade organisations undermine the efforts of public interest advocates and NGOs, and are completely at odds with the objectives and purpose of the Responsibility Deal. In light of this, we have withdrawn from the Alcohol Network of the Responsibility Deal.

“If we are serious about reducing early deaths from harmful drinking in this country we need leadership from Government, not the drinks industry, to implement legislation where there is good evidence it will work.”

Just for good measure, the Government’s own new authority for public health, Public Health England, also expressed disappointment at the decision.

“Public Health England shares the disappointment of the public health community that the introduction of a minimum unit price (MUP) for alcohol is not being taken forward at this point, although it recognises that this remains under active consideration.

Professor Kevin Fenton, PHE’s Director of Health and Wellbeing, said:

“From a public health perspective the evidence base for MUP is already strong and growing. Alcohol misuse is a major cause of early death and dysfunction for individuals, their families and the community. There is strong evidence that MUP would make cheap and higher-strength alcohol less available, with the greatest impact being in younger and in heavier drinkers. Six countries including Canada have introduced minimum pricing for alcohol and we are beginning to see significant benefits. PHE will take forward a comprehensive and scientific review of all the available evidence to inform the Government’s final decision on implementation of this measure.”

A particular bone of contention with the health NGOs was the pledge made by 32 alcohol industry participants, signed up to the Responsibility Deal, to reduce the total number of units of alcohol consumed by reducing the strength of some beverages and promoting the sale of lower strength brands. The pledge was “we will remove 1 billion units of alcohol sold annually from the market by December 2015 principally through improving consumer choice of lower alcohol products”. The job of overseeing progress towards achieving the pledge was given to the alcohol industry’s Portman Group. However, public health organisations are understood to be very unhappy that the evaluation is being conducted in a far from transparent manner, with a marked lack of clarity about how the calculations are being made.

Commenting on the whole debacle, IAS’s Katherine Brown said:

“Today we saw the final nails hammered into the Alcohol Strategy’s coffin. No minimum pricing, no public health licensing objective, no ban on multi-buy promotions. The Government has instead identified its “immediate priority is to engage with the industry” and outlined a series of deregulatory measures that will ultimately make it easier for alcohol to be available. It goes without saying that today’s winners were Big Business and the losers public health.”

“To add insult to injury, Teresa May cited that the consultation had not produced enough evidence to show minimum pricing would work, despite a Government commissioned report published by the Sheffield Alcohol Research Group showing that it would have a 40 to 50 times larger effect than a ban on below cost sales. What we have is a Government that is willing to ignore evidence about saving lives in order to appease the global alcohol producers.

Government response, 
Next steps following the consultation on delivering the Government’s Alcohol Strategy can be accessed here:

http://tinyurl.com/pmgec4j
Birmingham City Council withdraws from ‘Responsibility Deal’

It is not just health NGOs which have withdrawn from the Government’s Responsibility Deal. Birmingham City Council has also done so, and for the same reasons: disappointment at the decisions on alcohol pricing and plain packaging for cigarettes.

The Council, which assumed responsibility for public health across the city in April, will now develop its own plans to tackle major problems such as binge drinking and smoking.

Cabinet Member for Health and Wellbeing, Cllr Steve Bedser, said: “We’re withdrawing from the deal because we feel the Government has already broken the deal and is not acting responsibly.

“The two things that are driving this are our concerns about the Government’s failure to implement plain packaging and the failure to tackle cheap super strength alcohol. These failures will lead to more lives tragically being lost in the city.”

Director of Public Health, Dr Adrian Phillips, labelled the decision to drop plans for a minimum unit price for alcohol ‘a huge missed opportunity’. He added “I am really disappointed with the lack of progress with the responsibility deal across the country. Birmingham council signed up to the initiative when it was first announced but we now believe that there is no alternative but to try a different approach because it clearly hasn’t worked.”

Birmingham will now look to local initiatives to tackle major public health issues and Cllr Bedser added: “We already have examples of successful local interventions – for example the hugely successful Be Active scheme to encourage physical activity.

“Now we’ll look to see what we can learn from successful schemes elsewhere in the country – for example a very successful voluntary scheme in Ipswich to combat the menace of super strength alcohol.”

According to the Council, alcohol has major repercussions on the city: alcohol misuse ruins thousands of lives in Birmingham and cost the city around £200 million last year.

Figures from Birmingham Drug and Alcohol Action Team show that 25% of men and 17% of women in the city are drinking above safe limits.

The damage caused by alcohol misuse includes:

- At peak times, up to 70% of all admissions to accident and emergency departments in Birmingham are related to alcohol
- 3,600 incidents of domestic violence (around a third) are linked to alcohol misuse
- Up to 170,000 working days are lost through alcohol-related absence, costing the city’s economy about £30 million each year
- About 20,000 children in Birmingham are affected by parental alcohol problems
- Marriages where there are alcohol problems are twice as likely to end in divorce
- In 2009, half of all 11 to 15-year-olds in the city had already had an alcoholic drink
- Parental alcohol misuse has been identified as a factor in more than 500 child protection cases
Experts, based at the University of Sheffield’s School of Health and Related Research (ScHARR), whose research has been influential in providing evidence to inform policy decisions in the UK and beyond, analysed evidence on alcohol purchases in England under plans to ban retailers from selling alcohol cheaper than the cost of the tax payable on the product.

They estimated a small proportion (1.3%) of all units of alcohol sold would fall below this proposed threshold. This varies by the type of drink, and in supermarkets and off-licenses it would affect 2.4% of beer, just 0.1% of cider, 0.4% of wine and 1.2% of spirits. This means the proposed policy would affect only the very cheapest drinks.

Under the new policy, the average price of alcohol sold by supermarkets would be expected to rise by 0.1%. For example, beers at 4% alcohol by volume (ABV) could still be sold for 40 pence per 440ml can. A 700ml bottle of spirits at 40% ABV could be sold for £9.49, and a two litre bottle of strong cider at 7.5% ABV could be sold for £1.43.

Using a further developed and updated version of the Sheffield Alcohol Policy Model, the researchers predict that the impact on overall alcohol consumption is small – a reduction of just 0.04% (which equates to 0.3 units or less than half a pint of beer per drinker, per year). The impact on the 5% of the population who drink at harmful levels was an estimated 0.08% reduction (which equates to three units per year from a harmful drinker’s average consumption level of over 3,700 units per year). To put this into context, an average pint of beer contains 2.3 units of alcohol and a bottle of wine contains nine units.

The central estimates for the impact on alcohol-related harm is a reduction of approximately 15 alcohol-related deaths per year, 500 hospital admissions and 900 alcohol-related crimes.

In its alcohol strategy consultation, the Government had proposed a minimum price of 45 pence per unit of alcohol. The Sheffield modelling estimates that the impact of a 45p minimum price would be around 40 to 50 times larger than that of banning below-cost selling.

A 45p minimum price was estimated to lead to an overall 1.6% drop in consumption, with a 3.7% reduction for harmful drinkers (137 units per year compared to 3 units for below cost selling). A 45p minimum unit price would lead to a reduction of 625 alcohol related deaths per year, 23,700 hospital admissions and 34,200 crimes.

Professor Petra Meier, Director of the Sheffield Alcohol Research Group, said: “These new results suggest that the below-cost selling ban proposed by the Government would only have a small impact on alcohol-related harm in England.

“The Prime Minister’s foreword to the Government’s Alcohol Strategy acknowledged the problems associated with cheap alcohol. The proposed policy establishes a principle in regulating alcohol pricing. Our research shows that the previously proposed 45 pence minimum unit price would be likely to achieve much greater reductions in the health and social problems associated with harmful drinking.”

See information on the research here: http://www.sheffield.ac.uk/scharr/sections/ph/research/alpol/research/newresearch
In what could be seen as the culmination of the Labour Government’s Licensing Act, a main purpose of which was to abolish fixed closing times, a Lancashire company has been granted a licence to operate a night-time dial-a-drink service. Booze Bury now provides a home alcohol delivery service between the hours of 8pm and 5am. Customers in Bury, Rochdale, Bolton and surrounding towns can place their order by telephone with a freephone number provided, and it will be delivered within 30 minutes, seven days a week, 365 days a year.

The company had not expected its licence application to be granted, the licensing authority, Bury Council, having previously turned down similar applications from two other companies. Booze Bury’s application was strongly opposed by Dr Peter Elton, Bury’s Director of Public Health. Dr Elton said: “It is very dangerous for people to be able to buy alcohol and have it delivered to the door 24 hours per day. There is no doubt that increasing access in this way will increase problem drinking and lead to more hospital admissions and eventually to more people dying from alcohol-related disease.

“Public health is not against the enjoyment of alcohol in moderation, but making it easier for people to drink to excess both damages themselves and increases the risk of violence to others.”

However, the lawyer representing Booze Bury at the licensing hearing pointed out that, as the Licensing Act excludes the needs of public health from being taken into account in licensing decisions, Dr Elton’s views were irrelevant to the application. Other considerations that appeared to influence the licensing panel were that not only were supermarkets in the area already allowed to sell alcohol round-the-clock, but also that neighbouring licensing authorities had previously granted similar applications so that the residents of Bury could already have alcohol delivered to their homes from outside the area. A Booze Bury spokesman said: “We are over the moon and quite surprised to have got permission and now it is a case of sorting out the practicalities so trading can begin.

“I would like to reassure people that we have agreed to a wide range of conditions that promote responsible drinking and driver safety.

“Our website, boozebury.co.uk contains a video about responsible drinking and the full list of conditions which customers must stick to for us to deliver. We will work with the council and other authorities to ensure this is a worthwhile venture for us and safe for everybody.”

A report from NHS Scotland claims that a 2.6% decrease in the amount of alcohol sold per adult in Scotland is attributable to the introduction of the Alcohol etc. (Scotland) Act in October 2011.

Researchers at NHS Health Scotland and the University of Glasgow found that the Act, which included a ban on multi-buy promotions, was associated with a 4% drop in the amount of wine sold in Scotland’s supermarkets and off-licences, equivalent to almost 4.5 million bottles. The Act was also associated with an 8.5% decline in the amount of pre-mixed alcohol drinks (including alcopops) sold in Scotland, although these account for only 1% of the total alcohol market.

Mark Robinson, Public Health Information Manager at NHS Health Scotland and study lead, said:

“These findings show that the Alcohol Act has had the intended impact of reducing alcohol consumption in Scotland by placing restrictions on how alcohol is displayed and promoted. We know that some retailers responded to the multi-buy discount ban by selling individual bottles of wine for £3.33 instead of offering 3 bottles for £10.

“However, the incentive for people to buy more alcohol than they may otherwise have bought was removed and wine sales decreased.

“Although these effects are welcome, alcohol consumption in Scotland remains high and a large proportion of alcohol is still sold at relatively low prices. There is good evidence to show that the positive effects of the Alcohol Act would be enhanced by minimum unit pricing, which would prevent the sale of cheap, high strength alcohol.”

Round the clock alcohol home delivery service

www.ias.org.uk 6 Alcohol Alert Summer 2013
The latest compilation of alcohol statistics for England show that hospital admissions related to alcohol continue to rise despite falling alcohol consumption. In particular, the number of drugs prescriptions for alcohol dependency in England is at an all-time high, with an increase of almost 75% in prescriptions ordered to treat dependency in the last nine years.

Main findings

61% of men and 72% of women in 2011 had either drunk no alcohol in the last week, or had drunk within the recommended levels on the day they drank the most alcohol. This was most common among men and women aged 65 or over.

64% of men drank no more than 21 units weekly, and 63% of women drank no more than 14 units weekly in 2011.

12% of school pupils had drunk alcohol in the last week in 2011. This continues a decline from 26% in 2001, and is at a similar level to 2010, when 13% of pupils reported drinking in the last week.

In 2011/12, there were 200,900 admissions where the primary diagnosis was attributable to the consumption of alcohol (the narrow measure). This is a 1% increase since 2010/11 when there were 198,900 admissions of this type and a 41% increase since 2002/03 when there were around 142,000 such admissions.

Comparisons over time in the broad measure are complicated by changes in recording practices over the period. Adjusted figures show a 51% increase from an estimated 807,700 in 2002/03 and a 1% increase from 1,205,500 in 2010/11.

In 2011/12, there were an estimated 1,220,300 admissions related to alcohol consumption where an alcohol-related disease, injury or condition was the primary reason for hospital admission or a secondary diagnosis (broad measure). This is an increase of 4% on the 2010/11 figure (1,168,300) and more than twice as many as in 2002/03 (510,700).

In 2012, there were 178,247 prescription items prescribed for the treatment of alcohol dependence in primary care settings or NHS hospitals and dispensed in the community. This is an increase of 6% on the 2011 figure (167,764) and an increase of 73% on the 2003 figure (102,741).

The Net Ingredient Cost (NIC) of these prescriptions was £2.93 million in 2012. This is an increase of 18% on the 2011 figure (£2.49 million) and an increase of 70% on the 2003 figure (£1.72 million).

NS Alcohol Statistics acts as a reference point for health issues relating to alcohol use and misuse, providing information obtained from a number of sources in a user-friendly format. It covers topics such as drinking habits and behaviours among adults (aged 16 and over) and school children (aged 11 to 15), drinking-related ill health and mortality, affordability of alcohol, alcohol related admissions to hospital and alcohol-related costs. The report contains previously published information and also includes additional new analyses.
The battle against alcoholism across Greater Manchester has seen a dramatic improvement thanks to a UK-first scheme – which is enjoying a near-perfect successful detox rate.

More than 130 people suffering from alcohol addiction from Greater Manchester have been discharged from the programme since opening in November, and the scheme boasts a 97% success rate.

The service aims to tackle the issue of repeat stays of alcoholics in A&E wards, based at Greater Manchester West Mental Health NHS Foundation Trust in Prestwich, housing the Chapman-Barker Unit.

The process is the first of its kind in the country as it accommodates the needs of multiple A&E departments.

The patient stays in the Rapid Alcohol Detox Acute Hospital Referral Ward (RADAR) for five to seven days and undergoes a full detox from alcohol. This will help the patient be in the best position possible to start their recovery journey, engage with community services and break the cycle of frequently attending hospital due to their addiction.

A former patient of RADAR has expressed gratitude for the help they received at the ward and said:

“Only a couple of months ago I was on the verge of suicide. With no hope in my heart or faith in anyone or anything in life, I had even given up feeling sorry for myself and believe me - I have been notoriously good at self-pity.

“Now I am feeling full of hope. The team worked tirelessly for me. I am still abstinent from alcohol since entering the ward and I will be forever grateful for that opportunity and the amazing staff - I even got some inspiration from fellow patients.”

If A&E staff regularly see the same people with alcohol-related illness and the individual wants to change and improve their health, Alcohol Nurse Specialists at hospitals can refer the patient directly to the new ward.

Joanna Hough, alcohol nurse team manager at Wigan’s A&E, said: “The team make the process very easy and fluid. We have quite a distance geographically between our site and Prestwich but the gap is bridged as we have a good rapport with the team and we know we can contact them at any time.

“The RADAR ward has been a lifeline for some families, their loved one may arrive in crisis with the family at their wits’ end and RADAR is there; ready to help the individual towards a real chance of recovery from alcohol misuse.... The process lifts the barriers of appointments and enables the person to experience a recovery culture and environment. The service itself is really positive in terms of helping people to get recovery and improving engagement with community services after detox.”

As soon as a person enters the unit, their recovery plan is started and tailored to meet their needs. Patients have arrived with wide-ranging issues which culminate in acute injuries, sometimes relating to domestic violence.

Figures reveal that 75% of people who are discharged from RADAR are not admitted to hospital services in the following three months.

For more information on the RADAR ward, please visit www.gmw.nhs.uk/radar.htm

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Hospitals are missing opportunities to save the lives of people with alcohol-related liver disease by failing to provide early intervention and specialist consultant input, the latest National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report, Measuring the Units, reveals.

Report co-author, Dr Mark Juniper, NCEPOD Clinical Co-ordinator (Medicine) and Consultant Physician at the Great Western Hospitals NHS Foundation Trust, Swindon, said: “Many people with alcohol-related liver disease have multiple admissions with this condition. This gives clinicians an ideal opportunity to offer appropriate treatment and advice to patients to help them stop drinking and improve their future health. Unfortunately, this isn’t happening, and in over a third (47/138) of patients reviewed in this study, referral for support to stop drinking was not made, despite most hospitals reporting to have alcohol liaison services. This is partly because the services are not available at all times that they are needed. Similarly, patients were not always seen by a specialist in liver disease, and when they did this was often not for several days after admission.”

Overall, NCEPOD Advisors judged that the care of less than half (47%) of the patients included in this report was good and identified 32 deaths (32/385) that may have been avoided.

“We know that abstinence works, and that when simple advice is offered to patients, one-in-eight will reduce their harmful drinking levels – that’s better than the results from ‘stop smoking’ support services,” Dr Juniper said.

Dr Juniper admitted he was also concerned by the rising numbers of young people who have alcohol-related liver disease: “The average age of death is now 59 years and falling,” he said, adding: “That’s why it’s essential to get the support services right so that we can help people to stop drinking and stop this worrying trend.”

Annually nearly 9,000 people die from alcohol-related liver disease, with the number of admissions to hospital rising to 198,900 in 2010/11, a 40% increase since 2002/3 when it was first measured, revealing how the incidence of the illness in the UK has been increasing for decades.

Key findings

- 25% (117/467) of patients were never seen by a gastroenterologist or hepatologist during their admission.
- Consultant hepatologists were only present in 28% (53/191) hospitals.
- Only 23% (47/203) of hospitals had a multidisciplinary alcohol care team.
- Care for patients with known alcohol-related liver disease was not escalated in 33% of cases (41/126). For patients who presented for the first time, that figure was 30% (16/54).
- In 135 cases there were missed opportunities to influence the patients’ health outcome.
- Three-quarters (76%) of patients had been admitted to hospitals on previous occasions.
- 32 deaths in this sample may have been avoidable.
- Treatment limitation or withdrawal was found to be inappropriate in 17% of cases (52/308).

Key recommendations

- All patients presenting to hospital services should be screened for alcohol misuse, and a detailed alcohol history clearly documented.
- All patients with harmful drinking being treated by acute services should be referred to alcohol support services for a full assessment.
- Each hospital should have a 7-day Alcohol Specialist Nurse Service, with a skill mix of liver specialist and psychiatry liaison nurses to provide access to services within 24 hours of admission.
- A multidisciplinary Alcohol Care Team, led by a consultant with dedicated sessions, should be established in each acute hospital.
- Trusts should put in place systems to ensure that all patients with acute alcohol-related liver disease receive specialist input from a gastroenterologist/hepatologist within 24 hours, and no more than 72 hours, after admission.
- Escalation of care should be actively pursued for
Police officers feel the real impact of alcohol in NE England

NCEPOD Chairman, Bertie Leigh, said that this latest report into alcohol-related illness was troubling: “One of the sad things about this study is that the patients were much younger than we usually see. This group of people are difficult to help, but they are still entitled to be treated on their clinical merits.”

He said that it was an important study because we are experiencing a national epidemic of alcoholism, but admitted he was surprised to find that “such extremely ill people were admitted under doctors who claimed no specialist knowledge of their disease, and not transferred to doctors who did.

“There cannot be any other area of medicine where our hospitals would make such a candid admission. It is hard to avoid a feeling that these people are failed all the way through their care pathway, and that there were too many missed opportunities where the NHS could have intervened.”

A n indication of the professional and the private burden of alcohol-related crime on the police is provided by a report from Balance, the North East Alcohol Office. The report, The Impact of Alcohol on Policing in the North East, surveyed 1,100 frontline officers across the region’s three forces – Cleveland, Durham and Northumbria - to understand further alcohol’s impact on the frontline and to gain their perceptions on the issue.

One finding was that over 80% of police reported being subjected to an alcohol-related assault during their career, with one in five being assaulted six or more times. It also emerged that new recruits are warned that they will probably be the victim of an alcohol related assault before the end of their first year in the force.

Almost 9 in 10 officers believe cheap alcohol contributes to alcohol related crime and disorder.

Incentives to work the NTE are wearing thin. Almost 9 in 10 said time off in lieu was unattractive and less than half said the offer of overtime pay was attractive. However, overtime is still sought after to deal with other issues.

More than a third of officers are asked either every shift or most shifts to work additional hours in the NTE.

More than 8 in 10 officers see proxy provision of alcohol to under 18s as having an impact on alcohol related crime and disorder.

In the North East during 2010 there were an estimated 300 alcohol related road traffic accidents which resulted in 440 casualties, 70 of which resulted in death or serious injury. The estimated cost of a fatal road traffic accident on a British road is £1.8m.

On a weekend evening shift nearly every single person being dealt with or arrested is intoxicated through alcohol misuse.

Officers often have to deal with alcohol related anti-social behaviour from children as young as eleven years old.

During 2010/11 more than £316m was spent dealing with an estimated 213,000 alcohol related crimes. This equates to £75.1m in Durham, £81.8m in Cleveland and £159.6m in Northumbria force areas.
In England and Wales alcohol misuse contributed to a cost of £7.6bn for crime and licensing.

Inspector Colin Dobson, from Durham Constabulary’s Alcohol Harm Reduction Unit said:

“While crime rates are falling in the three force areas in the North East, the link between cheap alcohol and crime and disorder is undeniable.

“We have to deal with problems relating to alcohol on a daily basis and our officers see first-hand the major impact that this is having on individuals and our communities – as well as the personal risk to our officers. Almost 9 in 10 officers said that they believe cheap alcohol attributes to alcohol related crime and disorder. This needs to change.

“We, along with thousands of others across the North East, believe that a minimum unit price on alcohol is needed to reduce alcohol consumption in the region – and also reduce crime in our communities.

“The freedom sections of the alcohol industry are being given to sell certain products at pocket money prices is at the expense of vulnerable communities and our frontline public services. Each year in the North East millions of pounds are being spent to deal with over 200,000 alcohol related crimes – and this picture is being repeated across the country.”

Around half of all violent crime in England and Wales is alcohol-related and studies have shown that, as alcohol consumption increases, so does violent offending. People who drink before going out for the night are more likely to be involved in a fight and around half of all violent incidents take place at the weekend when binge drinking is at its peak.

Alcohol is also linked with 39% of domestic violence cases.

Colin Shevills, Director of Balance, said:

“Alcohol is having an impact on every part of our society – and policing is no different. It is costing our forces in terms of time, expenditure and vital resources – it is also putting officers at risk.

“One of the main factors is that alcohol continues to be too affordable, too available and too widely promoted. We know that the more affordable alcohol is, the more people consume. We therefore urge the Government to stand firm on its commitment to introduce a minimum unit price on alcohol.

“A minimum unit price will make cheap, strong alcohol less affordable to the vulnerable younger and heavier drinkers who are more likely to drink it and suffer the consequences. If set at 50p, research carried out by the University of Sheffield indicates that after ten years, every year in England it will cut crimes by 48,500. It would only cost a moderate drinker an extra 28p per week and wouldn’t affect the price of a pint in a community pub. We believe it is a price worth paying.

“Here in the North East we know that it is needed and it is wanted – evidence also tells us that it works. Importantly most people in the region have backed calls for the introduction of a minimum unit price. It is supported by our police, it is supported by the majority of the North East public, it is supported by our GPs and it is supported by our publicans.”

View the document here:
Cinemas across the North East of England have been criticised for ‘allowing people to drink more than the equivalent of their weekly recommended units while watching the screening of family films, and selling alcohol for less than the price of popcorn – at the expense of the wellbeing of children and young people.’

The criticism was made by Balance, the North East Alcohol Office, which carried out a number of test purchases in cinemas across the region and found that in some chains, people were able to buy six pints at a time and take them into an early afternoon screening of a children’s film Despicable Me 2 (U) – and they were also advised that they could purchase more during the film.

On another occasion, test purchasers were able to buy five pints of lager (5.1%) and take the drinks into a mid-afternoon screening of another children’s film, Monsters University (U). This equates to 14.5 units, which is more than the recommended weekly limit of 14 units for a woman.

Research into cinemas across all 12 local authorities also showed that the majority of cinemas visited have bars – and in some chains, alcohol is clearly displayed and can be purchased at the popcorn counter next to sweets, soft drinks and other refreshments.

In the majority of cinemas visited the price of alcohol was also less than the price of a large carton of popcorn. A pint of lager could be purchased for between £3.30 and £3.60, whilst a large carton of popcorn cost between £3.00 and £4.99.

Sue Taylor, Partnership Manager at Balance, said: “It’s completely irresponsible that people are able to purchase this amount of alcohol to drink in films which are predominantly watched by young children and families. It begs the questions why this is allowed to happen - it certainly isn’t in the interest and wellbeing of the families on a trip to their local cinema.

“After six pints of lager an individual would certainly be intoxicated and the potential for being disruptive, swearing or other inappropriate behaviour would increase. It’s not an appropriate environment for children and I'm sure parents will feel it isn’t worth the risk. There is also the danger of alcohol being supplied to minors – it’s very dark in the screenings and no one asked our test purchasers who the alcohol was for or monitored consumption within the cinema screen.

“Organisations such as Balance are sometimes accused of trying to restrict personal freedoms. However, it is the freedom of parents and young children that we should be concerned about. Cinemas used to be a place where children and families could go without being bombarded by alcohol marketing or able to buy alcohol. This is no longer the case.

“Widespread availability, as well as pocket money prices and heavy marketing, have established drinking as a social norm and it is having a harmful effect. We already suffer at the hands of alcohol in this region, with the highest rate of under-18s in alcohol treatment, and the highest proportion of school pupils having tried alcohol, according to a recent national survey.

“Cinemas need to take more responsibility and tighter regulations need to be introduced to ensure we don’t continue this trend and send the message to our children that alcohol should be a central part of our every-day lives.”

See more on this story at the Balance North East website here:

http://www.balancenortheast.co.uk/latest-news/drinking-in-a-cinema-near-you-
The Joint Commissioning Panel for Mental Health (JCPMH) has produced a new guide to provide practical advice on developing and delivering local plans and strategies to commission the most effective and efficient drug and alcohol services for adults.

The JCPMH is co-chaired by the Royal College of Psychiatrists and the Royal College of General Practitioners. It is a collaboration between seventeen leading organisations, inspiring commissioners to improve mental health and wellbeing.

Based upon clinical best practice guidance and drawing upon the range of available evidence, it describes what should be expected of a modern drug and alcohol service in terms of effectiveness, outcomes and value for money. The guide will be of particular use to:

public health leaders who will hold responsibility for commissioning these services

Clinical Commissioning Groups (CCGs)

Ten key messages for commissioners

Investment in drug and alcohol services gets results. Treatment, as part of a co-ordinated public health approach, is proven to be cost effective for health services and society as a whole. Disinvestment brings with it a risk of reversing the progress made over recent years.

A strong evidence base exists for the range of interventions that are effective in substance misuse. Commissioning should be based upon this evidence using NICE quality standards.

To be effective, the treatment system should be equipped to respond to the full range of complexity of need represented by those who misuse substances.

A skilled workforce, working under appropriate supervision and providing care within national competence frameworks, is key to delivering good outcomes.

Collaboration and partnership gets results. The NHS and voluntary sector have a contribution to make in the delivery of drug and alcohol services.

Commissioning of drug and alcohol services should be outcome based and make use of available data and information.

Services should place recovery at the centre of their approach and commissioners should recognise recovery as central to their commissioning and strategic decision making.

Treatment is not simply about patients – it should address the needs of families and carers, and work with patients’ wider social networks.

The Guide can be downloaded from:

Immediate changes to the way alcohol is advertised, backed up by a complete ban on advertising at all sporting, cultural and music events, are needed to protect children and young people from excessive exposure to alcohol advertising, according to the charity, Alcohol Concern.

In a new report, Stick to the Facts, the charity claims that self-regulation is not working. It says that high levels of alcohol brand recognition amongst children, increasing exposure to alcohol advertising among young people and numerous examples of inappropriate advertising content show the failings of the current system.

The report follows work by the Youth Alcohol Advertising Council (YAAC), a group of young people from across England and Wales who review alcohol advertising, making complaints to the Advertising Standards Authority (ASA) when they feel content is irresponsible.

Alcohol Concern makes five recommendations to overhaul the way alcohol is advertised. Among them, it wants to see restrictions on the content of adverts, only allowing messages and images which refer to the characteristics of the product such as ingredients, origin, composition and means of production.

The five key recommendations are:

1. Messages and images in alcohol advertising should only refer to the characteristics of the product, such as strength, origin, composition and means of production.
2. The regulation of alcohol advertising and promotion should be statutory and independent of the alcohol and advertising industries. There needs to be a review of the way digital and online content is regulated.
3. The regulator must be equipped with the ability to levy meaningful sanctions, such as fines, for serious non-compliance. It should work in a more proactive way, not depending on complaints from the public before investigating possible transgressions of the code.
4. Alcohol sponsorship and branded merchandise should be banned at sporting, cultural or music events.
5. Alcohol advertising should be banned in the trailers of films with less than an 18 certificate shown at cinemas.

Advertising Council (YAAC), a group of young people from across England and Wales who review alcohol advertising, making complaints to the Advertising Standards Authority (ASA) when they feel content is irresponsible.

Alcohol Concern makes five recommendations to overhaul the way alcohol is advertised. Among them, it wants to see restrictions on the content of adverts, only allowing messages and images which refer to the characteristics of the product such as ingredients, origin, composition and means of production. It would mean that the promotion of ‘lifestyle’ images of drinkers or scenes which glamorise drinking would be banned.

It is also calling for a complete ban on alcohol advertising at sporting, cultural and music events. It’s a move already made in France where rugby’s Heineken cup is known as the H cup.

Eric Appleby, Chief Executive of Alcohol Concern, said:

“Children and young people are seeing more alcohol advertising than in the past and are better able to recognise alcohol brands than those of cakes or ice cream. This has to be a wake-up call to the fact that the way we regulate alcohol advertising isn’t working.

“Young people tell us that they think alcohol advertising sends a message that it’s cool and normal to drink, often to excess.

“It’s time we reset the balance between commercial and public interest. That’s why we want advertisers to stick to the facts alone and for alcohol advertising to be banned at sporting, cultural or music events.”

Commenting on the report, Professor Gerard Hastings, Director of the Institute for Social Marketing and the Centre for Tobacco Control Research, University of Stirling and the Open University said:

“This is a welcome and exciting move by Alcohol Concern: our young people need protecting from the alcohol industry’s insidious and persistent advertising practices.”
The report also claims that alcohol advertisers are actively exploiting weak rules, particularly around digital and internet advertising. It points to the ineffectiveness of the ASA’s reactive approach to dealing with complaints and a failure to apply the spirit of the rules in full. It says it’s time for an independent regulator with the power to investigate infringements proactively and to hand out meaningful deterrents, such as fines.

In its report, Alcohol Concern suggests the introduction of a model similar to the Loi Evin in France but adapted to suit the UK’s social and cultural context. In 2012 the Government accepted the evidence that there was a link between exposure to alcohol advertising and consumption, particularly in children and young people under 18. Currently, regulation allows a situation where young people are seeing even more alcohol advertising than five years ago.

Ofcom has asked the UK’s advertising regulators to review the rules that limit children from being exposed to alcohol advertising on TV. This follows Ofcom research, which shows that children saw an average of 3.2 alcohol adverts per week in 2011, compared to 2.7 in 2007. Ofcom has therefore asked the Advertising Standards Authority (ASA), which ensures compliance with advertising rules, and the Broadcast Committee of Advertising Practice (BCAP), which keeps the rules under review, to assess whether the limits placed on children’s exposure to alcohol advertising on TV are effective.

Changes to children’s viewing habits

Analysis carried out for Ofcom2 found that in 2011 much of children’s viewing was to programmes aimed at adult audiences, in which alcohol advertising is permitted. The research published by Ofcom in May 2013 identifies the types of programmes that attract the largest audiences of children. As well as watching more programmes aimed largely at an adult audience, there has been a shift in viewing by children to channels with more advertising. As a result, their exposure to all forms of advertising, including alcohol, has increased.

Alcohol advertising restrictions

The rules prohibit alcohol adverts in or around programmes made for, or likely to appeal particularly to under 18s. Broadcasters predict whether a programme is likely to be of particular appeal to under 18s based on experience and audience data for similar programmes in the past. Ofcom recognises that these can be difficult judgements to make. Ofcom found that, in a small minority of cases, alcohol advertising has appeared in programmes where the audience data indicates it would not normally be permitted. It has asked the ASA to investigate the audience data to determine whether broadcasters have made the right judgments and, where they haven’t, to take enforcement action to ensure children remain protected.

Review of current regulations

Ofcom believes that it is important to review whether the current regulations remain effective and appropriate in limiting children’s exposure to alcohol advertising. Ofcom has asked the UK’s broadcasting advertising bodies to consider the following questions:

- Is the current approach to identifying which programmes should exclude alcohol advertising working properly?
- Is the current approach sufficiently comprehensive, given that much of children’s viewing is to adult programmes in which alcohol advertising is permitted?

As part of this review, Ofcom has asked the ASA to identify any issues, and take compliance action where necessary, and asked BCAP to set out its recommendations in October 2013.

Ofcom will undertake further research to re-examine children’s exposure to alcohol advertising. This will enable a review of the impact of any steps taken to improve the effectiveness of regulations protecting children from alcohol advertising on TV.

Stick to the facts available at:

http://www.alcoholconcern.org.uk/publications/policy-reports/stick-to-the-facts

www.ias.org.uk
Limited use of new licensing powers

In 2011, the Government activated a power originally included in the 2003 Licensing Act allowing local authorities to introduce Early Morning Restriction Orders (EMROs), restricting the sale of alcohol between midnight and 6am. Since October 2012, Local Authorities have also had the power to introduce a Late Night Levy, intended as a means of raising a contribution from late-night trading licensed premises to mitigate the extra financial burden placed on the police and the local authority.

However, use of these powers, which are disliked by much of the trade, appears to be very limited. The Association of Licensed Multiple Retailers (ALMR) have reportedly set up a ‘fighting fund’ to cover the cost of legal challenges against EMROs or the levy. Also, Brigid Simmonds of the British Beer and Pub Association is reported as arguing that pubs would suffer if the on trade were further targeted, pointing out that 70% of alcohol is now sold off-trade.

Here, leading licensing solicitors Poppleston Allen report the results of their survey of every licensing authority in England and Wales and their views on Late Night Levies and EMROs. We also report on the opposed policies of two neighbouring local authorities in the north east of England.

We contacted almost every Licensing Authority (LA) in England and Wales in order to assess their views and current proposals for the Late Night Levy (the Levy) and Early Morning Restriction Orders (EMROs).

Here are some key conclusions and responses from our research:

The number of LAs who considered they were likely to implement the Levy decreased by more than a third in comparison to the 2011 Survey.

The amount of LAs considering implementing EMROs has almost doubled since 2011.

The Late Night Levy

Just over 6% of LAs considered they were likely to implement the Levy, a substantial decrease of over a third of LAs from the 9.9% of LAs who were considering this in the 2011 Survey. 50.7% of LAs said they were unlikely to implement the Levy, an increase of 45 more LAs than the 2011 Survey.

The findings indicate a clear change of LAs’ attitude towards the Levy included that the Levy would neither be fair nor proportionate if covering all premises in a LA’s jurisdiction, with some Licensing Authorities once again describing the Levy to us as a ‘stealth tax’.

Many licensing officers raised the point that having a better understanding of the measure through the recent consultation the early indication is the Levy would ‘not be financially viable’, considering 70:30 split in favour of the police, when balanced with the administrative burden and the exemptions and discounts for operators that may apply.

Also there were concerns about the lack of accountability and control on how the majority of the levy funds would be used, which many LAs had raised in their response to the Home Office Consultation.

Early Morning Restriction Orders

In contrast, the popularity of EMROs seems to be on the rise. 8.7% of LAs considered they were likely to implement Early Morning Restriction Orders. The number of LAs considering implementing EMROs has almost doubled since our findings in 2011. 47.2% of LAs said they were unlikely to implement EMROs. This is a rise of over 3% in comparison to 2011.

The statistics represent an early indication of LAs’ attitude towards EMROs. The findings suggest a
shift towards implementing EMROs. Almost twice as many LAs are now considering implementing EMROs since the 2011 Survey.

Yet, almost five times as many LAs said they were unlikely to implement EMROs than those likely to. LAs gave various reasons for not implementing the measure, which ranged from the negative perception an area may receive to the lack of necessity for EMROs in their specific area. Other LAs stated there are already sufficient powers and tools available to effectively deal with any issues. Interestingly one LA stated it was more concerned with tackling late night refreshment premises - which EMROs do not apply to.

In short, although generally LAs seem less likely to implement either measure, the findings still suggest there is a shift of opinion towards EMROs and away from the Levy. Overall the statistics show that more LAs are more likely to consider implementing EMROs than the Levy.

**London**

Within Greater London, just over 14.3% of Local Authorities said they were likely to consider the Levy. This is a decrease of almost 6% from the 2011 Survey of Greater London Local Authorities considering implementing the Levy. 14.3% of Greater London Local Authorities stated they were likely to consider EMROs. Of the 35 Greater London Local Authorities contacted, 5 of these stated they were considering implementing EMROs, whereas in the last Survey in 2011 no Greater London Local Authorities stated they were likely to implement the measure.

Overall the percentage of Greater London Local Authorities considering implementing either measure is higher than the average across all Local Authorities in England and Wales. Just under half of the Greater London Local Authorities had not yet fully considered either measure. Generally responses from licensing officers from Greater London Local Authorities indicated they were more occupied with the effects of recent changes to licensing legislation and preparation in relation to the Olympics.

**Major cities with the largest populations**

Upon contacting the 10 Local Authorities which cover the city centre for the largest populations (outside of London), half of them had yet to consider in detail the implementation of either the Levy or EMROs. 20% of these Local Authorities stated that both the Levy and EMRO were likely to be implemented once the regulations came into effect. The percentage of these Local Authorities considering implementing either measure is higher than the average across all Local Authorities in England and Wales. The findings suggest that Local Authorities which cover the city centre of the major cities are more likely to consider these measures than other Local Authorities.

**Conclusions**

Licensing Authorities’ views on the Late Night Levy and Early Morning Restriction Orders are hardly a ringing endorsement of these new measures. However, in comparison with the last Survey in 2011, more Local Authorities have further considered implementation of both measures.

In particular, our research shows, as one might expect, those Local Authorities in Greater London and Local Authorities which cover the city centre of the major cities are more likely to consider these measures than other Local Authorities across England and Wales.

Local Authorities are less likely to consider implementing either measure but a large percentage stated they would fully consider the measures closer to when the regulations come into effect.

Yet the findings do highlight a change of attitude of Local Authorities in relation to the two measures over the last 6 months. Notwithstanding many Local Authorities have yet to fully consider the measures, the general trend at this early stage indicates a move away from the Levy, with an increasing number of Local Authorities moving a step closer to EMROs.

It is worth noting that these are the views of Local Authorities and not the police, yet many responses suggest the police have expressed interest in EMROs. If local police do request this measure, this may further increase the likelihood of Local Authorities implementing EMROs.
Newcastle became the first local authority to approve a late night levy. Following a 12-week consultation on the introduction of the levy aimed at licensees allowed to sell alcohol after midnight, the Cabinet agreed, in principle, to introduce the levy from 1 November 2013.

The proposals will benefit businesses, residents and tourists and address some of the harmful health and social consequences of a significant number of late licensed premises. The objective is not to restrict the extent of the late night economy, but to ensure a contribution towards the costs of it.

The amount of the levy, set by government, depends on the rateable value of the premises and ranges from £299 to £4,400 per year, or in daily terms from 82p to £12.16 per day. Activities on which the levy might be spent are taxi marshalling, CCTV improvements, street pastors, street cleaning, enforcement and personal safety initiatives and increased toilet facilities, the actual spend being agreed by all partners for the benefit of the city. Newcastle’s night time economy plays an important role in creating a vibrant, sustainable economy for the city. Every year around 19.2m people visit Newcastle and Gateshead spending approximately £346m on food, drink and entertainment, supporting 7,000 jobs.

But neighbouring Hartlepool puts hold on early pub closing as “too risky for businesses”

Hartlepool Borough Council's Licensing Committee has decided that there is too much risk for local businesses if plans to force pubs to close early were introduced later this year. The Early Morning Alcohol Restriction Order (EMRO) is a new power that has been made available to licensing authorities following changes to the Licensing Act and can be used to force all alcohol licensed premises in a specific area to close at a certain time. In December 2012 the Licensing Committee decided to consult on a proposal that would require premises to close at 2am in the town centre area. The proposal was consulted on between 14 February and 28 March 2013 and 35 responses were received. At the hearing the Licensing Committee heard representations from the Safer Hartlepool Partnership who supported the proposal and from a number of licensees who risked having their hours reduced and were against the proposal.

Cleveland Police highlighted that, whilst overall crime and disorder had reduced significantly in recent years, violent crime in the town centre was still of concern and that the early closing of pubs would reduce the amount of time that people had to drink and get drunk. A number of licensees stated that reducing opening hours would not reduce crime but would have a detrimental impact on those businesses that rely on late night opening.

After hearing the representations, the Committee decided an EMRO could have a role to play in reducing crime and disorder but that, in the current economic climate, the risk to businesses was too great and that the EMRO should not be introduced at this time. The Committee encouraged further partnership working between the licensees and other agencies and said it would revisit the issue next year to see if improvements were continuing.

The Committee recognised the great work that has been done to reduce crime and disorder in the town centre and believes more still needs to be done. However, it decided that the potential negative impact on local businesses was too great to introduce an EMRO at this moment in time...

“...We are putting trust in the town’s licensees to work with the Police and the Council to continue the improvements that have been made so far.”
D Wetherspoons has aroused the ire of road safety campaigners by announcing the opening of what was described as Britain’s first motorway pub. The new pub is located at junction 2 of the M40 at Beaconsfield in Buckinghamshire. It has been licensed to trade for 24 hours a day, but to sell alcohol only between the hours of 8am and 1am. Speaking for the Campaign Against Drinking and Driving, Carol Whittingham told the Daily Mail she was “absolutely astounded” that the licence had been granted. “People will be tempted to drink and drive and I can’t understand how the local authority has allowed this. It is just not necessary - you can buy alcohol on every street corner so why tempt people by having it at motorways as well?”

For the Alcohol Health Alliance, Sir Ian Gilmour said “To reduce alcohol-related harm, we have to reduce its availability, not increase it. Opening a bar at a service station sends out completely the wrong message if we are trying to prevent harm from alcohol-related traffic accidents.” Sir Ian added that the AHA believes that a fundamental review of licensing law is required, which focuses on controlling the availability of alcohol and reducing alcohol-related harm. Public health should be a licensing objective in its own right, taking into consideration the total number of premises selling alcohol, of all kinds, and the impact of this provision on the health and wellbeing of the local population.

Chairman and founder of Wetherspoons, Tim Martin, said: “We are looking forward to opening our first licensed bar and restaurant on the motorway network. The company has always been innovative and this is an exciting new development for us. Hopefully it will be the first of many Wetherspoons on the motorway.”

It is reported that Wetherspoons’ application for a licence was approved by the licensing authority without any objections having been received.

The Law

Under section 176(2) of the Licensing Act 2003 and Department for Transport circular guidance (DfT Circular 01/2008), the sale or consumption of alcohol is prohibited in Motorway Service Areas (MSAs) in England and Wales. This ban covers all premises within MSAs including hotels and lodges providing overnight accommodation within the MSA. Wetherspoons’ application was approved at the time when the Government is considering whether the general prohibition of alcohol at MSAs should be removed, and local licensing authorities enabled to consider licence applications for premises within MSAs. The Government has already consulted on the proposal but its decision has not yet been announced.

However, the position is complicated by the small print of the Licensing Act allowing exceptions to the general prohibition of alcohol at MSAs, and, indeed, Wetherspoons on the M40 would not in fact be the first alcohol licence awarded to a motorway services area. There is already one premises licensed to sell alcohol on the M4, another on the M5, three on the M6 and two on the M1. There may also be others.

Whether it is legal or illegal to sell or supply alcohol in a motorway services area depends essentially on who owns it. Section 176 of the Licensing Act 2005 ‘prohibits the sale of alcohol at motorway service areas and garages etc’ in respect of motorway service areas which are ‘premises situated on land acquired or appropriated by a special road authority, and for the time being used, for the provision of facilities to be used in connection with the use of a special road provided for the use of traffic of class I (with or without other classes)”.

Prior to 1992, the Department for Transport had responsibility for developing MSAs: acquiring land, funding construction and leasing the completed sites to operating companies. In 1992 there was a change in government policy to encourage the private sector to acquire MSA sites and seek planning consent from local planning authorities to open MSAs. These MSAs are then owned by the private sector. Hence, the sale and consumption of alcohol at MSAs is prohibited nationally only for MSAs which are still owned by the Government (and are on land bought by the Secretary of State). MSAs owned by the private sector are not covered by the Act.

Given that this is the case, it seems likely that increasing numbers of alcohol licences will be granted to MSAs, even if the Government were to decide against relaxing the law.
Drink drive deaths up by a quarter

Deaths from drink driving increased by around 25% in 2012, according to provisional estimates from the Department for Transport.

The estimates show that, in 2012, 290 people were killed in drink drive accidents in Great Britain (17% of all reported road fatalities), an increase of around a quarter compared with 2011. However, there was a 5% decrease in seriously injured drink drive casualties in 2012, to around 1,200 (5% of all seriously injured road casualties).

The increase in deaths is especially notable as the previous year, 2011, had the lowest number of drink drive deaths since detailed reporting began in 1979.

Amongst those killed in drink drive accidents, the majority (68%) are drivers and riders over the legal alcohol limit. The remaining 32% were other road users, involved in the accident but not necessarily over the legal limit themselves.

Since 1979, when detailed reporting began, there has been an almost six-fold reduction in the number killed in drink drive accidents and a similar drop in seriously injured casualties.

See Government Statistical Release - Reported Road Casualties in Great Britain: Estimates for accidents involving illegal alcohol levels: 2012 (provisional) and 2011 (final) available here:
Do some young people’s attitudes to alcohol make them more likely to be violent when drinking?

The connection between drinking and disorder in Britain has long been established as a problem. But why is it that only some people behave violently when they drink? In fact, many people drink and cause no trouble at all: they seemingly become more relaxed, friendly and outgoing. Whilst, on the other hand, there are those who get in trouble, do things they regret or even end up in violent confrontations.

Here, Dr Carly Lightowlers, lecturer in Criminal Justice at Liverpool John Moores University (School of Law), examines the issue.

Existing research suggests it is not drinking per se that is associated with violent behaviour. Rather, it’s factors such as people’s patterns of drinking, their stage in the life course, and the wider social and cultural context that can influence the likelihood of becoming violent when drinking alcohol. We also know that the strength of the alcohol-violence relationship varies between different countries and cultures.

For these reasons it seemed important to consider attitudes held by young people about alcohol consumption when studying the alcohol-violence relationship amongst English and Welsh youth. Not only can attitudes reflect wider cultural norms, but those we hold in late adolescence and early adulthood are likely to be distinct from those we hold in later life: it is hypothesised that our attitudes change with increased maturity and life experience.

My PhD investigates, amongst other things, whether there are groups of individuals who hold similar attitudes towards alcohol consumption, and whether these attitudes mediate the alcohol-violence relationship amongst young people in England and Wales. I used longitudinal panel data from the Home Office’s Offending Crime and Justice Survey (OCJS) to explore self-reported violent offending (assault offences), alcohol consumption.

Figure 1: Response probabilities for agreeing with the alcohol attitude survey items
patterns, and attitudes towards drinking alcohol. The focus was on young people aged 16 to 29 as this was thought to be a group who were likely to be drinking frequently and doing so in public nightlife environments without parental supervision.

I thought it useful to assess whether there were distinct groupings of like-minded individuals with regards to their attitudes about drinking. Figure 1 distinguishes between ‘social drinkers’ (21% of the sample), ‘positively motivated drinkers’ (56%) and ‘problematic drinkers’ (23%). From Figure 1, we can see that ‘problematic drinkers’ were more likely to agree with all five reasons for drinking, but are distinct in their stronger agreement with drinking to get drunk and to forget their problems, as well as experiencing adverse effects of drinking, such as doing things they regret. ‘Social drinkers’, on the other hand, tend to disagree with these items suggesting their drinking makes them relaxed as well as friendly and outgoing. ‘Positively motivated drinkers’ tend to agree even more strongly that drinking makes them feel relaxed and makes them more friendly and outgoing.

I then used these classifications to assess the role of attitudes in mediating the alcohol-violence relationship. The probabilities shown in Figure 2 below highlight that whilst risk tends to reduce with age, ‘problematic drinkers’ are disproportionally likely to commit an assault at any age, but especially when they’re young.

To my mind, these findings suggest that we can’t just simply alert young people to recommended safe alcohol consumption limits or the negative health implications of heavy drinking. Instead we need to work with them to tackle some of the problems and difficulties they face, for example by signposting...
Underage drinkers
“turning to online retailers to buy alcohol”

Significant numbers of children and young people in Wales are turning to online supermarket grocery services in order to buy alcohol, according to Alcohol Concern Wales.

The report, called On your doorstep, highlights the findings from a Wales-wide survey of minors aged between 14 and 17 years old. 15% of the respondents who had previously bought or attempted to buy alcohol for themselves or someone else, had successfully purchased alcohol via the internet, the majority of whom regarded it as “easy” to do so and an effective way to bypass age verification checks.

Alongside the survey, in March 2013, South Wales Police undertook a test purchases operation in Cardiff with 15 year olds, to find out whether they were able to buy alcohol from major supermarket grocery websites.

It found that alcohol could be bought online from these sites with relative ease, by simply agreeing to the website terms and conditions, and being in possession of a debit card and email address. In 44% of the test cases, alcohol was then handed to the underage test purchasers in person without any requests for proof of age, despite published supermarket policies which state they will not deliver to under 18s.

Mark Leyshon, Policy and Research Officer at Alcohol Concern, said:

“The process of purchasing alcohol online, for example via supermarket websites, is unique in that the sale is made in private and with relative anonymity, away from traditional retail premises. Young people have told us that these sites offer less robust age verification practices and provide a quick and easy way to get hold of alcohol, especially for younger teenagers who would likely have greater difficulty in buying alcohol in person from in-store at a supermarket or off-licence.”

Scott Lloyd, Licensing Sergeant with South Wales Police, who led the test purchases operation, said:

“South Wales Police are disappointed with the failure rate and will work with the supermarkets to ensure under 18s do not have access to alcohol in this way.”

Alcohol Concern is calling for supermarkets, and other off-trade retailers that provide an alcohol home delivery service, to review their existing age checking procedures to determine whether they are fit for purpose, and ensure in particular that delivery staff are given robust training in procedures relating to requesting and identifying proof of age. The charity also recommends more widespread test purchasing by police and trading standards to assess the true extent of the problem.
Continuing decline in drinking, smoking and drug taking in school-age children

The latest survey ‘Smoking, drinking and drug use among young people in England in 2012’, which surveyed 7,590 pupils in 254 schools in the autumn term of 2012, documents a continuation in the long-term reductions in the rates of school children drinking, smoking and taking illicit drugs and in their tolerance for peers doing so.

However, there was an increase in the number of units of alcohol consumed by pupils who drink in 2012 compared with 2011. 11 to 15 year-olds who drank in the last week drank an average of 12.5 units (mean) in 2012, an increase of 2.1 units on the previous year, when an average of 10.4 units was consumed.

In terms of region, the North East of England has the highest proportion of pupils who have ever drunk alcohol. Combined figures for 2011 and 2012 indicate that over half (51%) of pupils aged between 11 and 15 in the region have ever drunk alcohol. The North East also tops the table for the highest proportion of pupils who drank alcohol in the last week (14%).

In terms of the national picture, the report shows that in 2012:

- Less than half of pupils (43%) had ever drunk alcohol, compared to 61% a decade ago in 2002.
- Around two in ten (23%) 11 to 15 year olds had ever tried smoking compared to around four in ten (42%) ten years ago in 2002.
- Fewer than one in five (17%) had ever tried drugs, compared to 27% in 2002.
- The proportions of pupils who have ever drunk, smoked and taken drugs increases with age. For instance, 12% of 11 year olds have ever had an alcoholic drink, compared to 74% of 15 year olds.
- In 2012, 28% of pupils thought it was OK for someone of their age to drink once a week and 13% to smoke once a week, compared to 46% and 25% respectively in 2003.

Half (50%) of pupils who had drunk alcohol in the last four weeks said that they had been drunk at least once during that time. Although 61% of them said that they had deliberately tried to get drunk, 39% said they had not.

Whether pupils drink or not was strongly influenced by the behaviour and attitudes of their families. Pupils were more likely to drink alcohol if someone they live with does: 83% of pupils whose households did not include anyone who drank had never themselves drunk alcohol, compared
with 30% of pupils who lived with three or more drinkers. Similarly, pupils who thought their families didn’t like them drinking were less likely to have drunk alcohol than those who thought their families didn’t mind if they drank. 87% of pupils who felt that their parents would disapprove had never drunk alcohol, compared with 28% of those who thought that their parents wouldn’t mind as long as they didn’t drink too much.

The proportion of pupils who think it is OK for someone of their age to drink alcohol has fallen in recent years. In 2012, 28% of pupils thought that it was OK for someone of their age to drink once a week compared with 46% in 2003.

Pupils’ beliefs about why people of their age drink alcohol varied according to whether or not they have drunk alcohol themselves. Pupils who have never drunk alcohol were more likely than those who have to think that people of their age drink because of social pressures: to look cool in front of their friends or because their friends pressure them into it. Pupils who have drunk alcohol were more likely than non-drinkers to believe that people of their age drink to be sociable with friends or because it gives them a rush or buzz.

The report does not analyse the findings in relation to religion or ethnicity and so it is impossible to gauge the impact of the growth in the numbers of schoolchildren from non-British indigenous backgrounds, some of which proscribe the use of alcohol. In 2011 the Department for Education announced that in England around 25% of children in state schools were from ethnic minorities, and the proportion is growing rapidly.

The full report can be accessed here:
http://www.hscic.gov.uk/catalogue/PUB11334