

IAS response to Consultation on a new legal duty to support a multi-agency approach to preventing and tackling serious violence

Do you agree that the vision and focus for a multi-agency approach to preventing and tackling serious violence is correct? If not, please explain why.

There are many reasons to welcome attempts to tackle violence which consider the phenomenon holistically. The success of this approach deployed by the Violence Reduction Unit in Scotland has seen the country's "homicides fall to their lowest level since 1976" (Violence Reduction Unit. n.d. About the Violence Reduction Unit. <http://actiononviolence.org/about-us>), with a 39% decrease in homicides there in the last decade (Scottish Government. 2018. Homicide in Scotland 2017-18. <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2018/10/homicide-scotland-2017-18/documents/homicide-scotland-2017-18/homicide-scotland-2017-18/govscot%3Adocument/00542535.pdf>). While we feel a multi-agency approach to preventing and tackling serious violence shows great promise, the Institute of Alcohol Studies is responding to this consultation to note that, as substance misuse is cited as a risk factor for serious violence perpetration and victimisation, its deployment needs to be carefully considered to avoid unintended consequences, particularly relating to alcohol treatment outcomes. Further, as the authors of this consultation note, any successful public health approach to violence must be evidence driven. As such, we feel it essential to present the well-evidenced link between alcohol and violence. While the Serious Violence Strategy is not concerned with alcohol-related violence, this represents a substantial proportion of all violence taking place in England and Wales (39% in 2017/18 (Office for National Statistics. 2019. The nature of violent crime in England and Wales: year ending March 2018. p. 26)) and the boon to police and public health manpower that tackling this could achieve would be considerable.

1. A multi-agency approach to preventing and tackling serious violence shows promise, and there are many excellent features in the multi-agency approach proposed in the consultation.

A multi-agency approach to preventing and tackling serious violence shows potential. Not only have the results from Scotland been promising, international research examining alcohol-related violence has repeatedly highlighted the success of non-criminal justice system interventions, such as price increases, in reducing violence; for example, real world alcohol price increases of 10% in Canadian provinces have been found to be associated with a 9.17% decrease in crimes against persons (Stockwell, T., Zhao, J., Marzell, M., Gruenewald, P.J., Macdonald, S., Ponicki, W. R. and Martin, G. 2015. [Relationships between minimum alcohol pricing and crime during the partial privatization of a Canadian government alcohol monopoly](https://www.ncbi.nlm.nih.gov/pubmed/26098040). Journal of studies on alcohol and drugs, 76(4), <https://www.ncbi.nlm.nih.gov/pubmed/26098040>. p. 634). Further, action of the criminal justice system is not the only determinant of crime levels – a common theme in criminological literature. Analysis of the crime drop seen in the US between 1990 and 2013 from the Brennan Centre for Justice found that increased incarceration "had little effect on the drop in violent crime in the past 24 years" while decreasing alcohol consumption across this period accounted for between 5-10% of the crime decline seen (Roeder, O.K., Eisen, L.B., Bowling, J., Stiglitz, J.E. and Chettiar, I.M., 2015. What caused the crime decline?. Columbia Business School Research Paper. <https://www.brennancenter.org/publication/what-caused-crime-decline>. pp. 4-5).

There are many excellent features in the multi-agency approach proposed in this consultation. For example, the call for partnership working “un-constrained by organisational, professional or geographical boundaries” aligns with our own findings regarding alcohol and mental health treatment. While it is common for those with an alcohol dependency to experience a co-occurring mental health condition (with 86% of people in alcohol treatment services experiencing a co-occurring mental health condition (Public Health England. 2017. [Better care for people with co-occurring mental health and alcohol/drug use conditions](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf. p. 8)), lack of understanding and join-up between alcohol and mental health treatment services, have been highlighted as major barriers to these individuals accessing such services (The Institute of Alcohol Studies. 2018. [Alcohol and Mental Health: Policy and practice in England](http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp31042018.pdf). <http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp31042018.pdf>. p. 13). As substance use is identified as a risk factor serious violence perpetration and victimisation in this consultation, improving join up between alcohol and mental health treatment services ought to be considered. Further, the commitment to consult “communities, especially those most affected, and young people” offers the potential to contextualise quantitative and population level data on incidents and interventions. For example, similar insight has been gained regarding adverse childhood experiences; while population level estimates for the numbers of children living with an alcohol dependent parent have been produced (Pryce, R., Buykx, P., Gray, L., Stone, T., Drummond, C. and Brennan, A., 2017. [Estimates of alcohol dependence in England based on APMS 2014, including estimates of children living in a household with an adult with alcohol dependence](https://www.sheffield.ac.uk/polopoly_fs/1.693546!/file/Estimates_of_Alcohol_Dependence_in_England_based_on_APMS_2014.pdf). Public Health England. https://www.sheffield.ac.uk/polopoly_fs/1.693546!/file/Estimates_of_Alcohol_Dependence_in_England_based_on_APMS_2014.pdf. p. ix), it is through work interviewing children themselves that we understand the realities of their family life (Adamson, J. and Templeton, L., 2012. Silent voices: Supporting children and young people affected by parental alcohol misuse. <http://www.ias.org.uk/uploads/pdf/News%20stories/occ-report-silent-voices.pdf>).

2. However, there are many ways to design a multi-agency approach to preventing and tackling serious violence; consideration must be given to avoid creating a system producing unintended consequences.

While there are many excellent features in the multi-agency approach proposed in this consultation, as the consultation makes clear, a multi-agency, or ‘public health’, approach to preventing and tackling serious violence can mean many things. It is important to consider this, so as not to create a system producing unintended consequences. Some features proposed need careful consideration, particularly data sharing and identification of individuals between organisations, and the proposal for organisations to be held “accountable for their work on serious violence, including being subject to inspections”; these will be discussed in turn.

The multi-agency approach proposed in this consultation suggests the following:

- “Regular sharing between agencies of data and intelligence to prevent and tackle serious violence and identify those most at risk of becoming affected by serious violence”

- “Using that information on people or groups vulnerable to becoming affected by serious violence and those geographical areas where violence is most likely to occur, to develop a programme of early interventions.”

Data sharing can be a powerful tool to reduce levels of violence. The Cardiff Model is a data sharing approach to addressing violence, endorsed and committed to by the government in their Modern Crime Prevention strategy, and implemented by Scotland's Violence Reduction Unit (Cardiff University Violence Research Group. n.d. Cardiff Model for Violence Prevention.

https://www.cardiff.ac.uk/data/assets/pdf_file/0012/1034130/VRG-Cardiff-Model-Briefing-WEB2-002.pdf. p. 2). The model identifies hotspots and peak times for violence, by combining anonymised hospital emergency department data with police data, capturing many violent incidents that may never come to the attention of police; it was found that this approach reduced "violence related hospital admissions by 35%" and "serious violence recorded by the police by 42%" (Cardiff University Violence Research Group. n.d. Cardiff Model for Violence Prevention.

https://www.cardiff.ac.uk/data/assets/pdf_file/0012/1034130/VRG-Cardiff-Model-Briefing-WEB2-002.pdf. p. 1).

However, there are important considerations to be held in mind when designing and operationalising data sharing activity. One of the risk factors for participating in or becoming a victim of serious violence identified in this consultation is substance misuse; if people believe that accessing treatment for substance or alcohol dependency might lead to themselves becoming known to other statutory bodies such as police, this could see those in need of medical intervention avoiding this or being reluctant to disclose relevant medical information to their healthcare providers. There is evidence to suggest such concern already exists to a degree among some experiencing substance or alcohol dependency. Research from the Institute of Alcohol Studies, involving a public inquiry from a panel of expert advisors, suggested that parents experiencing alcohol dependency may be reluctant to seek medical help if they have concerns, real or imagined, that this will lead to children being removed by other statutory services (Institute of Alcohol Studies. 2017. Like Sugar for Adults: The Effect of Non-Dependent Parental Drinking on Children & Families. <http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp28102017.pdf>. p. 39). Further, this consultation speaks about identifying "those most at risk of becoming affected by serious violence". It is important to ensure that isolating individuals in this way does not have negative, potentially counter-productive, consequences for them. The experiences of those identified on the Metropolitan Police Service's database, the Gangs Matrix, illustrate this. The Gangs Matrix was created "to identify and risk-assess the most harmful gang members in a borough" by "collating and using data about individuals known to be involved in criminality or at risk of doing so" (MOPAC. 2018. Review of the Metropolitan Police Service Gangs Matrix.

https://www.london.gov.uk/sites/default/files/gangs_matrix_review_-_final.pdf. p. 11). Many have raised significant concerns relating to the operation of this Matrix (Including, "over-broad and arbitrary identification of people as gang members", the suggestion that the matrix "unfairly profiled and stigmatised black youth" and data privacy concerns including "weak data governance and lack of safeguards" (Amnesty International. 2018. Trapped in the Matrix: Secrecy, stigma, and bias in the Met's Gangs Database.

<https://www.amnesty.org.uk/files/reports/Trapped%20in%20the%20Matrix%20Amnesty%20Report.pdf>. pp. 3-4)) but most relevant here is the finding that the identification of an individual on the Matrix was shared with other agencies, including "housing associations, schools, job centres, the criminal justice system and the Home Office" (Amnesty International. 2018. Trapped in the Matrix: Secrecy, stigma, and bias in the Met's Gangs

Database.

<https://www.amnesty.org.uk/files/reports/Trapped%20in%20the%20Matrix%20Amnesty%20Report.pdf>. p. 3). This meant, as Amnesty International put it, that “this stigmatising ‘red flag’ can follow people in their interaction with service providers, from housing to education, to job centres” (Amnesty International. 2018. Trapped in the Matrix: Secrecy, stigma, and bias in the Met’s Gangs Database.

<https://www.amnesty.org.uk/files/reports/Trapped%20in%20the%20Matrix%20Amnesty%20Report.pdf>. p. 3). Indeed, Amnesty International present examples of individuals being excluded from college and threatened with eviction following their addition to the Matrix.

It is important that any activity designed under the multi-agency approach proposed in this consultation considers these concerns. Particularly considering those with alcohol dependencies, if these are either deterred from accessing treatment for fear of reprisals, or if they find themselves stigmatised in interactions with a wide range of services through data sharing, this will likely be harmful.

The multi-agency approach proposed in this consultation also suggests the following:

- “Organisations being held accountable for their work on serious violence, including being subject to inspections either by their relevant inspectorates, or possibly through joint inspections.”

Recent examples from the alcohol treatment sector shows the importance of designing targets and accountability carefully. For example, some local authorities have employed a “payment by results” model towards alcohol treatment providers in response to budget cuts suffered in recent years. However, this has effectively “removed the incentive for addiction treatment services to take on patients with complex needs who are likely to need longer and more intensive treatment” (Drummond, C. 2017. [Cuts to addiction services are a false economy. https://blogs.bmj.com/bmj/2017/05/25/colin-drummond-cuts-to-addiction-services-in-england-are-a-false-economy/](https://blogs.bmj.com/bmj/2017/05/25/colin-drummond-cuts-to-addiction-services-in-england-are-a-false-economy/)). Any inspection regime implemented must be considered in this light; those most in need may find themselves excluded from the services best placed to support them.

Do you consider that Option One would best achieve the consultation vision? Please explain why. / Do you consider the specific agencies listed in Schedule 6 to the Counter- Terrorism and Security Act 2015 the right partners to achieve the consultation vision? If not, please explain why. / Do you consider that Option 2 would best achieve the consultation vision? Please explain why. / Should the list of Statutory Partners in Community Safety Partnerships be added to so that they can adequately prevent and tackle serious violence in local areas? If so, what organisations? / Do you consider that Option Three would best achieve the consultation vision? Please explain why. / What other measures could support such a voluntary multi-agency approach to tackling serious violence, including how we ensure join up between different agencies?

As is outlined in our response to question one, our concerns relate to the content of such a multi-agency response rather than whether this is enacted through legislation or otherwise.

However, we would note that some of the agencies proposed to be involved in such a response might be restricted in their capacity to address such violence by other legislation and policy. For example, substance misuse is identified in the consultation as a risk factor for serious violence perpetration and victimisation. However, local authorities have seen

their alcohol treatment budgets suffer significant cuts in recent years; as alcohol treatment service funding is not ring-fenced within public health grants (Alcohol Concern / Alcohol Research UK. 2018. [The Hardest Hit: Addressing the crisis in alcohol treatment services](https://alcoholchange.org.uk/publication/the-hardest-hit-addressing-the-crisis-in-alcohol-treatment). <https://alcoholchange.org.uk/publication/the-hardest-hit-addressing-the-crisis-in-alcohol-treatment>. p. 6), cuts of up to 58% have been seen in some areas, described by one clinical specialist as an "assault on funding" (Alcohol Concern / Alcohol Research UK. 2018. [The Hardest Hit: Addressing the crisis in alcohol treatment services](https://alcoholchange.org.uk/publication/the-hardest-hit-addressing-the-crisis-in-alcohol-treatment). <https://alcoholchange.org.uk/publication/the-hardest-hit-addressing-the-crisis-in-alcohol-treatment>. p. 7). These cuts have damaged services, with a 2018 survey of treatment professionals and service users, finding "only 12% of respondents felt resources were sufficient in their area" seeing "fewer specialist addictions psychiatrists, clinical psychologists, and nurses, and a greater reliance on doctors without specialist training and volunteers with limited training" (Drummond, C. 2017. [Cuts to addiction services are a false economy](https://blogs.bmj.com/bmj/2017/05/25/colin-drummond-cuts-to-addiction-services-in-england-are-a-false-economy/). <https://blogs.bmj.com/bmj/2017/05/25/colin-drummond-cuts-to-addiction-services-in-england-are-a-false-economy/>). The ring-fencing of the public health grant will be removed altogether in 2020, suggesting this situation may deteriorate further (Alcohol Concern / Alcohol Research UK. 2018. [The Hardest Hit: Addressing the crisis in alcohol treatment services](https://alcoholchange.org.uk/publication/the-hardest-hit-addressing-the-crisis-in-alcohol-treatment). <https://alcoholchange.org.uk/publication/the-hardest-hit-addressing-the-crisis-in-alcohol-treatment>. p. 6). If government expects these services to operate successfully (both independently and within a multi-agency framework), their funding shortages must be addressed.

Similarly, licensing law restricts local authority action. Under the Licensing Act 2003, while a local authority may be concerned that an increase in the number of premises in an area may increase violence levels (a concern which is evidence based (Alcohol Focus Scotland and CRESH. 2018. [Alcohol Outlet Availability and Harm in Scotland](https://www.alcohol-focus-scotland.org.uk/media/310762/alcohol-outlet-availability-and-harm-in-scotland.pdf). <https://www.alcohol-focus-scotland.org.uk/media/310762/alcohol-outlet-availability-and-harm-in-scotland.pdf>. p. 8)), they are bound to consider every new license in isolation (Home Office. 2018. Revised Guidance issued under section 182 of the Licensing Act 2003. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/705588/Revised_guidance_issued_under_section_182_of_the_Licensing_Act_2003_April_2018.pdf. p. 4). While in some cases a Cumulative Impact Policy may be in operation ("designed to prevent the proliferation of licensed premises concentrating in a designated area by making it harder to obtain an alcohol licence in areas where there are high levels of alcohol-related problems" (The Institute of Alcohol Studies. 2018. Driving factors of alcohol-related crime. <http://www.ias.org.uk/uploads/pdf/Crime%20and%20social%20impacts%20docs/Driving%20factors%20of%20alcohol-related%20crime.pdf>. p. 3)), these have been demonstrated to only slow, rather than halt, proliferation of licensed premises in an area; in 2016/17 in areas covered by Cumulative Impact Policies, almost 9 out of 10 (89%) of new applications or variations to existing licenses were still granted (Home Office. 2017. Alcohol and late night refreshment in England and Wales 31 March 2017, data tables, Table 6. <http://bit.ly/2PGbsQ2>).

It will be important to address limitations on actors such as these in any multi-agency approach.

Aside from your answers given in previous sections, are there any other considerations that you would like to raise regarding one or more of the proposed options?

Any successful public health approach to violence must be evidence driven, as the authors of this consultation note. Therefore, we feel it essential to present the well-evidenced link between alcohol and violence. Our evidence submitted to the Home Affairs Select Committee inquiry into the Serious Violence Strategy that this consultation builds on, shows that alcohol-related violence places a significant burden on communities and the police forces serving them:

“Last year [2016/17, there were nearly half a million violent crimes committed under the influence of alcohol in England and Wales – 40% of all violent offences (ONS. 2018. [The nature of violent crime in England and Wales: year ending March 2017](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/the-nature-of-violent-crime-in-england-and-wales-year-ending-march-2017). <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/the-nature-of-violent-crime-in-england-and-wales-year-ending-march-2017>. p. 24). Around 60% of murders are committed under the influence of alcohol (Quigley, B. M. and Leonard, K. E. 2000. Alcohol, drugs, and violence. In V. B. Van Hasselt & M. Hersen (Eds.), *Aggression and violence: An introductory text*. pp. 259–283. Cited in, Foran, H. and O’Leary, K. 2008. [Alcohol and intimate partner violence: A meta-analytic review](https://www.ncbi.nlm.nih.gov/pubmed/18550239). *Clinical psychology review*, 28(7), <https://www.ncbi.nlm.nih.gov/pubmed/18550239>. p. 1223). The cost to the taxpayer of this alcohol-related crime and disorder has been estimated to be £11bn per year (at 2010/11 prices. www.parliament.uk. 2013. [Written evidence from the Department of Health \(GAS 01\)](https://publications.parliament.uk/pa/cm201213/cmselect/cmhealth/132/132we02.htm#_blank), in *3rd report – Government’s Alcohol Strategy*, Health Committee. https://publications.parliament.uk/pa/cm201213/cmselect/cmhealth/132/132we02.htm#_blank), although some suggest this may be an underestimate” (Bhattacharya, A. 2017. [Which cost of alcohol? What should we compare it against?](https://onlinelibrary.wiley.com/doi/abs/10.1111/add.13335). *Addiction*, 112(4), <https://onlinelibrary.wiley.com/doi/abs/10.1111/add.13335>. pp.559-565).

“Alcohol-related crime and disorder also takes up substantial proportions of the police’s time and manpower. In a survey of almost 5000 emergency service professionals, the Institute of Alcohol Studies found that alcohol takes up 53% of police workload (The Institute of Alcohol Studies. 2015. [Alcohol's impact on emergency services](http://www.ias.org.uk/uploads/Alcohols_impact_on_emergency_services_full_report.pdf). http://www.ias.org.uk/uploads/Alcohols_impact_on_emergency_services_full_report.pdf. p. 3). This problem is particularly acute at weekends. Here, over 80% of arrests are alcohol-related (Stoddart, J. 2011. [Alcohol’s impact on policing](http://www.balancenortheast.co.uk/library/documents/The_Impact_of_Alcohol_on_Policing_Slideshow.pdf). Balance – The North East Alcohol Office. http://www.balancenortheast.co.uk/library/documents/The_Impact_of_Alcohol_on_Policing_Slideshow.pdf. p. 19), and findings from the Alcohol Harm APPG suggest “policing the night time economy requires 30% more resourcing at the weekend” (Alcohol Concern. 2016. *The Frontline Battle*. <http://www.ias.org.uk/uploads/pdf/HSR/TheFrontlineBattle.pdf>. p. 13)...Findings from interviews with emergency service personnel further confirmed this drain alcohol places on police time, with officers describing the time-consuming process of ‘babysitting’ intoxicated individuals, often during their busiest periods (Alcohol Concern. 2016. *The Frontline Battle*. <http://www.ias.org.uk/uploads/pdf/HSR/TheFrontlineBattle.pdf>. p. 20).”

While the Serious Violence Strategy is not concerned with alcohol-related violence, acting upon this would serve not only to reduce national violence levels, but to free up police time.

As submitted to the Home Affairs Select Committee inquiry into the Serious Violence Strategy, there is a wealth of evidence to suggest that interventions on the price and availability of alcohol are effective measures to tackle alcohol-related violence:

"Affordability: Multiple studies have found alcohol price to be associated with levels of violence (Booth A., et al. 2010. [Alcohol pricing and criminal harm: a rapid evidence assessment of the published research literature](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/98138/rapid-evidence-assessment.pdf). SchHARR, University of Sheffield. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/98138/rapid-evidence-assessment.pdf. p. 14). In reviewing the relevant literature, the Home Office themselves recognise this: "The balance of this evidence tends to support an association between increasing alcohol price and decreasing levels of violence" (Secretary of State for the Home Department. 2011. [The likely impacts of increasing alcohol price: a summary review of the evidence base](https://www.gov.uk/government/publications/the-likely-impacts-of-increasing-alcohol-price-a-summary-review-of-the-evidence-base). HM Government. <https://www.gov.uk/government/publications/the-likely-impacts-of-increasing-alcohol-price-a-summary-review-of-the-evidence-base>. p. 4.). Research from Canada examining real world pricing changes found that a 10% increase in provincial minimum alcohol prices was associated with a 9.17% reduction in crimes against persons (Stockwell, T., Zhao, J., Marzell, M., Gruenewald, P.J., Macdonald, S., Ponicki, W. R. and Martin, G. 2015. [Relationships between minimum alcohol pricing and crime during the partial privatization of a Canadian government alcohol monopoly](https://www.ncbi.nlm.nih.gov/pubmed/26098040). Journal of studies on alcohol and drugs, 76(4), <https://www.ncbi.nlm.nih.gov/pubmed/26098040>. p. 634). Further, meta-analysis evidence suggests doubling alcohol tax would reduce violence by 2% (Wagenaar, A.C., Tobler, A.L. and Komro, K.A., 2010. [Effects of alcohol tax and price policies on morbidity and mortality: a systematic review](https://www.ncbi.nlm.nih.gov/pubmed/20864710). American Journal of Public Health, 100(11), <https://www.ncbi.nlm.nih.gov/pubmed/20864710>. p. 2270). Evidence from England and Wales echoes these findings; research examining beer prices' influence on injuries suggested "increased alcohol prices would result in substantially fewer violent injuries and reduced demand on trauma services" (Matthews, K., Shepherd, J. and Sivarajasingham, V. 2006. [Violence-related injury and the price of beer in England and Wales](https://www.tandfonline.com/doi/abs/10.1080/00036840500397341?journalCode=raec20). Applied Economics, 38(6), <https://www.tandfonline.com/doi/abs/10.1080/00036840500397341?journalCode=raec20>. p. 661), and findings released in 2016 suggest a 1% increase in alcohol prices above inflation could avoid more than 6,000 violence-related emergency department attendances in England and Wales every year (Page, N., Sivarajasingam, V., Matthews, K., Heravi, S., Morgan, P. and Shepherd, J. 2017. [Preventing violence-related injuries in England and Wales: a panel study examining the impact of on-trade and off-trade alcohol prices](https://injuryprevention.bmj.com/content/23/1/33). Injury prevention, 23(1), <https://injuryprevention.bmj.com/content/23/1/33>. p. 39). Levels of domestic violence have also been found to be associated with the price of alcohol (Markowitz. S. 2000. [The Price of Alcohol, Wife Abuse, and Husband Abuse](https://www.nber.org/papers/w6916). Southern Economic Journal, Volume 67, Issue 2, accessed from the National Bureau of Economic Research. <https://www.nber.org/papers/w6916>. p. 20), with one study finding a 1% increase in alcohol prices was associated with a 5% reduced risk of being a victim of domestic violence as a wife (Patra, J., Giesbrecht, N., Rehm, J., Bekmuradov, D. and Popova, S. 2012. [Are alcohol prices and taxes an evidence-based approach to reducing alcohol-related harm and promoting public health and safety? A literature review](https://www.findings.org.uk/docs/Patra_J_3_findings.pdf?s=eb&r=&sf=sfnos). Contemporary Drug Problems, 39(1), https://www.findings.org.uk/docs/Patra_J_3_findings.pdf?s=eb&r=&sf=sfnos. pp.7-48). Not only this, but a survey of 18-35 year olds in North West England found that those who 'pre-loaded' – consuming alcohol in a private setting before moving to the on-trade, a practice largely driven by the price differential between the off- and on-

trade – were more than twice as likely to have been involved in a fight (Hughes, K., Anderson, Z., Morleo, M. and Bellis, M. A. 2008. [Alcohol, nightlife and violence: the relative contributions of drinking before and during nights out to negative health and criminal justice outcomes](#). *Addiction*, 103(1), <https://www.ncbi.nlm.nih.gov/pubmed/17996008>. pp.60-65). These findings are highly concerning when considering that alcohol is substantially more affordable today than it has been for more than three decades (NHS Digital. 2017. [Statistics on Alcohol](#).

https://webarchive.nationalarchives.gov.uk/20180328130852tf_/http://content.digital.nhs.uk/catalogue/PUB23940/alc-eng-2017-rep.pdf/). This jump in affordability has been largely driven by cheap, supermarket alcohol – off-trade beer is 188% more affordable than it was in 1987, while off-trade wine and spirits are 131% more affordable. This trend has accelerated in the last five years, due to the scrapping of the alcohol duty escalator (Institute of Alcohol Studies. 2018. [The rising affordability of alcohol](#). <http://www.ias.org.uk/uploads/pdf/IAS%20reports/sb20022018.pdf>).

Minimum unit pricing and the reinstating of the alcohol duty escalator offer a solution. Minimum unit pricing sets a floor price below which a unit of alcohol cannot be sold, selectively raising the price of the cheapest alcohol products which are most responsible for harm, while leaving the price of most drinks, including those served in bars and restaurants, unchanged. Modelling suggests a 50p MUP in England would lead to a 2.4% reduction in alcohol-related crime, saving the criminal justice system £2.2 billion in 20 years (Angus, C., Holmes, J., Pryce, R., Meier, P. & Brennan, A. 2016. [Alcohol and cancer trends: Intervention Studies](#). University of Sheffield and Cancer Research UK.

https://www.cancerresearchuk.org/sites/default/files/alcohol_and_cancer_trends_report_cruk.pdf. p. 28)...Reinstating the duty escalator would also raise prices, reducing crime and generating revenue which could fund police forces. Between 2008 and 2012, the alcohol duty escalator automatically increased alcohol duties by 2% above inflation each year. However, this was scrapped for beer in 2013 and for wine, cider and spirits in 2014. Alcohol duties were cut or frozen in 2015 and 2016. They were all increased in line with inflation in the 2017 Spring Budget but were frozen again in the 2017 Autumn Budget. Reinstating this would go some way to protecting the most vulnerable from the harms of cheap alcohol, whilst protecting the Treasury from the £8.1 billion loss over the ten years to 2023 that has been projected from the current duty landscape (Institute of Alcohol Studies. 2017. [Budget 2017 analysis](#). <http://www.ias.org.uk/uploads/pdf/IAS%20reports/sb18122017.pdf>).

“Availability: Violence rates have also been shown to be significantly affected by the physical and temporal availability of alcohol. Alcohol Focus Scotland and Centre for Research on Environment, Society and Health (CRESH) at the Universities of Edinburgh and Glasgow found crime rates, including violent crime, “were consistently and significantly higher in areas with more alcohol outlets. This relationship was found for total outlets, on-sales outlets and off-sales outlets” (Alcohol Focus Scotland and CRESH. 2018. [Alcohol Outlet Availability and Harm in Scotland](#). <https://www.alcohol-focus-scotland.org.uk/media/310762/alcohol-outlet-availability-and-harm-in-scotland.pdf>. p. 8). Temporal availability plays a similarly key role. The introduction of trading hour restrictions in New South Wales was found to reduce incidence of assault, resulting in a 60% reduction in serious facial injuries requiring surgery in the two years following the restrictions being put in place (The Foundation for Alcohol Research and Education and The Institute of Alcohol Studies. 2017. [Anytime, anyplace, anywhere? Addressing physical availability of alcohol in Australia and the UK](#). <http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp25052017.pdf>. p. 16). The introduction

of the Licensing Act 2003 has created significant increases in alcohol's temporal and physical availability in England and Wales. Home Office figures show that not only has there been an 8% increase in premises licenses between 2008 and 2017, but that there has been a 16% increase in premises with a 24-hour license in the same period (Home Office and ONS. 2017. [Alcohol and Late Night Refreshment Licensing England and Wales](https://www.gov.uk/government/publications/alcohol-and-late-night-refreshment-licensing-england-and-wales-31-march-2017/alcohol-and-late-night-refreshment-licensing-england-and-wales-31-march-2017). Table 1. <https://www.gov.uk/government/publications/alcohol-and-late-night-refreshment-licensing-england-and-wales-31-march-2017/alcohol-and-late-night-refreshment-licensing-england-and-wales-31-march-2017>). Indeed, in their evidence-based report into UK alcohol policy, the University of Stirling, Alcohol Health Alliance, and British Liver Trust note that "Alcoholic drinks are no longer bought in specific places and at specific times for specific drinking routines. They can be bought anywhere, at any time, as part of the routine of daily life. This has eroded the public perception that these are distinctive, and above all harmful, products" (University of Stirling, Alcohol Health Alliance, and British Liver Trust. 2013. [Health First: An evidence-based alcohol strategy for the UK](https://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf). <https://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf>. p. 30). These changes in temporal and physical availability have created difficulties for police forces; research interviewing police professionals produced by the APPG on Alcohol Harm found these changes had "severe resource implications for police forces all over the country" (Alcohol Concern. 2016. [The Frontline Battle](http://www.ias.org.uk/uploads/pdf/HSR/TheFrontlineBattle.pdf). <http://www.ias.org.uk/uploads/pdf/HSR/TheFrontlineBattle.pdf>. p. 13). A comprehensive review of current licensing legislation could address this expansion of availability, reducing levels of violence experienced by citizens and frontline emergency service personnel (The Institute of Alcohol Studies. 2015. [Alcohol's impact on emergency services](http://www.ias.org.uk/uploads/Alcohols%20impact%20on%20emergency%20services%20full%20report.pdf). [http://www.ias.org.uk/uploads/Alcohols impact on emergency services full report.pdf](http://www.ias.org.uk/uploads/Alcohols%20impact%20on%20emergency%20services%20full%20report.pdf)). Further, it could free up resources and manpower to deal with the more intractable problems the strategy hopes to address."

An evidence-based, multi-agency approach to reducing violence will be significantly supported by action on alcohol pricing and availability. Indeed, the minimum unit pricing policy introduced in Scotland in 2018 was welcomed by the Violence Reduction Unit behind the drastic turnaround of the country's violence statistics (Violence Reduction Unit. 2017. [Minimum Unit Pricing Decision Statement](http://actiononviolence.org/news-and-blog/minimum-unit-pricing-decision-statement). <http://actiononviolence.org/news-and-blog/minimum-unit-pricing-decision-statement>). We hope the Westminster government will take similarly necessary action.