

Alcohol Alert newsletter

November 2015

IAS
Institute of Alcohol Studies

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with children of hazardous drinkers**



**We must “break the silence” and help families suffering
from alcohol misuse, says MP**

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UK Alcohol Alert
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News

November 2015

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Women ‘unaware’ of alcohol link with breast cancer

Survey finds majority of women in the dark over associated risks (1 November)

Most women questioned in a survey were unaware that drinking alcohol could increase their risk of developing breast cancer, according to a Cancer Research UK and Bupa study presented at the National Cancer Research Institute (NCRI) Cancer Conference in Liverpool.

The study, which was conducted by researchers at the University of Southampton, surveyed 206 women having a mammogram screening or being checked for breast cancer symptoms. The researchers sought to discover more about how much women already know about breast cancer risk – to help decide whether it might be a good idea to give women advice on ways to reduce risk and help prevent breast cancer at mammogram or clinic appointments. Results showed fewer than 25% knew that alcohol consumption could increase their breast cancer risk. Of those who did know, at least half were unaware how much alcohol was in a glass of wine and a pint of beer.

Every year in the UK, more than 50,000 women are diagnosed with (and around 11,600 die from) breast cancer, and more than a quarter (27%) of female breast

cancer cases in the UK each year could be prevented largely through lifestyle factors such as keeping a healthy weight and drinking less alcohol.

Study co-author Dr Ellen Copson, associate professor of medical oncology, said:

“There are ways women can potentially reduce their breast cancer risk – including drinking less alcohol and keeping a healthy weight. But most of the women we questioned didn’t know this. “It’s also worrying that so few of the women we questioned knew how much alcohol was in various drinks. The more alcohol you drink, the more your risk of breast cancer increases – but making a decision about whether or how to cut back is more difficult if women aren’t sure about the alcohol content of different drinks.”

Dr Daniel Rea, chair of the NCRI breast cancer clinical studies group, said:

“This study highlights that women aren’t always aware that lifestyle

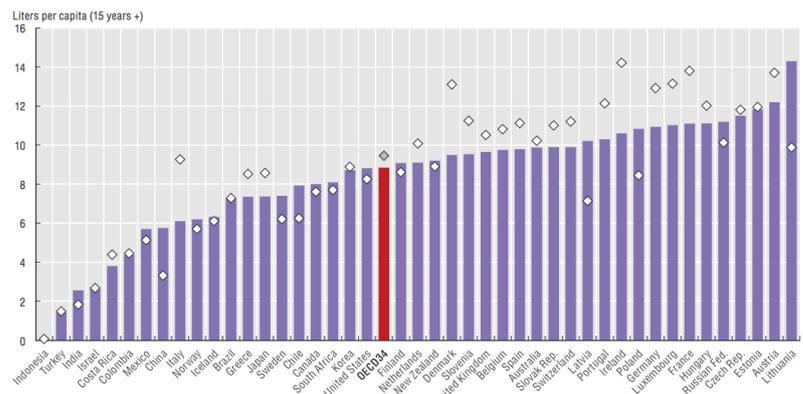
changes can have an impact on breast cancer risk. We need to find the best time and place to provide this information and use these opportunities to help women know what choices can be made to cut their chances of developing the disease.”

OECD: Brits still among worst binge drinkers in the world

Britain “struggling to make progress” on reducing rates of binge drinking (4 November)

Britain’s health system lags behind many other developed countries, with high rates of obesity, smoking and binge-drinking requiring “urgent attention”, says the Organisation for Economic Co-operation and Development.

The *Health At A Glance 2015* indicators for alcohol showed that, although litres-per-adult alcohol consumption among Brits had lowered slightly between 2000 and 2013 (illustrated below), it still remained above the OECD



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>; WHO for non-OECD countries.

StatLink <http://dx.doi.org/10.1787/888933280835>

average. The report also found that the heaviest-drinking 20% of the population consume two-thirds of all alcohol, ranking the UK in the worst 10 OECD countries for harmful and hazardous consumption.

The authors' solutions include counselling for "risky" drinkers and "tax and price interventions" to cut the consumption of alcohol.

Mark Pearson, head of health policy at the OECD, said: "Other countries are improving but the UK is struggling to make similar progress ... we are far too fat, our smoking is no better than average and we are also very good at binge-drinking."

"The evidence is clear that taxes on smoking and alcohol do work."



IAS report slams Responsibility Deal alcohol pledges

The pledges have "worsened the health of the nation" (9 November)

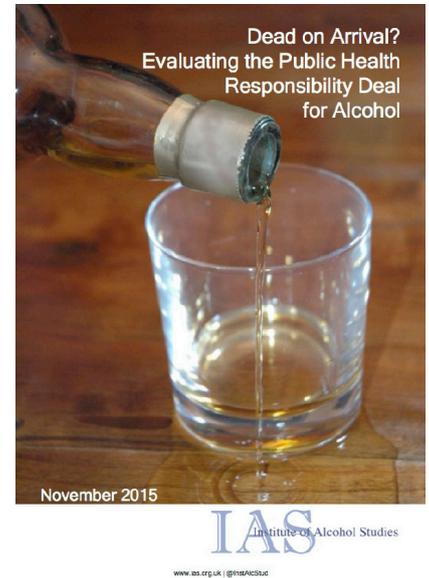
An IAS report published this month condemns the Public Health Responsibility Deal for Alcohol (RD), suggesting it has "worsened the health of the nation". 'Dead on Arrival? Evaluating the Public Health Responsibility Deal for Alcohol' surveys the evidence on the Government's flagship public health programme, which was launched in 2011 as a voluntary

partnership with commercial organisations, public bodies, academics and NGOs to promote public health goals.

The RD brings these actors together to commit to a set of non-binding pledges to reduce health harms. The IAS report demonstrates the failings of this project, finding:

- The Responsibility Deal is not endorsed by academics or the public health community
- It has pursued initiatives known to have limited efficacy in reducing alcohol-related harm
- The evidence on the effectiveness of the Responsibility Deal is limited and unreliable, due to ambiguous goals and poor reporting practices
- Where evaluation has been possible, implementation has often failed to live up to the letter and/or spirit of the pledges
- The Responsibility Deal appears to have obstructed more meaningful initiatives with a stronger evidence base behind them

The report collates and synthesises the findings of a number of recent independent academic evaluations, which have been critical of the RD. The initiative's current status is uncertain: its Alcohol Network has not met in over a year, and the Government has not explicitly committed to its renewal since



the election.

When questioned about this in the House of Lords, one government spokesperson simply stated that the Government is "currently reviewing all aspects of the Responsibility Deal, including for alcohol."

Katherine Brown, Director of the Institute of Alcohol Studies said:

"This report reveals the full extent of the failures of the responsibility deal to address alcohol harm. Perhaps more worryingly, it indicates the deal may have delayed evidence based actions that would save lives and cut crime, such as minimum pricing."

"To call this a 'public health responsibility deal' for alcohol is laughable as almost every independent public health body has boycotted it."

"With no support from the health community, and no evidence of effectiveness, it would be absurd

for this government to continue with such a farcical initiative. It's time the responsibility deal for alcohol was put to bed and the government revisited some of the real evidence-based policies promised in the 2012 alcohol strategy.

“With alcohol costing our society £21 billion each year, we can't afford to keep prioritising the needs of big business over public health”.



MSPs reject 'Buckfast amendment' to Alcohol Bill

Scottish Government turns down Labour MSP's proposal to address "serious problem" with the drink (9 November)

Ministers have called on Holyrood's Health Committee to recommend that Labour MSP and former GP Dr Richard Simpson's Alcohol Bill should make no further progress in Parliament.

They argue that many of the provisions of the Bill – which include a minimum price on multipacks, regulation of alcoholic drinks containing caffeine, restrictions on alcohol advertising and drinking banning orders – are either unworkable, fall foul of UK and EU legislation or are better dealt with under existing legislation.

The proposed limit on the volume of caffeine in alcoholic drinks was www.ias.org.uk

partly aimed at addressing a link between Buckfast and offending identified in a study for the Scottish Prison Service on young male offenders in Scotland. It found 43.4% of those who admitted drinking before their last offence had consumed Buckfast tonic wine.

Dr Simpson said it is one example of evidence showing a “serious problem” with the drink. But ministers say such a proposal, which appears focused “on only one product”, could fall foul of EU regulations protecting the free movement of goods.

In an advance submission, the Scottish Government said: “Although the Scottish Government welcomes the intent to address the issue of alcohol misuse, on balance we consider that some provisions are unnecessary at this time and significant detailed work is required to explore whether others could be made workable and proportionate.

“We believe that the issues it raises would be better addressed via the review of the Alcohol Framework.

“On this basis the Scottish Government does not support the Alcohol (Licensing, Public Health and Criminal Justice) (Scotland) Bill progressing to Stage 2.”

Dr Simpson told the committee he had been “shocked” to see all 10 of his proposals rejected by

the Government.

Public Health Minister Maureen Watt, who also appeared before the committee, was criticised by some members for dismissing the Bill in its entirety.

Labour MSP Malcolm Chisholm said: “It just seems to me on principle very hard to understand why you would be opposed to everything in the Bill.”

MSPs were told the Scottish Government is in the process of updating its alcohol framework, which sets out an action plan for tackling alcohol-related harm. Ms Watt said: “We've looked at each and every aspect of the Bill... we're quite happy to look at anything from any quarter in terms of taking forward our alcohol framework.

“But in terms of the overall Bill, we don't feel that it's necessary at this time.”

Carole Barker-Munro, head of the alcohol team at the Scottish Government, said: “We're at the early stages so for us this legislation possibly pre-empts some of the things that might come out of the alcohol framework and what we want to do is take a broader look across the piece about what might work.”



Commission delays report on alcohol labelling – again

Adapted from EurActiv (10

November)

The European Commission has again postponed the publication of a report on how to include alcoholic drinks under existing EU labelling rules on nutrition and ingredients until “the end of 2015”.

Only preliminary discussions with member states have taken place so far, as well as bibliographic research. Other priorities have further delayed work on this sensitive topic, a spokesperson from the Commission’s health directorate (DG SANTE) told *EurActiv*. “While the Commission intends to fulfil its legal obligation to adopt this report, a precise date of adoption cannot yet be given,” the spokesperson said.

Alcoholic beverages were excluded from EU labelling rules because lawmakers could not agree on a definition for so-called alcopops, which are mixtures of alcoholic beverages with soft drinks or juices. The Commission was given until December 2014 to define alcopops, and to deliver a report about how alcoholic beverages should be treated under the regulation.

Paul Skehan, director general of SpiritsEurope, told *EurActiv* that while the industry awaits the report, he understands the difficulties the Commission faces in coming up with a meaningful report and relevant recommendations.

“For us, the timing of the

report is much less important than the quality of the final recommendations they will make. It is important for the Commission to come up with the right proposal that will not destroy years of consumer information campaigns we have mounted to promote responsible drinking,” he said.

As reported in *Alcohol Alert* (April 2015), Diageo and the Brewers of Europe both announced their intentions to provide consumers with alcohol content and nutrition information on their alcoholic products. But differences emerged over displaying the content, leading to some confusion over the possibility of inventing a single labelling standard for all alcoholic beverage types.

Labelling is not the only area where the Commission is not taking action on alcohol further. In May, Health and Food Safety Commissioner Vytenis Andriukaitis indicated in a speech that it’s unlikely that the EU’s executive will publish a separate strategy on how EU member states should tackle alcohol-related harm after the previous strategy expired in 2012. This prompted 20 public health organisations to resign from the European Alcohol and Health Forum (EAHF), a stakeholder platform.

Earlier this month, the remaining members of the EAHF received a letter from the Commission informing them of the cancellation of the Forum’s November plenary meeting, the first time since it was

set up in June 2007 that this had happened.

“From our side it is difficult to see the added value of the EAHF,” said Mariann Skar, the secretary general of Eurocare, one of the alcohol NGOs that have left the forum.

“Our trust and belief in good intentions from the alcohol industry have been broken,” she said.

However, Skar added that despite this, she’s still confident that the NGOs together with the Commission will find good solutions to prevent and reduce alcohol-related harm.



Alcohol brief interventions need shared vision to improve

Evaluation finds IBA agenda at a ‘turning point’ (16 November)

A new briefing paper from the Alcohol Academy warns that unless decisive and coordinated action is taken, the effectiveness of the UK’s current approach to alcohol brief interventions will wane, hampering the programme’s ability to deliver important benefits to those at risk from harmful levels of drinking.

Brief intervention – known as ‘Identification and Brief Advice’ (IBA) in England – has been a central component of national and local alcohol strategies across

the UK in recent years. However despite its growing profile, IBA has proved difficult to implement effectively, with a number of key questions raised over whether 'success' will be achieved.

The briefing, produced following a conference earlier in the year, aims to capture and build on the lessons, views and ideas from the event.

Key messages include:

- Despite significant attention to the issue in recent years, the current national position of IBA delivery still requires significant investment to achieve 'success'
- Some basic level issues still remain, including understanding of what brief intervention actually involves, and the role or not of specialist services
- Issues still exist over Primary Care as the key setting, particularly in identifying both the quantity and quality of IBA reportedly taking place, and the impact of the recent removal of the 'DES' incentive
- Indications that 'minimal' or 'lite' approaches to IBA delivery may be becoming the norm need careful consideration given the limited evidence for these
- Other key questions include which further settings IBA should be undertaken in, and the precise role of innovative and digital 'IBA' approaches
- The current IBA agenda may

be considered at a 'turning point' – if further efforts to embed IBA are not continued, longer term implementation may 'fail'

- Policymakers, commissioners, academics and potential deliverers of IBA all have crucial roles to play – and must do so in a coordinated way

The briefing also summarises content from expert presentations and workshops at the conference and highlights a number of 'key ideas' to advance implementation:

- Create a 'national centre' for IBA delivery
- No IBA without 'quality assurance'
- MECC Matters
- Focus on the front line
- Avoid the 'one in eight'
- Take IBA 'direct' to the public

The Alcohol Academy's briefing paper '*Alcohol brief intervention: where next for IBA?*', follows their conference 'Evidence and issues facing Identification and Brief Advice delivery for 2015 and beyond' held in April 2015 and funded by Alcohol Research UK.

Dual-diagnosis approach towards substance misuse needed

Home Office Minister's speech leads annual Alcohol Concern Conference (17 November)



Mike Penning's keynote address to the Alcohol Concern 2015 Conference ('The Impact of Alcohol on Health and Society') emphasised the need for an integrated approach to help rehabilitate offenders suffering from alcohol and drug problems.

Focusing on the impact of alcohol misuse on crime, which costs England & Wales £11 billion annually, the MP for Hemel Hempstead (pictured above) noted that in a country where "there is a two-thirds chance that the perpetrator of an assault is inebriated", it is essential to find the right solutions for tackling substance misuse amongst offenders.

"What is the right place for someone that perhaps is in a great deal of need, while at the same time addressing that they have actually committed an offence as well?" he asked.

Held during Alcohol Awareness Week (AAW; 16-22 November), the conference kicked off with Chief Executive Jackie Ballard launching the Become a friend of Alcohol Concern fundraising initiative, in light of the recent challenges faced by alcohol

charities.

A 4-person panel of experts* from the NHS, the ambulance service, the police, and the fire brigade was invited to discuss *“The impact of alcohol on emergency services”*, which featured material from the Institute of Alcohol Studies report of the same name.

This was followed by a discussion led by Kevin Moore, Professor of Hepatology at Royal Free London Foundation Trust, and Lucy Rocca of Soberistas over whether alcohol unit guidelines really do change behaviour.

There were also workshops dedicated to showcasing novel community-led approaches to dealing with alcohol-related harm and research into the effects of alcohol reduction programmes among other things.

As in previous years, Alcohol Concern also encouraged local areas and others to get people thinking about alcohol and its impact through a range of suggested activities during Alcohol Awareness Week, according to James Morris’s review of AAW in Alcohol Policy UK.

Professor Kevin Fenton, Public Health England Director for Health and Wellbeing, wrote a layman’s piece for the Huffington Post on ‘Changing your relationship with alcohol’, and MENTOR’s Andrew Brown brought attention to some lesser-known facts about alcohol, such as “half of adult offenders

were drunk when committing an offence in the last twelve months, or that around 15% of drinkers experience dependency at some point in their lives.”

AAW also prompts a range of personal accounts or experiences of addiction and recovery to be published. Professor Jonathan Chick provided an interesting perspective on alcohol withdrawal, an area which is “complex and often misunderstood.”

James Morris’s review of AAW concludes that it “presents an opportunity to help sustain momentum around the alcohol agenda”, and for Alcohol Concern this is crucial as it heads into the new year and Dry January 2016 campaign.

*The panel featured: Jackie Daniel, Chief Executive of Morecambe Bay NHS Trust; Alan Lofthouse, National Officer Ambulance Lead for UNISON trade union; Met Police Commander Simon Letchford; and Chief Fire Officers Association President, Peter Dartford.

Merging alcohol giants threaten global health, warn experts

“Health implications of forecast disturbing for developing countries” Professor Collin (18 November)

The merger of the world’s two

largest beer manufacturers “represents a major threat to global health, to which researchers, funders and regulators must respond more effectively,” warned global health experts in the *British Medical Journal* (BMJ).

Of particular concern are the health implications for the growing epidemic of alcohol related harm across low and middle income countries, they said.

Their warning comes in the wake of the formal proposal made by Belgium based Anheuser-Busch InBev (AB InBev) to buyout London based SABMiller, which will result in the new entity controlling roughly 30% of beer volumes globally, according to Beverage Daily.

AB InBev and SABMiller are the world’s biggest and second biggest brewers respectively. At around £70bn (€100bn; \$106bn) the takeover will be the third largest deal in corporate history, say Professor Jeff Collin and colleagues at the University of Edinburgh.

Importantly for global health, the merger is driven by prospects for expansion in developing countries, with a particular emphasis on Africa as “a critical driver of growth for the combined company.”

The health implications of this forecast are disturbing, they say. Market growth on this scale is predicated on “exploiting Africa’s

low per capita consumption of beer,” targeting low income consumers to drive increased sales.

This expansive trajectory also “echoes that of transnational tobacco companies, with which the alcohol industry shares strategic similarities and has close corporate links as well as comparable health effects,” they add.

Yet whereas regulation underpins efforts to control transnational tobacco companies, the authors point out that the global alcohol industry “continues to occupy an ambiguous space in which an indirect acknowledgement of serious health effects coexists with the prospect of partnerships and shared objectives.”

For example, the WHO’s emerging framework for engagement with non-state actors, “precludes partnership with the tobacco and arms industries but makes no specific reference to alcohol.”

They believe the new sustainable development goals provide opportunities to respond to this threat. And they urge public health to “do more to ensure that conflict of interest with alcohol companies is recognised and addressed.”

In response to the BMJ editorial, a spokesperson for AB InBev said:

“AB InBev is committed to promoting the responsible enjoyment of our products...

The combination with SABMiller would provide consumers around the world – including those on the African continent – with more choice and more opportunities to taste a wide range of beers, including lower and no alcohol versions.

“By pooling both companies’ resources, expertise and best practices – including our strong track records on responsible drinking partnerships and programs – we believe we can make an even greater and more positive impact on the communities in which we live and work, and continue to drive a meaningful reduction in the harmful use of alcohol globally.”



Complaint against Guinness upheld over Facebook post

From thejournal.ie (18 November)

A complaint that advertising from Guinness implied the drink had ‘therapeutic qualities’ has been upheld.

This comes as part of a decision by the Advertising Standards Authority for Ireland (ASAI) following a complaint made by charity Alcohol Action Ireland.

The advertisement in question appeared as part of a post on Diageo’s Guinness Facebook page.

A picture of Guinness being poured was shown along with the caption ‘Busy day? Find a little calm in the storm’.

Alcohol Action Ireland felt that this post was in breach of the code in place that governs alcohol advertising in Ireland.

In response to this Guinness said that they “take their responsibilities towards marketing their brand very seriously and go to significant lengths to ensure that their marketing communications abide by the rules set out in the code”.

Their argument was that the “calm in the storm” tag was a reference to the “surge and settle” of the pint, rather than general relaxation.

It was also noted by the advertiser that the Facebook page had an age limit on it to make sure that it was only available to over-18s.

When asked to explain the “busy day?” tag, Guinness said that a lot of brands often use social media to engage with their customers and that posing a question helps with this.

In response to Guinness the ASAI Complaints Committee said that it did not accept Guinness’ reasoning behind its Facebook post, and said that it felt the message had inferred that drinking Guinness could help someone relax after a long day.

As such, the company has been ordered not to use the advertising

Liam Byrne: We must “break the silence” and help families suffering from alcohol misuse

The MP for Birmingham Hodge Hill speaks frankly about living with his father’s alcohol addiction

Liam Byrne has called for more to be done to help children whose parents are “hazardous drinkers”. The Labour MP used a Westminster Hall parliamentary debate to propose a framework for tackling the problem.

He also announced the launch of an All Party Parliamentary Group for the Children of Alcoholics to “champion solutions to the curse of alcohol harm”.

Noting the presence of the Minister for Children and Families, the hon. Member for Crewe and Nantwich (Edward Timpson) in the room, he served up a 10-point plan of action for further discussion. This included: equipping front-line professionals to take proactive steps to identify the children of alcoholics and to make sure that they are equipped to advise and counsel children on where they can get help; a public information campaign aimed at hazardous drinkers who are parents; and ensuring that there is the right investment in alcohol treatment services.

Liam Byrne's ten-point plan of action for supporting children of alcoholics



- 1) I want the Government to do more to support extraordinary helplines such as NACOA, which make such an enormous difference.
- 2) I want to ensure that we have a Minister with clear ownership of the problem. We need clear, visible ownership of who will provide and lead the support policy for children of alcoholics.
- 3) I want the Government to set out clearly a plan of action to support children of alcoholics.
- 4) I want every public health director in England to make an estimate of how many children of alcoholics live locally.
- 5) I want a local plan to make sure that hospitals, GPs and school nurses and teachers know how to identify the children of alcoholics and how to put help within their reach.
- 6) I want the Government to publish a national league table of which councils are spending what on alcohol treatment, so that it becomes much easier for the public and parliamentarians to see where the problem is greatest.
- 7) I want to make sure we have a public information campaign aimed at parents who are hazardous drinkers, so that they are clear about the damage they do to their children and how they can get help.
- 8) I want the Government to change the law, particularly the Children and Young Persons Act 1933, so that it would be illegal for under-16s to drink at home.
- 9) I hope that the Government will look again at introducing [minimum unit pricing] across the whole of England.
- 10) Crucially, we need far more research into the scale of the problem.

In his opening remarks, he told the audience that children of alcoholics are five times more likely to develop an eating disorder, three times more likely to attempt suicide, and are three to four times more likely to become alcoholics themselves, which is what happened to his father, and that he chose to speak out and “break the silence on this issue so that we break the cycle of alcohol harm cascading down the generations.”

In response to Mr Byrne’s calls for government to address this issue, Edward Timpson praised Mr Byrne’s “courage” for speaking out and his “determination to give a voice to the many thousands of children who find themselves in the same predicament”.

Mr Timpson said social workers and teachers must be equipped to respond to alcohol-related distress, while the public sector as a whole must be more

consistent in its approach to ensure “families who feel unsupported and children who feel lonely no longer have that as a feature of their lives.”

Timpson pledged to “look very carefully at the 10 points raised and undertake to talk to ministerial colleagues, particularly in the Department of Health, about how we raise public awareness of parental alcohol dependency.”

He added: “I am happy to meet the right hon. Gentleman, along with representatives from many of the excellent organisations that have come together to help him in both a personal and professional capacity to prepare for this debate, so that we can pull together our collective understanding of what is being done and where we continue to fall short.”

Watch the parliamentary debate ‘*Support for children of alcoholics*’ on Parliament TV. 

UK Government's alcohol policies weaker than devolved nations, claims report

Scotland's policies lead the way in the battle against alcohol misuse

The UK Government's alcohol policies are weaker than those implemented by the devolved nations, a landmark report from the Universities of Stirling and Sheffield has found.

New research shows that alcohol policies across the four UK nations vary widely in the extent to which they are grounded in scientific evidence, with political considerations appearing to have significant bearing.

Policies from the UK Government and devolved administrations were reviewed against recommendations from *Health First*, the independent expert-devised UK alcohol strategy, in the first such audit of its kind. Overall strategy, pricing, marketing and availability of alcohol were amongst the areas examined.

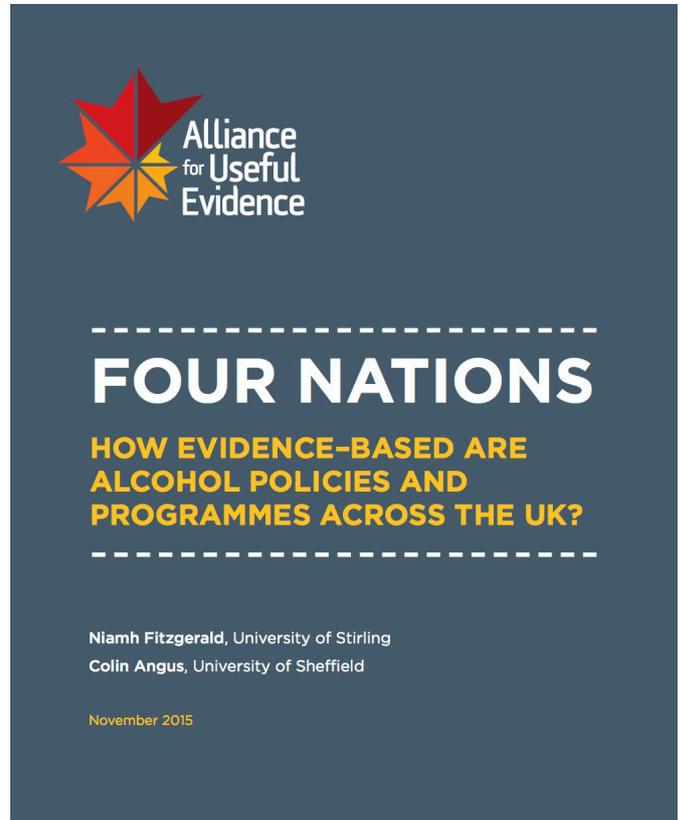
Scotland had the strongest approach overall, seeking to implement the most evidence-based policies, working to clear outcomes, and with a taskforce in place to monitor and evaluate the Scottish Government's alcohol strategy.

By contrast, the UK Government did not support the most effective policies, made inconsistent use of evidence, and was the most engaged with the alcohol industry.

While Wales and Northern Ireland took strong positions in areas such as taxation and restrictions on young drivers, they have fewer legislative powers than the Scottish Parliament.

The report was co-authored by Dr Niamh Fitzgerald at the University of Stirling, and Colin Angus at the University of Sheffield.

Dr Fitzgerald, Lecturer in Alcohol Studies, said: "Alcohol policy at UK Government level is in disarray, with it choosing to reduce taxation despite evidence that consumption and alcohol-



related harms will increase as a result, putting even greater pressure on NHS and emergency services.

"In contrast to the UK Government, the devolved administrations – especially Scotland – are taking steps to address the widespread harms due to alcohol, recognising that they are a 'whole population' issue. All four nations, however, engage in partnership with the alcohol industry, despite clear conflicts of interest and its history of failure to support those policies most likely to work."

Colin Angus, from the Sheffield Alcohol Research Group, said: "A clear illustration of the gap in effective policy across the UK relates to the marketing of alcohol. The devolved administrations have indicated support for mandatory action on product labelling, but the UK government has favoured self-regulation which

has proven ineffective, with over 40% of products on the shelf still failing to meet the industry's own best practice guidelines.

“On alcohol advertising, a reserved matter, the devolved administrations have called for stronger regulation to protect children, but this approach has been rejected by the former UK coalition government. The Scottish Government is currently updating its alcohol strategy while the other devolved nations continue to progress evidence-based policies to reduce alcohol harms. It may be that they will call for greater powers to go it alone in bringing in effective policy options, if Westminster is not prepared to act.”

Peter O'Neill, Evidence Exchange Manager at the Alliance for Useful Evidence, which commissioned the report, said: “Devolution in the UK provides opportunities for exchange of evidence and learning about what works through experimentation with different policies across the four nations. This report calls on administrations to support such learning, by engaging openly and maturely with the alcohol policy evidence, being honest about reasons for policy decisions, and robustly evaluating policy initiatives. Unfortunately, the report also suggests that alcohol policy may sometimes be underpinned by ideology more than by evidence, and is likely to be less effective as a result.”

Public Health Minister for Scotland Maureen Watt welcomed the report, while emphasising that there was still work to be done.

“Our Alcohol Framework contains more than 40 measures to reduce alcohol-related harm and has had a positive impact so far but, while an average of around 22 people a week still die because of alcohol, there can be no room for complacency,” she remarked.

Responding to a Parliamentary Question on the report in the House of Lords, Home Office spokesperson Lord Bates, said:

“[The report] misrepresents the Government's position on minimum unit pricing and health as a licensing objective. Minimum unit pricing will remain under review whilst we monitor carefully the legal developments and the implementation of this policy in Scotland. We have consulted on health as a licensing objective and will continue to look at its feasibility.”

However, in a recent debate about devolving powers to local authorities to introduce minimum pricing, Minister for Communities and Local Government James Wharton stated that minimum pricing may have ‘unintended consequences for business’, implying that it was not only the Scottish legal challenge that was preventing Westminster from taking action.

It remains to be seen how the UK Government would respond if minimum pricing were deemed legal in Scotland. However, with firm commitments for its introduction in Wales and Northern Ireland, it is likely that England would indeed be left behind.

Four Nations: How Evidence-based are Alcohol Policies and Programmes Across the UK? investigates the extent to which alcohol policies and programmes across the UK are based on evidence. ■■■

Reading, fast and slow: another look at the last 10 years of the Licensing Act

Comment by Jon Foster, Senior Research & Policy Officer, Institute of Alcohol Studies



November 24th 2015 saw the tenth anniversary of the *2003 Licensing Act*, and naturally this has prompted a fair degree of interest. *'Drinking, Fast and Slow'*, by Christopher Snowden of the Institute of Economic Affairs, attracted a great deal of positive media attention for the Act. It seems to suggest that the Act has led to a reduction in crime, alcohol consumption and binge drinking, but how well founded are these claims?

Let's imagine that a venue was called to Review. At the hearing the Police and other Responsible Authorities state that since the venue opened 10 years ago, crime in the area had gone up, along with local alcohol consumption and binge drinking. No specific evidence is put forward, just these general trends.

I think it's obvious that the Review would be laughed out of committee without any actual evidence to link the venue in question with these general trends. Yet this is more or less what *'Drinking, Fast and Slow'* has tried to do with the Act; take broad positive trends and pin them on the Act using very scant evidence. Things are presented in a particularly misleading and simplistic way within the summary and the accompanying press release. In the past the IEA have, quite rightly, criticised reports that conflate correlation and causation, making *'Drinking, Fast and Slow'* rather hypocritical.

Perhaps I'm being a little harsh though; if you take the time to read *'Drinking, Fast and Slow'* in more detail it does contain some important caveats. For example, in the conclusion it states that the Act: 'coincided with a significant decline in per capita alcohol consumption, binge-drinking and violent crime, but it is impossible to tell whether these trends are linked to the Act in any way.' (p 26) This, and other caveats and clarifications

are underplayed and easy to miss however, and it seems odd that the report is so easy to misinterpret.

Snowdon is not the first person to point out these positive downward trends, but others have also noted that many of them are international trends. This makes it even harder to pin them on a particular piece of legislation, and no one quite knows they have happened with any certainty. The report does make one important point – the fact that the initial predictions of disaster have not happened, raising interesting questions about the relationship between licensing, availability, consumption and harm, and pointing to the fact that in addition to legislation there are other important influences on consumer behaviour.

The impression that the Act has had positive impacts on crime, alcohol consumption and binge drinking does not stack up

The fact that IEA's report is rather misleading may disappoint many in the licenced trade, for whom *'Drinking Fast and Slow'* has been a source of good publicity; indeed this is probably what it was intended for. All things considered I would agree that the Act has been a qualified success, but the impression that Snowden more or less gives that the Act has had positive impacts on crime, alcohol consumption and binge drinking does not stack up. Seen more objectively the Act has only been a 'failure' as a result of the culture change idea being so overplayed, with the real debate about its merits involving issues such as the Act's day to day use and its effectiveness as a tool for the various parties involved.

So, when you read past the simplistic bullet points in the press release and the introduction, what do those caveats actually say about all these positive trends?

Talking about the overall decrease in consumption the report states that: 'In recent years, factors include the recession, the alcohol duty escalator and – in pubs and clubs – the smoking ban, but the start of the decline (in consumption) preceded them all.' (p13). This is true, and overall alcohol consumption has been declining since the year before the Act came in. So while the Act has more or less coincided with this decline, it is not credible to claim that the Act has caused it, and to be fair to Snowdon, when you pay attention to the details this is not actually what he says.

When it comes to binge drinking the report simply states that rates have been falling, but gives no explanation other than the fact that young people seem more likely to abstain from drinking. Quite sensibly it does not actually claim that the Act has led to this. The Office of National Statistics, who collect these figures, state that: 'It is difficult to attribute the fall in binge drinking among young people to any particular factor', and the Act is not one of the factors that they discuss.

When you get to the details around crime and disorder, Snowdon does not actually claim that the Act has led to a reduction, but rather that the fall in crime since the Act 'should be seen in the context of a steep declining in most types of crime since the peak of the mid-1990s... violent crime – as recorded by surveys – was falling before the Licensing Act was introduced and has continued to decline at about the same rate.' (p 17)

Snowdon goes on to mention the fact that the Act has shifted alcohol related crime and disorder back into the early hours, stating that 'This seems to be the only consistent trend that can be attributed to the Act.' (p20) This is an important clarification to the whole report, and one that needs to be highlighted. It is also rather ironic that the only trend that can be confidently linked to the Act is in fact a negative one, and it has caused significant logistical problems for the police, although the IEA report does not mention this.

While there are a number of other points that could be challenged there is not space to do so here. None of them however change the fact that: 'it is impossible to tell whether these trends are linked to the Act in any way.' (p 26) Snowdon does go on to state that 'a cautious interpretation of the data suggests that the Act may have improved public health and public order somewhat,' but none of the evidence provided supports this, and overall he seems stuck between wanting to unequivocally advocate for the Act, and lacking the evidence to do this properly.

It is also worth noting which issues are missing from '*Drinking, Fast and Slow*', such as the logistical problems faced by the police, the fact that many local authorities feel disempowered by the Act, and that the Act had to be 'rebalanced' but despite this most Home Office initiatives have either failed completely or only partially worked.

In some ways '*Drinking, Fast and Slow*' is a difficult report to get to the bottom of, and a quick glance through it will probably leave you with a rather different impression to a detailed read. The fact that so much of the attention it has generated is misleading suggests that a lot of people would benefit from taking a second, closer look.

This article first appeared in the Institute of Licensing Journal. ■■■

‘More intense’ local licensing policies ‘appear’ to reduce alcohol-related hospital admissions

Annual alcohol-related hospital admissions 2% lower than expected in areas with more restrictive policies.

A new paper from NIHR School for Public Health Research (NIHR SPHR) has revealed a correlation between the implementation of licensing initiatives and drink-related hospital admissions in local government areas in England.

Published online in the *Journal of Epidemiology & Community Health*, the findings indicate that in areas with the most restrictive licensing policies, annual drink-related admissions were 2% lower than would have been expected if no active policies had been in place.

These analyses suggest a longer lasting population health benefit of local government initiatives to restrict alcohol licences.

How did the study work?

Researchers from the University of Bristol, in collaboration with the University of Sheffield and London School of Hygiene and Tropical Medicine, assessed the alcohol licensing policies and responses to alcohol licensing applications made to 326 local authorities (councils) between 2007-8 and 2011-12.

Council licensing policies allow for the creation of designated cumulative impact zones, or CIZ for short. These aim to regulate the number of new alcohol outlets in areas where the addition of more would undermine crime prevention and public safety, create a public nuisance or potentially expose children to harm.

The research team generated a ‘cumulative licensing intensity score’ for each council, based on whether they deployed CIZ and/or whether they refused to grant licenses for new premises. The score was divided into four categories: no activity; low; medium; and high.

They hypothesised that the CIZs and the intensity of licensing scrutiny may impact on the density of outlets selling alcohol to be consumed off the premises, or, alternatively, affect the drinking environment through conditional licensing, thereby positively affecting alcohol-related hospital admissions.

"These analyses... are the first to demonstrate that the intensity with which selected alcohol licensing policies are implemented and scrutinised is related to measurable reductions in alcohol attributable hospital admissions"

Results

In 2007-8, 118 out of 319 (37%) local councils operated some form of active alcohol licensing policy, one in five of which also included CIZ for new premises.

The cumulative intensity licensing score was classified as medium or high in around a third (35%) of councils; 43% were classified as no activity; while 21% were classified as low. By 2014, a further 63 councils had adopted active alcohol licensing policies.

The researchers also looked at the number of drink-related hospital admissions, standardised for age, in each of the local areas from 2009 up to the first quarter of 2015. After taking account of influential factors, such as deprivation and drink-fuelled crime, the analysis showed that the intensity of alcohol licensing policies was associated with a reduction in drink-related hospital admissions between 2009 and 2015.

The largest effects were seen in those local authority areas operating the most comprehensive policies. Drink-related hospital admissions fell by an average of 0.6% every year in those local authorities with a medium intensity policy—twice as large as the fall in the average admission rate

between 2009 and 2015 in those local authorities without an active alcohol policy. In the local authorities classified as high, drink-related hospital admissions fell by 2% every year, or around 8 fewer drink-related admissions per 100,000 of the population in 2015, compared with what would have been expected in the absence of any active policy.

The researchers emphasise that this is an observational study, so no firm conclusions can be drawn about cause and effect. And they point out that the findings could also be the result of other additional alcohol policies, such as late night levies, or alcohol screening, which they did not investigate.

But the study was still firm in its conclusion that: “These analyses contribute to the available evidence on the effectiveness of population level alcohol licensing policies specifically for England, and are the first to demonstrate that the intensity with which selected alcohol licensing policies are implemented and scrutinised is related to measurable reductions in alcohol attributable hospital admissions.” ■■■



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