The Institute of Alcohol Studies Response to 'Safe Sensible Social'

Department of Health Consultation – October 2008

The Institute of Alcohol Studies (IAS) welcomes the opportunity to respond as part of the Department of Health's consultation process and to provide comment on the areas outlined in Safe Sensible Social – Consultation for Future Action, July 2008.

The core aim of the Institute is to serve the public interest on public policy issues linked to alcohol, by advocating for the use of scientific evidence in policy-making to reduce alcohol-related harm.

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Key Recommendations

The IAS considers that:

1. The new code, as currently framed, will not be sufficiently powerful to enable Government to achieve its stated aim of significantly curtailing the harmful effects of alcohol consumption and to *"put in place a policy which will enable more people to drink sensibly and prevent irresponsible practices which encourage people to drink more."*

   A new legal framework is needed in order to deliver the changes necessary to protect society from the current levels of alcohol related harm. This can only be achieved by a review and thorough overhaul of the **Licensing Act 2003.**

   Primary legislation should also be reviewed as a matter of urgency and modified to incorporate the integrated measures for harm reduction laid out in the Department of Health's strategy documents, the Impact Assessment summaries and elsewhere.

2. The **Home Office** should resume prime responsibility for the implementation and outcome of the Act. It is the Government Department responsible for the primary purpose of the legislation – public order and safety - as outlined in 4:2 of the Consultation.

3. **Public Health** considerations should be included as a fifth licensing objective. The Licensing Act, as currently framed, gives insufficient emphasis to the health issues surrounding the whole area of alcohol consumption. Greater powers should be given to health authorities to influence and challenge local licensing policies and decisions.

In the case of antisocial behaviour, consideration should also be given to extending such powers to local citizens affected by such behaviour emanating from public houses in their neighbourhood.

4. **A mandatory code** of practice for producers, promoters and retailers (both on- and off-licence) should be introduced. Whilst such legislation may require primary enabling legislation, it may also be achieved by an amendment to the Licensing Act 2003. The Act already contains enabling sections to which a mandatory code could be added.

Question 1. How might the new code be made effective in stopping licensed premises from engaging in practices that encourage people to drink excessively and irresponsibly?

The code should be mandatory and should be applied along the whole supply chain, not just at delivery site. Thus, it should contain sections relevant to the producers and manufacturers and to all retail outlets, not merely those belonging to trade associations such as BBPA.

The producers' code should be administered by an independent panel, which should be given powers to remove alcohol production licences from recalcitrant offenders. The retailers' code should be supported by the revised Licensing Act 2003 or by the introduction of stand alone offences.

Q2. If there continues to be slow progress in implementing a voluntary labelling scheme, should the Government take the next steps to make it a legal requirement to include health and unit information on all bottles and cans?

Yes, and measures should also be taken to include safety information. Government will need to ensure compatibility with EU regulations and also resolve issues arising in WTO context. We are concerned that the label, as proposed, will contain misleading information – 3-4 drinks/day for a man and 2-3 drinks/day for a woman, if taken every day, would result in intakes of 28 and 21 units/week respectively. So, unless the Department of Health is prepared to change the amount to 2-3 units/day for men and 1-2 units/day for women, it should add a printed caveat *viz*. but not every day/with two drink free days.

Q3. What are the most important issues that need to be addressed in the alcohol retailing code?

The main aim should be to deal with the present problem of discounted alcohol sales in supermarkets. Consideration should be given to the introduction of a minimum price per unit of alcohol. However, the unit system is not standardized across Europe and certainly not beyond - thus the only

workable system would be one based on grams of absolute alcohol. If this proves impossible on legal grounds then the Government should consider differential tax rates for on- and off-licence sales, favouring the former. To prevent deep discounting at the point of sale, consideration should be given to specific at-the-point-of-sale taxes, ie introducing an additional VAT element to off-sales.

Raising alcohol taxes can lead to a reduction in a host of negative outcomes related to alcohol use.

Also in regard to off-licences, wherever possible, shops within shops should be a requirement for alcohol products. When supermarkets first developed sales and marketing of alcoholic drinks, shops within shops were the norm. A reversion to this practice could easily be accommodated by the introduction of such a requirement into the conditions attached to premises licences.

In addition, the code should ban promotions which encourage rapid or excessive alcohol consumption eg drinking games, entry fees linked with unlimited amounts of alcoholic drink etc.

The code should also encompass the problems associated with:

i. late night admissions policies

ii. dispersal policies

iii. sales to the under-aged and to those already intoxicated; and

iv. drink driving.

There is already an offence under the 2003 Act of supplying alcohol to a person who is drunk (section 141) which is also present in the 1988 Act. The problem here has always been its enforcement. Prosecutions under this section of the Act are rare, if any. Rather than consider further legislation in this area, consideration should be given by the Home Office to the enforcement of existing legislation.

Where not implemented, the Industry should undertake the training of all bar staff, particularly around issues such as the recognition and refusal to serve customers already clearly intoxicated.

The code should cover issues of premises design to provide seating for all and specifically address and encourage the development of local partnerships.

Q4. Should the same restrictions be applied to: all premises selling alcohol; all premises with some exceptions; only certain types of premises (if so, how would you define these?); a combination of these?

No premises should be excluded from the code. It would add clarity and remove ambiguity. However, High Volume Vertical Drinking establishments, and retail outlets that offer heavily-discounted alcohol will, by dint of their nature, be subject to the most exacting restrictions.

Q5. Should an alcohol retailing code be made mandatory through further legislation? If so, how should this be applied?

As stated above, some elements of the code could be incorporated into the Licensing Act 2003; others may need to be stand-alone offences. If a code is introduced for producers, then additional legislation may be necessary to empower its governing body.

Q6. Should a mandatory code, if introduced, cover proportionate and necessary actions to prevent health harm as well as crime and disorder?

Yes. The IAS would like to see a public health amendment introduced into the Licensing Act 2003 - see Key recommendation no 3. This Act needs to be re-visited and given a different focus and emphasis, with a more holistic approach to wider issues rather than, as originally intended, simply providing a means of resolving conflicts between individual licensees/applicants and individual objectors.

Q7. Do you think there is enough advice available for those who want to drink less? What other kinds of help are needed and who should provide them?

The IAS is cognizant of the clinical effectiveness and cost effectiveness of various interventions and treatments for individuals misusing and abusing alcohol. Much of the help available, whether in the form of simple advice or more costly inpatient admission, is provided by non-statutory agencies. The provision of services is patchy and differs substantially by region; London being best served. The non-statutory agencies are chronically underfunded and under resourced. Provision of mainstream funding into this sector would provide the basis for a much better service across the board. At present there are few services for the young and these are not easily accessed.

In addition, there is sometimes a conflict between issues of protection, competence, confidentiality and consent which makes this a difficult working area. Guidelines would be useful regarding 15-16 year olds admitted to A&E who are intoxicated.

National and local planning and delivery structures are in place but are underfunded to provide the scope of interventions necessary to prevent the escalation of problems to individuals, families and employers. This also applies to the consideration by Magistrates of Alcohol Treatment Orders and their implementation due to the underfunding of both statutory and voluntary services.

Introducing a levy on producers, proportionate to sales in the UK, could provide the Government with designated and long term funding for improvements in direct services, health improvement initiatives and workplace-focussed initiatives aimed at reducing the economic burden of alcohol misuse.

Alcohol related problems are now so prevalent that emphasis should be placed on the training and support of generalist workers to provide early interventions in various settings such as the workplace, the criminal justice service and employment services. Investment in alcohol prevention initiatives, including advice on how to cut down or stop drinking should be on a par with the investment in drug and tobacco initiatives. Before you do anything in the workplace you need to have an Alcohol Policy in place. Workplace Alcohol Policies should be introduced across the board, with NHS Trusts setting an example. Currently only a few Trusts operate an Alcohol Policy at work.

Q8. Should alcohol advertising include health and unit information? How could this be achieved?

Essentially the IAS would like to see a reduction in the volume of alcohol advertising, and an end to lifestyle advertising and particularly sports sponsorship. There is a lack of logic in point 7 of the nine social responsibility principles (Sect 2.34). Point 7 reads “To avoid any suggestion that drinking alcohol can enhance social…or sporting performance”. The continuation of permitting sports sponsorship and, in particular, the replica football shirts and other related paraphernalia with alcohol sponsored logos worn by young children makes a mockery of the aforementioned social responsibility principle! In addition, the IAS would like the Government to commission market research into audience attitudes and reactions to information on beverage alcohol content and health and safety messages in advertising, before their introduction.

Q9 In addition to providing alcohol treatment services for the small number of drinkers with a serious dependency problem, what else could be done, and by whom, to support people who find it difficult to cut down on their drinking?

This premise is misleading. The Government‘s own figures show that there are 119/1000 dependent male drinkers (population total 2,242,785) and

29/1,000 dependent female drinkers (population total 591,039) in Great Britain - or almost 3 million in total. This is not, as implied, a small number.

Improving the scope and influence of pricing, taxation and availability measures as proposed by means of a review of the Act will produce downward trends in alcohol related harm.

Public Health measures introduced to reduce per capita consumption, if applied effectively, may reduce the number of individuals seeking help with their drinking problems.

For those who are already experiencing alcohol-related problems the IAS recognises the direction for service development outlined in the Models of Care for Alcohol Misusers (2006) and the Review of treatment effectiveness for alcohol problems (2006).

More funding is required for a broad and comprehensive approach to treatment which provides help for people experiencing drinking problems of all degrees and kinds of severity.

There is certainly a case to be made for the re-institution of specialist units to provide medically supervised detoxification.

For those who find it hard to cut down on their drinking, price increases and particularly an increase in the price of cider, would be helpful. Cider should be taxed commensurately with other alcoholic beverages.

In conclusion, we note that both the government and Industry emphasise the responsibility of individuals or parents in addressing the present problem. We recall, however, the words of Sir George Young to the annual meeting of the National Council on Alcoholism when he was a Parliamentary Under Secretary at the Department of Health. He proffered this advice, that the answer to this lifestyle problem was " not incision at the surgeon's table but decision at the Cabinet table".

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