



For more information please email Helena.Conibear@aim-digest.com or Alison.Rees@aim-digest.com

‘Safe. Sensible. Social’ - Government releases the revised National Alcohol Strategy for England

HM Government released its revised Alcohol Strategy, building on the 2004 Harm Reduction Strategy on June 5th. Although the strategy covers England, it has been prepared in discussion with the devolved administrations in Scotland, Northern Ireland and Wales, and reflects many common themes developed by each administration to reduce alcohol related harm. The strategy’s long-term goal is ‘To minimise the health harms, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly’.

The report states that ‘Alcohol can play an important and positive role in British culture. It is part of our social and family life, and can enhance meal times, special occasions and time spent with friends. However, more needs to be done to promote sensible drinking. Excessive alcohol consumption among some sections of the population is a cause for considerable concern – a concern that is shared by both the Government and the general public.

The Government believes it has begun to achieve measurable results since 2004 via:

Better education and communication through the ‘Know Your Limits’ campaign, targeted at young excessive drinkers and the ‘THINK!’ drink-driving prevention campaign and the enforcement of Ofcom’s new code on television advertising.

Improving health and treatment services through the first national assessment of the need for and availability of alcohol treatment.

Launching trailblazer projects to identify and advise people whose drinking habits are likely to lead to ill health in the future.

Combating alcohol-related crime and disorder through the use of new enforcement powers in the Licensing Act 2003 and the Violent Crime Reduction Act 2006.

Working with the alcohol industry to include health information on alcohol bottles, setting up local partnership schemes such as Best Bar None, promoting responsible management of licensed premises and forming a new independent charity, the Drinkaware Trust, to promote sensible drinking’.

The report believes areas the main areas that need addressing are:

Public perception of alcohol related disorder

1) The report states that ‘Despite violent crime falling by 43% since a peak in 1995, and new police and Licensing Act powers being used to bear down on public disorder, surveys show that there is an increase in the proportion of the public who perceive that crime and disorder is on the rise’.

2) The report recognises that since 2001, the number of young people aged 11–15 who drink alcohol has reduced. However, there is concern that those underage drinkers are consuming more units and drinking more often. They are associated with a range of high-risk behaviours including unprotected sex and truancy offending.

3) The Government recognises the ‘huge reduction in the annual number of drink-driving deaths in Great Britain, from more than 1,600 at the end of the 1970s to 560 in 2005’ the report expresses concern that these figures have stagnated over the last decade.

4) The area causing most concern are deaths caused by alcohol consumption, such as cirrhosis which has doubled over 20 years.

5) The government wants to target 18–24-year-old binge drinkers, a minority of whom are responsible for the majority of alcohol-related crime and disorder in the night-time economy.

6) ‘Harmful drinkers’ are to be reached through health care providers ‘many of whom don’t realize that their drinking patterns damage their physical and mental health and may be causing substantial harm to others’.

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

Stricter laws

The government will ensure that the laws and licensing powers introduced to tackle alcohol-fuelled crime and disorder, protect young people and bear down on irresponsibly managed premises are used widely and effectively.

There will be sharpened criminal justice for drunken behaviour. Points of intervention will be introduced following arrest, through conditional caution and ways explored to make offenders pay for these interventions.

Tough enforcement of underage sales will continue – Successive enforcement campaigns have made it harder for under-18s to buy alcohol. Since 2004, the national test-purchase failure rate has fallen from around 50% to around 20%. Now, local authorities and the police have more powers to prosecute and can close premises that persistently sell alcohol to children.

Health Service review

A review of NHS alcohol spending is pledged – A root-and-branch stocktake of the burden of alcohol-related harm on NHS resources will be carried out to inform smarter spending decisions, driving local investment in prevention and treatment while delivering better health and saving the NHS money.

Parental role and consumer sensible drinking campaigns

Guidance for parents and young people –

Research shows that many young people drink alcohol that has been bought for them by adults at home or in public places – with or without the approval or knowledge of their parents. ‘To help young people and their parents make informed decisions about drinking, the Government will provide authoritative, accessible guidance about what is and what is not safe and sensible in the light of the latest available evidence from the UK and abroad’.

The report states ‘We do know that parents and peers are both important influences on young people’s drinking, good and bad, and these influences are thought to be interlinked. It has been suggested that good parenting can equip young people with social skills that make them less susceptible to any peer influences to consume alcohol’.

Public information campaigns to promote a new sensible drinking culture –

The ‘Know Your Limits’ campaign will continue to develop and expand, to promote sensible drinking and

highlighting the physical and criminal harm related to alcohol misuse.

Public consultation on alcohol pricing and promotion

There will be an independent review of the evidence as to whether alcohol price and promotion makes people drink more followed by a consultation. ‘It will enable us to explore the relationship between promotional activity and harmful consumption, particularly among young people’.

Recognising that delivering cultural change takes time

The report states ‘International evidence suggests that these goals can be achieved, but not overnight. In countries that have succeeded in reducing the harm being caused by alcohol, it has taken 10 or more years for reductions in alcohol consumption to lead to lower levels of diseases such as cirrhosis of the liver’.

Social norming

The report states ‘Even among 18–24-year-olds, the group most often associated with drunkenness, over two-thirds of young men and three-quarters of young women report drinking within the sensible drinking guidelines and, of those who do drink at levels above those guidelines, only a quarter actually become involved in antisocial behaviour or disorder’.

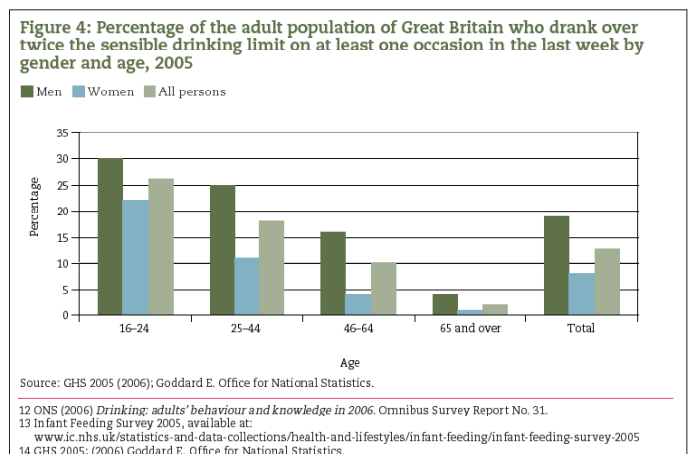


Figure 4 makes it clear which areas of the population need to be targeted - men aged 16 -44 and women aged 16 -24

Encouragingly the Government makes an attempt to define binge drinking and links it to ‘drinking to drunkenness’ rather than simply to a number of units consumed, which often fails to take account of context or time frame of the consumption pattern.

Strategy definition of Binge drinking

Binge drinking is essentially drinking too much alcohol over a short period of time, e.g. over the course of an evening, and it is typically drinking that leads to drunkenness. It has immediate and short-term risks to the drinker and to those around them. People who become drunk are much more likely to be involved in an accident or assault, be charged with a criminal offence, contract a sexually transmitted disease and, for women, are more likely to have an unplanned pregnancy.

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

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

The role of the alcohol industry

The strategy finds 'Much of the industry is already working hard to encourage responsible practice in the way alcohol is manufactured and sold, and good progress has been made. Many companies have adopted voluntary codes or participate in award schemes. According to the strategy there are still businesses that act outside the law or fail to consider the interests of their customers or local communities, such as by selling alcohol to people under the age of 18 or to anyone who is obviously already intoxicated.

Areas for concern

There is some concern about the action setting up a review to determine whether alcohol misuse is linked to price promotion. Insuring that this review is balanced and written by impartial authors is a key concern.

The strategy proposes to form local alcohol strategies, where businesses, police and others must have a plan to tackle alcohol related disorder from April 2008.

Statistical findings of the report

(1) Understanding units

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

(2) Alcohol and pregnancy

Over half (54%) of mothers said they drank alcohol during pregnancy but among mothers who drank during pregnancy, consumption levels were low. Only 8% drank more than 2 units of alcohol per week on average and 73% of mothers received advice about drinking, with midwives being the most common source.

(3) Harmful drinking

- Young people aged 16–24 years are significantly more likely than people in other age groups to consume more than twice the recommended sensible drinking limit. Of men aged 16–24, 30% drink at a harmful level.
- The number of adults whose self-reported alcohol consumption exceeds the sensible drinking limit remains high but since 2003 these numbers have remained stable among women and have decreased among men.
- The proportion of 16–24-year-old women who drank a harmful amount on at least one day in the previous week increased from 24% to 28% between 1998 and 2002 but then decreased to 22% in 2005.
- The corresponding measure among 16–24-year olds decreased from 37% in 2003 to 30% in 2005.

For women living in the most deprived areas, alcohol-related death rates are three times higher than for those living in the least deprived areas.

- For men, alcohol-related death rates, for those living in the most deprived areas, were five times higher than for those living in the least deprived areas.

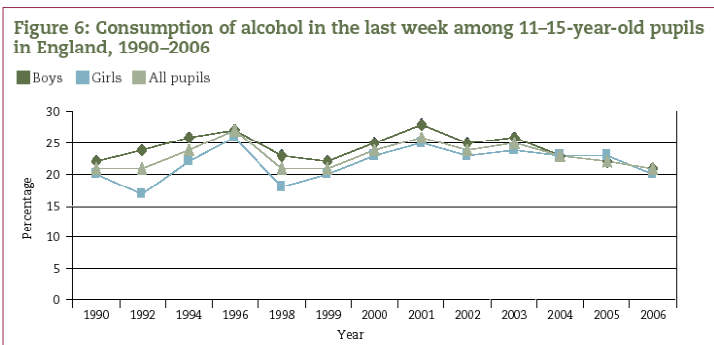
(4) Alcohol and young people aged under 18

Since 2001, the proportion of young people aged 11–15 who said they have never drunk alcohol has gone up, from 38% to 46%. 21% of young people reported drinking alcohol in the past week, down from 26% in 2001. However, while the number of young people drinking alcohol has declined, those who are drinking are consuming more alcohol, more often (from an average of 5 units a week in 1990 to 10 units a week in 2000).

A key factor with regard to consumption is age, and the key turning point is identified as age 13, by which time the proportion of young people who will have drunk alcohol at some point in their lives exceeds those who have not. In 2006, 41% of 15-year-olds drank alcohol in the last week, compared with 16% of 13-year-olds, 8% of 12-year-olds and 3% of 11-year-olds.

This illustrates the importance of early educational interventions and varied messages for different age

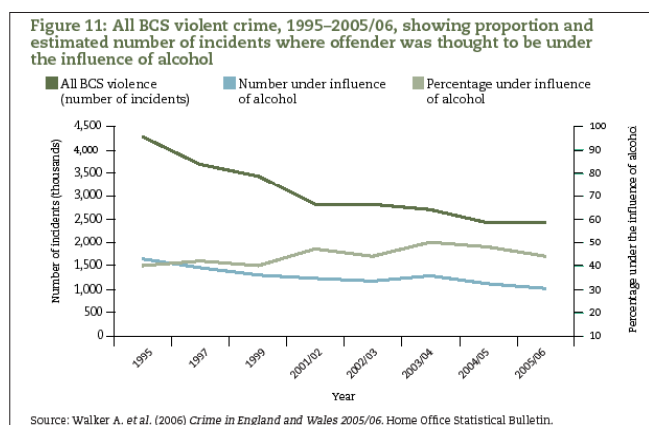
groups. 13-year-olds who do drink are as likely to drink with their parents as with friends. At age 15, almost 90% have tried alcohol, while over a third drink once a week or more. Those 15-year-olds who do drink usually do so with their friends. The most common drinking location is still at home or someone else's home, but drinking in unsupervised outdoor locations, which is closely linked with harm, peaks in this age group.



Among 16-17-year-olds, about half drink at least once a week, and the most popular drinking location is pubs. This data precedes the recent enforcement activity on underage sales, so it will need to be examined further in the light of future survey results.

(5) Decrease in alcohol related violent crime and disorder

There has been a large fall in violent crime since 1995, as measured by the BCS. See figure 11.



In 2005/06, about a fifth (17%) of all violent incidents were committed in or around pubs or clubs, a statistically significant decrease compared with 2004/05.

(6) Alcohol-related deaths

• Excessive alcohol consumption is associated with between 15,000 and 22,000 premature deaths annually according to the report. In 2003, the total number of deaths that were directly attributable to alcohol peaked at 6,580, which represented an increase of 10% since 2001.

• In 2005, 4,160 people in England and Wales died from alcoholic liver disease – an increase of 41% since 1999, when the number of deaths from this disease was 2,954. Although measurements for ALD have changed, the increase mirrors the trend in the number of admissions to hospital. The number of deaths from fibrosis and cirrhosis of the liver has remained stable

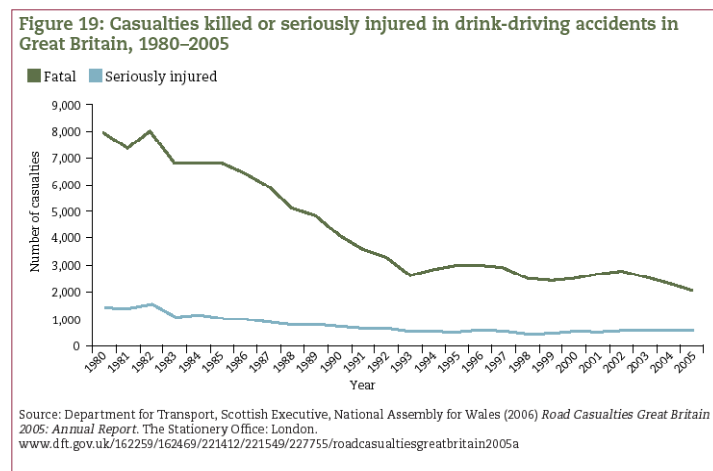
• Department of Health analysis of ONS data indicates that alcohol-related death rates are about 45% higher in areas of high deprivation.

(7) Drinking and driving

• Estimates for 2005 suggest that 6% of road casualties and 17% of all road deaths occurred when someone was driving while over the legal limit for alcohol.

• From 1980 to 1999 the number of people killed or seriously injured annually in drink-driving accidents in Great Britain fell from 9,000 to fewer than 3,000. Drink-driving deaths in Great Britain fell from more than 1,600 at the end of the 1970s to 560 in 2005.

• The number of people found guilty of or cautioned for causing death by careless driving while under the influence of drink or drugs was just 66 in 2005.



The report concludes after its detailed analysis and findings that:

‘Alcohol-related harm should not be viewed in isolation, as alcohol consumption can also have positive effects. Drinking at a responsible level can be a source of enjoyment for the vast majority of those who participate....over 1 million people are employed in hotels, pubs, bars, nightclubs and restaurants in the UK. Furthermore, the development of the evening economy, driven by the alcohol leisure industry, has supported a revival of city centres across England and Wales’.

To view the full report visit http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075218