

# Response to the National Alcohol Harm Reduction Strategy

*This document offers an initial evaluation of the Government's National Alcohol Harm Reduction Strategy against the failings of existing policy and the recommendations of Alcohol Concern.*



## 1. Better education and communication

### Current problems

The alcohol industry spends well over £200m every year on print and broadcast advertising in the UK. Around £500m more is spent on other promotional and marketing activities<sup>i</sup>. This is the public's major source of information about drinking, often portraying it exclusively as fun, invigorating, sexy, sociable and absolutely necessary to a modern, successful lifestyle. The recent Wanless Report highlighted the importance of public campaigns in encouraging healthier lifestyles and reducing future NHS costs. There is massive public ignorance about the impact of alcohol misuse on health and a widespread lack of understanding about what constitute safe levels of consumption. Until this fundamental imbalance in the public's perception of alcohol is rectified, alcohol-related harm will not be reduced.

- There is currently no dedicated budget for public education and awareness campaigns about the dangers of excessive alcohol consumption
- In contrast, a recent worldwide rebranding exercise for *Smirnoff* vodka cost two and a half times as much as the £95m spent annually on alcohol treatment in England and Wales<sup>ii</sup>
- In a MORI poll conducted last year, only 7% of men and 22% of women knew what the Government's recommended level of alcohol consumption is for them<sup>iii</sup>

### Alcohol Concern recommended

- A strategy to reduce alcohol-related harm must operate on the principle that information and advice about alcohol must be as readily available as the alcoholic products themselves
- A levy of 3-5% on all alcohol advertising spending should be used to fund an ongoing programme of national and local campaigns to better inform the public about the dangers of excessive drinking and binge drinking
- OFCOM should conduct a review of the existing code on alcohol advertising, strengthening it to encourage industry to adopt a more responsible attitude towards the role of advertising
- The system of alcohol 'units' as the measurement of alcohol content should be updated and clarified to ensure that it is accurate and easily understood. Straightforward guidelines on recommended alcohol consumption should then be published and heavily publicised
- The alcohol content of the drink, in units, should be printed on the label of all alcoholic drinks
- A funding body should be created to distribute grants for research into the social and health impact of alcohol use to ensure that the information provided to the public remains accurate and that public policy relating to alcohol use remains effective
- A much greater focus should be put on education about alcohol in schools. All schools, colleges and universities should have staff trained in discussing alcohol problems with students, including the problems of family members

### The likely impact of the National Alcohol Harm Reduction Strategy

- The national strategy provides an excellent basis on which to improve the quality and availability of information about alcohol and alcohol misuse to empower consumers to make a more informed choice about their drinking

- The focus on targeting messages to specific groups is a major breakthrough - there is no one size fits all, targeting specific messages at some of the most vulnerable groups should prove much more effective than blanket messages
- We support the attempt to urge the alcohol industry to adopt a voluntary scheme for the labelling of alcoholic drinks, but hope that the Government will make clear its willingness to make the scheme compulsory if the industry fails to respond quickly
- Providing support for schools and employers to act as channels for the distribution of alcohol misuse information and support is vital to widening understanding about the nature of the problem at a personal and societal level
- We are particularly pleased with the commitment for OFCOM to review the code of practice for TV advertising. For too long alcohol advertising has been allowed to exploit the current, lax guidelines and glamorise excess – this is an opportunity to rectify that

## 2. Improving health and treatment services

### Current problems

Too often alcohol misuse is overlooked in the primary care environment. Few GPs regularly ask patients about their drinking or attempt to improve patients' understanding of the damage that excessive drinking can cause. Many hospitals, mental health services and other primary care settings do not have sufficient staff trained to recognise the signs of alcohol misuse and offer appropriate advice and/or referrals to alcohol treatment services. Alcohol problems are treated more easily and more cheaply if caught early, yet only 7% of all NHS money spent on alcohol misuse is spent by GPs<sup>iv</sup>.

There are local services all around the country, run by both the statutory and the voluntary sector. They offer help to people suffering from alcohol-related problems and their families. They are the front line in the fight against dependency and a vital public service resource. They are also chronically under-funded and under-resourced. Funding streams are often short-term, impacting on services' ability to plan for the longer-term and staff are drawn from the same pool as those for better-funded drug treatment services.

- Around 1 in 13 of the UK adult population is dependent alcohol - c. 3 million people<sup>v</sup>
- Of an average of 360 hazardous and harmful drinkers who visit each GP every year, 7 or fewer will have their drinking addressed by their doctor<sup>vi</sup>
- Despite there being twice as many people dependent on alcohol as on all illegal and prescription drugs combined, alcohol treatment services receive just £95m<sup>vii</sup> funding per year, compared to £1bn for drug treatment<sup>viii</sup>
- Treating the symptoms of alcohol misuse costs the NHS up to £1.7b per year; eighteen times the amount spent on treating dependency problems themselves<sup>ix</sup>
- With hundreds of thousands of people in need going without help for their alcohol problems, the impact on families can be very severe. It is estimated that there are around 1 million children living with parents with alcohol problems<sup>x</sup>

### Alcohol Concern recommended

- GPs should be required regularly to ask their patients about their drinking habits and provide information on the dangers of excessive drinking
- Every primary care setting, including GP surgeries, and every A&E department should have staff trained to recognise alcohol problems and the facility to make appropriate referrals to treatment services
- A three-fold increase in funding for alcohol treatment services is needed in the short-term in order to meet the necessary doubling of services' capacity
- The National Treatment Agency's (NTA) remit should be expanded to include alcohol treatment services

- The NTA should be tasked with working to ensure that a full range of different treatment services are available to all those in need and their families, including those with complex specialist and multiple needs, eg those with concurrent mental health and alcohol problems
- Service development, under the guidance of the NTA, should focus on quality assurance and workforce development, as well as expanding capacity – maximum waiting time from referral to receipt of treatment should be no more than three weeks, as with drug treatment targets
- Funding streams should be simplified and made more secure to allow services to plan for the long-term, provide job security for staff and innovate in the type of treatments they offer
- Treatment should focus on the people, not just the problem – proper support should be provided after treatment to limit the risk of relapse

### The likely impact of the National Alcohol Harm Reduction Strategy

- In principle, we welcome the national audit of the capacity of and demand for alcohol services, which should offer the opportunity both to secure the long-term future of services and to improve the quality and availability of treatment
- We are, however, extremely concerned about the developing crisis in short-term funding. A future audit does nothing for current under-funding and under-capacity. An interim funding initiative for the period until the audit is complete is an absolute necessity. We will be pushing very hard for this - without this contingency we expect some services to close before the results of the audit are published
- This is not only a funding issue – many local service commissioners have put their planning on hold until the publication of the Strategy only to find that it will be at least another year until a framework for the future of services is completed. This creates a planning deficit for the interim period
- The primary care pilots for early interventions are a positive development. Finding a way of turning existing good practice into a scheme capable of being rolled out nationally is vital. However, we are surprised and disappointed at the Government's apparent lack of confidence in the clear existing evidence of the benefits of early interventions
- It is important that the treatment of alcohol misuse problems and drug misuse problems are brought under the same national body. The role of the National Treatment Agency is unclear in the Strategy and we hope that this will be clarified in due course
- A report released today based on a survey of 300 GPs by industry magazine, Doctor, shows that 54% doctors will not provide enhanced care, including in alcohol treatment, for free after 1<sup>st</sup> April when their new contract comes into effect. Without including alcohol screening in the GP contract there is little chance of health and treatment

## 3. Combating alcohol-related crime and disorder

### Current problems

Alcohol is one of the main catalysts for violent crime and anti-social behaviour. The night time economy has become a major driver of growth and renewal in many town and city centres around the country. This focus on pubs, bars and clubs brings serious consequences for crime rates, for the quality of the urban environment (which is degraded by littering, vandalism and street urination) and for the already over-stretched resources of police and other and emergency services.

Alcohol misuse is also an important factor in more serious crime, including sexual assault and murder. Around 20,000 prisoners in England and Wales have serious alcohol dependency problems, which can be linked to their offending<sup>xi</sup>, yet only one prison has a specialist alcohol treatment service. Without such treatment, alcohol dependency can be a key cause of recidivism.

- There are 1.2m violent incidents around pubs and clubs every year<sup>xii</sup>
- In a recent poll 92% of police officers reported being a victim of a drunken assault and 94% said that alcohol misuse diverts police manpower from tackling other types of crime<sup>xiii</sup>
- People who regularly visit pubs and clubs are 2-3 times more likely to be a victim of violence - 45% of those arrested for assault test positive for alcohol<sup>xiv</sup>
- Alcohol costs the criminal justice system £7.3bn every year<sup>xv</sup>

## Combating alcohol-related crime and disorder

- Tighter regulation of drinks advertising and promotions, more coordinated management of local night-time economies, better information and education about alcohol misuse and better treatment services will all act to reduce the prevalence of alcohol-related violence and anti-social behaviour
- Police and local authorities must be proactive in taking action against premises viewed to be a source of violent or anti-social behaviour, or which is failing to operate in a responsible manner
- Arrest referral officers should be put in place to channel people arrested for alcohol-related offences into alcohol treatment and education services
- Treatment must be available for offenders with alcohol problems who are in the care of the prison or probation services. The new, merged National Offender Management Service must have at its core a commitment to tackle substance misuse among those in its care

## The likely impact of the National Alcohol Harm Reduction Strategy

- The Strategy reinforces the Government's welcome commitment to tackle alcohol-related yob-culture which blights many of our town and city centres – fixed-penalty fines and exclusion orders are a necessary part of a comprehensive strategy to address the problem
- The Strategy is far less detailed about how alcohol dependency and other misuse problems among prisoners and offenders under the care of the probation service will be addressed. Alcohol Concern will continue to press very hard for the Home Secretary to ensure that the resources are put in place for much better treatment under the new National Offender Management Service
- Suggested pilots for arrest referral officers are unnecessary. The Government should commit to their national roll-out immediately, backed up by the resources to ensure that treatment options are available
- The active management of the night time economy by statutory authorities, and the active use of existing powers by police (including against bar and retail staff) are mentioned. However, the strategy does not address in detail the scope for taking action against those premises which fail to sign up to the voluntary code of practice and we would have liked to have seen more emphasis on the proactive role that police and local authorities could play in taking action against premises viewed to be a source of violent or anti-social behaviour, or failing to operate in a responsible manner

## 4. Working with the alcohol industry

### Current problems

The alcohol and hospitality industries are very important for the UK economy and the British way of life, this is an undeniable fact. However, these industries make massive profits from products that kill over 20,000 people in Britain every year, act as a catalyst for crime, violence and anti-social behaviour, degrade local environments and occupy the time and resources of police forces, paramedics and primary care trusts<sup>xvi</sup>. Alcohol advertising has long since strayed far beyond the ASA codes and the role of irresponsible cut-price promotions in certain bars and pubs add to the problems associated with the night time economy.

- Alcohol is a very profitable business, yet the contribution of the industry towards the costs of dealing with the personal and social costs of alcohol misuse is minimal and its own partial responsibility is poorly recognised by industry leaders
- Scottish Courage, for example, has though been able to pledge £87m to promote its brands this year – nearly as much as the total spend on alcohol treatment services in England and Wales<sup>xvii</sup>

## Alcohol Concern recommended

- The drinks and hospitality industries should be required to make a responsible attitude towards alcoholic products that they sell a central part of their business plans and business reporting
- The need to encourage sensible drinking should be recognised in all activities by drinks companies, including product development
- OFCOM and the Advertising Standards Authority should draw up tight new guidelines on acceptable advertising of alcoholic products to counter the ongoing erosion of standards
- Restrictions should be placed on the types of promotions that individual pubs, bars and clubs can run on alcoholic products, with guidelines published for premises managers. Local authorities should be empowered to take action against premises managers who fail to follow them
- The drinks industry should be required to contribute towards the cost of alcohol harm reduction, including through a 3-5% levy on advertising spending to fund public information campaigns

## The likely impact of the National Alcohol Harm Reduction Strategy

- We very much welcome the Government's commitment to work closely with the alcohol producers to develop a "social responsibility charter" and the appropriate mechanisms to deliver it – partnership is the only way to success in tackling alcohol misuse
- There needs to be a clear timetable for the introduction of such a 'charter' and the industries commitment must match that of the Government – no obstruction or obfuscation should be tolerated
- The crack down on irresponsible promotions is also welcomed. The voluntary "codes of good practice" are a good starting point, but it is important that its take-up and effectiveness are monitored and regulation introduced if necessary
- The Government must not shy away from taking firm action, including legislation, if either the alcohol production or retail industries fail to respond within a short timescale to the perfectly reasonable expectations now being placed upon them
- The suggested financial contribution from industry locally towards the cost of policing alcohol misuse is welcomed and we hope that it will be implemented in due course

## 5. Making it all happen

### Current problems

Responsibility for policy relating to the use and impact of alcohol is spread across up to ten government departments, including DCMS, Dti, DoH, Home Office, Treasury and ODPM. The competing interests of these departments have resulted in a piecemeal approach to alcohol policy and contributed to the failure to produce effective responses to the high level of alcohol-related harm in the UK.

The lack of local targets and resources has meant that tackling alcohol related harm at a local level has been a low priority for many areas. Although alcohol is a part of, or impacts upon, the work of a large number of agencies, including police, primary care trusts, drug action teams, education authorities and local business, as with central government, there has often been a lack of co-ordination of planning and action. Often there is insufficient finance, resources and political will at a local level to effectively limit alcohol-related harm and properly treat those who are dependent.

## Alcohol Concern recommended

- The government make tackling alcohol misuse as high a priority as addressing the misuse of illegal drugs
- A dedicated Government minister be appointed to oversee an Alcohol Harm Reduction Strategy, coordinating the work of relevant ministers spread across Government departments
- A dedicated Alcohol Harm Reduction Team be created, based in a key ministry such as the Department of Health
- National coordination of the Strategy must be coupled with local implementation. Local Implementation Groups, with pooled resources, should be identified, with senior representatives covering policing, health, Drug and Alcohol Action Teams, education and licensing
- Local authorities should be required to develop night-time economy strategies, linked to local licensing policy, which monitor the number of licensed premises in a given area and stipulate minimum standards of interior design and maximum capacities
- Local authorities and Local Implementation Groups should work with local businesses and transport providers to encourage a safe, diverse and well-managed leisure environment for the benefit of all residents

## The likely impact of the National Alcohol Harm Reduction Strategy

- The Strategy is itself a massive step forward towards the necessary, holistic approach to tackling alcohol misuse and its effects. Never before has alcohol had a dedicated high-level government strategy looking across all policy areas affected by alcohol misuse. However the Government's obvious strategic commitment must be matched by a commitment to ensure all the nuts and bolts of implementation are put quickly into place
- It is right and appropriate that the Home Office and the Department of Health should be the lead departments, given that their departments take the brunt of the pressure on budgets that alcohol misuse creates, but Alcohol Concern will be looking for a clear steer on who has ultimate responsibility for delivery and what "light-touch central arrangements" for delivery actually means
- There needs to be a set of clear targets for delivery of the National Alcohol Harm Reduction Strategy and its aims
- Adequate resources must be put in place to ensure that the Strategy is deliverable within a reasonable timeframe
- There must be regular, clear and transparent public reporting of progress in meeting the aims of the Strategy

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<sup>i</sup> Cabinet Office (Strategy Unit), *Interim Analytical Report*, September 2003

<sup>ii</sup> Diageo press release, *Diageo boosts spend for £250m global Smirnoff revamp*, 8<sup>th</sup> September 2003

<sup>iii</sup> Alcohol Concern, *No Half-Measures* report, November 2003

<sup>iv</sup> Cabinet Office (Strategy Unit), *Interim Analytical Report*, September 2003

<sup>v</sup> Psychiatric Morbidity Survey, 2001

<sup>vi</sup> Alcohol Concern, *Commission on the Future of Alcohol Services*, 2003

<sup>vii</sup> Alcohol Concern survey, 2002

<sup>viii</sup> Parliamentary question, Ivan Lewis, 2001

<sup>ix</sup> Cabinet Office (Strategy Unit), *Interim Analytical Report*, September 2003

<sup>x</sup> Cabinet Office (Strategy Unit), *Interim Analytical Report*, September 2003

<sup>xi</sup> Prison Reform Trust, *Alcohol and re-offending – who cares? 2<sup>nd</sup>* January 2004

<sup>xii</sup> Cabinet Office (Strategy Unit), *Interim Analytical Report*, September 2003

<sup>xiii</sup> Alcohol Concern, *No Half-Measures* report, November 2003

<sup>xiv</sup> Cabinet Office (Strategy Unit), *Interim Analytical Report*, September 2003

<sup>xv</sup> Cabinet Office (Strategy Unit), *Interim Analytical Report*, September 2003

<sup>xvi</sup> Cabinet Office (Strategy Unit), *Interim Analytical Report*, September 2003

<sup>xvii</sup> Scottish Courage press release, Grocer, March 2003