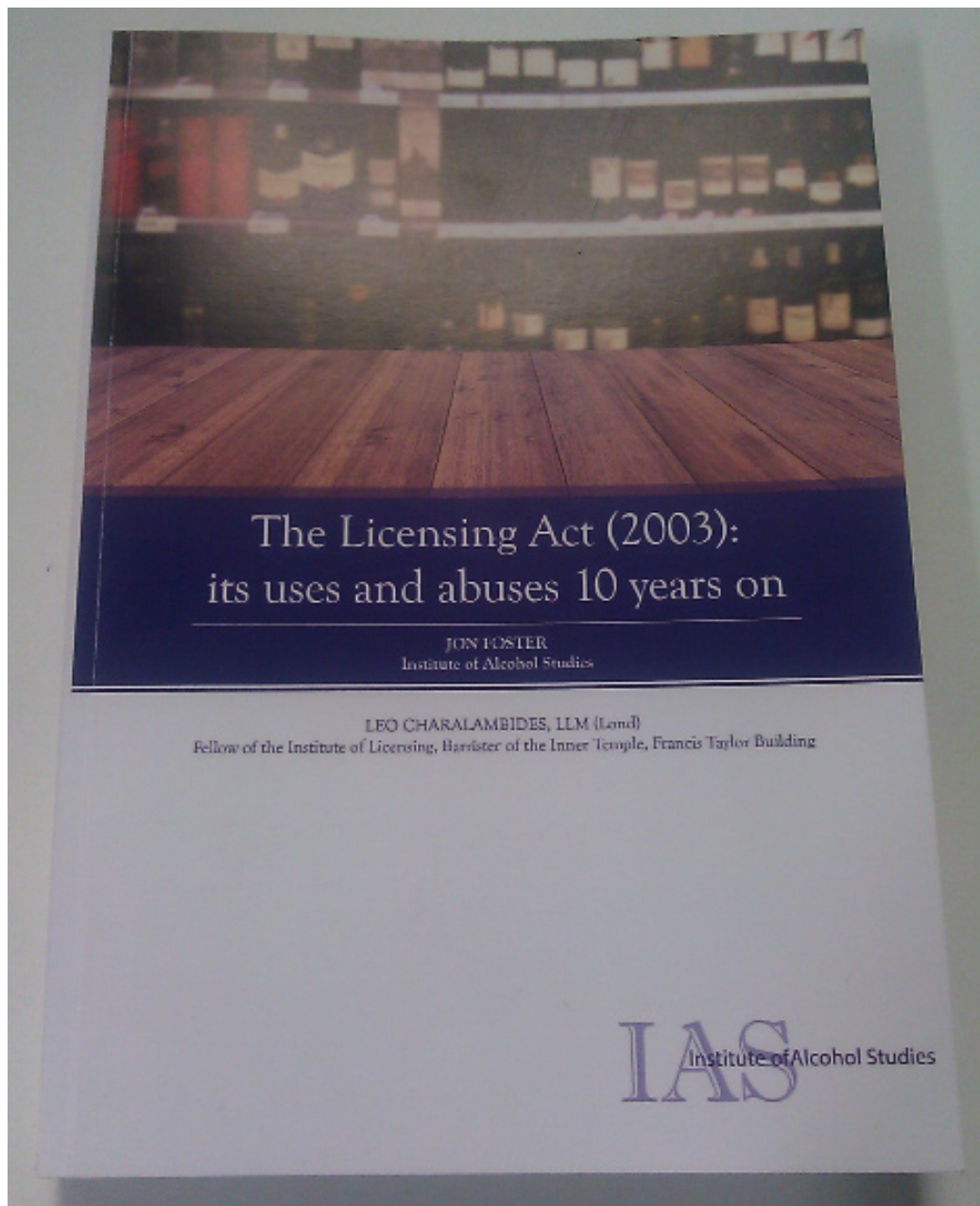


# Alcohol Alert newsletter

March 2016

**IAS**  
Institute of Alcohol Studies



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to the advantage of the licensed trade**

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UK Alcohol Alert  
incorporating Alliance  
News

March 2016

Alcohol Alert is designed and produced by the Institute of Alcohol Studies, a Registered Charity (no. 1112671). All articles are written by staff members, unless otherwise specified.

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## Fewer adults dying from conditions directly caused by alcohol

*... but deaths from alcohol-related conditions rise to almost 23,000 (1 March)*

The latest update to the *Local Alcohol Profiles for England (LAPE) data tool* shows that nationally, alcohol-specific deaths fell by 3% to 17,755 deaths. Alcohol-related deaths have seen a slight increase, year on year, from an estimated 22,330 in 2012 to 22,976 in 2014. Alcohol-related deaths include conditions that are partially related to alcohol, such as heart disease and certain cancers.

A 3% decrease in alcohol-specific deaths is promising. However we are still seeing a rise in the number of deaths from alcohol-related conditions such as heart disease and cancer. Such deaths may be amongst people who are not alcohol dependent, but who drink frequently and are unaware of the risks to their health. In both alcohol-specific and alcohol-related death rates, the rate for men is almost double that of women.

For the first time, the LAPE tool includes data on alcohol-related road traffic accidents. This shows that between 2012 and 2014, in 2.6% of reported road traffic accidents, one or more driver failed a breath test.

There continues to be large variations in alcohol-related harms across the country, with 165 local authorities seeing an increase in alcohol-related deaths in 2014 and 161 seeing a drop.

Substantial health inequalities continue to exist for both men and women, with the rate of liver disease in the most deprived areas double the rate in the least deprived.

Professor Kevin Fenton, director of Health and Wellbeing at PHE said:

“There are over 10 million people in England drinking alcohol at increasingly harmful levels putting them at risk of conditions such as cancer. For women who drink, they are 20% more likely to get breast cancer than those that don’t.

“Alcohol harms individuals, families and communities and it’s crucial that, alongside effective local interventions and treatment for those that need it, we look more widely at what affects drinking behaviour in this country. Public Health England will soon be providing a report to Government on how we can reduce the harms caused by alcohol.”

The LAPE tool presents data for 23 alcohol-related indicators in an interactive tool, which helps local areas assess alcohol-related harm and monitor the

progress of efforts to reduce this.

Main findings include:

- alcohol-specific deaths fell to 17,755 in the 3 year period 2012 to 2014. Down 3% compared to the previous 3-year period (3.1% fall among men and a 2.5% fall among women)
- alcohol-related mortality rose slightly (by 0.8%) to 22,967 deaths in 2014, compared to 22,779 in 2013
- in both alcohol-specific and alcohol-related mortality, the rate for men is almost double that of women
- the mortality rate from chronic liver disease remain unchanged (17,238 deaths in 2012 to 2014) but has reduced since 2006, showing signs of a downward trend (a 7% drop overall since the start of the LAPE series in 2006 to 2008) which would bring England in line with other European countries
- the rate of alcohol-related road traffic accidents in England fell by 5% (to 26.4 per 1000 road traffic accidents, 10,157 accidents) for the latest time period (2012 to 2014) compared to the previous period (2011 to 2013)

Adapted from Public Health England press release.

## Tighten up on drink-driving, says parliamentary report

*A lower drink-drive limit is one of several recommended measures (3 March)*

Alcohol is the biggest reported impairment to driving, but motorists may be taking to the roads impaired without knowing it. This is according to a report published by a leading road safety team on behalf of Parliamentary Advisory Council for Transport Safety (PACTS).

*Fit to Drive?* examines the law as it stands, factors affecting fitness, and gaps that need to be addressed.

Key points and recommendations from the report include:

- Because of widespread breath-testing following crashes, alcohol may be over-attributed as the key factor
- Lowering the legal limit to 50mg/100ml could save an estimated 25 lives / 95 serious injuries annually
- Higher rates of enforcement would provide more of a deterrent
- The Department for Transport and Home Office should focus on Type Approval of roadside evidential breath testing equipment to save police time
- Fleets should follow the lead of National Express buses

- and install alcolocks
- Alcolocks should be used in the rehabilitation of previous drink-drive offenders

“There is a fundamental expectation that drivers should be fit to do so,” says Professor Oliver Carsten, lead author of the report. “Short-term factors based on personal behaviour such as alcohol and drug use are widely known to affect fitness to drive. However, there are long-term factors such as physical or cognitive impairment that account for 6% of all fatal crashes, while fatigue is a factor in 3%.”

David Davies, executive director of PACTS said: “The Government has recently published its road safety statement reaffirming its aims to reduce death and injury on the road. This report highlights where improvements are to be made and we hope that all relevant departments and agencies collaborate to act on its recommendations.”

## Study asks what influences 11-year-olds to drink?

*Researchers find 1-in-7 have tried drinking at least once by that age (7 March)*

Children are less likely to drink if they have heightened perceptions of the harms of drinking and negative expectations towards alcohol

– such as that it leads to difficulties with peers or impacts on school work – according to a new UCL-led study.

Data from 10,498 children aged 11 was analysed, with the researchers finding that around one in seven had drunk more than a few sips of alcohol at least once. The study, published in *BMC Public Health*, is the first to examine drinking behaviours in very early adolescence in relation to a wide range of factors that are associated with alcohol consumption in children – such as family, friends, and the young person’s views about alcohol.

The researchers found that nearly 14% of 11-year-olds had drunk more than a few sips of alcohol at least once. While they emphasise that it is not possible to make statements regarding cause and effect with this sort of study, the numbers do show a strong association between 11-year-olds drinking and their friends’ and mothers’ behaviour.

Children whose mothers drank heavily were 80% more likely to drink than those whose mothers didn’t. Children whose friends drank were five times more likely to drink than those whose friends did not drink. It was also found that friends’ drinking had a stronger association with children’s alcohol consumption than parent’s drinking.

Other factors associated with drinking were having started



puberty, being a second or later born child, having socio-emotional difficulties (e.g. sustaining positive relationships, experiencing, managing or expressing emotions) and antisocial behaviours. Boys were found to be more likely to drink than girls

Positive perceptions of alcohol were associated with increased odds of a child drinking. These include perceptions that alcohol makes people feel better about themselves or that it makes it easier to make friends. Other factors associated with increased odds of a child drinking were a lack of parental supervision on weekends and weekdays, and not being happy with family relationships.

Lead author Professor Yvonne Kelly (UCL Epidemiology & Public Health) said: "Drinking in adolescence is considered a 'risky' behaviour, it often co-occurs with other 'risky' behaviours and it is linked to educational failure and to premature mortality, for example via accidental deaths. Improving our understanding of the factors that influence drinking is important as it has implications for the development of policies and interventions aimed at reducing 'risky' behaviours."

The researchers concluded that while the vast majority of children at the age of 11 are yet to explore alcohol, investigating in more detail the context in which the children drink – who

they drink with, where, when, what they drink and how they acquire alcohol – could help inform effective policy and alcohol harm prevention strategies to mitigate the risk associated with drinking in youth.

Professor Kelly added: "Our findings support the need for interventions working at multiple levels, including family and school, to help shape choices around risky behaviour including drinking".



## 2.5 million people exceed weekly drinking limit in a day

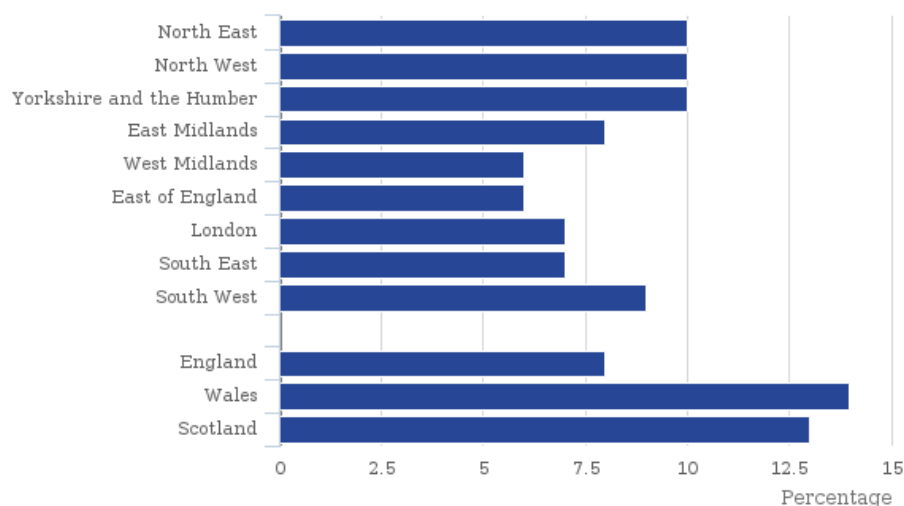
### Biggest bingers in Wales and Scotland (8 March)

Nearly 1-in-10 drinkers consumes more than the weekly recommended limit for alcohol in a single day, according to the latest figures from the the Office for National Statistics.

The latest *Adult drinking habits in Great Britain* dataset found that in 2014, 2.5 million people drank more than 14 units of alcohol on their heaviest drinking day. Of the 2.5 million who exceeded the weekly alcohol guidelines in a single day, the majority were men. The most common age group was 25–44-year-olds, closely followed by 45–64-year-olds. Of all those who said they drank alcohol in the last week, the percentage who exceeded the weekly limit in a day was highest in Wales and Scotland (14% and 13% respectively, illustrated).

Other findings included:

- 28.9 million people report that they had drunk alcohol in the week before interview.
- Almost 1-in-5 higher earners drink alcohol on at least 5 days a week.
- Young people are less likely to have consumed alcohol in the last week than those who



- are older.
- A higher percentage of drinkers in Wales and Scotland drink over the recommended weekly amount in one day.
- Wine is the most popular choice of alcohol.

Jackie Ballard, chief executive of Alcohol Concern, said: "Alcohol continues to be the leading risk factor for deaths among both men and women 15-49 and is linked to over 60 medical conditions including cancer, diabetes and high blood pressure.

"We need to raise awareness of the health harms.

"When it comes to alcohol, there are no safe limits of consumption."



## Northern Ireland: One-in-five parents are problem drinkers

*Decade-long study highlights link between alcohol misuse and suicidal behaviours (8 March)*

Separations and divorces are more common among families with parents suffering from alcohol misuse, according to research published by the Public Health Agency (PHA).

The papers, which focused on suicide and parental alcohol misuse, were launched at a conference today attended

[www.ias.org.uk](http://www.ias.org.uk)

by a wide range of delegates including academics and those who work in the community and voluntary sector. They are part of the PHA's Research and Development (R&D) Division's commissioned programmes and were carried out by researchers in the Bamford Centre for Mental Health and Wellbeing at Ulster University and at Queen's University Belfast.

Key findings from the suicide prevention research include that almost half of those who died by suicide in Northern Ireland had made a previous suicide attempt or had a history of suicidal thoughts. Deprivation and relationship problems were identified as key risk factors and there appears to be an association between alcohol use, misuse and effects of intoxication on suicidal behaviour.

One of the studies, which involved analysing the behaviours of 1,000 children and 1,097 parents between 2001 and 2011 ('*Parental Alcohol Use and Resilience in Young People in Northern Ireland: A study of Family, Peer & School Processes*') showed that one in five parents were classified as 'problem drinkers' and these families experienced more separations and divorces. Their children were found to spend more time outside the home and felt less attachment to school. The report also showed that children developed clear strategies to help them cope

with their parents' drinking and highlights that schools and teachers should be more aware of these problems.

Dr Janice Bailie, assistant director of the PHA's R&D Division said: "The research we are publishing today is testament to the commitment in Northern Ireland of individuals and organisations trying to understand more about these emotive and important issues.

"For anyone who has been affected by the suicide of a loved one or by the misuse of alcohol we hope that today's conference reinforces the message that we are all committed to tackling these issues and in ensuring that all the invaluable information being gathered is available and being used to translate into visible and beneficial actions."

Dr Michael McBride, Chief Medical Officer (CMO) for Northern Ireland, commenting at the launch, said: "It is vitally important that policy makers and those commissioning and providing services listen carefully to the messages from these highly relevant research studies. Doing so will ensure that future service delivery improves the care of people impacted by either of these devastating problems. More importantly, we must all ensure we work together towards eliminating these problems from society altogether."



## It's time to revisit estimates of costs of alcohol to society

*Journal paper calls for “a full, holistic review of the costs of alcohol” (14 March)*

The journal *Addiction* has pre-released an article calling for a revision of the regularly cited £21 billion estimate for the cost of alcohol to society in England and Wales. Authored by Institute of Alcohol Studies policy analyst Aveek Bhattacharya, '*Which cost of alcohol? What should we compare it against?*', claims that the figure relies on data that are "between 4 and 12 years out of date and sensitive to questionable assumptions and methodological judgements".

The £21 billion statistic is based on a 2003 Cabinet Office report, which has been periodically updated in the intervening period. However, it contains certain assumptions which have generated debate in light of emerging data – for example, over the proportion of A&E attendances attributable to alcohol. It also excludes certain types of cost, such as social care costs and the impact of drinking on workplace productivity.

As a result, the article calls for “a full, holistic review of the costs of alcohol”, with “procedures for regular updates, for example by developing a model”.

[www.ias.org.uk](http://www.ias.org.uk)

However, the Government has maintained that it “has no plans to commission a further review of costs”.

The article also discusses the use of such cost-of-alcohol studies, observing that there is frequent confusion of costs to society, the taxpayer and the economy. It argues that all of these approaches are valid and have different uses, but that policymakers, academics and NGOs ought to be more careful to ensure that they are quoting the appropriate statistic to fit their arguments.

In particular, it suggests that the external cost to society, which is measured by the Cabinet Office report, is a “lowest common denominator” which is most likely to support a consensus in guiding alcohol tax policy. This argument is extended in the IAS report, *‘Dereliction of Duty: Are UK alcohol taxes too low?’*, published ahead of the 2016 Budget.

The article was commissioned for Addiction's '*For Debate*' section, and will be published alongside a set of commentaries in the print edition of the journal later this year.

## 'Simple changes' to alcohol policy could dramatically reduce EU death rates

*From Alcohol Health Alliance  
press release (15 March)*

New analysis published in the *Journal of Hepatology* demonstrates that simple and cheap changes to alcohol policy at European Union level would, if implemented, dramatically reduce liver mortality across Europe.

In the World Health Organisation European Region, more than 2,370,000 years of life are lost from liver disease before the age of 50. Between 60–80% of these deaths are alcohol-related.

Yet the research paper explains that we already know exactly what to do to tackle this problem. The most effective and cost-effective measures have been summarised by the OECD and World Health Organisation, with the most effective and cost effective policy being increased alcohol taxation and the introduction of a minimum unit price for alcohol. These measures would reduce overall consumption of alcohol in the population, thereby reducing the number of cases of liver mortality.

Author Dr Nick Sheron, who is also Professor and Head of Clinical Hepatology at the University of Southampton, and the Royal College of Physicians' Representative for European Union Alcohol Policies, said:

The link between alcohol consumption and liver mortality is clear cut, as is the evidence linking effective alcohol policy

to liver mortality. Were the liver mortality in the worst member states to be brought down to the EU average 14,000 deaths could be prevented each year. Were liver mortality rates in the EU to be brought in line with the EU minimum then around 46,000 liver deaths would be prevented each year. The case for action on alcohol related harm could not possibly be clearer. The most effective and cost effective interventions actually raise money for hard pressed governments and are more likely to increase rather than decrease productivity.

Professor Sir Ian Gilmore, chair of the Alcohol Health Alliance, said:

This analysis is further evidence of the need for the European Union, and governments across Europe, to introduce measures that reduce alcohol consumption and the number of deaths from liver disease. The problem is the drinks industry – despite the evidence for the effectiveness of these policies, the drinks industry has thus far been able to lobby effectively to protect their market access and profits. If we are to reduce the cases of liver mortality in Europe, the health and social needs of Europe's populations need to be put ahead of the interests of the drinks industry.

## Alcohol-related crime and the 24-hour city

*Adapted from London Assembly  
press release (15 March)*

A report published by the London Assembly Police and Crime Committee – ‘*Policing the Night-Time Economy*’ – assesses the challenges associated with policing London’s growing NTE, in particular the extent to which crime linked to alcohol consumption puts pressure on policing resources.

The report's findings contain the following observations:

- There appears to be a correlation between alcohol and violent crime.
- London has more alcohol-related recorded crime than any other region in England.
- Areas where the NTE is thriving have the highest rates of night-time violence.
- While crime rates are broadly down across the capital, violent crime is rising.

The report makes a number of recommendations, including:

- The Mayor's Office for Policing and Crime (MOPAC) should lobby the Home Office for the introduction of a national definition of 'alcohol-related' crime.
- MOPAC should examine whether changes to licensing arrangements in London could alleviate any identified

pressure on policing.

- The Met Police and MOPAC should review the demand that the NTE places, and will place in the future, on borough-based policing.
- NHS England should press for the sharing of information between London hospitals and the Met to be a mandatory requirement, to help inform crime reduction responses.

Chair of the Police and Crime Committee, Joanne McCartney AM, said:

“The Night-Time Economy (NTE) plays a significant role in what London has to offer to both residents and visitors alike. Our report recognises the benefits that a prosperous NTE can bring to the capital in terms of employment and business revenue, as well as entertainment. But it also recognises that with this comes a distinctive policing challenge.

“We’ve identified a lack of clarity as to what constitutes ‘alcohol-related crime’, which causes difficulties when monitoring and policing the NTE.

“The data we do have indicates a correlation between London’s NTE hotspots, violent crime and alcohol consumption. It is a concern that MOPAC’s figures suggest that violence with injury offences are more likely to occur in areas with a thriving NTE.”



## Liverpool project reduces sales to 'drunks'

Adapted from *Alcohol Policy UK* (21 March)

A new evaluation report shows that the illegal sale of alcohol to intoxicated customers in Liverpool was reduced by an intervention designed to improve awareness and enforcement of server law.

The project evolved from an earlier 'Say No To Drunks' initiative developed by local agencies, which aimed to address the sale of alcohol to intoxicated customers in the city's nightlife through a 'multi-component approach'. It aimed to increase awareness of legislation; support bar staff compliance with the law; provide a strong deterrence to selling alcohol to drunks; and promote responsible drinking amongst nightlife users.

The 'Drink Less Enjoy More' intervention included a number of components. Campaign elements included social media and promotional materials such as posters and t-shirts, with other messaging targeting bars and university halls. Bar staff were trained in refusal skills and enhanced police enforcement activity was undertaken.

The evaluation, conducted

[www.ias.org.uk](http://www.ias.org.uk)

Proportion of alcohol test purchase attempts by pseudo-intoxicated actors resulting in the sale of alcohol, Liverpool City Centre nightlife, 2013 and 2015



by Liverpool John Moore's Centre for Public Health, demonstrated improvements in a number of measures. Before the intervention, 84% of the test purchases by 'pseudo-intoxicated' actors were served, which reduced significantly to 26% following the programme (illustrated).

Other outcomes showed the proportion 'nightlife users' who were aware it was illegal to sell to a drunk person increased from 45% to 66%, whilst the proportion of participants agreeing that bar staff in the city centre do not care if people get drunk on their premises decreased from 63% to 51%. The perceived level of drunkenness that nightlife users reach on a night out in the city centre decreased from 8.6 to 8.2. However the total median expected alcohol consumption over the course of the full night out increased post-intervention from 16 to 20 units.

The conclusion states the evaluation findings are

'extremely positive' and recommendations from the report include:

- Bar server propensity to serve alcohol to drunk people should be regularly monitored by police, and on occasion through the use of the pseudo-intoxicated actor methodology
- Training in identifying drunkenness and refusing service of alcohol to drunks should be maintained as a key feature of bar staff training for all venues in Liverpool's nightlife
- Future intervention materials and promotion should focus on the posters, displayed in public settings outside and within the night-time environment, as well as radio adverts
- Work to prevent drunkenness and sales of alcohol to drunks should be undertaken as part of a broader strategic approach that recognises the wider influences on alcohol use. This should include consideration of policy options around permitted alcohol service hours and minimum unit pricing that are likely to influence both overall alcohol consumption and in particular harmful drinking behaviours such as preloading.

## Local Authorities often bullied by the licensed trade, but scope for greater health focus within licensing

*Report finds the 2003 Licensing Act has been commonly interpreted to the advantage of the licensed trade over past decade*

A new Institute of Alcohol Studies report has found that the 2003 Licensing Act is commonly interpreted to the advantage of the licensed trade, and that many local authorities regard the Act as having caused them significant problems, particularly in regard to the off-trade.

Significant support for a health objective within licensing was found, although some local authorities stated that they already addressed health issues with some success despite not having a specific health objective.

*'The Licensing Act (2003): its uses and abuses 10 years on'* found that:

- Many councils do not use licensing to its full potential, firstly because they rely on non-expert in house legal advice, and secondly because many are scared of being taken to expensive legal appeals
- While health concerns can be addressed within licensing, these are more likely to be health issues related to social health and wellbeing (e.g. street drinking, domestic violence, deprivation)
- This may provide a proxy route to chronic long term public health issues, but in themselves these issues are too distant from the point of sale for licensing to have a significant impact, with price probably a more effective measure
- It is arguable that many social health and wellbeing issues could be addressed under the current licensing objectives, but the legally contested nature of licensing means this is unlikely to ever happen. Adding a health objective would allow for the more even application of the current licensing objectives.

### Local Authorities and more effective licensing

The report identifies a number of common myths and misconceptions around the 2003 Licensing Act that help to advance the interests of the licensed trade while causing problems for local authorities. These misconceptions include:

- The incorrect idea that the Act is overly permissive, when it actually offers local authorities far more discretion than many realize
- The 'premises by premises' approach, a widespread idea within licensing that premises must be looked at in isolation from their local environment. This idea does not have a proper basis within the Act, Guidance or case law, and there is actually significant scope to consider dynamic interactions between premises and their locality
- The notion that lots of factual evidence is needed to make a decision, when the Act actually allows for a wide range of evidence, with decisions taken on the balance of probabilities, not to a criminal level of certainty.

By paying closer attention to the Act, Guidance and case law there are significant opportunities for local authorities to use licensing in a more proactive and assertive manner, with far greater discretion in the licences they grant.

The report's recommendations include:

- The introduction of a health objective and an economic objective to the 2003 Licensing Act
- Encouraging local authorities to use the Act in a more assertive manner in order to create safer and more sustainable night time economies
- Introducing set opening hours for the off-trade, such as 10am till 10pm
- Locally set licensing fees so that all councils can properly recover their costs from the licensed trade – at the moment many areas subsidise the licensed trade to considerable amounts.

Jon Foster, lead author of the report, said:

“Over the last 10 years business interests have too often won out over local communities. Very late closing times suck in police resources and mean that there are less officers available to do community police work during the rest of the week.

“Local councils could help themselves more by paying closer attention to the Act and case law in order use licensing more assertively, but there is also a need for the Government to better support councils against challenge from the licensed trade.

“Funding is also a key issue for many councils, because of the fact that the fee system within the Act does not always enable councils to recoup their costs properly. Over the last 10 years the licensed trade has been subsidised to the tune of £183 million because of this, and many areas which struggle to use the Act well are also areas with funding problems. Introducing locally set fees would help to address this issue.”

Tony Hogg, Police and Crime Commissioner for Cornwall and chair of the Police and Crime Commissioner Alcohol Group, said:

“The relaxation of licensing hours 10 years ago has contributed to a seismic shift in drinking behaviours. Alongside the later opening of venues we have seen the growth of the phenomenon of pre-loading. People are increasingly entering our town centres much later at night and often having already consumed large amounts of alcohol at home. This can make them particularly vulnerable and places significant pressures on policing and on wider support networks like street pastors.

“The licensing framework is a critical tool in managing alcohol related harm and I welcome this comprehensive work by the Institute of Alcohol Studies which shines a light on some of the real challenges we face with the current licensing regime. It is important that we all work together to




Authors Jon Foster and Leo Charalambides answering audience questions at the report launch

deliver key improvements to the system.

“We must ensure that the licensing system enables public bodies to act early when necessary to keep people safe and communities secure. We must also ensure that local authorities have the right skills, support and resources to take action where they need to and that we encourage all public bodies to use the existing laws to their full potential.

“I am particularly pleased to see the Institute of Alcohol Studies support the introduction of additional licensing objectives to better balance the system – I have long campaigned for a new Public Health Licensing Objective.”

The report was launched at the chambers of Frances Taylor Building on 17 March with co-author Leo Charalambides.

*‘The Licensing Act (2003): its uses and abuses 10 years on’* is based upon detailed interviews and workshops with over 70 licensing professionals. Listen to Jon Foster explain the findings of the report in greater depth on our *Alcohol Alert* podcast: <https://soundcloud.com/instalcstud> 



## Budget 2016: Fourth successive real terms cut for beer, spirits and cider duty

*Public health NGOs disappointed at Chancellor's announcements*

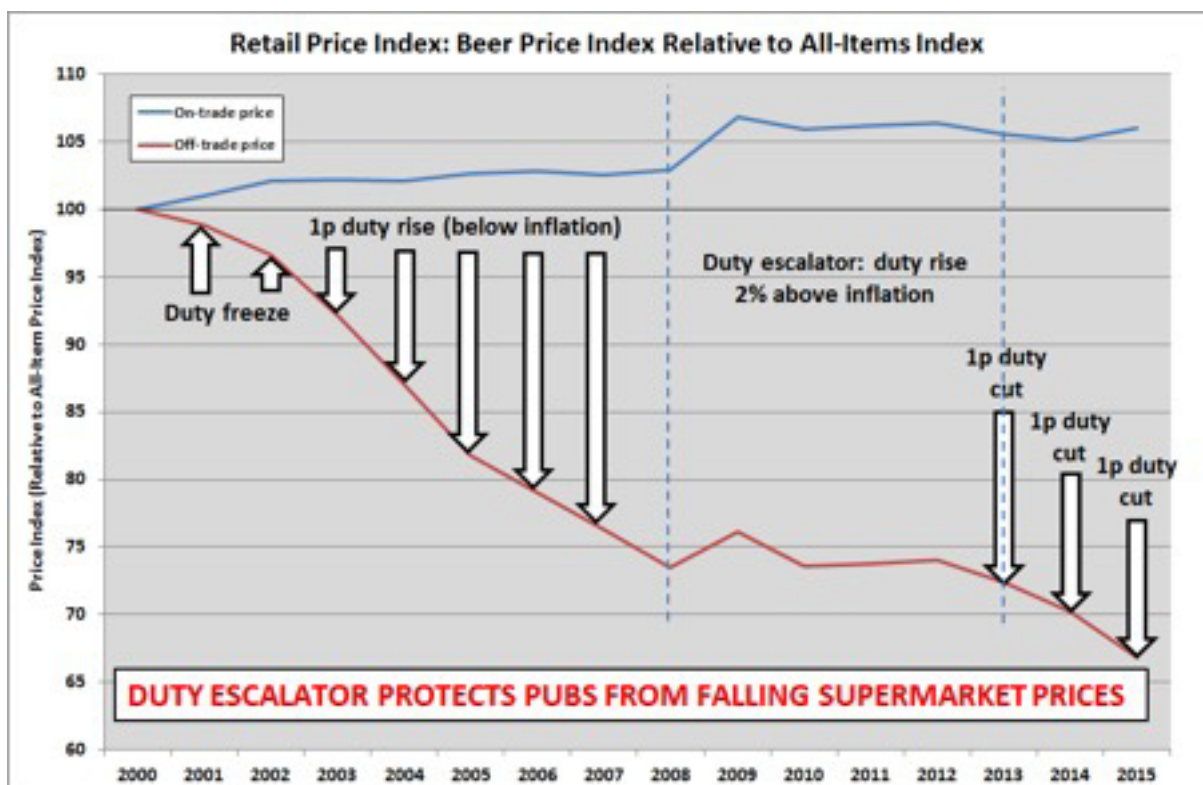
Following weeks of lobbying, debate and speculation, Chancellor George Osborne announced a freeze on beer, spirits and cider duty in the UK Government's Budget on 16 March. In real terms, this represents a cut, as it means that duty will fail to keep pace with inflation, increasing the affordability of these drinks. Duty on wine and specialist ciders will increase in line with inflation. The changes are anticipated to cost the Treasury £85 million a year.

The move disappointed public health campaigners, coming as it did on the heels of three successive years of beer duty cuts and two years of cuts to other alcohol duty since the scrapping of the alcohol duty escalator, which automatically raised duty above inflation each year. According to the Treasury, if the duty escalator had remained in force, a typical pint of beer would now be 10p more expensive, a typical litre of cider 4p more expensive, a typical bottle of scotch whisky 87p more expensive and a typical bottle of wine 7p more expensive.

Katherine Brown, director of the Institute of Alcohol Studies, said: "It's astonishing to see that for the fourth year in a row the Chancellor has decided to ignore the damage caused by cheap alcohol... With our NHS and emergency services under enormous pressure from alcohol, this is a real missed opportunity to save lives, reduce crime and help the public purse."

Professor Sir Ian Gilmore, chair of the Alcohol Health Alliance (AHA), added: "The decision not to increase duty on ordinary cider is particularly disappointing. High strength ciders such as Frosty Jacks, Omega and White Ace, are consumed by underage drinkers who are able to afford the low prices they are sold at – 3 litre bottles of white cider (containing 22.5 units) can be bought for as little as £3.50. This is why we, along with doctors, health professionals and most recently the Institute for Fiscal Studies have made the case for increasing duty on cider."

By contrast, the alcohol industry broadly supported the Budget, though it fell short of their calls for cash reductions in duty. The British Beer and Pub Association's Brigid Simmonds hailed





the Chancellor's "real commitment and concern for both brewing, an important manufacturing industry, and our nation's pubs". David Frost, of the Scotch Whisky Association, said "We welcome the freeze in excise duty", despite a concerted campaign for a 2% cut in the weeks leading up to the announcement.

## Supporting pubs?

The Chancellor justified freezing beer and cider duty in terms of supporting pubs, claiming that "the action we took in the last Parliament on beer duty saved hundreds of pubs and thousands of jobs". However, the assumption that lower beer duty benefits pubs has come under increasing scrutiny in recent weeks. In February, eight leading pub owners wrote to the Chancellor, claiming that previous cuts to tax on beer had been retained by brewers and not passed onto pubs: "You will have no doubt spotted the trick here – the brewers impose increases every January onto the retailers and then ask the government to reduce duty in March – at the fiscal expense of other tax raising – in order to mitigate the outcry and demand effect." The publicans conclude that brewers' undermine duty cuts to such an extent that "they are not saving a single pub with their actions".

These arguments were supported by Alcohol Health Alliance analysis, showing that since the beer duty escalator was scrapped, the price differential between the on- and off-trade has widened (illustrated). This suggests that duty reductions can actually hurt pubs, by helping supermarkets to reduce their prices and undercut pubs.

## "Rhetorical nonsense"

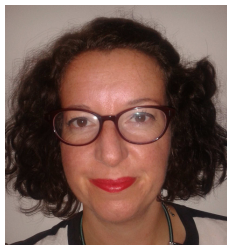
George Osborne also drew scorn for his claim that a spirits duty freeze was an appropriate way to back the Scotch whisky industry, as it "accounts for a fifth of all of the UK's food and drink exports". Paul Johnson, director of independent think tank, the Institute for Fiscal Studies (IFS), dismissed this line of argument as a "bizarre aside", observing

"Duties are not paid on exports. This is rhetorical nonsense".

Johnson also echoed the AHA's calls for action on white cider, noting "Spirits and strong cider are the tipples of choice among the heaviest drinkers. Their preference for strong cider at least is largely down to the fact that it bears much lower tax per unit alcohol than any other drink" (see article on IFS' Green Budget in the February 2016 *Alert*). These demands, however, have gone unheeded for another year. ■■

## Government strategy helping to improve Scotland's relationship with alcohol but no room for complacency

Comment by Dr Rachel McAdams, NHS Health Scotland (on behalf of the MESAS team)

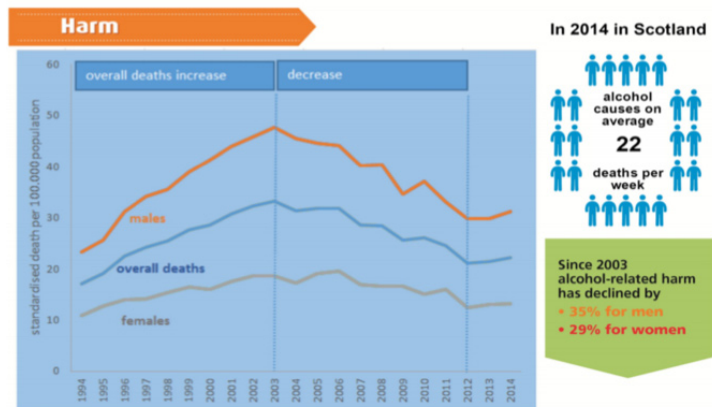


In response to increased awareness of the scale of alcohol harm the Scottish Government introduced the "Framework for Action" in 2009 based on international evidence. The strategy was evidence-based and contained the main components advocated by the World Health Organisation. It aimed to reduce alcohol consumption and related harm through a wide range of interventions implemented through new policy and legislation. The Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) programme was established to assess the contribution of the strategy to key outcomes.

The MESAS programme published its final report with supporting infographics on 1 March 2016, drawing on 5 years of research and a series of individual studies.

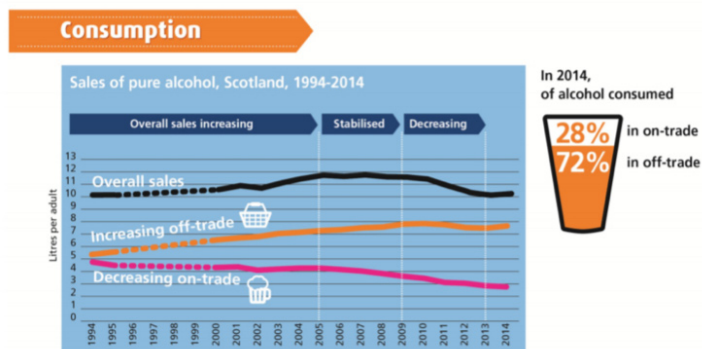
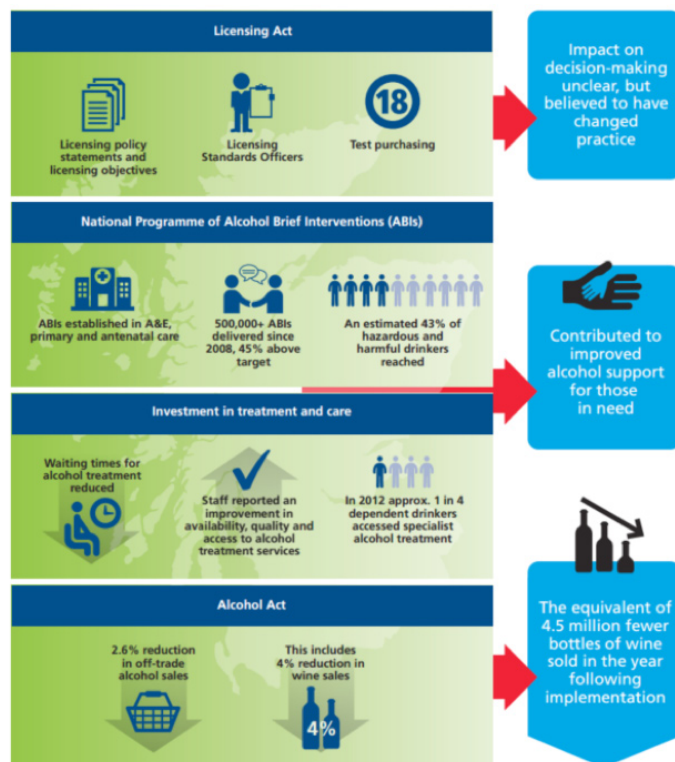
### Key trends

Scotland has witnessed declines in both alcohol-related hospitalisations and deaths, and alcohol consumption in recent years. However inequalities in alcohol-related health harms persist, and the most recent data suggest that these declines may have stalled.



### Impact of the strategy

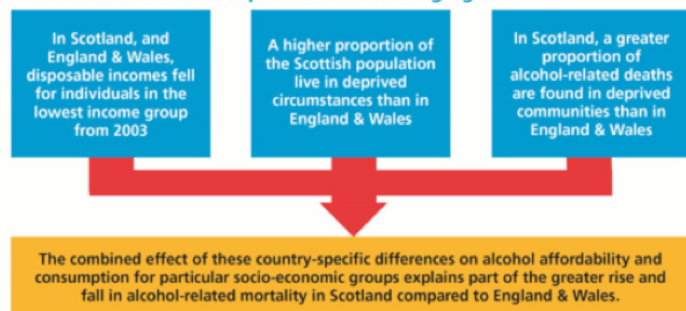
The evaluation found that some elements of the strategy had been successfully implemented:



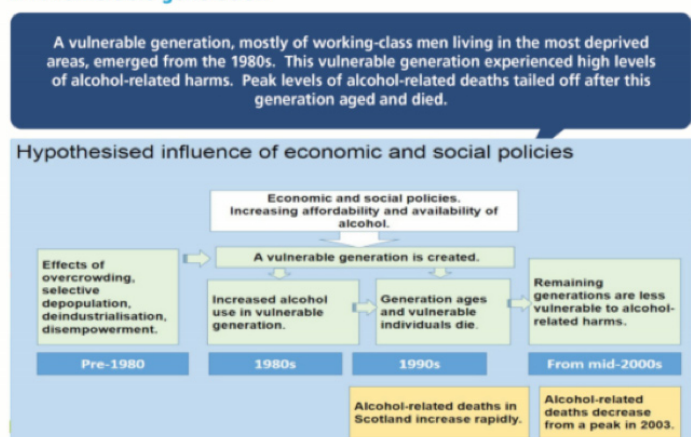
## Contribution of external factors to trends

The timing of the declines in alcohol-related harm and consumption suggest that other factors external to the strategy have also contributed to these trends in Scotland and the differing trends from England and Wales. The evaluation assessed the contribution of a number of plausible external factors and found that two in particular have likely contributed to recent downward trends in alcohol-related deaths:

### 1. Combined effect of deprivation and changing income



### 2. A vulnerable generation



## A call for continued action on alcohol

The programme concluded that the Scottish Government's alcohol strategy has had a positive impact on alcohol consumption and harms over the past five years. However the problems caused by alcohol in Scotland remain at a high level and there is a need for continued action to reduce alcohol consumption and harm. The report recommended:

- The review and refresh of Scotland's alcohol strategy should draw on the current evidence base
- There should be continued effort to improve implementation of the current strategy, including the implementation of minimum unit pricing
- Scotland should continue to monitor alcohol consumption and harms and where possible evaluate new interventions
- A number of potentially useful areas of research were identified which should be explored.

## Pulled punches and half measures: The Modern Crime and Disorder Strategy

*New Home Office document offers piecemeal solutions to alcohol-related crime that lack effectiveness*

The Home Office has published its *Modern Crime and Disorder Strategy* (23 March), which includes a chapter on alcohol as one of 6 'drivers of crime'. The strategy puts forward proposals to deal with the problems of alcohol under three headings: 1) Improving local intelligence; 2) Effective partnerships; and 3) Equipping the police and local authorities with the right powers. While it includes some welcome and useful proposals, there are also significant gaps, as well as some proposals with poor and limited evidence of effectiveness.

The alcohol chapters start with a clear vision of the action needed:

**Proposals around information-sharing and the beefing up of local authority and police powers are welcome, but could go further**

*"Given the association between alcohol use and violence, reducing consumption is likely to be beneficial in crime prevention. The actions outlined in the chapter are based on evidence that reducing the availability of alcohol, providing targeted treatment and brief advice, and prevention approaches that build life skills and resilience can be effective in reducing alcohol harm."*

But none of the proposals seem likely to reduce alcohol consumption or availability. Given the compelling evidence that the affordability of alcohol (economic availability) has a significant impact on crime, this is a significant omission and one that is likely to limit the effectiveness of the strategy.

### Pricing

Pricing policies are known to be effective in reducing crime. In Canada, a 10% increase in minimum alcohol prices was associated with a 9.17% reduction in crimes against persons, and a 9.39% reduction in total rates of crime outcomes examined. Research in the UK suggests that a minimum price of 45p per unit would reduce total UK crime by 34,200 incidents a year.

Given this scale of effectiveness, a number of police bodies are supportive of Minimum Unit Pricing (MUP), as are emergency service and health groups. But while the Home Office has elsewhere stated that MUP remains under review in light of the Scottish Government's ECJ court case, its strategy fails to even mention it.

### Pricing Industry-led partnerships

Instead, industry-led partnerships receive significant attention in the Home Office's plans, despite their lack of credible evidence in reducing alcohol-related crime. Some measures seem sensible at face value, but can only be expected to have small-scale benefits at best.

Recently published research on licensing by the Institute of Alcohol Studies (IAS) found licensing professionals to be sceptical of partnership schemes' effectiveness at reducing crime, although it was thought to aid cooperation between the police and the licensed trade. Some voluntary schemes claim to have contributed to falls in local area crime of up to 70%. Yet, these claims fall a long way short of proper causal evaluations and are usually based on broad correlations. They make no attempt to look at confounding factors, such as a general reduction in crime over the period, or other issues such as crime displacement.



During the course of IAS's research, the Home Office were asked for evidence of the effectiveness of voluntary schemes, but were unable to provide any. However, the measure has still been given prominence in the strategy.

## Local intelligence and information-sharing

There is a welcome focus on improving local intelligence within the strategy, particularly in encouraging local NHS trusts to share information about alcohol-related violence. This needs to be followed up with a concerted effort from the NHS to inform and motivate staff to take action on this, and if it succeeds, it could equip local authorities and the police with valuable information.

A focus on ensuring that local authorities have the right analytical tools and capability is also welcome. This is only one half of the equation however, and its potential impact will be lessened without action to address the way in which licensing committees consider the information presented to them. This was highlighted as a key concern in the same IAS report, with a number of trade friendly myths and misconceptions preventing licensing committees from using the evidence presented to them in the most effective way.

## Police powers

The new and amended powers for local authorities and the police are to be commended. These include a more flexible Late Night Levy with greater involvement from Police and Crime Commissioners, and moving Cumulative Impact Policies (CIPs) from secondary to primary legislation in order to give them a stronger footing. The strategy will also consult on a Group Review Intervention Power (GRIP), which would enable licensing authorities to consider the licensing conditions of a group of premises to address problems in a specific location. This could aid local authorities and the police in managing the night time economy, although in many cases terminal hour seems likely to be the key issue, which a GRIP would probably not address.

The as yet unenforceable Early Morning Restriction Order remains the only theoretical option for this issue.

## Grand statement, minimal impact

Overall, the Modern Crime and Disorder Strategy seems likely to have a minimal impact on alcohol-related crime and disorder, as it fails to address the key issues of price and physical availability. Despite some encouraging language to the contrary, the strategy seems to largely involve responding to and stopping people from committing crime once they have become drunk.

The Home Office's industry-friendly initiatives are piecemeal and lack evidence of effectiveness. Proposals around information-sharing and the beefing up of local authority and police powers are welcome, but could go further.

In many areas the 2003 Licensing Act is used in a slow, reactive manner, responding to problems once they have arisen. Yet as practiced in some areas, the Act allows for a more proactive approach; in order to prevent crime, this kind of proactivity should be widely encouraged. ■■

## International study finds no health benefits from moderate drinking

*Scientific review finds previous studies did not account for 'abstainer bias'*

A new comprehensive study of drinking habits has found that there are no health benefits from moderate consumption of alcohol.

Published in the *Journal of Studies on Alcohol and Drugs*, the exhaustive review of nearly 4 million respondents from 87 studies has produced evidence that research has over-estimated the possible health benefits of alcohol and under-estimated its health risks.

Researchers at the University of Victoria's Centre for Addictions Research of BC (CARBC) conducted a meta-analysis of 87 long-term studies on alcohol use and mortality. At first glance, the data showed that low-volume drinkers (those who had up to two drinks a day) had lower mortality risks than those who abstained from alcohol. Some studies have claimed that alcohol has protective health benefits when consumed at a moderate level.

However, once the authors – led by Professor Dr Tim Stockwell – adjusted for errors such as how “abstainers” are defined, they found that the protective effect of light drinking disappeared.

This new paper builds and expands on the work of a landmark 2006 study co-authored by Stockwell, which first highlighted how most published studies on alcohol and mortality make the mistake of comparing moderate drinkers to those who currently abstain. But “current” abstainers include many people whose poor health has led them to cut down or completely abstain. They make the health and life expectancy of moderate drinkers look good by comparison.

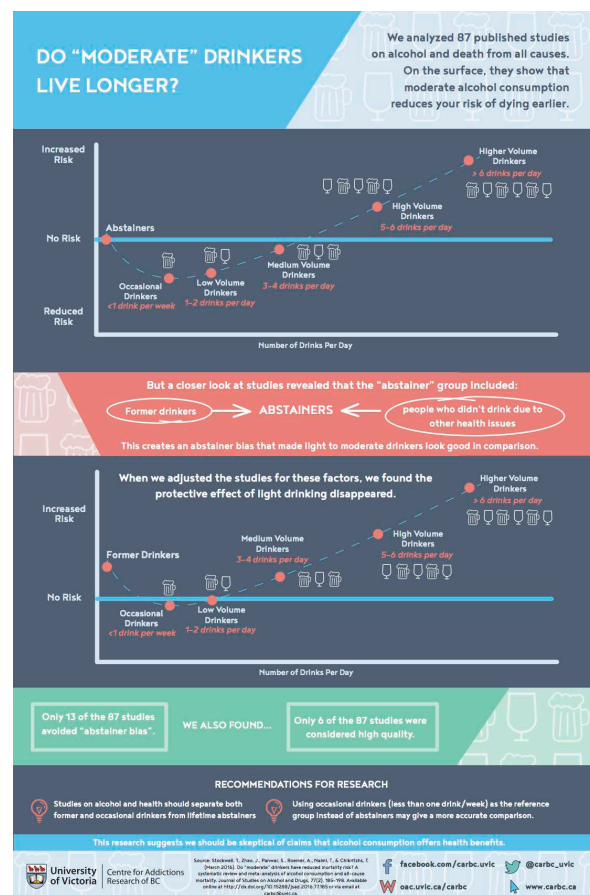
The study also found that before removing these errors, it was “occasional drinkers” consuming less than one drink per week who live the longest. The international team of authors argues that such a tiny consumption level is unlikely to provide any physiological benefits, and so occasional drinkers

may be the best group against which to compare other drinkers.

“The bottom line is that we need to be more skeptical of claims that low-volume alcohol consumption is good for you, and take a long, hard look at how studies around alcohol and health are designed,” says Stockwell.

The authors also suggest that improved methods are required to make unbiased estimates of alcohol's health impacts, and that although alcohol is recognised by international health authorities as a leading cause of preventable death, illness and injury, the extent of this is underestimated.

This could have major implications for the crafting of alcohol policies and for physician advice about low-risk drinking, Stockwell says.



Infographic from “Do ‘moderate’ drinkers have reduced mortality risk? A systematic review and meta-analysis of alcohol consumption and all-cause mortality”



Alcohol Alert is published by  
The Institute of Alcohol Studies  
12 Caxton Street  
London  
SW1H 0QS  
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