



Alcohol Policies

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Alcohol control policies, - for the sake of brevity often referred to simply as alcohol policies-, are public policies affecting the production, supply, marketing or consumption of alcohol with a view to preventing or reducing the harms associated with its use.

Alcohol policies are thus directed either at the availability (supply) of alcohol, or the demand for it, or at tackling specific issues such as drinking and driving. They may apply to the whole population, or to particular groups within it.

The harms alcohol policies are intended to prevent are of different kinds:

- Physical ill-health caused by alcohol
- Injuries from alcohol related accidents
- Psycho-social problems caused by alcohol, including alcohol dependence
- Problems in social functioning eg family problems, impaired work performance
- Crime, public disorder and anti-social behaviour associated with alcohol

Aims and targets

The goal of alcohol policy to prevent or reduce harm may be achieved by targeting different issues:

- ***Drinking per se*** – with the aim of eg delaying the onset of regular drinking in children; discouraging any drinking before driving; controlling the overall level of alcohol consumption in the population
- ***Hazardous drinking patterns*** such as regular heavy drinking or drinking to intoxication with the aim of eg encouraging drinkers not to exceed a recommended maximum limit of consumption for the week, the day or the session
- ***The harm caused by drinking or intoxication*** – with the aim of trying to separate drinking from harmful consequences by eg encouraging drinkers not to drive by providing alternative means of transport.

Alcohol Regulation

Alcohol policies typically target:

- Alcohol itself
 - Taxation to discourage consumption
 - Controls on strength
 - Controls on advertising and promotion
- The seller
 - Restrictions on who can sell alcohol
 - Special obligations imposed on sellers
- Conditions of sale and use
 - Restrictions on who may buy alcohol eg minimum age requirement
 - Restrictions on where and when it may be sold
 - Restrictions on where and when it may be consumed
 - Restrictions on the amount that may be consumed
- The consumer
 - Regulating behaviour during or after consumption/ under the influence of alcohol
 - Health education to encourage 'sensible drinking'
 - Treatment services and programmes for individuals experiencing alcohol problems

The Main Types of Alcohol Policy

1. Controlling the availability of alcohol

- State monopolies
- Licensing systems and regulating the drinking environment
- Restrictions on retail sale
- Age limits in regard to purchase and consumption

2. Influencing the demand for alcohol

- Pricing and taxation of alcohol products
- Regulating advertising and marketing of alcohol
- Education and persuasion

3. Educational and other interventions aimed at specific groups

- Pregnant women
- Youth

4. Policies of treatment and early intervention into problem drinking and alcohol dependence

- Brief interventions in primary health care settings
- Self-help manuals
- Counselling
- In-patient treatment

5. Counter-measures against drinking and driving and similar problems in other transport systems

- Education and publicity
- Maximum blood alcohol limits for drivers
- Penalties for driving under the influence
- Procedures for dealing with drivers diagnosed with alcohol problems

6. Policies to deal with alcohol-related problems in workplaces

- Rules governing consumption and being under the influence during working hours
- Procedures to identify and manage employees with long term alcohol problems

Alcohol Policies Internationally

There is considerable variation from country to country. In Europe, alcohol has traditionally been more closely regulated in the north than the south, though currently there is some degree of convergence taking place. Very few countries have no alcohol policies at all. Globally, a minority of countries have state monopolies on the production or sale of alcohol, but in the large majority a special licence is required to sell alcohol. Virtually all European countries operate age-limits, normally 18 years, for purchasing alcohol, and also set maximum blood alcohol levels for drivers, usually 50mg% or lower. Most European countries have restrictions, legal or voluntary self-regulation, on the advertising of at least some kinds of alcoholic beverage or in relation to some media.

Effectiveness of Alcohol Policies

Alcohol policies can be evaluated on the basis of a number of different criteria, such as how expensive they are to implement and how much public support they attract. A main criterion is of course whether there is evidence to show that they are effective in reducing alcohol harm. In the table below,¹ the highest ranking for effectiveness is shown as +++, the lowest, indicating not effective, as 0. A question mark indicates 'unknown'.

Strategy or Intervention	Effectiveness
Regulating physical availability	
Minimum legal purchase age	+++
Government monopoly of retail sales	+++
Hours and days of sale restrictions	++
Restrictions on density of outlets	++
Server legal liability	+++
Taxation and pricing	
Alcohol taxes	+++
Altering the drinking context	
Outlet policy to not serve intoxicated patrons	+++
Training bar staff and managers to better manage aggression	+
Voluntary codes of bar practice	0
Enforcement of on-premise regulations and legal requirements	++
Promoting alcohol-free activities and events	0
Education and persuasion	
Alcohol education in schools	0
College student education	0
Public service messages	0
Warning labels	0
Regulating alcohol promotion	
Advertising bans	+
Advertising content controls	?
Drink-driving countermeasures	
Random breath testing (RBT)	+++
Lowered BAC limits	+++
Administrative licence suspension	++
Low BAC for young drivers('zero tolerance')	+++
Designated drivers and ride services	0
Treatment and early intervention	
Brief intervention with at-risk drinkers	++
Alcohol problems treatment	+
Mutual help/self-help attendance	+
Mandatory treatment of repeat drinking-drivers	+

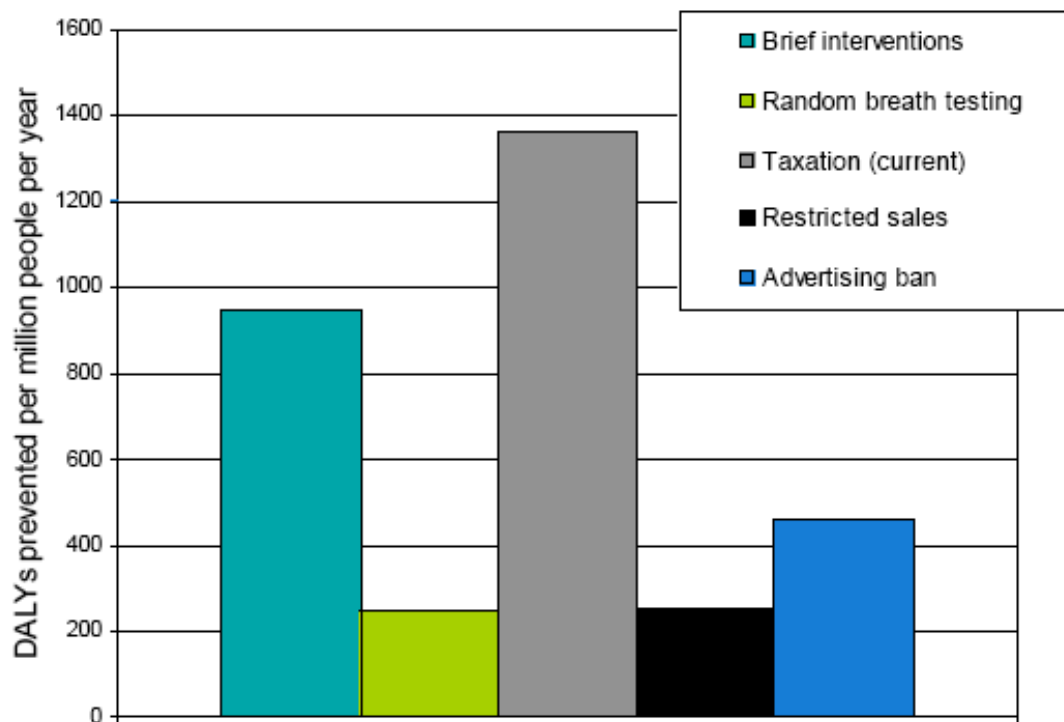
However, which policies are most effective depends on circumstance. In developing and other countries with low population levels of hazardous alcohol consumption, intervention strategies aimed at particular subgroups such as drinking drivers, or heavy drinkers presenting at primary health care facilities appear to be more cost effective than population-wide strategies such as taxation on alcohol products.

In countries with high levels of hazardous consumption, such as the UK and other European countries, both individual interventions, such as brief intervention by doctors and population-wide interventions like alcohol taxes can have significant impact on health at the population level.²

For European and other countries with high levels of hazardous consumption it has been suggested that the most cost effective strategies are high levels of alcohol tax, brief interventions by doctors, a complete ban on alcohol advertising, reduced access to alcohol, and random breath testing of drivers.

In the graph³ below effectiveness is expressed in terms of the number of Disability Adjusted Life Years (DALYS) averted by the intervention each year, these being years of life lost or affected by illness/disability as a result of alcohol.

Impact of Different Policy Options in Preventing DALYS per Million per Year. Selected European Countries.



Alcohol Strategy for England

In March 2004, the UK Government finally published its Alcohol Harm Reduction Strategy for England.⁴ Its main proposals in regard to alcohol policy are as follows:

1. The Department of Health and the Home Office, in consultation with other departments to share best practice and agree strategies. The communications group will draw on the expertise of outside stakeholders including the (alcohol) industry and voluntary organisations.
2. The Department of Health will carry out a re-assessment of the current "sensible drinking" message, focusing on developing a simpler format for the message, and one which makes it easier to relate to everyday life.
3. The Department of Health will work with others inside and outside Government to identify the most effective messages to be used with binge- and chronic drinkers, and the most effective media for disseminating these messages.
4. Alcohol producers and manufacturers will be strongly encouraged to add messages encouraging sensible consumption, alongside unit content, to the labels of its products in a form agreed with the Department of Health.
5. All retailers of alcohol, both on- and off-licence, will be strongly encouraged to display information setting out the sensible drinking message and explaining what a unit is and how it translates in practical terms to the drinks sold.

6. The alcohol industry will be strongly encouraged to display a reminder about responsible drinking on its advertisements.

7. The Department of Health will work with the UK Permanent Representation to the European Union (UKRep) and partners within government to examine the legal and practical feasibility of compulsory labelling of alcoholic beverage containers.

8. The Department for Education and Skills (in consultation with the Department of Health and the Home Office) will ensure that future provision of alcohol education in schools addresses attitudes and behaviour as well as providing information.

9. This will be complemented by research to review the evidence base for the effectiveness of interventions on alcohol prevention for children and young people both inside and outside the school setting.

10. The Department of Health will set up a website to provide advice on the warning signs of alcohol misuse and how to handle employees who appear to have an alcohol problem.

11. Home Office will extend the scope of the National Workplace Initiative, which trains company representatives on handling drug use in the workplace, to include alcohol.

12. Ofcom will oversee a fundamental review of the code rules on alcohol advertising and their enforcement. The review will focus in particular on:

- i) ensuring that advertisements do not target under-18s, and tightening the provisions if necessary;
- ii) ensuring that advertisements do not encourage or celebrate irresponsible behaviour;
- iii) the potential of advertisements to encourage alcohol misuse as well as the simple potential to cause offence; and
- iv) ensuring that, as part of its wider duty to publicise its remit, Ofcom ensures publicity for the regulator's role in relation to broadcast advertising and complaints.

13. The Department of Health (DH) will strengthen the emphasis on the importance of early identification of alcohol problems through communications with doctors, nurses and other health care professionals. DH will do this with immediate effect.

14. The Department of Health will set up a number of pilot schemes to test how best to use a variety of models of targeted screening and brief intervention in primary and secondary healthcare settings.

15. The Deputy Chief Medical Officer for Health Improvement and the Chief Nursing Officer will act as "training champions" to raise the profile of medical and nurse training on alcohol issues.

16. The Department of Health will work with medical and nursing colleges and other training bodies to develop training modules on alcohol, covering undergraduate, postgraduate and medical curricula and updated regularly.

17. The Department of Health will work with the Home Office, the Department for Education and Skills and the National Treatment Agency to develop guidance within the Models of Care framework on the identification and appropriate referral of alcohol misusers.

18. The Department of Health will conduct an audit of the demand for and provision of alcohol treatment in England.

19. The National Treatment Agency (NTA) will draw up a "Models of Care framework" for alcohol treatment services, drawing on the alcohol element of the existing Models of Care framework. It would look to the Commission for Healthcare Audit and Inspection (CHAI) to monitor the quality of treatment services subject to the formulation of suitable criteria and CHAI's workload capability.

20. Remaining Drug Action Teams will be encouraged to become Drug and Alcohol Action Teams (or other local partnership arrangements) to assume greater responsibility in commissioning and delivering alcohol treatment services; though their capacity to do so will have to be carefully considered.

21. The Department of Health will work with the Home Office, the Department for Education and Skills, the Office of the Deputy Prime Minister and the National Treatment Agency to develop guidance within the Models of Care framework on integrated care pathways for people in vulnerable circumstances, such as people with mental illness, rough sleepers, drug users and some young people.

22. The Home Office will consult and work with the police and the courts on enforcing the law more tightly on those who offend. We will:

- i) encourage greater use of Fixed Penalty Notices (FPNs) to clamp down on low-level drunk and disorderly behaviour such as noise and urinating in public;
- ii) encourage greater use of Fixed Penalty Notices for a wider range of offences, such as littering, and for bar and retail staff found to have sold alcohol to those already drunk;
- iii) encourage full use of preventative/prohibitive measures such as Acceptable Behaviour Contracts and applications for Anti-Social Behaviour Orders in appropriate cases to tackle unacceptable behaviour;
- iv) use conditional cautions, once introduced, as a basis for directly targeting the offence – linked to an agreement not to frequent local pubs;
- v) look at making more use of accreditation schemes for non-police staff introduced under the Police Reform Act 2002. These can improve coordination and information sharing with the police and, where appropriate, suitable people can be accredited to use a limited range of police powers - for example, door supervisors, who will be licensed by the Security Industry Authority, could also be accredited by the police; and
- vi) encourage police forces to make greater use of Community Support Officers at night (as well as during the day) where appropriate, and consult stakeholders on extending their powers to enforce licensing offences.

23. Through the Police Standards Unit the Home Office will:

- i) develop a programme to reduce violence in the key violent crime areas in England and Wales with particular emphasis on alcohol-related violent crime;
- ii) identify and spread good practice in local policing strategies and tactics which tackle alcohol-related violence; and

iii) contribute to a concerted marketing campaign and re-enforcing key messages to all major stakeholders that operating outside the law will not be tolerated, particularly where juveniles and young-people are concerned.

24. The Home Office will establish a small working group, including representatives from outside Government, to look at whether any additional measures are required to effectively clamp down on those responsible for alcohol fuelled disorder, particularly in city centres.

25. Government will consult with the industry on the introduction of a two-part voluntary social responsibility scheme for alcohol retailers. This will (i) strengthen industry focus on good practice and, (ii) where necessary, seek a financial contribution from the industry towards the harms caused by excessive drinking. The scheme will be voluntary in the first instance

The success of the voluntary approach will be reviewed early in the next parliament. If industry actions are not beginning to make an impact in reducing harms, Government will assess the case for additional steps, including possibly legislation.

26. The Office of the Deputy Prime Minister will provide guidance to all local authorities in England on managing the night-time economy as part of existing local strategies.

27. The Home Office will serve as the focus of good practice on alcohol-related crime and disorder and will co-ordinate a cross-governmental approach.

28. The Regional Co-ordination Unit will ensure that areas with alcohol-related problems are taking action to tackle them by asking Government Offices to identify areas and work with their Crime and Disorder Reduction Partnerships to develop approaches as part of existing strategies.

29. One of the objectives of the Licensing Act is to reduce alcohol-related disorder. So evaluation of the Act is crucial: the Home Office and the Department for Culture, Media and Sport will work to ensure this happens. The Office of the Deputy Prime Minister will also commission a study to report to look at the costs for local authorities associated with the introduction of the Licensing Act and how it is working alongside the other measures we have outlined: this will help Government to decide whether regulation is needed.

30. Under the Licensing Act 2003 selling to under-18s can already lead to an automatic request for a licence review. From Q2/2004, Home Office will build on this, looking at measures to secure tighter enforcement of existing policies of not selling to under-18s, consulting with the police, the courts, and with young people:

i) ensuring that full use is made of existing powers to tackle under-age drinking, including test purchasing, and, where there is anti-social behaviour linked to alcohol, applications for preventative/prohibitive measures such as Anti-Social Behaviour Orders;

ii) we will include powers to tackle sales to under-18s as part of our consultation on new powers for Community Support Officers;

iii) we will consult with the police on making more use of powers to target problem premises;

iv) Fixed Penalty Notices for disorder are being rolled out in England and Wales from January 2004, allowing a more direct response to alcohol-related disorder; and

v) consider introducing Fixed Penalty Notices for bar staff who sell to under-18s.

31. The social responsibility scheme for alcohol retailers will strongly encourage:

- i) better training for staff; and
- ii) an expectation that all premises with a licence, on and off licence, will make it clear they do not sell to or for under-18s - for example, by a clearly displayed poster - and that identity will be sought as a matter of course, building on the provisions of the Licensing Act. Retailers will be encouraged to ask for a PASS card, passports or driving licences if in doubt.

32. The Home Office and the Department of Health will:

- i) consider establishing pilot arrest referral schemes for evaluation with an aim of having clear emerging conclusions; and
- ii) encourage Crime and Disorder Reduction Partnerships to work with Local Criminal Justice Boards to implement the conclusions of those schemes if there is a clear case for effectiveness.

33. The Home Office, the Department of Health and the Office of the Deputy Prime Minister will consider commissioning research to report by Q4/2007 to explore the effectiveness of diversion schemes in protecting repeat offenders and combating alcohol misuse among these offenders.

34. Crime and Disorder Reduction Partnerships will build the results of this research into their plans if there is a clear case for effectiveness

35. The Home Office and the Department of Health will:

- i) ensure that the work to develop the Models of Care commissioning framework takes account of the need to ensure that perpetrators and victims of domestic violence receive help from both domestic violence and alcohol treatment services, as appropriate to their needs;
- ii) explore the potential for partnerships with alcohol producers and sellers to promote key messages - for example, helpline numbers to victims and the message that domestic violence is unacceptable to perpetrators; and
- iii) encourage local partnerships to consider using money from the Fund (described in section 6.1) to support local domestic violence projects and support services.

36. In regard to drinking and driving, the Department for Transport will monitor closely trends which are giving cause for concern and consider whether more should be done to target 18-25 year olds.

37. As part of the proposed social responsibility scheme, the industry will be encouraged to make more prominent use of the existing "I'll be Des" scheme and to display information about drinking and driving.

38. Government will consult with the industry on the introduction of a three-part voluntary social responsibility scheme for alcohol producers.

This will (i) strengthen industry focus on good practice, (ii) seek a financial contribution from the industry towards the harms caused by excessive drinking, and (iii) encourage producers to promote good practice down the supply chain. The scheme will be voluntary in the first instance.

39. The Minister of State for Policing and Crime Reduction (Home Office) and the Parliamentary Under-Secretary of State for Public Health (Department of Health) will assume joint responsibility for delivery of the strategy:

- i) they should report quarterly to an appropriate Cabinet Committee;
- ii) the Cabinet Committee will be supported by regular meetings of designated officials from Whitehall departments with an interest to ensure better co-ordination of policy, communications and research. This will be organised by DH and HO officials and chaired alternately by the two ministers; and
- iii) an external stakeholder group will be created to bring an outside perspective and serve as a sounding-board for initiatives.

40. Government will have a clear commitment to deliver an over-arching alcohol harm reduction strategy. This will be:

- i) assessed against indicators of progress for the four key harms identified;
- ii) set against a clear baseline;
- iii) supported by better co-ordination of research; and
- iv) regularly monitored.

41. Where appropriate to local need, Crime and Disorder Reduction Partnerships - including representation from the local Primary Care Trust - will provide a co-ordinating body for agreeing local priorities and determining future direction. We will not be seeking compulsory strategies from local authorities, but expect to see measures for tackling alcohol misuse embedded within existing strategic frameworks. Government Offices will work with areas that have identified particular issues.

Institute of Alcohol Studies
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⁴ Alcohol Harm Reduction Strategy for England, Prime Minister's Strategy Unit, March 2004.