



Alcohol Concern
Making Sense of Alcohol

Guide to Alcohol for Councillors



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Alcohol Concern

Alcohol Concern is the leading national charity working on alcohol issues. Our goal is to improve people’s lives through reducing the harm caused by alcohol.

About Us

Alcohol Concern is a national charity working in England and Wales to influence alcohol policy and champion best practice locally. We support professionals and organisations by providing expertise, information and guidance. We are a challenging voice to the drinks industry and promote public awareness of alcohol issues.

This guide was written and researched by Alcohol Concern.

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Published by Alcohol Concern
Suite B5, West Wing,
New City Cloisters,
196 Old Street,
London EC1V 9FR

t: 0207 566 9800
e: contact@alcoholconcern.org.uk
w: www.alcoholconcern.org.uk

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Alcohol – an introduction

£21bn
PER YEAR

Alcohol costs England approximately £21bn per year in healthcare, crime and lost productivity costs.¹

£3.5bn
PER YEAR

Broken down that means alcohol misuse cost the NHS in England about £3.5 billion per year in 2009-10.²

Alcohol is everywhere. It's cheap, readily available and an intrinsic part of the fabric of social life in England. Whether we're celebrating, commiserating, at home having a glass of wine with friends, out having dinner or quaffing a pint at the local, for many of us alcohol plays a key role in the way we organise our free time. It is, therefore a dual responsibility for local authorities to create a thriving community, but one which also prevents and deals with the consequences of alcohol misuse.

We are all familiar with scenes of binge drinking youngsters in town centres up and down the country every weekend, it makes for great headlines and images to be appalled at – but this is just one, small aspect of the problems alcohol misuse is causing and the hefty cost to us all.

Overall, too many people are drinking too much, too often and we are all paying for it, from policing to deal with alcohol related crime; the NHS and ambulance services, and treatment services for people with alcohol problems, to the cost to businesses of lost productivity and supporting children who've suffered as a result of living with a parent who misuses alcohol.

This guide is essential reading for every councillor looking to meet the new commissioning challenges and tackle alcohol abuse in our communities.

Questions to ask about alcohol

- How much time does your local police force spend dealing with alcohol related incidents?
- What does it cost to police your town centres on weekend nights?
- How much does your local NHS spend treating those problems?
- What's the cost of cleaning up your town centre after weekend nights?
- How many children in your area are living with someone who misuses alcohol?
- What's the cost of supporting those parents and children?
- How many people need treatment for alcohol problems in your ward?
- What percentage of people with alcohol dependence is actually in treatment?
- Does your local authority have a joined up alcohol strategy or alcohol champion?



Alcohol is 45% more affordable than it was in 1980.³

Executive Summary

As of April 2013, local authorities are responsible for the commissioning of alcohol prevention and treatment services, as part of your new public health responsibilities. Local authorities are best placed to tackle alcohol misuse as it has an impact on the whole community through crime, health and wellbeing, affecting families and the wellbeing of children, placing a strain on key health services and draining councils' resources. Therefore tackling alcohol misuse will positively affect every single key local authority department. Local authorities will also be additionally incentivised and measured against the health indicators set out in the Public Health Outcomes Framework for England 2013 – 2016, and it is estimated that alcohol plays a role in almost a third of them.

Overall, alcohol costs in England are approximately £21bn per year⁴, and there were approximately 1.2 million alcohol-related hospital admissions in England in 2011/12 and in half of all violent incidents the victims believed the offender(s) to be under the influence of alcohol.⁵ This guide puts statistics such as these into a local context and looks at the practical measures councils can take, from the Late Night Levy to commissioning alcohol prevention and specialist treatment.

At the heart of this guide is a 10-point 'Action List' on alcohol for local authorities, which is backed-up by best practice examples from across the country. These actions have been tried and tested and they present commissioners with an opportunity to move forward with successful policies. For example, you can follow Suffolk's innovative solution to tackle super strength alcohol or the fantastic work of the Healthy Living Pharmacies, which began in Portsmouth. This guide offers solutions that once implemented will identify, prevent or intervene

to improve the community's health and wellbeing and save costs.

There is strong evidence that for every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs.⁶

The guide highlights less high profile groups affected by alcohol abuse such as victims of domestic violence, children and young people, small businesses as well as the strain put on our paramedics and police officers. Finally, it offers an insight in to the current alcohol policy climate and all the background alcohol information you need, including a guide to recommended daily units, drink drive limits, the law on alcohol in the workplace and other key pieces of legislation.

It is vital that we do not forget the long reach alcohol abuse has in our societies and ultimately this guide seeks to offer intelligence and assistance to councillors who are looking to tackle the inherent problems caused by alcohol misuse and improve the lives of their constituents.

Local government's role in tackling alcohol misuse

Local authorities have had a statutory obligation from April 2013 to commission alcohol prevention and treatment services. As well as treatment for alcohol dependence, local authorities and Clinical Commissioning Groups will be expected to take a lead on prevention services. From April 2013 alcohol will be included in the annual NHS Health Check for people aged 40 to 74 years old.

This is in addition to local authorities' obligations to manage the licensing arrangements for alcohol in their area.

The success of your local authority in looking after and improving public health will be measured by how you deal with key health indicators as set out in the Public Health Outcomes Framework for England 2013 – 2016.⁸ Looking through the full list of health indicators, alcohol plays a role in almost a third of them, highlighting just how important it is to ensure you have a strategy to deal with alcohol misuse. It includes indicators which are directly related to alcohol like alcohol-related admissions to hospital, mortality from liver disease and mortality from cancer, through to other indicators where alcohol plays a less obvious role like suicide, sickness absence rate, teenage pregnancy rates and domestic abuse and violent crime.

Public Health England has also been established to support local authorities in this work. For more information see www.gov.uk/government/organisations/public-health-england

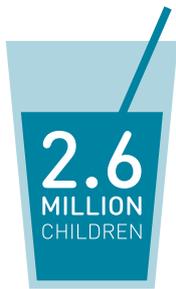
In January 2013 the National Treatment Agency's Director of Delivery Rosanna O'Connor said:

"The health problems and costs associated with alcohol misuse are rising year-on-year, and preventing and tackling it will be a key priority for Public Health England (PHE). PHE will have dedicated alcohol expertise and will be working to support local authorities and the NHS, and also to progress the wider development of two key elements of the Alcohol Strategy: Identification and Brief Advice (IBA) and hospital based provision."⁹

1.2
MILLION
HOSPITAL
ADMISSIONS

There were 1.2 million alcohol-related hospital admissions in England in the year 2011/12, a 135% increase since 2002/03.⁷

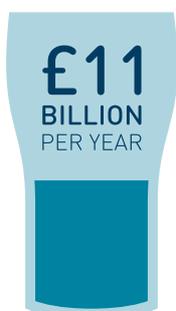
Alcohol affects every one of a council's key departments



It's estimated that 2.6 million children in the UK are living with parents who are drinking hazardously.¹⁰



Young people aged 15 to 16 years in the UK are more likely than those in almost any other European country to have been drunk at least once in the last month.¹¹



Alcohol fuelled crime and disorder cost £11 billion per year (2010-11 costs, England). For 152 local authorities across England that's around £72.4 million.¹²

Departments

Consequences of alcohol misuse

Adults and Communities

Social services, home care, protecting adults, carers support, rehabilitation, care homes, supported housing, community meals, libraries, museums, record office and more.

Supporting adults who are affected by alcohol misuse; looking after and supporting children living with parents suffering as a result of alcohol misuse.

Housing, Community Safety and Regeneration

Youth justice, neighbourhood policing, antisocial behaviour, trading standards, licensing and more.

Alcohol is a major factor in community safety, think of those reports of town centres becoming no-go zones on weekends; alcohol plays an ever-present role in adult and youth offending.

Children and Young People's Services

Children and family services such as education (including special needs), child protection, youth activities, teenage pregnancy, adoption, fostering and more.

Consider the effect on children growing up in a household where there are alcohol problems; this has a knock on effect to the social care system. Following alcohol consumption, one in five 16 to 24 year olds have had sex that they regretted.¹³ Consider how tackling alcohol use by young people could have an impact on reducing STD's and unwanted pregnancies in your local area.

Chief Executive/Corporate Resources

Democratic services, councillors, council meetings, human resources, procurement, finance, freedom of information, corporate complaints, public relations and more.

Alcohol misuse costs businesses. Large numbers of people turn up to work with a hangover every day, reducing their productivity and, in certain roles (driving, manual work) may reduce safety. Many more may not turn up at all. Consider the lost productivity within the Council workforce alone. Alcohol misuse can also affect the reputation of your local area and your council.

Environment and Transport

Construction and maintenance of roads, parking, road safety, recycling campaigns, recycling/waste sites, public transport and environment.

Think of the number of drink driving accidents and deaths, of the cost of cleaning up town centres after booze-fuelled nights out and the amount of recycling and rubbish generated by all that booze.

47%

Victims believed the offender(s) to be under the influence of alcohol in around half (47%) of all violent incidents, or 917,000 offences.¹⁴

1.6 MILLION

There are an estimated 1.6 million people dependent on alcohol in England.¹⁵ In an average ward of 6877 people that means 208 people would be alcohol dependent.

Why alcohol must be a priority and how you can make a difference and reduce the harm caused by it in your area

As we've seen the misuse of alcohol has an impact on the whole community through crime, reducing health and wellbeing, affecting families and the wellbeing of children, placing a strain on key health services and draining your council's resources.

You are best placed to know what your local community needs. Alongside your Director of Public Health and your Police and Crime Commissioner, local authorities should work to develop alcohol strategies which work for your area and your population needs.

There are practical measures you can take. Under the Licensing Act 2003, district, unitary and metropolitan councils are the lead authorities responsible for licensing a range of activities associated with alcohol consumption, as well as preventing the underage sale of alcohol.

You can also consider using the new Late Night Levy; the Regulations 2012, provide local authorities with additional powers to recover the cost of the night-time economy and deter irresponsible drinks promotions. Early morning restriction orders (EMRO) were introduced at the same time, giving local authorities discretion to restrict the sale of alcohol between midnight and 6am.

To be really successful in tackling alcohol misuse you need to look at creating effective partnership working between licensing authorities and other council services as well as the police, fire, ambulance and healthcare services together with the licensed trade and local residents. This will prove vital to the delivery of positive health outcomes for your community.

Alongside these measures you should look at the ways in which you are, or could be, promoting and advising people about sensible drinking and by commissioning alcohol prevention and specialist treatment. The Government's Alcohol Strategy

(which we'll look at in a moment) recommends the employment of alcohol liaison nurses in A&E and the implementation of Intervention and Brief Advice (IBA). This is used to identify if someone is at risk in terms of how much they are drinking (using an audit tool – a series of structured questions) and then brief advice is given in the form of a conversation between five to ten minutes about alcohol. It can help to recognise those people who are at risk early on, and hopefully prevent many people going on to develop serious problems through alcohol use. There is a large body of research demonstrating the effectiveness of IBA and one in eight people

receiving brief advice will reduce their drinking to within lower risk levels. It is important to ensure there is an integrated care pathway to provide people with referrals to the right place for help if necessary.

Alcohol Concern strongly advocates the widespread dissemination of IBA beyond just primary healthcare settings and there are many frontline local authority workers who would benefit from the training, from library staff to housing officers to social workers. Alcohol Concern provides various IBA training courses designed to meet the needs of a broad range of workers.¹⁶

Outcome and performance indicators



NHS OUTCOME FRAMEWORK: 2013-14¹
 1.3 Under 75 mortality rate from liver disease.
 2 Health related quality of life for people with long-term conditions.

PUBLIC HEALTH OUTCOME FRAMEWORK: 2013-16²
 2.10: Self-harm.
 2.15: Successful completion of drug treatment.
 2.16: People entering prison with substance dependence issues who are previously not known to community treatment.
 2.18: Alcohol-related admissions to hospital.
 4.6i: Age-standardised rate of mortality from liver disease in persons less than 75 years of age per 100,000 population.
 4.6ii: Age-standardised rate of mortality that is considered preventable from liver disease in persons less than 75 years of age per 100,000 population.

ALCOHOL STRATEGY OUTCOME: AMBITIONS³
 Reduction in the amount of alcohol-fuelled violent crime.
 Reduction in number of adults drinking above the NHS guidelines.
 Reduction in number of alcohol-related deaths.

QUALITY OUTCOMES FRAMEWORK: 2013-14⁴
Hypertension & alcohol:
 PP2.The percentage of people diagnosed with hypertension (diagnosed after 1 April 2009) who are given lifestyle advice in the preceding 15 months for: increasing physical activity, smoking cessation, safe alcohol consumption and healthy diet.
Mental health & alcohol:
 MH11. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 15 months.

CCG OUTCOMES INDICATOR SET: 2013/14⁵
 Reduce under 75 mortality from liver disease
 Reduce emergency admissions for alcohol-related liver disease

NHS HEALTH CHECK⁶
 From April 2013, an alcohol check will be included for all people attending a NHS Health Check.
 In patients whose AUDIT score is high and indicates that they may possibly be dependent on alcohol, the NHS Health Check practitioner or the GP should consider and discuss with the patient a referral to local specialist services for appropriate assessment and treatment.

ALIGNMENT WITH QIPP⁷
Quality: Reduction in number of adults drinking above the NHS guidelines.
 Reduction in number of alcohol-related deaths.
Prevention: Alcohol related harm.
Productivity: Reduction in alcohol related hospital admissions.
 Alcohol contributes to absenteeism, accidents in the workplace and decline in work performance (NICE CG115).

1 Department of Health. NHS Outcomes framework 2013-2014. 2012.
 2 Department of Health. Improving outcomes and supporting transparency. Part 1. A Public Health Outcomes Framework for England, 2013-2016. 2012.
 3 House of Commons Health Committee. Government's Alcohol Strategy. Third Report of Session 2012-13. 2012.
 4 NHS Employers & BMA. Quality and Outcomes Framework 2012/13: guidance for PCOs and practices. 2012.
 5 NHS Commissioning Board. The CCG Outcomes Indicator Set 2013/14. 2102.
 6 NHS Health Check. Addition of the alcohol risk assessment to the NHS Health Check programme. <http://www.nhshealthcheck.nhs.uk/default.aspx?aID=63>. 2013.
 7 Quality and Productivity: Proven Case Study. Alcohol Care Teams: reducing acute hospital admissions and improving quality of care <http://www.evidence.nhs.uk/qipp> 2012.

Action list on alcohol

- 1** Ensure alcohol health problems in your local area are accounted for after your council's Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Board Strategy and a joined-up alcohol strategy with a range of local indicators to measure progress.
<http://www.alcoholconcern.org.uk/campaign/alcohol-harm-map>
- 2** Appoint a councillor in the role of Alcohol Champion to ensure that action is joined-up across all council departments and across other local agencies.
- 3** Work with your Clinical Commissioning Group to put in place initiatives such as alcohol liaison nurses in Accident and Emergencies departments as recommended in the Government's Alcohol Strategy.
- 4** Put in place a training programme for all frontline staff on Identification and Brief Advice and extend this to others such as pharmacy staff, as done in the Healthy Living Pharmacy service in Portsmouth.
<http://www.portsmouth.nhs.uk/services/guide-to-services/healthy-living-pharmacy.htm>
- 5** Run a public awareness campaign to change behaviour around alcohol including taking part in Alcohol Awareness Week each third week of November and taking part in Dry January.
www.dryjanuary.org.uk
- 6** Consider introducing a by-law to establish local or regional minimum pricing which is being looked at by local authorities in the North West.
<http://minimumpricing.info/>
- 7** Take action on super strength alcohol by changing licensing conditions to include alcohol strength as a licensing condition and consider a voluntary agreement on selling super strength alcohol.
See work in Ipswich as an example.
<http://www.suffolk.police.uk/safetyadvice/personalsafety/alcoholawareness/reducingthestrength.aspx>
- 8** Lead by example and ensure you have a modern alcohol policy for your workforce covering all types of workers, including those in safety critical roles.
- 9** Ensure that you have an integrated care pathway for people needing help with alcohol dependence.
<http://www.nice.org.uk/CG115>
- 10** Work with police on seasonal campaigns such as drink driving.

Case studies of best practice



In June 2010, NHS Portsmouth, together with the Hampshire and Isle of Wight Local Pharmaceutical Committee, ran a one-month campaign to challenge local pharmacies to better engage with local people to improve health outcomes, specifically around the area of alcohol misuse. 37 local pharmacies were involved in the project, which proved a huge success; in just one month, pharmacies in Portsmouth made over 3,600 alcohol interventions and referred 29 individuals to a specialist alcohol service.

This was achieved through the introduction of a series of targeted interventions at a local population level:

- Pharmacy staff asked members of the public to complete an alcohol scratch card. If their score was higher than five they were given a leaflet and 'brief advice', including information in a mixture of text and diagrams, with the aim of stimulating further discussion.
- The whole pharmacy team, from counter-staff to technicians, were trained to deliver a structured intervention. The alcohol specific training takes about two hours long and has been developed by NHS Portsmouth's Alcohol Intervention Team (AIT).
- The majority of the scratch cards are delivered opportunistically or as a result of a specific in-pharmacy promotion, for example, using a table top display of drinking glasses and asking people to pour what they think their normal weekly amount of units consumed is.
- A successful intervention generally resulted in a client setting a goal, for example two drink free evenings a week.
- If a person scores over nine staff member will discuss the possibility of referring the person to the AIT.
- NHS Portsmouth pioneered the Healthy Living Pharmacy Service in 2010 and it continues to provide an essential service assisting local people in tackling alcohol misuse.

See here for further details: <http://www.portsmouth.nhs.uk/services/guide-to-services/healthy-living-pharmacy.htm>



In September 2012, Suffolk Police, Ipswich Borough Council, Suffolk County Council and NHS Suffolk jointly launched the 'Reducing the Strength' campaign – aimed at stopping the sale of super strength alcohol from off-licensed premises in Ipswich. In a relatively short space of time, this project has already seen some remarkable results.

By January 2013, half of all off-licenses were 'super strength free' and since the launch there has been a 49.2% decrease in calls to the police about street drinking. This has been achieved through the introduction of a number of key measures.

- In April 2009, Suffolk constabulary appointed a street drinking liaison officer whose sole responsibility was to focus on issues connected to alcohol, working directly with affected individuals to provide them with treatment options and licensed premises on a day-to-day basis.
- This culminated in the 'Reducing the Strength' campaign, which encouraged off-licenses to voluntarily remove all super strength larger, beer and cider from their premises and to consider changing the terms of their license to include a licensing condition not to sell such items.
- Working with partner agencies, the police approached off-licenses for their views around the issue of street drinking and their local campaign.
- This community focused initiative resonated with local shop owners and beginning with the Co-operative and their 26 shops, local off-licenses agreed to stop selling super strength alcohol.
- In 2011 there were 13 areas in Ipswich where street drinking was a problem and super strength alcohol was readily available. As a result of a number of proactive initiatives to tackle the issues connected to street drinking in the town, including Reducing the Strength, there are now only three.

See here for further details: <http://www.suffolk.police.uk/safetyadvice/personalsafety/alcoholawareness/reducingthestrength.aspx>

The effect of alcohol on your local community



Alcohol-related crime and community safety

Undoubtedly this is a huge issue and one which is highly visible to your community. Nationwide the costs of alcohol fuelled crime and disorder are over £11 billion.

Commenting on the Government's proposed alcohol reforms (in February 2012) former ACPO lead on alcohol and licensing, Chief Constable Jon Stoddart said:

"A significant percentage of violent crime and anti-social behaviour is alcohol-related. We face these problems because too many people are consuming too much alcohol. However we cannot enforce our way to a solution, it's about how we prevent the abuse in the first place."

In addition to this we know that communities themselves want to see tough action on alcohol. A YouGov survey for Alcohol Concern found that a third of UK adults felt that their local town centre had become a no-go zone due to alcohol-related problems.¹⁷

Alcohol-related domestic abuse

In England and Wales, nearly 20,000 women a week experience at least one incident of domestic abuse. While there is no evidence of a direct causal relationship between domestic abuse and alcohol consumption, perpetrators use violence both with and without alcohol drinking is known to increase the frequency and seriousness of incidents.¹⁸

Some police forces have tracked how often alcohol is a factor in incidents of domestic violence. According to the police in Cumbria half of domestic violence cases reported over Christmas 2012 involved alcohol.¹⁹

The burden on ambulance services

We have all seen images of ambulance crews called to city centres time after time on weekends to mop up after people who have drunk too much. The London Ambulance Service say that alcohol-related incidents make up six per cent of their total workload. In 2011/12 they handled 66,254 emergency incidents because somebody had too much to drink - that is 181 patients every single day.²⁰

To cope with this demand they've set up a fleet of alternative response vehicles, dubbed the 'booze buses', that respond to patients who have had too much to drink around the capital's West End. They also operate an alcohol recovery centre in Soho which provides an alternative to busy A&E departments for patients who've had too much to drink, helping to free up hospital beds.²¹

Strain on hospitals and medical professionals

Your local hospital's A&E department is straining under the burden of alcohol related attendances. Just check the Alcohol Concern Harm Map to see what the figures are for your local authority.

In 2010 the College of Emergency Medicine outlined its concern about the strain alcohol is placing on Emergency departments. They say estimates vary, but a significant proportion of Emergency Department attendances are alcohol related, rising to a majority after midnight. Emergency Departments also admit, on a daily basis, patients suffering from the longer-term health effects of sustained alcohol misuse, for example acute withdrawal fits secondary to alcohol dependence, and liver failure. They go on to say that it is now common practice to attend to acutely intoxicated patients throughout every night of the week, and what was previously a weekend problem, confined mostly between the hours of 22:00 and 02:00, is now a 24 hour issue.²²

Impact on local community

Whether it's a strip club on your high street or the weekly turmoil in your town centre caused by binge drinking or even just a badly managed, noisy, local community pub, alcohol and the licensing of it can have a huge impact on your community. Many councils are taking a proactive approach to deal with problems caused by alcohol misuse. Durham County Council have set out their comprehensive alcohol harm reduction strategy up to 2015, looking at tackling all aspects of the problems caused by alcohol misuse.²³ It includes a wide range of objectives including raising awareness of the harm caused by alcohol; engaging children and younger people and developing age specific information for them; targeting offenders of alcohol fuelled crime; improving the management, planning and control of liquor licences and ensuring there are appropriate treatment services available for those who need them.



Children and young people and alcohol

It's estimated that 2.6 million children in the UK are living with parents who are drinking hazardously and 705,000 are living with dependent drinkers.²⁴ The National Association for Children of Alcoholics says young people can be affected by their parent, step parent or carer's drink problem, even if they are not living in the same house, or if they no longer drink. They say the effects of this can continue into adulthood. In addition, many children and young people under the age of 18 are drinking. In 2011-12, 13,299 under 18s in England accessed specialist services for problems with alcohol.²⁵

In September 2012 the Children's Commissioner published a report, *Silent Voices*, which outlined her concern at the lack of support for thousands of children affected by parents who drink too much alcohol.²⁶ The report contains powerful messages from children which the Commissioner says must be heard, and acted on if we are to prevent some children from losing their childhoods. They say that the casual attitude of British society to the harmful potential of drinking too much (alcohol) must change.

We also know that young people want to see tough action on irresponsible alcohol advertising²⁷ and that papers regularly report on stories featuring local residents who are opposing or concerned about licensing decisions in their area.²⁸

Cost to business

Alcohol can negatively affect the workplace in a number of ways with perhaps the most obvious that of loss of productivity due to hangovers. In 2006 a survey for PruHealth found that around 200,000 people go to work with a hangover every day.²⁹ It's estimated that Lost productivity due to alcohol costs the economy around £7.3 billion per year (2009-10 costs, UK).³⁰

With any amount of alcohol in their system, employees can be less efficient and less safe. Alcohol can cause particular problems for people in roles that need a high level of alertness to stay safe: driving, manual work or operating machinery. There can be huge consequences if workers in positions of great responsibility, making critical decisions, like councillors, politicians, bankers or those in medicine, make decisions while their judgement is impaired by alcohol.



Alcohol – the policy context

Alcohol misuse cuts across the work of a number of central government departments, including the Department of Health, Department for Education, the Ministry of Justice and Department of Work and Pensions. However, the Home Office has taken the lead in drawing up government strategy. The most recent publication is the Government's Alcohol Strategy, published in March 2012: www.gov.uk/government/policies/controlling-the-sale-and-supply-of-alcohol.

The strategy includes commitments to:

- Introduce a minimum unit price for alcohol.
- Consult on a ban on the sale of multi-buy alcohol discounting.
- Introduce stronger powers for local areas to control the density of licensed premises, including making the impact on health a consideration for this.
- Pilot innovative sobriety schemes to challenge alcohol-related offending.
- Work with the ASA and Ofcom to examine ways to ensure that adverts promoting alcohol are not shown during programmes of high appeal to young people.
- Encourage all hospitals to share non-confidential information on alcohol-related injuries with the police and other local agencies.
- Review the alcohol guidelines for adults.
- Include an alcohol check within the NHS Health Check for adults from April 2013.
- Develop a model pathway to reduce under 18 year olds' alcohol related A&E attendances.
- Develop an alcohol interventions pathway and outcome framework in prisons.
- Produce a cost-benefit analysis to make the case for local investment in alcohol interventions and treatment services for offenders.
- Work with pilot areas to develop approaches to paying for outcomes for recovery from drug or alcohol dependency.



Want to find out more about how alcohol is affecting your area?

You can find out what the situation is like in your area by looking at the local alcohol profiles: www.lape.org.uk

This will give you access to current data and trends for things like alcohol specific mortality and alcohol specific hospital admissions.

In October 2012, Alcohol Concern produced an alcohol harm map: www.alcoholconcern.org.uk/campaign/alcohol-harm-map

It gives local authority area specific data and costs for hospital admissions and treatment for people with alcohol related illnesses. You can use this to see how much it's costing your local NHS to treat alcohol related problems and see how this compares to other local authorities in your region.

Alcohol: the background information you need

Units

The Government advises that women should not regularly drink more than 2-3 units a day, (about one glass of wine) while men should not regularly drink more than 3-4 units a day, (a couple of pints of average strength lager). The guidance also advises that everyone should take two or three days off alcohol every week.

So what is a unit?

This is the confusing part, with so many different drinks, glass sizes, bottles and people drinking at home (so less likely to be using standard measures) it's easy to get confused and lose track of the number of units in your drink.

There are now a number of unit calculators available with plans afoot to turn some of these in to phone apps so that you can check your units wherever you are.

As a rough guide:

Drink	Measurement	Units
Glass of red/white/rose wine (ABV 13%)	175 ml	2.3
Glass of red/white/rose wine (ABV 13%)	250 ml	3.3
Bottle of red/white/rose wine (ABV 13.5%)	750 ml	10
Regular beer/lager/cider (ABV 4%)	Pint	2.3
Strong beer/lager/cider (ABV 5.2%)	Pint	3
Extra strong beer/lager/cider (ABV 8%)	Pint	4.5
Single spirit (ABV 40%)	25 ml	1
Bottle of Alcopop (ABV 5.5%)	275 ml	3



Drink drive limits

There are strict alcohol limits for drivers, but it is impossible to say exactly how many drinks this equals as it will be different for each person and it may be different for the same person on different days. That's because the way alcohol affects you depends on:

- your weight, age, sex and metabolism (the rate your body uses energy)
- the type and amount of alcohol you're drinking
- what you've eaten recently
- your stress levels at the time

The legal alcohol limit for drivers in the UK is:

- 35 mg of alcohol per 100 ml of breath
- 80 mg of alcohol in 100 ml of blood
- 107 mg of alcohol per 100 ml of urine

This is among one of the highest drink drive alcohol limits in Europe, across most of Europe the limit is nearly half at 50 mg of alcohol in 100 ml of blood. In addition, drivers in France are now legally required to carry two alcohol breath testing kits in their vehicle at all times or risk a fine.



The law on alcohol in the workplace

Employers need to be aware of the law around alcohol in the workplace and their responsibilities toward the health and wellbeing of their staff.

Acas (Advisory, Conciliation and Arbitration Service) says: Any alcohol or drugs policy should be used to ensure problems are dealt with effectively, and consistently and early on in the process. They should protect workers and encourage sufferers to seek help. An education programme for managers is particularly important: it could include details of signs to look for, how to deal with workers who seek help, and where expert advice and help may be obtained. Being able to direct your workers to help is an important step.³¹

Health and Safety at Work Act 1974

- All employers have a general duty to ensure the health, safety and welfare of their employees. If an employer knowingly allowed an employee under the influence of alcohol or drugs to continue working and this placed the employee or others at risk, the employer could be liable to charges.
- Employees are also required to take reasonable care of themselves and others who could be affected by what they do. They too, could be liable to charge if their alcohol consumption or drug-taking put safety at risk.



The Transport and Works Act 1992

- It is a criminal offence for certain workers to be unfit through drink and/or drugs while working on railways, tramways and other guided systems.
- The operators for whom such employees work would also be guilty of an offence unless they had shown 'all due diligence' in trying to prevent these offences being committed.

The Misuse of Drugs Act 1971

- Makes it an offence to possess, supply, offer to supply or produce controlled drugs without authorisation.
- It is also an offence for the occupier of premises to permit knowingly the production or supply of any controlled drugs or allow the smoking of cannabis or opium on those premises.



Glossary of terms

ABV – Alcohol by volume.

Recommended alcohol limits -

there are recommended daily and weekly maximum amounts:

- For men: 3 to 4 units per day, up to a maximum of 21 units per week with two or three days off a week.
- For women: 2 to 3 units per day, up to a maximum of 14 units per week with two or three days off a week.

Alcohol misuse - according to the NHS there are three main types of alcohol misuse, hazardous, harmful and dependent.

Hazardous drinking - is defined as when a person drinks over the recommended weekly limit of alcohol (21 units for men and 14 units for women). It is also possible to drink hazariously by binge drinking, even if you are within your weekly limit.

Harmful drinking - is defined as when a person drinks over the recommended weekly amount of alcohol and experiences health problems that are directly related to alcohol.

Dependent drinking - alcohol is both physically and psychologically addictive. It is possible to become dependent on it. Being dependent on alcohol means that a person feels that they are unable to function without alcohol, and the consumption of alcohol becomes an important, or sometimes the most important, factor in their life.

Higher risk drinkers – people who have a high risk of alcohol-related illness. This is defined as men who regularly drink more than 8 units a day or more than 50 units of alcohol per week and women who regularly drink more than 6 units a day or more than 35 units of alcohol per week and are at an increasing risk of alcohol-related illness.

Increasing risk drinking –people who are at increasing risk of alcohol related illness. This means men who regularly drink more than 3 to 4 units a day but less than the higher risk levels and women who regularly drink more than 2 to 3 units a day but less than the higher risk levels.

Lower risk drinking – people who are at a low risk of alcohol-related illness are defined as not drinking over the guidelines as set out by the Chief Medical Officer. This is men who regularly drink no more than 3 to 4 units a day and women who regularly drink no more than 2 to 3 units a day.

Mild alcohol dependence - a score of 15 or less on the Severity of Alcohol Dependence Questionnaire (SADQ).

Moderate alcohol dependence - a score of 15–30 on the SADQ.

Severe alcohol dependence - a score of 31 or more on the SADQ.

Binge drinking - is usually defined as consuming more than double the daily recommended maximum over a short period of time, i.e. more than 6 units for a woman and more than 8 for a man.

JSNA – The Joint Strategic Needs Assessment identifies the current and future health and social care needs of a local authority's population and analyses whether needs are being met locally.

Tier 1 - information and advice, screening and referral to specialist drug treatment services, provided by non-drug specialists (e.g. primary care).

Tier 2 - information and advice by specialist drug services, triage assessment, referral to structured drug treatment, brief psychosocial interventions, harm reduction services (such as needle exchange) and aftercare.

Tier 3 - community-based drug assessment and structured treatment (including community prescribing, psychosocial interventions, and day programmes).

Tier 4 - residential treatment, such as NHS inpatient units and voluntary sector rehabs.

Further information and other organisations

The Government's alcohol strategy	www.gov.uk/government/policies/controlling-the-sale-and-supply-of-alcohol
Local Alcohol Profiles for England	www.lape.org.uk
The cost of alcohol related harm in your area	www.alcoholconcern.org.uk/campaign/alcohol-harm-map
Annual alcohol statistics from the NHS	www.ic.nhs.uk/pubs/alcohol12
Find out more about your local ambulance service	www.nhs.uk/ServiceDirectories/Pages/AmbulanceTrustListing.aspx
Where to access alcohol treatment services	Adults should call Drinkline who will be able to offer advice and support and signpost treatment providers in their area: 08009178282. Young people should visit www.talktofrank.com where they can put in their postcode to find local specialist treatment providers.
Guide to the Public Health Outcomes Framework for England, 2013 - 2016	www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency
Public Health Outcomes Framework tool	www.phoutcomes.info/
Guidelines from National Institute for Health and Care Excellence (NICE) on alcohol treatment	www.nice.org.uk/Guidance/CG/Wave17/1
Reports and publications from Alcohol Concern	www.alcoholconcern.org.uk/publications
— A drinking nation? Wales and alcohol	www.alcoholconcern.org.uk/publications/policy-reports/a-drinking-nation
— Overexposed and overlooked	www.alcoholconcern.org.uk/publications/policy-reports/overexposed
Children's Commissioner's report on children affected by parents who drink too much alcohol "Silent Voices"	www.childrenscommissioner.gov.uk/content/publications/content_619
Statistics about treatment from the National Treatment Agency	www.nta.nhs.uk
Information on the late night levy and the early morning restriction order (EMRO)	www.gov.uk/government/news/new-powers-to-help-pay-11bn-alcohol-crime-bill
NHS Health Check	www.healthcheck.nhs.uk/
Really useful guides to alcohol	www.nhs.uk/livewell/alcohol/Pages/Alcoholhome.aspx www.drinksarter.org
A guide to alcohol units	www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx www.nhs.uk/change4life/pages/alcohol-lower-risk-guidelines-units.aspx
Alcohol unit calculators	www.nhs.uk/Tools/Pages/Alcohol-unit-calculator.aspx www.drinkwisewales.org.uk/home.php
Information about drink drive limits	www.gov.uk/drink-drive-limit
Dealing with alcohol issues in the workplace	www.alcoholconcern.org.uk/consultancy-and-training/consultancy-training/workplace www.acas.org.uk
NHS definitions of alcohol misuse	www.nhs.uk/conditions/alcohol-misuse/pages/definition.aspx
Find out what influences young people's drinking behaviours	www.alcoholconcern.org.uk/publications/policy-reports/binge-drinking-to-get-drunk-influences-on-young-adult-drinking-behaviours

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Published by Alcohol Concern, Suite B5,
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t: 0207 566 9800

e: contact@alcoholconcern.org.uk

w: www.alcoholconcern.org.uk

