Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Response from the Faculty of Public Health to the Government's Proposals on *Drinking Responsibly*

The Faculty welcomes the opportunity to comment on the proposals from the Department for Culture, Media and Sport, the Home Office, and the Office of the Deputy Prime Minister on ways to achieve a fundamental change in attitudes to drinking and, as a consequence, eradicate the harms associated with alcohol misuse. Our comments have been put together by public health colleagues with expertise in the field of alcohol services.

The Faculty's response is provided on a question by question basis.

General comments

The Faculty welcomes the proposals which focus on alcohol related harm with respect to crime and disorder. Whilst this will ultimately have a beneficial effect on public health (through reductions in alcohol-related violence, for example), it is also important to consider the wider impacts of alcohol related harm, such as ill-health caused by long-term alcohol consumption/misuse. However, the Faculty appreciates the importance of tackling alcohol-related disorder, underage drinking and risky drinking behaviours, such as binge drinking.

The Faculty agrees that a cultural shift in attitudes towards alcohol and alcohol consumption is necessary if lasting change and a permanent reduction of alcohol related harm are to be achieved. Preventing irresponsible promotion of alcohol is an essential part of this.

Questions 1, 2 and 7

These questions relate primarily to law, justice and administration. These are important considerations and the Faculty believes that other, more directly involved organisations such as local authorities are best placed to comment on these issues.

Question 3

When examining the external costs associated with alcohol misuse – particularly in those areas designated as 'Alcohol Disorder Zones' – it is important to include, in addition to the costs of policing and street-cleaning, the further costs to health services. As the consultation Introduction points out, 35% of Accident and Emergency attendances are related to alcohol misuse. This costs as much as £0.5bn in healthcare and ambulance costs. Almost £1.7bn is spent in England alone on healthcare costs to deal with the consequences of alcohol misuse (see *Alcohol Harm Reduction Strategy for England)*. It is important, therefore, that local Primary Care Trusts are also involved when considering what costs might be recovered.

Question 4

In considering Alcohol Disorder Zones, the principle must be that costs incurred as a consequence of providing alcohol and dealing with its consequences should be met by the provider (ie. the alcohol industry as a whole) and the purchaser. It is for the industry to decide whether these costs are covered by a reduction in profit margins or through raising the price paid by the customer.

Question 5

Since costs are a function of the volume of alcohol consumed it would be logical to relate costs to alcohol sold. A banding system may be the easiest way to do this.

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Question 6

The Faculty agrees that in any alcohol harm reduction strategy, all premises which sell alcohol, including off-licenses, have a part to play. Therefore, off-licences should also be covered by Alcohol Disorder Zones.

Question 7

We would also suggest the inclusion of local health services, such as primary care trusts, in any consultation on defining Alcohol Disorder Zones.

Question 9

It is essential that any charges imposed should be promptly paid. Removal of the license would seem to be a logical way of enforcement in cases of non-payment.

Question 11

It is laudable that some businesses have already made voluntary contributions to reducing alcohol related harm. However, the Faculty is not convinced that a voluntary approach will be wholely workable or successful. Government should ensure that regulation will follow if voluntary implementation should fail. A clear timetable for implementation and regular, independent auditing of this voluntary approach should be put in place.

Question 12

The Faculty would support the creation of a National Voluntary Fund to which producers would contribute. The fund could contribute towards reducing the many elements of alcohol-related harm that cannot be alleviated through local schemes.

Questions 13, 14 and 15

Greater sanctions on underage sales are essential. Those concerned with enforcement will be best placed to advise on those sanctions which are the most appropriate to enforce and administer. While it is desirable that those who knowingly flout the law should suffer penalties, it is important to realise that some may have genuine difficulties in observing it. Research by Willner has shown that many shopkeepers have difficulty in estimating age or in calculating it when told someone's date of birth. Proof of age cards should be designed to ensure that the necessary information is clearly visible. In some areas there is also the problem of shopkeepers suffering intimidation by youths. In such situations, the response should be provision of greater support for the shopkeeper.

Questions 16 and 17

The Faculty welcomes sanctions which will help reduce serial offending, and crime and disorder as a result of alcohol misuse. It is important that if Drinking Banning Orders prohibiting serial offenders from particular areas are implemented, that the problem is not displaced ie. individuals repeat their behaviour but in another area. It is unlikely that, even if a Drinking Banning Order was in place, individuals could be prevented from accessing alcohol. Perhaps one possible way forward is the use of Drinking Banning Orders combined with access to alcohol rehabilitation services. It may further be appropriate to give some reduction of sentence to those who participate fully in such a programme ie. agree to undertake a rehabilitation programme in return for a reduced sentence (pheraps, in this case, a reduced timescale for their Banning Order). Some experimental schemes are already underway.

Irresponsible promotion of alcohol

The irresponsible promotion of alcohol should be regulated against. The Faculty welcomes that industry is engaging with this issue (eg. the British Beer and Pub Association's code of practice) and that government will support them on banning irresponsible drinks promotion. However, there is a need to clarify the law on competition. There are several instances of local initiatives to ban

irresponsible promotions (for example, by agreeing a fixed minimum price for drinks) being ruled illegal and anti-competitive. Government should empower outlets, supported by advice from the police/crime reduction partnerships, to create local initiatives, such as agreeing a minimum price, as well as restricting some forms of promotion.

Drinking sensibly

There is a large segment of the population who, for religious or other reasons, do not drink alcohol. It must be absolutely clear that this is an entirely reasonable decision. The aim of creating “a culture where drinking sensibly is the norm” must in no way undermine those who choose to abstain.

Other aspects of alcohol related harm

It is important to realise that this document forms only one part of the response to alcohol-related harm, as it focuses primarily on crime and disorder in relation to risky drinking behaviours, such as binge drinking. Whilst this is a critical element of any strategy to tackle harm caused by alcohol misuse, it is important that other causes of harm are considered, such as chronic high consumption. This is the main cause of alcohol-related harm to health in older people and of economic loss and reduced productivity. Binge-drinking is more common in a society where consumption levels of alcohol are high. A proper response would not only focus on binge and underage drinking but also maintain a downward pressure on the overall level of consumption.

About the Faculty of Public Health

The Faculty of Public Health (FPH) sets and maintains professional standards for public health specialists. The Faculty works to improve the public's health through its three key areas of activity: professional affairs, education and standards, and advocacy and policy contribution. For further information visit our website www.fph.org.uk.