

A joint response from the Association of Directors of Public Health and the Faculty of Public Health to the Department of Health's consultation *Safe Sensible Social – Consultation on Further Action*



About the Association of Directors of Public Health (ADPH)

The Association of Directors of Public Health (ADPH) is the representative body for directors of public health (DPH) in the UK. It seeks to improve and protect the health of the population through DPH development, sharing good practice, and policy and advocacy programmes. www.adph.org.uk



About the Faculty of Public Health (FPH)

FPH is the leading professional body for public health specialists in the UK. It aims to promote and protect the health of the population, and improve health services by maintaining professional and educational standards, advocating on key public health issues, and providing practical information and guidance for public health professionals. www.fph.org.uk FPH has recently published a position statement on the impact of alcohol on public healthⁱ and has also previously published a briefing statement on alcohol and violence.ⁱⁱ

General Comments

Thank you for the opportunity to comment on this important consultation which seeks views on specific ways of tackling alcohol misuse including through the use of an alcohol retailing code, labelling and advertising, and the provision of health advice and treatment. There is a body of evidence that suggests that an effective alcohol policy is one which balances control measures which affect the whole population with targeted interventions aimed at high risk groups such as younger people.ⁱⁱⁱ Raising the price of alcohol remains one of the key interventions in reducing and preventing alcohol related harm. This consultation does not request comment on this important strategy and we look forward to a timely response to the outcomes of the second phase of the SchARR review.

Questions 1, 3 and 6. The alcohol retailing code: how might it be made more effective; what are the most important issues to be addressed; should it apply to all premises selling alcohol; should it be mandatory; and should it include action to prevent health harm as well as crime and disorder.

The voluntary codes for the alcohol industry are not applied consistently across all retail premises and compliance is variable. Ultimately, commercial pressures to meet sales targets will take precedence over responsible action. In addition, a voluntary code potentially creates confusion amongst the various agencies involved in licensing, CDRPs/CSPs and policing as well as the industry itself. The voluntary code is failing to safeguard public health and the introduction of a mandatory code through legislation is required. This legislation should apply to all premises selling alcohol.

ⁱ Faculty of Public Health. 2008. *Alcohol and public health: a position statement*. Available to download from: http://www.fph.org.uk/resources/AtoZ/ps_alcohol.pdf

ⁱⁱ Faculty of Public Health. 2005. *Alcohol and violence: a briefing statement*. Available to download from: http://www.fph.org.uk/resources/AtoZ/bs_alcohol_violence.pdf

ⁱⁱⁱ WHO 2007. *Evidence based strategies and interventions to reduce alcohol related harm*. Accessed on 7 Oct 08 from: http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_14-en.pdf

In terms of the alcohol retailing practices code, the most important issues from a public health perspective relate to:

- **Education of staff** (how to recognise someone who is intoxicated, how to manage these individuals without precipitating crime, prevention of underage purchases and the consequences of failing to enforce the legislation from both an individual and public health perspective);
- **Banning promotions which encourage irresponsible drinking** such as 'happy hours' in the on-trade and deep discounting in the off-trade.
- **Introducing a minimum pricing mechanism.**

Current legislation, particularly in relation to high risk behaviour such as drink-driving and underage sales, needs to be bolstered and more effectively enforced.

Rather than including proportionate and necessary actions to prevent health harm as part of the mandatory code, the Licensing Act should be amended to include public health and wellbeing as its objectives. This would allow local licensing decisions to be taken, informed by nationally and locally derived health data. Options 2 and 3 of the proposed options to adopt the new code involve legislation. Option 2 allows mandatory restrictions to be applied more locally through statute and is more flexible, but it may result in shifting the problem elsewhere, in which case, option 3, which is a legislated, stand-alone code, might be more effective.

Questions 2 and 8. Labelling and advertising: should health and unit information be included on all bottles and cans as a legislative requirement; should alcohol advertising include health and unit information and how could this be achieved.

In view of the fact that a large proportion of alcohol products still fail to contain information on alcohol unit content, regulatory action to enforce this must be taken. Health and unit information should appear on all containers along with a standardised health message as for tobacco. A standardised health message should also appear at the end of all other adverts, irrespective of the media used to advertise.

The World Health Organization's *European Charter on Alcohol* states that "All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages." Alcohol advertising should not be permitted before the 9pm watershed at the very least and preferably banned altogether.

Questions 7 and 9. Health advice and treatment: is enough advice available and if not, what should be provided by whom; what else can be done and by whom to support people who find it difficult to cut down on their drinking.

Evidence for the effectiveness of brief interventions on alcohol consumption already exists^{iv} but the availability of advice relating to alcohol consumption is variable. There is clearly a role here for an indicator within the Quality Outcomes Framework (QOF) to address this, at least within primary care. Guidance already exists on what can be done

^{iv} Kaner EF, Dickinson HO, Beyer FR, Campbell F, Schlesinger C, Heather N, Saunders JB, Burnand B, Pienaar ED. *Effectiveness of brief alcohol interventions in primary care populations. Cochrane Database of Systematic Reviews* 2007, Issue 2. Art. No.: CD004148. DOI: 10.1002/14651858.CD004148.pub3.

(and by whom) to support people who find it difficult to cut down on their drinking.^v Trusts should be required to undertake a local needs assessment. This should inform the development of a multi-agency approach to both preventing alcohol misuse and effectively dealing with the consequences. Knowledge sharing across boundaries will be key to promoting novel approaches and good practice.

^v DH 2006. *Models of Care for Alcohol Misusers*. Accessed on 8 Oct 08 from:
http://www.nta.nhs.uk/publications/documents/nta_modelsofcare_alcohol_2006_mocam.pdf