



Summary Report - ChaMPs Alcohol CPD Event – April 15th 2010.

“Taking Action on Alcohol Harm – the role of legislation”

Purpose of the session

To bring partners together to share current thinking and evidence on legislative responses to alcohol problems and to develop understanding about the approaches available.

Objectives

1. To explore the current evidence base on the potential impact of minimum pricing and other legislative responses to alcohol harm.
2. To learn from experiences outside of Cheshire and Merseyside on licensing and minimum pricing.

Chair of the event – Margaret Carney, Chief Executive, Sefton Metropolitan Borough Council

Presentations

1. A local perspective of the impact of alcohol.
Andrew Bennett, NHS Wirral.
2. Lessons learned from elsewhere – licensing and local by laws.
Mike Jones, Greater Manchester Alcohol Strategy lead
Steve Morton, Alcohol Harm Prevention Policy Officer, NHS Blackpool.
3. Local predictions on impact of minimum pricing – the SHARR model.
Janet Ubido, Liverpool Public Health Observatory.
4. Latest update on minimum pricing and by laws – a regional and national perspective.
Calum Irving, Our Life

All presentation slides are available on the ChaMPs website www.champs-for-health.net



Summary of Group discussions

1. What would the benefits be of using legislative responses to tackling alcohol harm?

1. It would create a consistent national level playing field with a balance in the way alcohol is retailed that covers pubs and supermarkets (on-trade and off-trade) and prevents use of loss leaders for alcohol sales.
2. A national minimum price would resolve cartel situations
3. Statutory organisations (PCT, NHS, Police, LA, Fire) would share outcomes focused on harm reduction with the ultimate aim of improving health
4. Help culture change and cover the whole population (like the tobacco agenda)
5. Would reduce hospital admissions – will mostly affect harmful drinkers
6. It could encompass advertising legislation
7. It would support implementation of the Mandatory code and clear labeling
8. The most hazardous drinkers will be most affected and it could have a preventative effect for younger people.
9. Could influence public support and raise awareness with the public of alcohol harm.
10. Crime reduction/public safety improved
11. Cost to NHS and others would be reduced.
12. Raises awareness with public of alcohol harm and change the culture of drinking acceptance
13. Potential benefit to the economy and businesses if a minimum price set and on-trade not competing against off-trade.
14. Local action could raise the issue for national legislation

2. Are there any risks that would need to be considered in pursuing these?

Adverse perceptions

1. Could be perceived as “Nanny state” and penalising the majority of sensible drinkers, who will not think of it as relevant to them. It has little meaning to most until they understand the impact on cost of a bottle of wine/can of lager.
2. Could stimulate adverse publicity. Alcohol is still socially acceptable.
3. Who would manage the messages around legislative approaches?



4. Potential for lots of ambiguity, including in public messages around risks/benefits of drinking.
5. Evidence of a positive impact would be hard to find as alcohol has such a long term impact on health.
6. A full council support would be needed to implement a by-law – how likely is this? A “critical mass” of local authorities would be required. Local Strategic Partnerships and senior decision makers would need to be behind this.
7. Lack of choice for organisations or public – we need to examine what effects are in countries where it’s enforced similarly.

Adverse implications

8. Many professions (e.g. with shift patterns) do not allow for small measures in an evening, therefore tendency to binge drink.
9. Risks/effects of only enforcing at local level leads people to travel over borders or buy alcohol illicitly.
10. Local level activity would create more variation in local implementation and services and potentially be more difficult to regulate. There could be better funding and guidance if at national level. Who would enforce and standardise approaches?
11. Could transfer problems onto other agencies e.g. Police, Trading Standards, who have responsibilities for enforcement and coping with illicit sales.
12. A lot of places that sell alcohol are national chains – enforcing it in adjacent regions will be difficult. Companies will have different laws to abide by in different businesses. Organisations may find ways around the law.
13. Would there be a risk that harmful drinkers move on to replacement risky behaviours? They may neglect buying healthy food in preference to alcohol for example. Could increase the gap in health inequalities
14. Could adversely affect some businesses (although not likely to be the on-trade). Affect on competition.
15. Would introduce complexity of legality into the alcohol trade.
16. Alcohol supports the leisure and tourism industry and the economy, would this be adversely affected?
17. Do we risk any alcoholic drinks getting cheaper and have loopholes around bulk selling been examined?
18. Is there risk it will encourage more people to experiment with home brewing?



19. Legislation in itself will not impact on attitudes of high level drinkers and doesn't tackle the reasons why people drink. Is it going to have an impact on the target groups that we want to focus resources on?
20. Young people could perceive it as more of a "challenge" to get hold of alcohol and may switch to illegal substances for similar effects.

Cost impacts

21. Bylaws could be an expensive option and other opportunities may be forgone by pursuing legislation and these need to be explored.
22. Cost benefits quoted don't sound very impressive (12.9 billion over 10 years saved against 20 billion per year cost). We need to be careful which statistics and messages we are using if we are to convince and not undermine.
23. The public sector is undergoing significant financial cuts.
24. Evidence base for the effectiveness of legislation seems very "theoretical" and still very health based. Need to engage the non health sectors

3. In what ways could these risks be reduced or eliminated?

Managing the message

1. All organizations - statutory etc. need to be involved in the management of the whole process. Assemble a "coalition of support".
2. The process needs to be coherent and visible to gain the support of the general public.
3. Needs to be greater public debate and need to raise awareness in terminology that is easily understood. Use evidence such as Sheffield work and NICE guidance and credible advocates/champions (e.g. medical professionals) and political leadership.
4. Messages need to be consistent and convincing, and include the health and social risks to the public e.g. drink driving, domestic violence, crime, impact on children.
5. Need to find ways of making alcohol less socially acceptable and seen as a public problem. (Lessons learned from Smoke Free).
6. Trade (supermarkets and the industry) and licensing needs to be fully engaged and legislation must be effectively enforced.
7. Get positive media support.



Tackling perceptions

8. Provide information about the actual substance so they can make their own decisions.
9. Breaking the culture – being family centred
10. Tackle staff perceptions of drinkers and their own drinking – training.
11. Need to raise awareness of personal responsibilities and corporate responsibilities.
12. Provide alternative entertainment
13. Education and engagement
14. Health promotion.
15. Social marketing techniques - Targeting/engaging the right people to deliver the right message as there are different problems in different groups, but with consistent facts.

16. Curtail advertising/sponsorship
17. Monitor impact to see how people respond and on vulnerable groups.
Learn from other countries/pilot it first
18. What about zero tolerance?
19. Approach needs to be balanced 'prevention, treatment and control'.

Attendance and Evaluation

This Continuing Professional Development day was well attended by a wide range of partners, including public health professionals, police officers, licensing and trading standards officers and local authority colleagues. The invitation for the event had been intentionally broad to include as wide a range of partners as possible.

The event was evaluated with good feedback from participants, with the majority saying that they had learnt a lot from the event, particularly on the issues around minimum pricing as it affects the North West, and most had found the presentations particularly informative.