Changing our drinking culture

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4 December 2008

Changing our drinking culture

- Miles Kington, Independent, 12 August 2005:
  - ‘It’s only very recently that the French have started drinking much outside meal-times, and that’s all thanks to the British influence.
  - The wine bar is a British invention… a pub with a wine instead of a beer policy. I have seen places in Paris labelled ‘Wine Bar Anglais’. They never had them in France before, you see.’
  - ‘The French drink slowly and regularly at meal times, on a drip feed basis. That’s why French pharmacists make so much money out of Frenchmen’s livers.’

Changing our drinking culture

- University of Bath, press release 15 December 2005, study by Dr Marion Demossier:
  - ‘Britain will struggle to adopt a more European attitude to alcohol despite 24 hour licensing, because it does not have the same mature attitude in its drinking culture, according to a researcher studying the French.
  - The traditional focus of drinking in France has always been the ability to drink strong alcohol while remaining in control…’

Changing our drinking culture

- ‘Young French people learn to master the art of drinking through their parents, wider family and friends, and they soon learn that being drunk is seen negatively by all.
- Clearly this approach is not something that governments can legislate for and the change in drinking culture that the British Government is keen to encourage can only really come about through social pressures.’

Changing our drinking culture

– Since the 1970s there has been a steady decline in alcohol consumption [in France] most notably because of the rise in interest in health and body concerns among young people, especially among women.’

Changing our drinking culture

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- ‘Culture’ in OED:
  - ‘refinement or improvement of mind, tastes etc by education and training’
  - ‘form or type of civilization’
- Culture is deeply embedded
- Is this something ‘governments can legislate for’?

Changing our drinking culture

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- How do you ‘change a culture’?
  - It requires consent – education or information on their own may not change views, and public opinion may need to change if culture is really to change
  - Role for those outside Government
  - Role of the media
- Government has a role
- It should not be a ‘one club’ policy. ‘One club golf’ is frustrating.
- Policies need to be sustainable – and sustained

WHO: MOST EFFECTIVE STRATEGIES TO REDUCE HIGHER-RISK ALCOHOLCONSUMPTION

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Strategy or Intervention	Effectiveness	Breadth of Research Support	Cost to Implement
Regulating Physical availability	+++	+++	High
Total ban on sales	+++	+++	Low
Minimum legal purchase age	++	++	High
Rationing	+++	+++	Low
Govt. monopoly of retail sales	++	++	Low
Hours & days of sale restrictions	++	+++	Low
Restrictions on density of outlets	+++	+	Low
Server liability	++	++	Low
Different availability by alcohol strength			
Taxation & Pricing	+++	+++	Low
Alcohol tax			
Education and Persuasion	?	+++	High
Alcohol education in schools	?	+	High
College student education	?	+++	Moderate
Public service messages	?	+	Low
Warning labels			
Altering the drinking context	+	+++	Moderate
Outlet policy not to serve those intoxicated	+	+	Moderate
Training bar staff & managers to prevent	0	+	Low
and better manage aggression	++	+	High
Voluntary code of bar practice	0	++	High
Enforcement of on-premise regulations and legal requirements	++	++	High
Promoting alcohol-free activities/events			
Community mobilisation			
Treatment and Early Intervention	++	+++	Moderate
Brief intervention with at-risk drinkers	+	+++	High
Alcohol problems treatment	+	+	Low
Mutual help/self-help attendance	+	++	Moderate
Mandatory treatment of repeat drink-drivers			

Sustainable policies – drink driving

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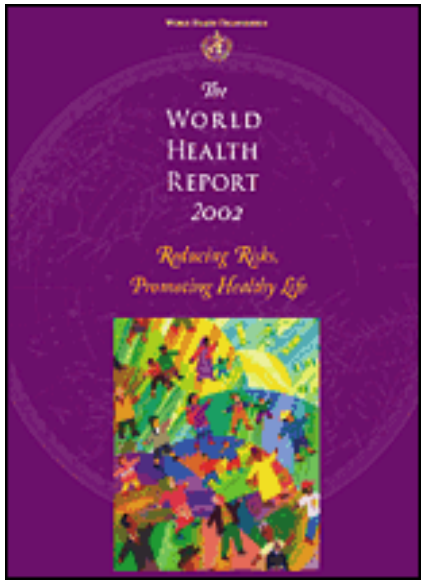
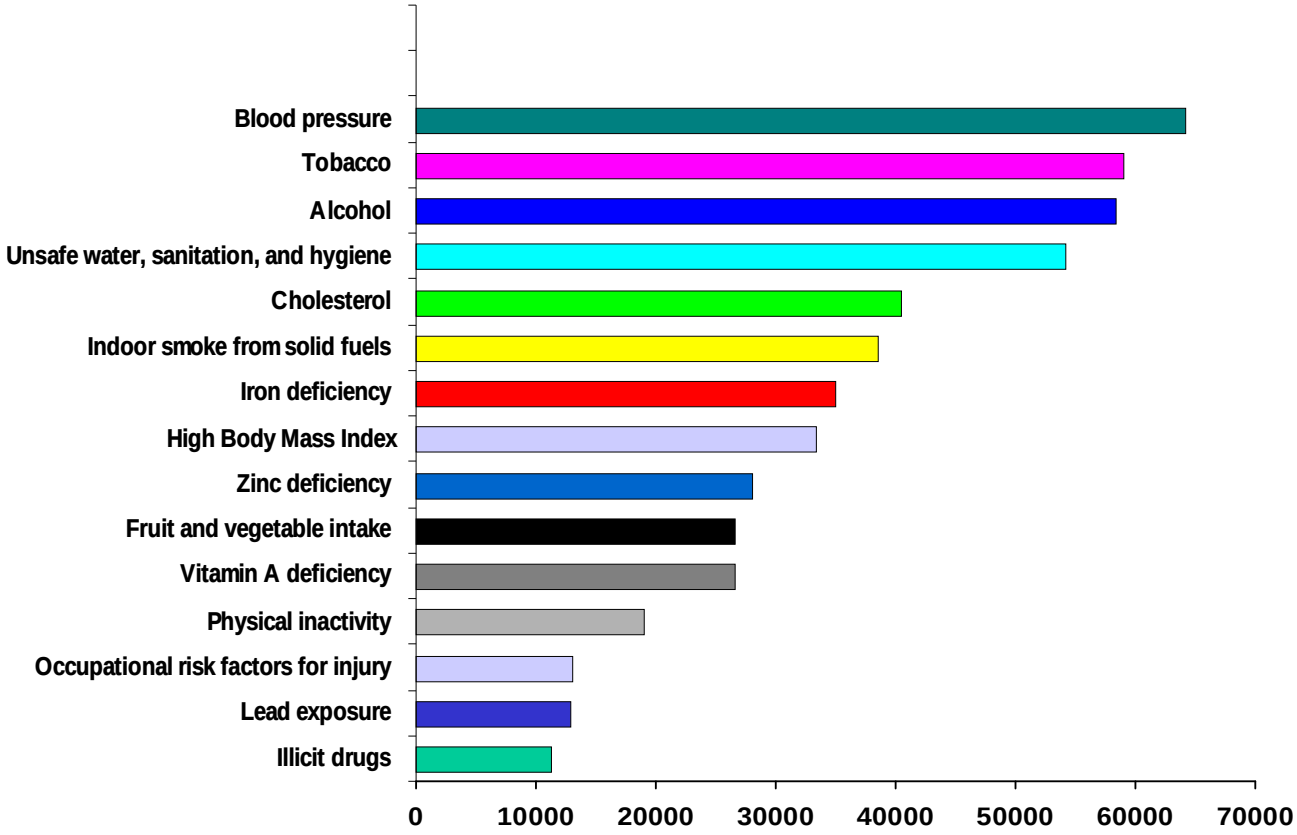
- Reduction of drink driving in the UK since 1967 – 30 years of campaigns
- 1967 level of initial publicity was not sustained
- Renewed from 1976, various approaches sustained since, initially based on deterrence, later on consequences
- Based on the principle that advertising cannot run in isolation
- UK record very good by international comparisons
- Slow rise in road accidents involving illegal alcohol levels 1993-2002
- Importance of enforcement re-emphasised and current DfT consultation on road safety

Disease burden in 2000 attributable to selected leading risk factors





Since the 1970s, levels of alcohol consumption have almost doubled

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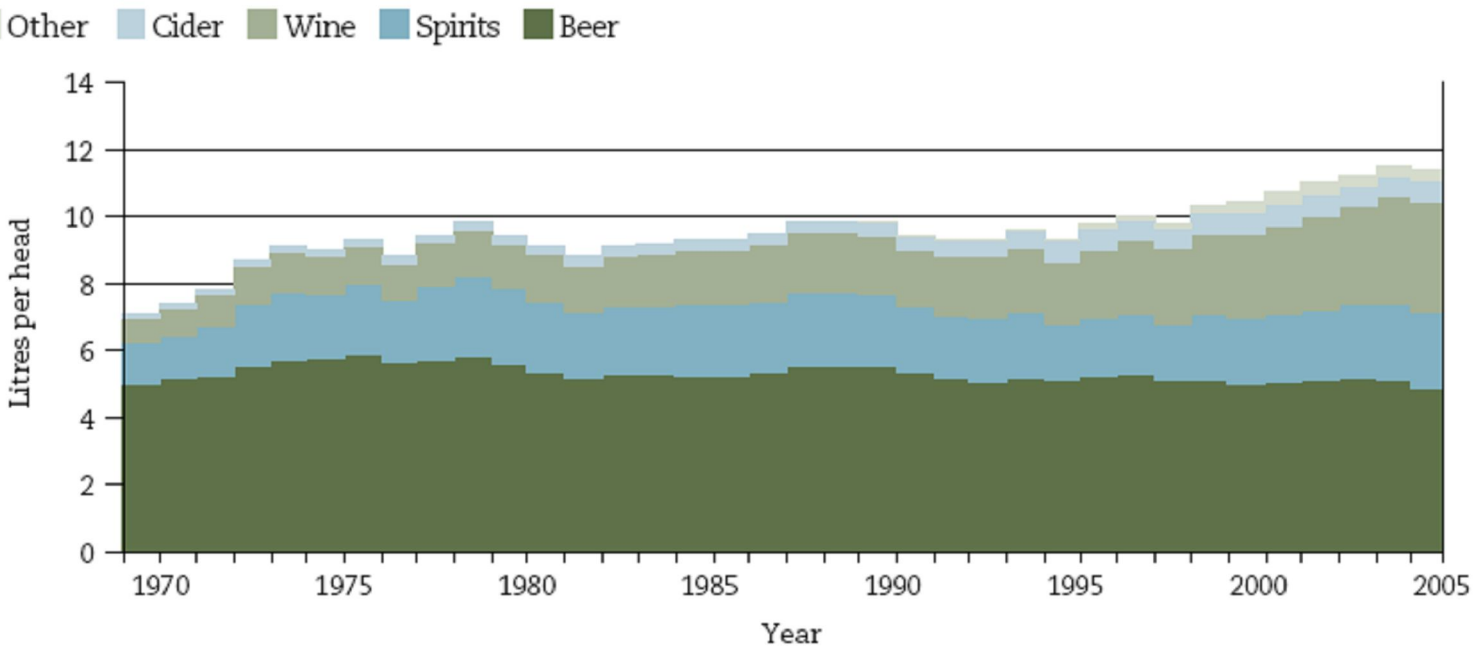
Figure 3: HMRC data on excise duty clearances of alcohol: alcohol consumption litres per head 15+ pure alcohol equivalent



Source: HMRC statistical factsheet on alcohol duties, March 2007.

Tackling harm

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June 2007 '*Safe, Sensible, Social: The next steps in the national alcohol strategy*' focused on:

- Young people under 18 who drink alcohol
- 18-24 year old binge drinkers
- Higher-risk drinkers

- New emphasis on health and young people

Who is drinking at these levels

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- Over a **quarter of the population** (10 million adults) regularly drink above these limits, accounting for **3/4 of consumption in UK**

- **2.6 million adults** regularly drink at higher-risk level - 8% of men and 6% of women. This 7% of the population drink a third of all the alcohol consumed

- Over 50% of young people **aged 11-15** drink alcohol regularly and on average they drink nearly **13 units per week**

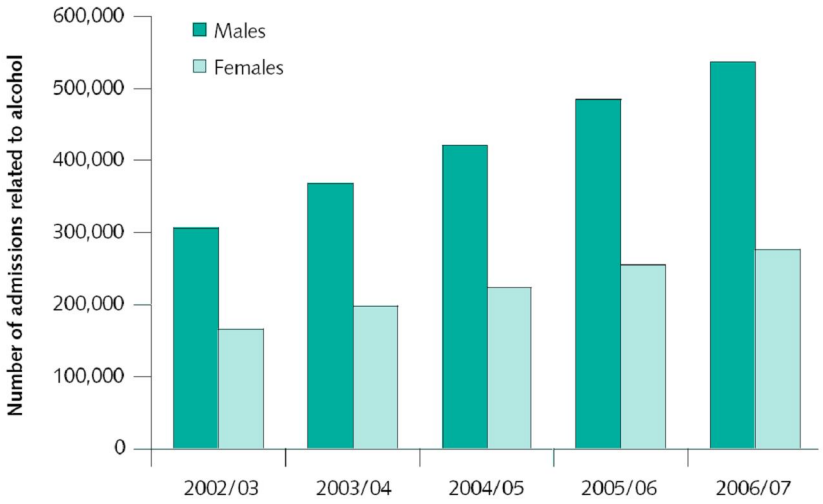
- The groups at higher risk of health harm include men (and increasingly women) who regularly drink over the recommended levels and have done so for years

- High levels of consumption are not always obvious because of larger glass sizes, increased strength of drink, not knowing the units in drinks etc.

Cost and impact to the nation and NHS

- 6% of all hospital admissions estimated as alcohol related
  - In 2006-07 there were 811,443 admissions
  - Rising by around 80,000 admissions a year
- Up to 35% of all A&E attendance and ambulance costs may be alcohol-related.
- Alcohol misuse is estimated to cost the health service around £2.7bn per annum.
- A fifth of all violent incidents in 2005/06 were committed in or around pubs.
- 63% of 18 – 24 year old drinkers admit to committing criminal or disorderly behaviour while drinking.
- Around half of all violent incidents take place on a Friday or Saturday, between the hours of midnight and 6am.

Figure 1: Trend in the number of hospital admissions related to alcohol in England



1. We are giving the public better information and advice

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- Social marketing campaigns, when backed up by wider changes in society, can inform the public about the risks of excessive drinking and getting them to think about alcohol differently.
- This preventive approach can contribute to changing opinions and behaviour and forms part of the National Alcohol Strategy *Safe, Sensible, Social.*
- DH campaign raises awareness of how much people are drinking and health risks from regular excessive drinking. The Home Office have a Binge Drinking campaign and DCSF are planning a campaign for young people.
- Other information and campaigns from organisations such as Drinkaware
- Targeted, direct marketing for increasing and higher risk drinkers (North West)

2. We are improving the identification, advice, referral and treatment of at-risk individuals

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- Around 10 million people are drinking at levels which are, or could be, causing them serious harm.
- While most will never progress to alcohol dependency, they are greatly increasing their risk of harming their health.
- International evidence suggests that following a brief discussion with their GP or nurse, one in eight higher-risk drinkers will reduce consumption to lower-risk levels. Some areas have had great successes providing brief advice through with alcohol nurses in A&E
- We have published new guidance for doctors and nurses and self-help materials, set up a helpline and a website to provide advice and support for people who want to reduce how much alcohol they drink.

2. Improving identification, advice, referral and treatment of at-risk individuals (cont)

- We have introduced training programmes for all new doctors to help identify and support patients who drink at increasing-risk or higher-risk-levels.
- November 2007 we introduced 52 trailblazer projects, in GP practices/ hospitals/ criminal justice settings, that are testing new ways of identifying and providing advice and support to those drinking at increasing-risk or higher-risk-levels.

3. We are prioritising tackling alcohol health harm in the NHS

- Vital Signs Indicator for the NHS from April 2008 that measures change in the rate of alcohol related hospital admissions. This is the first ever commitment to monitor how well the NHS is tackling alcohol related health harm.
- The NHS, working with police and local authorities, has negotiated local targets to reduce the rise in alcohol admissions, by choosing this indicator from their respective frameworks,
- 93 PCTs and 76 local authorities have now included this indicator as one of their local priorities, setting out local targets and plans for reducing alcohol related hospital admissions – in the top 20 of all government priorities

3. We are prioritising tackling alcohol health harm in the NHS (cont)

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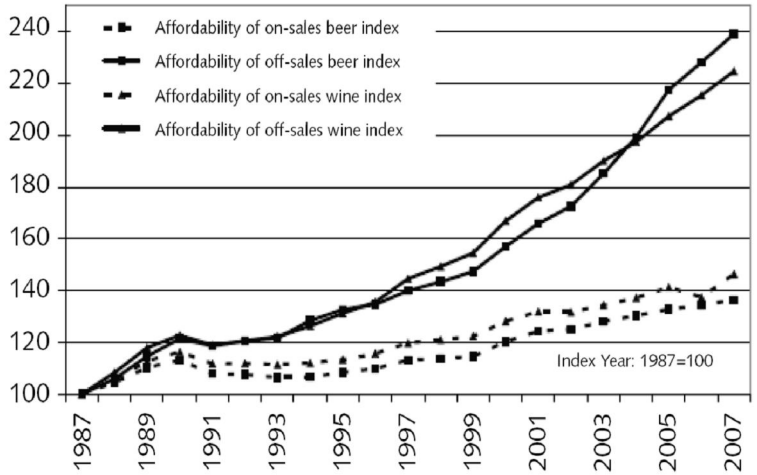
- Alcohol Improvement Programme launched 5 November
- 20 Early Implementer PCTs – to go further faster
- National Support Team for Alcohol, to provide further support to areas that experience the highest rates of alcohol-related hospital admissions
- Alcohol Learning Centre, HubCapp

4. We are creating a policy environment more effective in reducing excess alcohol use

- International evidence that most effective levers for tackling excess alcohol use relate to the price, availability and licensing of alcohol
- So Government launched reviews of evidence of practice and effectiveness in this area
- KMPG review of alcohol industry's own voluntary standards found some good practice, but many breaches; and evidence of poor practice in the promotion of cheap alcohol
- Price and Promotion Review found significant links between price, consumption and harm

Figure 3: Affordability of alcohol, beer and wine, on- and off-trade comparison



So we recently consulted on a number of these areas (July-Oct)

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- Levels of alcohol health harm and crime and disorder are rising and the Government sought the views of the public and key stakeholders on whether tighter measures are needed.

- Consultation reported on the reviews of the alcohol industry's social responsibility standards; of the effects of alcohol pricing and promotion, and of labelling

- The consultation document asked:

  - whether existing voluntary retail codes should be revised and made mandatory
  - what a new code might cover so as to be effective in stopping licensed premises from engaging practices that encourage people to drink excessively and irresponsibly (e.g. marketing of drinks; content display; price- and time-based promotions; underage drinking; staff training; glassware; & others)
  - whether the Government should require health and unit information to be included on all drinks containers if this is not delivered under an agreement with industry
  - Whether health and unit information should be expected to be included on alcohol advertising
  - what else the Government and NHS can do, including treatment and campaigns.

The outcome of consultation

Department of Health

- Joint announcement by Home Secretary and Health Secretary, 3 December:
- A new mandatory code of practice to target the most irresponsible retail practices
- Powers:
  - to create new mandatory national licence conditions (A)
  - for local licence conditions applicable en bloc (B)
  - statutory guidance

The outcome of consultation

Department of Health

- Illustrative examples, there will be consultation before regulations are made:
  - (A national) banning offers such as ‘all you can drink for £10’; promotions to certain groups, eg women only; discounts not applicable only to very large amounts; training for all staff selling alcohol; point of sale information; choice of smaller glass size
  - (B local) banning very low price alcohol linked to specific problems, e.g. if linked to under 18s; restrictions on display of discounted price offers; banning promotions such as happy hours etc; non-breakable glass

Future work

Department of Health

- Price and promotion review published (University of Sheffield, School of Health & Related Studies)
- Phase 2 modelled effects of general price rises, minimum unit price, restrictions on promotions
- Less clear findings on advertising restrictions
- Banning cheap alcohol such as loss leaders is not ruled out for the future. Further work to be done, details to be set out.