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HM Government

Alcohol Strategy Group

Minutes of the Government and Partners Alcohol Working Group Meeting held at Conference Room 4, 2 Marsham Street, London, SW1P 4DF on Thursday 16th June at 2:00 (**Meeting 4**)

PRESENT

Mandie Campbell, Director of Drugs, Alcohol and Community Safety Directorate (HO)

(In the chair)

Jeremy Beadles (WSTA), Martin Rawlings (BBPA), Bruce Ray (Barcardi), Douglas Meikle (Scotch Whisky), Chris Heffer (DH), Dr Kieran Moriarty (British Society of Gastroenterology) Chris Sorek (Drinkaware), [REDACTED] (DfE), Phil Witcherley (Heineken), Sue Robinson (ACPO) [REDACTED] (DEFRA), Jonathan Shepherd (Cardiff University), [REDACTED] (DfE), Scott Wilson (Molson Coors), [REDACTED] (HO), Lucy Batten (Royal College of Physicians), Jacqui Kennedy (Birmingham City Council)

APOLOGIES

Don Shenker (Alcohol Concern), Zoe Dayan (BIS); Kieran Simpson (Heineken), Grant Eastwood (Morrisons) [REDACTED] (HMT), Elizabeth Woodeson (DH), David Poley (Portman Group), Nick Sheron (The British Association for the Study of the Liver), [REDACTED] (DEFRA), Chief Constable Jon Stoddart (ACPO), Ian Gilmore (Liverpool Hospital),

SECRETARIAT

[REDACTED] (HO)

Item 1 Welcome and introduction

1. **The Chair** welcomed all those present to the fourth meeting of the Government and Partners Alcohol Working Group.

Item 2 Minutes of the last meeting

2. **The Chair** stated that there were 3 action points to be considered from the last meeting. Those included an update on unit awareness by Martin Rawlings of BBPA; an update on the Drinkaware pilot by Chris Sorek; and an update on the

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PRSR Bill by [REDACTED] It was agreed that Chris Heffer would provide an update on the Alcohol Strategy as a separate item on the agenda. The group agreed the minutes of the last meeting of 24 March 2011.

Unit awareness update from BBPA

3. Martin Rawlings introduced the item and said that since the last meeting, the pictures had been amended to show how the unit content of drinks related to alcohol percentages. Martin Rawlings added that the charts should be finalized within 2-3 weeks and that 3 companies had been lined up for a trial. Jeremy Beadles added that as agreed under the responsibility deal, the aim was to see how this could be used in the off trade, specifically at points of sale and Chris Sorek of Drinkaware was aiming to get a presentation to retailers. The group was broadly supportive of the new charts.

Drinkaware update – Chris Sorek

4. Chris Sorek stressed that Drinkaware looked to aim its message at those who were hard to reach. Drinkaware would also look to fund programmes outside its own which were aimed at a wide audience among the 18-24 year old age group. [REDACTED] added that the DfE would look at this in the context of government work.

Police Reform and Social Responsibility update – [REDACTED]

5. [REDACTED] explained that the Lords Committee was in its fifth day. There had been over 100 amendments on alcohol provisions. These ranged from health harms to questions about licensing objectives. Report stage was likely to be in July which could be followed by a 'ping-pong' period between the Commons and Lords with Royal Assent likely in the Autumn. Following that there would be a few consultations on areas requiring secondary legislation including fees, the late night levy and EMRO exemptions.

6. Following the Report stage in the Lords [REDACTED] undertook to write to the group to update it where the Bill was.

Action: [REDACTED] to update the Group on Bill progress

7. Jonathan Shepherd asked about progress with health as a licensing objective and off licences/CIPS. [REDACTED] confirmed that while Baroness Browning resisted the amendment on health harm in the Bill, she was supportive of the principle and hoped it could be included in the Alcohol Strategy. Jonathan Shepherd and Martin Rawlings asked about health as a licensing objective. [REDACTED] explained that it was not part of the PRSR Bill but that the government had committed to have it as a material consideration in the licensing act.

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8. [REDACTED] also confirmed that there would be a further discussion on the power for licensing bodies to set fees before consultation and the Chair confirmed that the group could discuss this as progress was made.

Item 3 Update on Alcohol Strategy, Chris Heffer, DH

Chris Heffer.

9. Chris Heffer gave an update on the Strategy which would be comprehensive and published late in the year. Chris had provided some slides for the meeting and these were passed around the group on the understanding that they were not a statement of government policy but a 'thought framework' – a set of potential policy options. DH met health and criminal justice colleagues at two meetings in May attended by officials across Whitehall. There was then a meeting with Industry on 29th June. These were positioned very much as listening events at this stage Chris Heffer added that Prof. Mark Bellis has been asked to lead on evidence seminar in August which DH would provide further details on. Sue Robinson from ACPO added that there was a great interest from a criminal justice perspective from ACPO to be involved in discussions.

Action: Chris Heffer to discuss with Home Office policy officials about further work and to examine the criminal justice angles with the Strategy.

Item 4 Below Cost Sales, [REDACTED]

10. [REDACTED] set out the government's position on low cost sales. [REDACTED] explained that the government announced in January the proposal that the price of alcohol would be based at the cost of duty plus VAT as a first step and it was committed to introduce this in secondary legislation by the end of the year. Work was continuing on working up the following options for further discussion. Currently, two main areas were being explored: invoice pricing and duty + x + VAT. The latter would raise the cost of alcohol as the minimum cost of bottling and producing would be added to duty + VAT.

11. There was a discussion on EU Competition Law invoice pricing in Spain and Ireland. It was agreed that it would be useful to gather information on where the market currently was. Jeremy Beadles suggested that information was available but that the information was restricted. The Chair added that it was important to have an evidence base that all agreed on.

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12. Sue Robinson suggested that tackling availability of cheap cider – which has more of a link to anti-social behaviour would be more worthwhile. The CC Jon Stoddart commissioned research suggesting cider was available at 12p a unit. Kieran Moriarty was in favour of a 50p basic level per unit. He added that there was provision within EU competition law to exempt measures from its effect where there was a significant health impact. He suggested evidence from Sheffield (Prof. Bellis) suggested if there was a minimum 50p per unit level approximately 3,000 lives a year would be saved – he pointed to Scotland's attempt to introduce minimum pricing. He also pointed out that children could buy on-line from supermarkets.

13. [REDACTED] suggested the group could look at deep discounting as work progressed. The group agreed that pricing and discounting should be agreed in the alcohol strategy.

Action: Jeremy Beadles and Scott Wilson to provide their respective data on the effect of minimum pricing.

Item 5 Preventing Substance Misuse Amongst Young People

Discussion paper put to the group by [REDACTED].

14. [REDACTED] began by stating that he would be prepared to circulate a copy of the paper to the group. The underlying evidence looked at treatment for drug and alcohol misuse. Evidence suggested that the earlier children misused alcohol, the earlier they misused drugs. Alcohol was responsible for a large number of people entering substance mistreatment services and was the main drug abused by a half of the people there.

15. The paper outlined the European framework for prevention. This broke down what was done for all those misusing drugs or alcohol – for example the work in schools was universal as was information available from Frank, Drinkline and GPs. Targeted work included early intervention, for example through youth workers and child and adolescent mental health services. Public Health England aimed to ensure that each area should ensure such a balance of general and targeted services was in place.

16. Work was in place with the National Institute for Health and Clinical Excellence to support an early intervention service with under 25s.

17. The Responsibility Deal aimed to look at a universal education on alcohol. Schools were central to this through PHSE classes. Revised guidance has been

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drawn up suggesting that schools should work with the police and social services to tackle problems and a report was expected during the summer.

18. [REDACTED] asked the group for comments. Chris Heffer suggested that it would be useful to identify the age at which people start to drink and to try and raise this as part of the Alcohol Strategy. [REDACTED] drew attention to the link between truancy and alcohol misuse. He added that alcohol usually preceded drug abuse and that findings in the paper suggested that each year the onset of drinking was delayed by a year the risk of dependency decreased by 10%. He added that there was a strong evidence base to suggest that alcohol programmes had little impact on teen drinking but that 3 or 4 resulted in significant reduction rates over a period of 2 years.

19. [REDACTED] agreed with the point made by [REDACTED] that children with alcohol problems were harder to reach than adults. ERROR?

20. The Chair welcomed comments on the paper to be put back to [REDACTED] or the Home Office.

Action: Comments on the paper should be sent to [REDACTED] and the Home Office.

b) Research Update by Jonathan Shepherd (circulated with the minutes)

21. Jonathan Shepherd drew out the main findings from his research which had been circulated to the group along with copies of a paper by the Royal College of Surgeons of England, *Reducing Alcohol Misuse in Trauma and other Surgical Patients Position Statement*. At the time of the meeting the evaluation of data sharing between the police and hospitals was due to be published in the BMJ the next day.

The paper considered two areas:

Medical Research Council project

22. The findings suggested that where information sharing took place between the police and hospitals, incidents of violence reduced by 40%.

Prof. Shepherd pointed to the high proportion of intoxicated adults in a city centre after 11pm: 13% of women; 25% men from a sample of 893 people who were breathalysed.

He also picked a few points from the conclusions of the paper [the following numbering reflects that in the paper]:

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- 4) He felt the experience of door staff could be drawn on but as yet they had not been invited by CSPs to comment on circumstances.
- 7) There was a conflict between health and safety guidance and the statutory guidance not to sell alcohol to drunk persons. The concern was that refusal by bar staff would lead to confrontation.
- 9) City centre management was seen as a secondary concern.

SIPs

23. These were multicentre trials led by Prof. Colin Drummond, Institute of Psychiatry designed to compare the effectiveness and cost effectiveness of 2 alcohol misuse screening methods (3 in emergency departments) and three brief interventions designed to reduce alcohol consumption and harms in primary care, probation service and emergency settings. The background of this is outlined in the attached paper.

24. Findings revealed that the Probation Service lacked an awareness of the danger of alcohol and that training was needed. However, there was a significant decrease in the danger from alcohol following brief interventions. JS directed the group to the findings of the Royal College of Surgeons of England which stated in its paper, *Reducing Alcohol Misuse in Trauma and other Surgical Patients Position Statement* (also attached with the minutes) that; 'there was a strong evidence base for brief, cognitive behavioural advice given by nursing staff as a routine part of trauma and other surgical care for conditions known to have resulted from alcohol misuse'. The paper suggested that patients should be screened for alcohol misuse and where there was evidence of misuse received advice concurrent with surgical treatment.

Case Study: Drinking location in relation to evening alcohol sales in a Cardiff City Centre.

25. Prof. Shepherd suggested the study was evidence to suggest that sales of alcohol by supermarkets and off licences were leading to a problem in the night time economy.

26. The Chair suggested door staffs' experience could be used by CSPs and further work was needed on the role of off licences in the late night economy.

27. Chris Heffer suggested that the three setting intervention system was very effective but more effective in primary care, evidence suggested. He recognized the effectiveness of drawing a person's attention to his alcohol problem. He would feed this into the Alcohol Strategy and the information from the National Screening Council which recommended screening white men 40 and over

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██████████ added that there was no evidence base for those under 16 on brief interventions. It would be useful to uncover the stage at which alcohol became a problem for the young.

Action: Chris Heffer to include information on the intervention settings into the Alcohol Strategy.

28. Martin Rawlings asked about the basis of the reports. Prof. Shepherd confirmed that the MRC research was based on test cases and that there were 15 papers in preparation for the CIPs trials. He added that those who refused to be breathalysed were usually sober.

29. The Chair asked about sales to those already drunk. Martin Rawlings suggested it was difficult to define what 'drunk' meant. He thought that those premises known to be problematic should be targeted and asked what a randomized evaluation of intervention was (as mentioned in Prof. Shepherd's paper under the MRC research). Prof Shepherd confirmed that this used the same method as a clinical trial. Premises were randomly assigned – it was not achievable on a voluntary basis. The paper suggested that 400 premises were needed in total for a study (200 in each arm). He explained that the 'intervention' was a risk assessment of premises and an action plan was developed in response to this. The action plan would be used in a random selection to see if better results could be achieved.

30. Sue Robinson believed most people on premises were intoxicated but police could only act on sales to drunks. It was expensive to put undercover officers in to pubs and the police were aware of intimidating behaviour to barstaff where staff refused to sell alcohol to drunks

The Chair thought this was a point the industry could pick up on.

Action: Martin Rawlings to advise on BBPA's approach to the training of staff in relation to the sale to drunks.

31. The Chair thanks all attendees for their contributions.

Item 6 Any other business

32. The Chair asked the group if anyone had anything to raise under AOB. Nothing was offered.

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Next meeting

The next meeting will be in Conference Room 5b, 2-4pm, 28th September, 2 Marsham Street, SW1P 4DF.