SUMMARY OF NATIONAL ALCOHOL STRATEGY 2012

1.0 What are the Causes?

- 1.1 The Government states the causes of alcohol related crime and hospital admissions as a combination of irresponsibility, ignorance and poor habits whether by individuals, parents or businesses.
- 1.2 It states that the problem has developed for the following reasons:
 - Cheap alcohol is too readily available and there are increasing numbers of people drinking excessively at home, including many who do so before a night out.
 - Changes to the Licensing Act have not engendered a "café culture" as intended.
 - There has not been enough challenge to the individuals that drink and cause harm to others, and of businesses that tolerate and even encourage this behaviour. The result is a situation where responsible citizens and businesses are paying the price for irresponsible citizens and businesses.

2.0 What are the required outcomes?

- A change in behaviour so that people think that it is not acceptable to drink in ways that could cause harm to themselves or others;
- A reduction in the amount of alcohol-fuelled violent crime;
- A reduction in the number of adults drinking above the NHS guidelines¹
- A reduction in the number of people "binge drinking"²;
- A reduction in the number of alcohol-related deaths; and
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

¹ No more regularly than 3 to 4 units per day for men and no more regularly than 2 to 3 units per day for women.

² Measured by those who self-report drinking on their heaviest drinking day in the previous week more than 8 units per day for men and more than 6 units per day for women.

3.0 How will this strategy tackle irresponsible drinking?

- 3.1 The National Alcohol Strategy is built around four key objectives underpinned by a recovery orientated approach to treatment and a focus on those who's offending is alcohol related. These are set out in more detail below:
- 3.2 End the availability of cheap alcohol and irresponsible promotions; chiefly through:
 - Introduction of a minimum unit price for alcohol (Consultation required)
 - A ban on multi-buy promotions in the off-trade. (Consultation required)
 - A review of current commitments within the Mandatory Code for Alcohol to ensure that they are sufficiently targeting problems such as irresponsible promotions in pubs and clubs.
 - Working with the Portman Group to ensure that where unacceptable marketing does occur, it results in the removal of offending brands from retailers.
 - Work with Advertising Standards Authority (ASA) and Ofcom to examine ways to ensure that adverts promoting alcohol are not shown at a time of high appeal to young people.
 - Work with the ASA to ensure the full and vigorous application of ASA powers to online and social media and work with industry to develop a scheme to verify people's actual ages which will apply to alcohol company websites and associated social media.
 - Work with the ASA and other relevant bodies to look at the rules and incentives that might inhibit the promotion of lower strength alcohol products and the encouragement of responsible drinking behaviours.
- 3.3 Ensure that local areas are able to tackle local problems, reduce alcoholfuelled violent crime on our streets and tackle health inequalities by giving tools and powers to local agencies to challenge people that continue to act in an unacceptable way. Key actions include:
 - Give local agencies powers to reduce alcohol harm through the changes to public health, new Police and Crime Commissioners, and by rebalancing the Licensing Act.
 - Extended powers for communities to introduce Early Morning Restriction Orders to restrict late night alcohol sales where necessary.

- Power to local communities to introduce a new late night levy to ensure those businesses that sell alcohol into the late night contribute towards the cost of policing (could include funding a police officer in A&E).
- Work with 5 areas to pilot sobriety schemes, removing the right to drink for those who have shown they cannot drink responsibly.
- Strengthen local powers to control the density of premises licensed to sell alcohol, including a new health-related objective for alcohol licensing for this purpose.
- More local powers to close down problem premises and influence licensing decisions to prevent alcohol related harm.
- Improved powers to stop serving alcohol to drunks.
- More information available to the public about police action taken in alcohol hotspots and sentences imposed by the courts.
- More information available to the public about new licensing applications and encouraging the publication of licence conditions on-line so that the public know what they are and can report concerns
- Increasing the maximum fine for persistently selling alcohol to a person under 18 and encourage greater use of existing powers for prosecution
- More powers for hospitals to deal with drunken people in A&E.
- Encourage all hospitals to share non-confidential information on alcoholrelated injuries with the police and other local agencies.
- Local health bodies will be able to instigate reviews of licences, meaning that if a hospital repeatedly treats or admits individuals as a result of alcohol casualties from a particular establishment (pub/club), the licence will be reviewed and possibly revoked.

3.4 Secure industry's support in changing individual drinking behavior.

- Challenge the industry to meet a new set of commitments to drive down alcohol misuse.
- Continue work through the Responsibility Deal to support the alcohol industry to market, advertise and sell their products in a responsible way and deliver the core commitment to "foster a culture of responsible drinking, which will help people to drink within guidelines".
- Cut red tape for responsible businesses by giving licensing authorities greater freedom to take decisions that reflect the needs of their local community.

• Continue work with industry on areas such as calorie labelling, not serving people when drunk and a renewed commitment to Drinkaware.

3.5 Support individuals to make informed choices about healthier and responsible drinking, so it is no longer considered acceptable to drink excessively.

- The Chief Medical Officer will review the alcohol guidelines for adults so that people can make responsible and informed choices about their drinking.
- Integrate alcohol into the wider Change4Life brand for the first time and commit to an ongoing social marketing campaign to communicate the health harms of drinking above the lower-risk guidelines.
- Ensure that young people know the risks associated with alcohol by making it a key feature of a new £2.6 million youth marketing programme aimed to drive further reductions in regular smoking, drinking, drug use and risky sexual behaviour during the teenage years.
- Ensure that guidance is available for parents through a range of public and community organisations
- Raise awareness of Foetal Alcohol Spectrum Disorders (FASD)
- Include an alcohol check within the NHS Health Check for adults from April 2013.
- Invest £448 million to turn around the lives of the 120,000 most troubled families in the country, a significant number of which will have alcoholrelated problems
- Develop a model pathway to reduce under 18 year olds' alcohol related A&E attendances.

3.6 Treatment and recovery

- Provision of Recovery Orientated Treatment, especially for dependent drinkers
- Whole family based approach within treatment services
- Imminent publication of new mental health strategy which will set out what local organisations can do, and what Government and national organisations are doing to support them in the promotion of good mental health and wellbeing, as well as in the treatment of mental illness, including dual diagnosis (co-existing mental health and drug and alcohol problems).



3.7 Offenders

- Development of an alcohol interventions pathway and outcome framework in prisons, to inform the commissioning of a range of effective interventions in all types of prison.
- Increase the flexibility of the Alcohol Treatment Requirement imposed by the court as part of a community sentence.