

REPORT TO: Safer Policy & Performance Board
DATE: 26 June 2012
REPORTING OFFICER: Strategic Director, Communities
PORTFOLIO: Community Safety
SUBJECT: Summary of National Alcohol Strategy 2012
WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Safer Policy & Performance Board of the key features and local implications of the new National Alcohol Strategy published March 2012.

2.0 **RECOMMENDATION: That the Board note the content of the report.**

SUPPORTING INFORMATION

3.1 The Prime Minister introduces the Alcohol Strategy (the full strategy can be found at <http://www.homeoffice.gov.uk>) as an undisguised 'clamp-down' on binge drinking which he describes as accounting for half of all alcohol consumed in the UK and as being responsible for a 'scourge of violence'. This strategy is described as a radical change in the approach which seeks to turn the tide against irresponsible drinking. There is a recognition that the change will not happen overnight; however there is an insistence that action is required now as:

- Alcohol-related harm costs society £21 billion annually.
- The majority of people who drink do so in an entirely responsible way, but too many people still drink alcohol to excess.
- In 2010/11 there were 1 million alcohol-related violent crimes, and 1.2 million alcohol related admissions to hospitals.
- Culturally it has become acceptable to be excessively drunk in public and cause nuisance and harm to ourselves and others.
- The levels of binge drinking among 15-16 year olds in the UK compare poorly with many other European countries.

- Alcohol is one of the three biggest lifestyle risk factors for disease and death in the United Kingdom after smoking and obesity.
- It has become acceptable to use alcohol for stress relief, putting many people at real risk of chronic diseases.
- There was a 25% increase in liver disease between 2001 and 2009. Alcohol-related liver disease accounts for 37% of all liver disease deaths.

3.2 A Summary of the National Alcohol Strategy 2012 can be found at Appendix A.

Comments on the Strategy

3.3 The central themes of the strategy are ‘challenge and responsibility’ in an attempt to reverse a culture in which excessive drinking is a social norm.

3.4 Responsibility is shared across Government, industry, the community, parents and individuals but there is repeated emphasis on the need for effective partnership work locally to reduce and prevent alcohol related harm and an assertion that local communities are best placed to tackle local issues.

3.5 It is asserted that the rebalancing of the Licensing Act will empower communities to affect change.

3.6 The Prime Minister publicly acknowledges the connection between price and consumption, although lobbyists had initially requested a 50p minimum unit price (MUP). There is also an insistence that these measures will not harm the pub industry, as the proposal for a minimum price of 40p per unit of alcohol should not affect prices in pubs.

3.7 There will be consultations on aspects of the national strategy. If the consultation is unsupportive then MUP may not be followed through.

3.8 The strategy is broad in its approach in that it concentrates in equal measure on crime and health related harms and includes domestic violence, mental health, troubled families etc., however there is a strong focus on young adult drinkers in the night time economy which may distract people from the realisation that it is the habitual, often hidden UK adults which, if not addressed, will have serious implication for the health of the nation. There is a danger that people may not readily identify with the cohorts highlighted.

3.9 The economic recession is not commented upon nor the additional burden that poverty could place on services. Whilst the Public Health Grant remains ring fenced the wrap around support services

(e.g. housing, employment) may well be subject to cuts.

3.10 There is no mention of military veterans or the services they may need in future.

3.11 Further prioritisation will be applied to the recommended actions to determine priority work streams for 2012-13.

3.12 On 17th April 2012, Chief Officers at Halton Borough Council requested that work stream priorities for 2012-13 relate to preventing alcohol harm for children and young people and ensuring that young people have the information and support that they need to make healthy, informed, responsible choices.

4.0 **POLICY IMPLICATIONS**

4.1 The basis for a proposed local strategy has been developed and attached in Appendix B. The content of the national strategy align entirely with the local strategy but gives further opportunity to shape culture by additional powers to tackle problem premises through the licensing act.

4.2 Priorities to tackle alcohol related harm need to be included within the local Joint Strategic Needs Assessment (JSNA) and the Health & Wellbeing Strategy and there is an expectation that the Health and Wellbeing Board will be able to promote integration of health and social care services with health related services like criminal justice services, education or housing.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Local authorities will receive a ring-fenced public health grant. No new funding has been identified despite the fact that significant investment would be required in alcohol treatment and interventions if the aspirations of the strategy are to be fully realised.

5.2 There is also a need to consider the links with the Police & Crime Commissioner from November 2012 and ensure that commissioning priorities and activities are fully aligned in relation to alcohol related harm.

5.3 There is an assertion that proactive visible policing is vital to managing the night time economy and a potential to explore funding via a new late night levy.

5.4 There are potentially resourcing implications for licensing teams, enforcement and trading standards.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

N/A

6.2 **Employment, Learning & Skills in Halton**

N/A

6.3 **A Healthy Halton**

A great deal of work has been undertaken to ensure that Halton has a robust, recovery focused adult treatment service (alcohol and drugs) in place to meet the needs of people who are drinking too much or using drugs. This means that locally we are well placed to meet many of the treatment and recovery aspirations of the national strategy. The focus will now turn to prevention and with a particular focus on ensuring that children and young people have the information and tools they need to enable them to make healthy choices.

6.4 **A Safer Halton**

Implementing the recommendations will, over time, improve and make safer the communities within Halton.

6.5 **Halton's Urban Renewal**

N/A

7.0 **RISK ANALYSIS**

7.1 The key risk associated with not implementing the recommendations set out in Appendix B would be the current situation in respect of irresponsible drinking and the effects on community safety would continue.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment is not required at this stage.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Document	Place of Inspection	Contact Officer
Alcohol Strategy	www.homeoffice.gov.uk	Colette Walsh