

Alcohol's harm to others: An Institute of Alcohol Studies report

Purpose

For discussion.

Summary

Katherine Brown, Director of the Institute of Alcohol Studies, has been invited to present on the Institute's latest report into the wider impact of alcohol on society. This report was first presented at the Alcohol Leadership Network attended by Cllr Page in his role as LGA licensing champion; Cllr Page recommended that it be presented to the board.

Recommendation

The Board should consider the presentation in light of the LGA's existing workplan and policy positions on managing the supply of alcohol and identify if there is a need to amend or adapt the work.

Action

Officers to progress as directed.

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Background

1. The Institute of Alcohol Studies (IAS) is a registered charity aiming to educate, preserve and protect the good health of the public by:
 - 1.1. promoting the scientific understanding of beverage alcohol and the individual, societal and health consequences of its consumption; and
 - 1.2. promoting measures for the prevention of alcohol-related problems and to promote, for the public benefit, research into beverage alcohol and to publish the useful results.
2. Although originating within the temperance movement, the IAS does not take a view on whether people should or should not drink.
3. The IAS employs academic researchers to investigate key policy issues around alcohol consumption. Recent papers include a review of the impact of the Licensing Act 2003 over the 10 years that it has been in place, the impact of alcohol on the emergency services, and the impact of the public health responsibility deal for alcohol.
4. Katherine Brown is Director of the IAS, responsible for representing the IAS in the media and at key strategic meetings. She sits, along with the LGA, on the Home Office Health and Enforcement Alcohol Forum (HEAF) and presents at licensing conferences.

Issues

5. 'Alcohol's harm to others' was produced for the IAS by the University of Sheffield's School for Health and Related Research (SchARR). The research interviewed 2,000 people in the North West of England and Scotland to answer two questions:
 - 5.1. Who experiences harm from other peoples' drinking?
 - 5.2. How do different types of harm from others' drinking cluster?
6. The research showed that the prevalence of harm from another person's drinking is high, with respondents in the North West of England reporting higher incidences of harm – 78.7% of respondents had reported at least one of 20 harms in the past 12 months, compared to 51.4% of Scottish respondents.
7. Most respondents reported experience of two or more harms, with harm being predominantly experienced by younger age groups. The disparity by age was more significant than differences by gender or social class, which did not show statistically significant differences.
8. There is evidence for clustering of some types of harm, including being harassed, threatened or feeling afraid in public spaces. Household financial difficulties also showed some correlation with other harms.
9. Harms surveyed included: people killed by drink driving; foetal alcohol syndrome; intimidation and harassment; feeling unsafe in a public place; and being kept awake at

night. The report estimates that these harms collectively cost £15.4 billion, excluding costs to families.

10. The report identifies a number of measures that could be taken to reduce these levels of harm. These included:

- 10.1. introducing a minimum unit price
- 10.2. restricting the density of outlets
- 10.3. restricting permitted hours of sale
- 10.4. providing brief advice to risky drinkers
- 10.5. tougher drink driving laws.

Suggested lines of enquiry for the Board

11. **Geographic divergence** - The report identifies a significant difference in the level and types of harms experienced in the North West, compared to those experienced in Scotland. Members could explore if the survey identified any reasons for this, such as the existence of a public health objective in Scottish licensing legislation.

12. **Restricting the density of outlets** - Members may wish to explore the extent to which IAS believes that cumulative impact policies are effective in reducing the density of outlets and whether more could be done to assess the impact of this work.

13. **Restricting permitted hours of sale** – Members may wish to explore whether the IAS feels that licensing authorities are making effective use of their powers to restrict operating hours. Councils have recently been criticised for being ‘too responsive to residents’ when imposing shorter hours on premises - a notion the LGA rejects.

14. **The impact of licensing statements** – Each licensing authority is required to draft a licensing statement. A separate study recently determined that areas with policies considered to be ‘tough’ also experienced a 5% reduction in alcohol-related admissions to A&E compared to areas where the policies were viewed as weak. Members could explore whether the IAS research has revealed any examples of good practice or effective types of intervention.

LGA workplan on alcohol

15. The LGA’s workplan for alcohol licensing in 2015 includes:

- 15.1. building the evidence base for locally-set licensing fees under the Licensing Act 2003
- 15.2. lobbying for a public health objective in the Licensing Act 2003
- 15.3. publishing a new councillor handbook on the Licensing Act 2003
- 15.4. lobbying for a strengthening of councils powers around Temporary Event Notices
- 15.5. running the annual licensing conference on 23 February 2016.

16. Alcohol harm is also the responsibility of the LGA’s Wellbeing Portfolio. The Portfolio’s workplan includes making the financial case for continuing investment in preventative services, such as alcohol treatment and brief interventions.

17. The LGA does not have a position on the introduction of a minimum unit price.

Financial Implications

18. None.