

Safe. Sensible. Social. – Consultation on further action

Consultation Report – December 2008

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Safe. Sensible. Social. – Consultation on further action

Consultation Report

Prepared by the Department of Health

Contents

Executive summary	5
Introduction	6
The consultation process	8
Summary of written responses	9
Summary of regional stakeholder events held by the Central Office of Information (COI)	21
Annex A	28
Annex B	40

Executive summary

The Department of Health published a consultation paper entitled *Safe. Sensible. Social. – Consultation on further action.*

The consultation asked the following questions:

- how a new alcohol retailing code could be used to end poor retailing practice that leads to alcohol-related health and social harm;
- whether this code should be backed up by new legislation to make it mandatory;
- what action the Government should take if the voluntary agreement on alcohol labelling is not implemented;
- whether alcohol advertising should include unit and health information; and
- what more can be done by the NHS and others to make sure that advice and help on alcohol are available for those who need them.

The consultation closed on 14 October 2008 and this report summarises the responses that were received. It aims to provide a representative summary of all the responses, drawing out the key themes and messages. The consultation report has been provided to Ministers to support their decision making on future legislation and service provision intended to reduce alcohol harm.

Introduction

Safe. Sensible. Social. – Consultation on further action was published on 22 July 2008 fulfilling the commitment made by the Government in its alcohol strategy, *Safe. Sensible. Social.* (2007). The goal of the new strategy was to minimise the health harm, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly. The strategy set out roles for all parts of society, the Government, public services, individuals and the alcohol industry.

In November 2007, the Prime Minister chaired a summit with representatives of alcohol manufacturers and retailers, health organisations and enforcement agencies. At that meeting, and through regular dialogue since, the Government has challenged industry to demonstrate that voluntary self-regulation is effective.

In June 2008, the *Youth Alcohol Action Plan* (YAAP) set out proposals to strengthen the *Social Responsibility Standards for the Production and Sale of Alcoholic Drinks in the UK*, “with a view to making them mandatory”, should that be necessary.

Safe. Sensible. Social. also committed the Government to a series of independent reviews, reporting in 2008, looking at the ways in which alcohol is promoted and sold, and the results of these reviews were published alongside the consultation. Two of these reviews were to look at voluntary codes produced by alcohol manufacturers and retailers to promote responsible retailing and provide consumers with better information; and the third was to explore the relationship between alcohol, price and harm. The findings were as follows:

1. The *Social Responsibility Standards for the Production and Sale of Alcoholic Drinks in the UK* found limited evidence that existing voluntary standards had been successful in reducing alcohol harm. KMPG cited low levels of awareness and compliance, and highlighted examples of bad practice linked to excessive drinking, underage sales, drink driving and other harm.
2. An interim review of the voluntary labelling agreement, carried out by CCFRA (formerly Campden and Chorleywood Food Research Association), found that limited progress had been made by the alcohol industry in placing unit information and guidelines for regular drinking on bottles and cans. A further survey will take place at the end of 2008 and the Department has made clear that it expects the majority of products to be compliant by then.
3. The first phase of a review of the effects of alcohol pricing and promotion, conducted by the School of Health and Related Research (SchHARR) at the University of Sheffield, found evidence linking the level of the price of alcohol to consumption and harm, particularly among higher-risk drinkers, binge drinkers and underage drinkers.

Alongside the independent reviews, new data was published estimating the levels of health harm caused by alcohol:

1. The North West Public Health Observatory published new estimates showing that, in 2006/07, around 6% of all hospital admissions were estimated to be related to alcohol. This figure was estimated to be increasing by 80,000 per annum.¹
2. The Department of Health published revised estimates of the total cost of alcohol to the NHS at around £2.7 billion annually. This updated an earlier estimate of £1.75 billion published in 2004.²

The consultation sought the views of the public, in light of this new information, on the need to strengthen regulation and the support available to drinkers through the NHS and others. This document reports on the findings of that consultation.

1 North West Public Health Observatory (2008) *Hospital Admissions for Alcohol-Related Harm*.

2 Department of Health (2008) *The Cost of Alcohol Harm to the NHS in England*.

The consultation process

Safe. Sensible. Social. – *Consultation on further action* ran between 22 July and 14 October 2008.

It has sought views on the following issues:

- how a new alcohol industry code could be used to end poor retailing practice that leads to alcohol-related health and social harm;
- whether this code should be backed up by new legislation to make it mandatory and whether it should apply to all premises selling alcohol or to only certain types of premises, and with what exemptions;
- what action the Government should take if the voluntary agreement on alcohol labelling is not implemented;
- whether alcohol advertising should include unit and health information; and
- what more can be done by the NHS and others to make sure that advice and help on alcohol are available for those who need them.

In total, 2,336 members of the public and representatives of the alcohol industry, public services and the voluntary sector have responded to this consultation. The responses are summarised on pages 9–20.

Regional meetings during this period, held in Bristol, Newcastle, Liverpool and London, allowed a range of representatives to debate the issues in detail. A summary of this qualitative feedback is provided on pages 21–27.

National meetings were also held during the consultation period with 88 representatives from stakeholder organisations covering crime and disorder, health, young people and the alcohol industry. In addition, officials met industry chief executives at an alcohol industry meeting of public affairs directors on 20 August 2008.

A full list of the organisations that responded to the consultation, or were involved in these events, is provided in Annex A.

Summary of written responses

Purpose and methodology

This document reports on responses that have been received to the Department of Health's consultation on further action on the Government's alcohol strategy.³ It aims to provide a representative summary of all the responses received, drawing out key themes and messages.

Annex A lists all the organisations that responded to the consultation. For the purpose of the analysis, we have defined 'organisations' as nationally recognised public or third sector agencies, and larger companies.

Responses from sole traders, small firms and individuals have been given the same consideration as those from organisations – the only difference being that the names of individual respondents are withheld.

Categories of respondents

Respondents fall into the following broad categories.

Category	Respondents
Individuals	2,105
Third sector	
– children and young people	5
– health	14
– other	11
Total third sector	30
Public sector	
– Local authorities	49
– police	7
– health/NHS	56
– other	12
Total public sector	124
Private sector	
– hospitality and leisure	5

3 Department of Health (2008) *Safe. Sensible. Social. – Consultation on further action.*

Category	Respondents
– drinks manufacturers/wholesalers	22
– retail (larger industries/employers)	7
– leisure	5
– industry representative organisations	20
– other	3
– independent/small retailers	2
Total private sector	64
Professional bodies	11
Other/not categorised	2
Total responses received	2,336

Responses to specific consultation questions

The consultation document asked for feedback on nine questions. This section sets out the responses to these questions along with other pertinent comments, research cited or anecdotal evidence that have been received.

The high number of responses for some questions and not for others is largely attributable to the use of standard letters, surveys and postcards. These include:

- The Department of Health’s own postcard consultation: 1,709 respondents (a copy of the postcard is included at Annex B);
- Alcohol Concern survey: 207 respondents; and
- a form letter suggesting that better enforcement of existing laws is preferable to new legislation: 74 respondents.

Question 1	How might a new code be made effective in stopping licensed premises from engaging in practices that encourage people to drink excessively and irresponsibly?
Responses: 30	<p>Please note that it was considered more appropriate to deal with many of the responses to this question under Question 3.</p> <p>The most frequently identified ways in which the code could stop licensed premises from encouraging irresponsible or excessive drinking are:</p> <ul style="list-style-type: none"> • providing training, support and clarification for traders and enforcement officers (including the police); • ensuring clear, consistently applied penalties for those breaching the code; and • changing the culture among retailers and staff about asking for proof of age.

Question 2	If there continues to be slow progress in implementing a voluntary labelling scheme, should the Government take the next steps to make it a legal requirement to include health and unit information on all bottles and cans?
Responses: 2,093	<p>The vast majority of respondents to this question⁴ (1,845) are in favour of a mandatory requirement to display health and unit information on bottles and cans.</p> <p>Significant numbers made specific recommendations:</p> <ul style="list-style-type: none"> • A health warning should also be included on all labels (269 respondents). • Labels should display nutritional information and calorie count (some mention that this may help deter young people from drinking because of consciousness about their weight). • Regulations should govern the size and positioning of health information labels (42 respondents). <p>Several, including the Royal College of General Practitioners, believe that there needs to be more awareness raising among the public over how to interpret labelling data and unit information.</p> <p>Several respondents also believe that on-licensed premises should have to display contents information on pump clips, optics and menus.</p> <p>Scottish Health Action on Alcohol Problems cites a World Health Organization finding that labelling is one of the least effective ways of reducing alcohol-related harm. It recommends that labelling should be regarded as part of a more comprehensive set of measures to tackle the problem, including price controls and reducing availability. This view is supported by several respondents.</p> <p>A number believe that progress on the voluntary agreement has been too slow.</p> <p>Around 10 stakeholders are concerned about the potential for an unintended effect of the legislation: people will use the unit information to calculate the most cost-effective way of getting drunk.</p> <p>There are several calls for bottles to be tagged with the name of the retailer to help tracking of problems such as public disorder and underage sales.</p> <p><i>Industry respondents</i></p> <p>Many industry respondents (including the British Beer and Pub Association, Portman Group, Wine and Spirit Trade Association, Scotch Whisky Association and National Association of Cider Makers) took issue with CCFRA’s review of labelling. They believe CCFRA’s analysis was overly rigid and that its findings underestimate compliance with unit labelling, at the time of the survey.</p> <p>Many in the industry would support harmonised, consistent labelling applicable throughout the European Union (EU).</p>

⁴ From this point forward, we omit the phrase ‘to this question’. However, all percentages and proportions will be expressed in terms of the number of respondents to the individual question not to the consultation as a whole.

<p>Question 2 <i>(continued)</i></p>	<p>If there continues to be slow progress in implementing a voluntary labelling scheme, should the Government take the next steps to make it a legal requirement to include health and unit information on all bottles and cans?</p>
	<p>Several industry bodies state that most of their members already provide unit information, a sensible drinking message and Drinkaware information on bottles and cans, with other information available through company websites.</p> <p>The National Association of Cider Makers and British Retail Consortium believe that the prospect of a mandatory scheme would discourage progress on the voluntary scheme. The National Association of Cider Makers believes there would be transition delays while non-compliant products were sold.</p> <p>The Co-operative Movement makes a similar case – it is developing a label consistent with the voluntary agreement to be rolled out in 2009. A statutory scheme may mean labels would have to be changed, leading to business cost and customer confusion.</p> <p>The group Alcohol in Moderation (AIM) believes a legal requirement would be detrimental to producers of high-quality wines and spirits selling to the UK, and that any EU-wide labelling scheme is complicated by the fact that there exist so many different unit definitions and different government health advice across the member states.</p> <p>Diageo proposes a co-regulation scheme through a memorandum of understanding between the Department of Health and the Portman Group, which would make labelling mandatory and extend the Group’s current code of practice on naming and packaging. Co-regulation would, in Diageo’s view, be more consistent with the principles of Better Regulation.</p>

<p>Question 3</p>	<p>What are the most important issues that need to be addressed in an alcohol retailing code?</p>
<p>Responses: 281</p>	<p>The most frequently identified issues include:</p> <ul style="list-style-type: none"> • restrictions on alcohol promotions – in particular, supermarkets using alcohol as a loss-leader, two-for-one offers and licensed premises’ happy hours (132 respondents); • preventing underage sales through proof of age schemes (Challenge 21, or as some suggest Challenge 25) and training and information for retailers (78 respondents); • compulsory training or a serving licence for anyone serving or selling alcohol (69 respondents); • constraints on off-sales – including alcohol being sold and positioned in a separate area, away from checkouts (46 respondents); • decreasing the difference between on- and off-trade prices; and • ensuring that the standard quantity of alcohol sold is the smallest measure (e.g. in singles, not doubles) (26 respondents).

Question 3 (continued)	What are the most important issues that need to be addressed in an alcohol retailing code?
	<p>Other suggestions include:</p> <ul style="list-style-type: none"> • mandatory standards for licensed premises (following the Best Bar None voluntary scheme) in providing alcohol (43 respondents); and • ensuring that a named licence holder is always on the premises whenever alcohol is sold – currently it is possible for a single licence holder to supervise multiple outlets. <p>Several stakeholders have made detailed suggestions about what the code should contain. In general, these include:</p> <ul style="list-style-type: none"> • restrictions on advertising and promotion, particularly if aimed at young people; • pricing: minimum price across a location, no cut-price promotions; • sales: <ul style="list-style-type: none"> – preventing underage sales and sales to those who are drunk – alcohol harm reduction information/health warnings/health information at point of sale – no person under 18 permitted to sell alcohol; • on-sales facilities: <ul style="list-style-type: none"> – cheap/free water available without having to queue at the bar – a maximum price for soft drinks; • training (mandatory, accredited) for front-of-house staff and door staff: <ul style="list-style-type: none"> – an effective door-control policy to prevent overcrowding – conflict resolution training; • problem venues: <ul style="list-style-type: none"> – local licensing departments being able to set conditions such as only selling lower-alcohol drinks, use of polycarbonate glasses, reduced capacity, increased seating and venue redesign; and • annual contribution of retailers to a local social responsibility fund, levied as a percentage of profit. <p>Several off-trade retailers argue that many responsible retailing practices are already in place, including server training, Challenge 21, internal test purchasing, recording of refusals and taking responsibility for safety and order in the immediate vicinity of the premises. The Association of Convenience Stores also claims that mandatory signage will become less effective over time and may create operational difficulties for some smaller shops.</p>

<p>Question 4</p>	<p>Should the same restrictions be applied to:</p> <ul style="list-style-type: none"> • all premises selling alcohol; • all premises with some exemptions; • only certain types of premises (if so, how would you define these?); • all premises within an area experiencing problems; or • a combination of these?
<p>Responses: 175</p>	<p>The majority of respondents (122) favour a blanket restriction. Twenty-four respondents would prefer to see restrictions applied only to premises in areas experiencing problems, including underage sales, disturbance, drunken behaviour and crime.</p> <p>Among those favouring exemptions, the most popular responses are:</p> <ul style="list-style-type: none"> • exemptions for village halls and community centres where alcohol is not sold for profit; and • restaurants and hotels. <p>Some industry respondents (particularly the Association of Convenience Stores, British Beer and Pub Association and Co-operative Movement) do not support the blanket application of conditions to all premises, arguing that it would lose the flexibility provided by the Licensing Act 2003 and that, in order for enforcement to be effective, it would need to take account of the various types, locations, track record and customer base of different premises. In particular, it is felt that off-trade and on-trade premises need to be differentiated.</p> <p>Bradford Crime and Disorder Reduction Partnership suggests that conditions should be applied to all the on-trade, but only to certain types of off-trade premises.</p> <p>Tesco plc, while against a mandatory scheme, believes that only central government is adequately placed to introduce such rules and that they should be applied uniformly across the country to all retailers if introduced.</p>

Question 5	Should an alcohol retailing code be made mandatory through further legislation? If so, how should it be applied?
Responses: 2,153	<p>Over 90% of respondents favour a mandatory code.</p> <p>Very few state any particular preference for the options given in the consultation document. Of those who do state a preference, opinion is evenly divided between those who feel it should be applied to all premises and those who feel it should be applied to selected premises only (15 and 20 respondents, respectively).</p> <p>Alcohol Health Alliance, Alcohol Concern and other stakeholders suggest that an independent body be established to regulate the alcohol industry. The body would have enforcement powers and would oversee all aspects of public health and public safety relating to alcohol consumption. It could also provide information and guidance to licensing officers and licensees, promote industry-wide standards, and apply sanctions as appropriate.</p> <p>The alcohol industry's view is that better enforcement of existing legislation, better resources, and guidance and information for enforcement agencies and their officers would be a more beneficial measure.</p> <p>The Portman Group argues that its code of practice on naming, packaging and promotion is fit for purpose, and its effectiveness was recognised by KPMG's research, the Better Regulation Taskforce and the International Harm Reduction Association.</p> <p>The Wine and Spirit Trade Association and Diageo suggest a system of co-regulation involving the joint development of a new code of practice between government and the alcohol industry. Diageo is clear that the enforcement mechanism it is proposing is the Licensing Act.</p> <p>Many replies from alcohol manufacturers and retailers do not share the view that the voluntary standards are ineffective. They describe their purpose as being to promote good practice, rather than to act as a system of self-regulation. Some in the industry also suggest that a mandatory code undermines the Licensing Act 2003 by restricting local authority autonomy to address problem premises.</p> <p>Many industry bodies, for example SABMiller and Tesco, point to the St Neots scheme, led by trading standards officials working with the local licensees to enforce existing legislation in the town. The scheme led to a decrease in antisocial behaviour (42%) and alcohol-related litter (92%).</p>

Question 6	Should a mandatory code, if introduced, cover proportionate and necessary actions to prevent health harm as well as crime and disorder?
Responses: 173	<p>Nearly 80% (136 respondents) believe the code should cover health harm. Suggestions include:</p> <ul style="list-style-type: none"> • ensuring that licensing decisions can be informed by public health considerations; and • an integrated approach to addressing health harm through accident and emergency (A&E) services collecting information on where casualties were drinking, and tracing patterns of problem drinking back to individual areas or drinking establishments.

Question 7	Do you think there is enough advice available for those who want to drink less? What other kinds of help are needed and who should provide them?
Responses: 433	<p>Almost two-thirds of respondents would like to see alcohol awareness, information and advice services being accessible through routine health and social care services. Most of these would like to see brief interventions as standard by health professionals across the board – GPs, practice nurses, health visitors, community pharmacists and A&E staff. This would involve awareness raising and, perhaps, mandatory training for health professionals. Many respondents would also like to see clear referral pathways to alcohol treatment services from healthcare professionals. Alcohol Concern notes that several A&E departments already have brief intervention and onward referral pathways in place. The Royal College of General Practitioners believes that additional resources are needed to prioritise this activity in busy A&E departments.</p> <p>Cardiff University advocates the ‘Cardiff Model’, a multi-agency approach, which includes A&E departments collating anonymised data on alcohol-related injuries and reporting these to enforcement authorities. The College of Emergency Medicine, which advocates the model, also suggests that attendance for alcohol-related treatment at A&E is a ‘teachable moment’ that can, with brief intervention from a specialist, help modify behaviour. It believes that a specialist role of alcohol nurses should be established and properly resourced.</p> <p>Some 82 respondents favour more widespread availability of information and guidance in community locations, with suggestions that such information should be available at point of sale and in on-licensed premises as well as in the workplace.</p>

Question 7 (continued)	Do you think there is enough advice available for those who want to drink less? What other kinds of help are needed and who should provide them?
	<p>Other popular measures include:</p> <ul style="list-style-type: none"> • embedding alcohol awareness in the school curriculum, perhaps through compulsory personal, social and health education; • awareness raising through social marketing (many respondents in the alcohol industry would like to see a partnership between government and industry to do this); • high-quality, consistent information and advice (and referral) available on the internet; • greater resources available locally for tier 1 and 2 alcohol services; and • greater resources especially targeted at young people. <p>Several, including the Institute of Alcohol Studies, say that provision of services is patchy, with local good practice which needs to be learnt from and mainstreamed nationally. In addition, some point out that onward referral for people who may have a problem with drinking is also inconsistent. There should be consistent and effective referral pathways in all areas.</p> <p>The British Liver Trust has used Department of Health Section 64 grants to fund its helpline in previous years, but is not now funded by the Government or the retail or alcohol industries. It believes there is an information gap for those wishing to cut down their drinking, and people often do not get adequate support from GPs or other primary care services.</p>

Question 8	Should alcohol advertising include health and unit information? How could this be achieved?
Responses: 2,070	<p>A total of 353 respondents are in favour of the proposal for alcohol advertising to include health and unit information, and 140 are against.</p> <p>The proposal for an ‘end frame’ of alcohol health information (comprising one-sixth of airtime or advertising space) is strongly favoured by around 20 stakeholders, including Alcohol Concern. Drinks manufacturers, the Portman Group and broadcasters argue that it is not evidence based and would be unlikely to have any beneficial impact. The Advertising Standards Authority (ASA), Incorporated Society of British Advertisers (ISBA) and UK broadcasters are concerned that there should be no separate mandatory code for alcohol advertising outside ASA’s existing codes on alcohol (Committee of Advertising Practice and Broadcast Committee of Advertising Practice). Most respondents opposing an ‘end frame’ believe that it will not change drinking behaviours in any way. Another category of respondents are those who are lukewarm about the measure, seeing it as unlikely to do harm but unlikely to do much good either.</p>

Question 8 (continued)	Should alcohol advertising include health and unit information? How could this be achieved?
	<p>The most popular measures suggested are:</p> <ul style="list-style-type: none"> • no alcohol advertising on television before the 9pm watershed (and no alcohol advertising in cinemas except for 18-rated films) (39 respondents); • a complete ban on alcohol advertising (30 respondents); and • a complete ban on drinks companies sponsoring sporting or cultural events (29 respondents). <p>Some also mention that safe drinking messages should be promoted through the media, television and films, perhaps with the use of celebrity role models to influence young people’s drinking behaviour. There is also a concern that some radio programmes targeting young people condone irresponsible drinking.</p> <p>Around 1,500 respondents who used the pre-paid Department of Health postcard agreed with the question: ‘Should the public be more protected from selling and marketing that encourages people to drink too much?’</p>

Question 9	In addition to providing alcohol treatment for the small number of drinkers with a serious dependency problem, what else could be done, and by whom, to support people who find it difficult to cut down on their drinking?
<p>Responses: 389</p>	<p>About two-thirds of respondents (258) would like to see wide accessibility of brief advice, followed up, where necessary, by a referral to treatment services as part of regular visits to a GP or healthcare professional, or hospital admission.</p> <p>Around 70 respondents would like to see more information, signposting and referral services based in community settings rather than NHS settings. They see a need for early intervention, particularly among those who tend not to access NHS services.</p> <p>Several stakeholders believe that changes need to be made to the commissioning of alcohol services. The UK Public Health Association, for example, believes that few primary care trust (PCT) commissioners understand the range of alcohol services needed for their community. Several health organisations believe there should be more evidence-based and cost-effective commissioning of services. There is also concern that alcohol services across the country are patchy, and there is a ‘postcode lottery’ for access to support. Several respondents also point out that alcohol services tend to be neglected in favour of services for those addicted to illegal drugs. Alcohol Concern and several others suggest that waiting times from referral to treatment are too long. Alcohol Concern proposes that the access level for treatment should be raised from the current 1:18 ratio of dependent drinkers receiving treatment to all dependent drinkers (reported by the Department of Health in 2004) to a ratio of 1:7 (15%).</p>

Additional areas

Many stakeholders provide additional information beyond the consultation questions. This is summarised below.

Price controls

Some 132 respondents believe that low-price alcohol promotions, including supermarket loss-leaders and buy-one-get-one-free promotions, should be restricted. The point is also made by several stakeholders that these kinds of promotion in the off-trade lead to competitive pressures in the on-trade, which tends to respond more or less in kind – with happy hours and fixed payment on entry permitting unlimited free drinks. All these responses are dealt with under Question 3.

In this section, we focus on the wider issue of pricing and price control, and take account only of those responses that explicitly mention pricing.

Common responses include the following:

- Do not raise the price of alcohol: it is a disproportionate response that punishes the majority of moderate drinkers; or it is disproportionate and anti-competitive and will harm the alcohol/leisure industry at a time of economic downturn (109 respondents).
- Alcohol pricing should be proportionate to alcoholic content (226 respondents): this implies – as several respondents point out – that cider duty rates should be brought into line with those for other alcohol products; several also argue in favour of tax exemptions for lower-strength products.
- There should be a minimum price for alcohol (260 respondents): Alcohol Concern, Campaign for Real Ale, Halton and St Helens PCTs and Councils suggest 35p–40p per unit; Newcastle University 50p; and the British Liver Trust 40p–50p.
- Additional research should be carried out on the impact of price changes, particularly among the young, followed by speedy implementation (Royal College of General Practitioners).

It is also suggested that raising tax on alcohol could have beneficial public health effects. For instance:

- a 10% price rise could decrease alcohol-related deaths by 10–30% (Royal Pharmaceutical Society – research source not cited); and
- a 10% increase in the price of alcohol reduces liver cirrhosis mortality by 7% in men and 8.3% in women, and alcohol-specific conditions by 29% in men and 37% in women (North West Alcohol Forum citing Academy of Medical Sciences 2004 report).

Coors Brewers suggest that price may play a part in consumption, but believes that it does not automatically follow that raising prices will reduce consumption. It warns that raising prices in the legitimate market may merely encourage people into the illicit market instead. Coors is cautiously in favour of a minimum pricing scheme, along the model of the social reference pricing in force in some provinces of Canada.

Several brewers are in favour of a minimum price so that supermarkets do not sell alcohol below cost as a loss-leader.

Tesco plc is willing to negotiate with the Government over pricing and promotion, but these should be applied in a uniform manner to all alcohol retailers and enshrined in legislation. Giving licensing authorities the powers to introduce bans on promotion or minimum pricing will harm retailers and consumers alike.

SABMiller plc argues that minimum prices do not reduce binge drinking and, further, that minimum prices often have the effect of pushing up the cost of the lowest-strength products while having no impact on the price of products with higher alcohol content⁵ (SABMiller is describing minimum pricing schemes, not a minimum unit price per se).

Regulatory Impact Assessment

The Regulatory Impact Assessment (RIA) was published at the same time as the consultation paper, and covered the following proposals:

- a code for the responsible sale of alcohol;
- measures to include health and unit messages in alcohol advertising; and
- measures to place unit and health information on alcohol labelling.

A number of respondents provide critiques of the RIA. Concerns are raised that:

- the consultation proposals are untargeted and disproportionate and therefore conflict with the Hampton Principles⁶ and principles of Better Regulation;
- the RIA does not contain sufficient evidence on the potential impact on the industry, including small businesses, the supply chain and employment within the industry;
- there is no evidence to support the health benefits costings, and these could be achieved through better enforcement of existing laws;
- it does not account for the additional investment required to make further labelling changes; and
- the £3.5 billion figure for the net benefit of a mandatory ‘end frame’ is excessive.⁷

5 Indeed, SABMiller and others submit international research to back their claims.

6 Hampton Report (2005) *Reducing Administrative Burdens: Effective inspection and enforcement*.

7 This estimate is the net benefit expected over a 10-year period, and is based on a 2.4% reduction in lifetime per capita alcohol consumption for cohorts born during the next 10 years.

Summary of regional stakeholder events held by the Central Office of Information (COI)

Methodology

This section summarises four regional stakeholder engagement events held in October 2008. In total, 141 stakeholders from a variety of sectors attended. The events lasted six hours each, enabling in-depth discussions on the consultation questions. Attendance was stronger from health and enforcement sectors than from the alcohol industry, although this did not reflect the process adopted for allocating places at the events. Views of all those who attended are reported irrespective of how many of those present expressed them.

Responses to consultation questions (questions grouped thematically)

- Q1 How might a new code be made effective in stopping licensed premises from engaging in practices that encourage people to drink excessively and irresponsibly?
- Q3 What are the most important issues that need to be addressed in an alcohol retail code?

Participants suggest a number of issues they think it is important to include in an alcohol retailing code. Many feel the code should make a distinction between the on- and off-trade.

Off-trade

- Many feel that alcohol **should not be displayed** at the front of stores, but must stay in the alcohol section. Some suggest that alcohol should be sold over the counter or from a separate counter, as is the case with cigarettes.
- Many participants suggest that **pricing** should be related to alcohol strength, and that 'loss-leader' sales, multi-sales and other price promotions should be discouraged. Some suggest that a unit of alcohol should not be bought for less than a certain amount.
- Some feel that better **training** and working practices among supermarket staff are needed, as young supermarket staff are sometimes complicit in the problem of underage sales.
- Some participants feel the code must cover **timings** at which off-trade alcohol can be bought. Several suggest a return to the old licensing regulations.
- Some feel there should be a reconsideration of which **types of shops** are allowed to sell alcohol, notably petrol forecourts.

On-trade

- There is a widespread view that **better training** of staff is essential for both sales people and door staff, and that staff should be familiar with the strength of drinks as well as how to refuse drunk customers. Participants suggest certification for staff.
- Several participants say the code should better regulate the **size** of drinks, particularly wine and spirit measures.
- Most participants feel that extremely cheap **price promotions** need to be controlled, and that **soft drinks** should be considerably cheaper than alcohol or even given away free.
- Some suggest that the design of venues can be used to promote more of a **café culture**, through improved seating, quieter music and increased availability of food.

Both on- and off-trade

- Many would like a large **publicity** campaign to accompany any changes, specifically in both on- and off-trade premises.
- Some participants feel there must be greater control over **advertising and branding**.

Q5 Should an alcohol retailing code be made mandatory through further legislation? If so, how should it be applied?

- The majority of participants believe that an alcohol retailing code should be made **mandatory**.
- A few participants disagree, citing the following reasons:
 - that a change in **culture** is needed instead;
 - that there is the danger of criminalising alcohol; and
 - that stronger enforcement of the current legislation should be the priority.
- Some suggest that there should be an **accreditation system** for alcohol retailers instead.
- Participants believe that any new code must be introduced with plenty of **warning** and education activities, in the same way that the smoking ban was.
- Many feel that the code must be more than just a set of rules, and it should be about **prevention, education, enforcement and treatment**.
- There is widespread opinion that it will take a considerable period of **time** to introduce such a code.
- Some participants feel that the code content is of less importance than showing precisely how any new legislation will be enforced, and that further **resources and partnerships** will be needed to achieve this.
- Participants note that the consequences of non-compliance with the code must be clear, and backed by the threat of severe **penalties**.
- Participants are divided about whether new licensing conditions should be **imposed centrally**, or whether there is a need to **maintain flexibility** at a local authority level.

Q4 Should the same restrictions be applied to:

- all premises selling alcohol;
- all premises with some exemptions;
- only certain types of premises (if so, how would you define these?);
- all premises within an area experiencing problems; or
- a combination of these?
- There is broad opinion that all premises selling alcohol should fall under the code but with some **exceptions**: for example, care homes for older people, army and navy institutions, etc.
- Participants feel messages and pricing restrictions within the code should be **consistent** across all premises.
- Many believe that while the code should apply to all premises, it should be applied differently to **different types** of business: for example, large retailers involve different considerations from care homes for older people.
- Participants also recommend that a more **strategic** approach should be taken to how licensees are involved, and how responsibilities are allocated.

Q6 Should a mandatory code, if introduced, cover proportionate and necessary actions to prevent health harm as well as crime and disorder?

Most agree that legislation should cover **both** prevention of health harm and crime and disorder, although there are some qualifications:

- Participants are generally unsure about how to legislate for the prevention of health harm, and how to **reconcile** the ‘drink responsibly’ and ‘health harm’ messages. Some feel that alcohol should not be demonised.
- Participants suggest that health harm can be **reduced** through smaller serving sizes; increased education of wider health risks; making it impossible to buy alcohol on credit; and having contact details for alcohol help services displayed wherever alcohol is sold.

Q2 If there continues to be slow progress in implementing a voluntary labelling scheme, should the Government take the next steps to make it a legal requirement to include health and unit information on all bottles and cans?

- Participants believe that the slow implementation of the voluntary labelling scheme is due to **cost implications** – both for redesigning the labels, and the associated impacts that such labelling would have on the branding and subsequent rates of consumption. Some feel there is not a **demand** from consumers for this labelling.
- Some participants from the alcohol industry believe the recorded uptake of the voluntary scheme may be **underestimated**; however, all feel that those drinks manufacturers who do not already take part in the voluntary system will not do so in future unless it is made mandatory.

- Participants almost unanimously consider that both health unit information and health information should be a **legal requirement** on all bottles and cans, and several participants call for mandatory labelling in the on-trade.
- Many feel that a mandatory scheme should be introduced **immediately**; however, some point out that there would need to be a 'lead-in' period.
- Many think labelling will allow people to make **informed choices**, encourage them to take responsibility for their health, and be useful for the parents of young drinkers.
- Most participants are unsure that labelling will have an effect on consumer behaviour: almost all feel that **dependent drinkers** would not be influenced by labels; many think that it will only target those who are considering cutting down anyway, and that 'people who count units only count them the day after'. Participants also think that labelling would be unlikely to have an effect on **young people**.
- Some are concerned that labelling may encourage dependent drinkers and young people to **drink more** as they look at price versus alcohol content.
- Many feel there would be serious **practical implications** for implementing the labelling policy, for example on imported alcohol (wine from abroad) and cocktails in bars.
- Several participants feel that a new labelling code must be accompanied by a far **wider strategy** on alcohol education as well as a sustained advertising campaign on how many units drinks contain.
- Most people agree that displaying the **unit information** is the most important aspect although some feel that the 'unit' is a confusing or unclear term, and that the issue is further complicated by having separate limits for men and women.
- Some feel that including other information could also be helpful, and that labels could prominently display other **additives**, such as sulphites, as well as calorie, sugar and salt content.
- Many participants want information on recommended **limits**, and the potential health consequences of alcohol consumption, to be included alongside information on the actual contents of the alcoholic drink.
- Participants recommend a '**per serving**' and '**total**' content display on large-quantity items such as bottles of wine or spirits, as is the case with food (where total values and per 100g are shown). Many think the measure system should be simple, clear and consistent, as those most at risk are unlikely to be aware of precisely what a unit is or to take the time to calculate units per bottle or per standard serving. Some participants advocate a '**traffic light**' system.
- Participants have mixed views on **messaging**: some favour a short, sharp soundbite ('excess drinking harms you'), and others think a range of messages should be communicated (cirrhosis; domestic violence; being arrested). Participants are also divided about whether the message should be a strong and stern warning, or more of a friendly recommendation.
- Some participants think that labels should be **simple**, uncluttered and easy to understand, with visually strong and clear messages, which are unambiguous. They feel warnings should be directed at priority audiences, and should be from the Chief Medical Officer rather than the Government.

- Others believe that labels should include **detailed information** and state that alcohol is poisonous, addictive and a depressant; should communicate the precise risks of binge drinking; and that units cannot be saved up for 'binging'.
- One group suggests that **powerful images**, such as a person's looks deteriorating over time, can be very effective. Some feel that additional visual labels would detract from other information, and participants are interested to know what **evidence** exists for the effectiveness of labelling.
- Suggestions for **on-trade labelling** include: clear unit displays in pubs and bars, for example on pumps or on big screens; marking unit levels on glasses; including unit information on menus; and placing tables of alcohol quantity to unit ratios within the premises.

Participants think there are three distinct ways in which action should be taken:

- Most participants feel a sustained and varied **advertising campaign** should accompany the introduction of labelling. This could be accompanied by a range of other media activities, including using footballers and pop stars as role models; encouraging popular TV shows to be 'drink aware'; advertising in foreign-language media; and drawing attention to existing alcohol help services.
- Participants feel that **training and education** in both the on- and off-trade is important, and many cite the example of Australia, where bar staff attend two-day 'Responsible Selling' courses. Participants also feel GPs should be given training on alcohol misuse, and that an education campaign should be extended to cover parents and schools.
- Some participants stress the importance of **market profiling** to allow the Government to target effectively the most at-risk groups, such as the unemployed.

Q8 Should alcohol advertising include health and unit information? How could this be achieved?

- Most participants consider that alcohol advertising should include health and unit information, because it would be an important part of a broader campaign, would keep the public informed of risks through a consistent message, and help to direct them to sources of help such as 'Drinkaware'.
- Some in the industry feel that this might **distract** from the intended purpose of the communication, and that the health information must not be **disproportionate**.
- Participants feel that including messages about choice, **targeted** at different consumer groups, may be more successful than unit information alone.
- Some participants question whether changing advertisements would have an effect, and ask if there is **evidence** that such a campaign would work.
- Some argue that more focus should be placed on how drinking is **portrayed** by the popular media, particularly through drinking on soaps, and TV presenters and DJs who regularly complain of being hung over.
- Many participants believe a **total ban** on alcohol advertising is appropriate, and that alcohol advertising at sporting and pop music events should be banned in the first instance.

- Most participants feel that this move alone would not affect groups such as dependent drinkers, and that a broad **social marketing campaign** is needed to affect those who drink above the guidelines.

Q7 Do you think there is enough advice available for those who want to drink less? What other kinds of help are needed and who should provide them?

- Participants identify that the availability and quality of advice, treatment and support are very **variable**.
- In some areas, dependent drinkers have access to a **variety of services**, including early intervention, outreach teams, counselling services, and detox and rehab centres.
- In other areas, many participants feel that there is not **sufficient funding** at local authority level for alcohol campaigns and services to meet the demand, and many perceive that drugs misuse funding is disproportionately high relative to alcohol.
- Participants believe there is insufficient information, screening and effective intervention available for **harmful and hazardous** drinkers, either for self-referral or via professionals, as many perceive this group as a low priority.
- Participants feel that **GPs** have a vital role to play in helping drinkers cut down, but identify that there is a lack of training and education among GPs on how to deal with these issues.
- Participants perceive that there is a shortage of effective advice available to address drinking among **ethnic minorities** and **young people**, particularly those who are out of education.
- Participants feel that **bespoke support** is needed for some communities.
- Participants suggest peer support; advice for parents and carers; external speakers; and using events like Freshers' Week to reach **young people**.
- Participants want more of a **partnership approach** across different agencies, including schools, police, social care and the voluntary sector, to help shift the focus from substance abuse to alcohol misuse issues, and to ensure that money is **ring-fenced** for this purpose.
- Participants suggest the need for more **in-work prevention** campaigns, **self-assessment tools**, and **intervention training** for health, social and community workers. Some suggest having a national alcohol **website** that can recommend local services, as the current sexual health website does.

Q9 In addition to providing alcohol treatment for the small number of drinkers with a serious dependency problem, what else could be done, and by whom, to support people who find it difficult to cut down on their drinking?

- Participants suggest that the **Government** should ring-fence funding for alcohol treatment and services, preferably financed from alcohol sales, and provide strategic direction to coordinate different departments and sectors.
- It is felt that **local government** must implement the strategy and target the local high-risk groups, and participants note that the public sector should be a model employer for alcohol policies.
- Participants suggest that **NHS and local statutory services** should coordinate social, health and environmental aspects of care for every patient and their family, and that GPs should be trained to recognise symptoms and screen patients.
- Several participants suggest alcohol treatment is a primary care need, and should be administered by **PCTs**.
- Other participants suggest that:
 - the **voluntary and community sector** can provide advocacy, support for individuals and carers, and treatment, and that it can play an important role in reaching hard-to-reach groups;
 - **industry and retailers** should help to educate the public about responsible drinking, and get involved with local communities, as the alcohol industry is often blamed for antisocial behaviour; and
 - the responsible drinking message needs to be reflected in the **mainstream media**.

Annex A

Stakeholder organisations that attended the national stakeholder events organised by the Home Office:

Adfam

Advertising Association

Advertising Standards Authority (ASA)

Association of Chief Police Officers (ACPO)

Association of Convenience Stores (ACS)

British Transport Police

Gin and Vodka Association (GVA)

Guild of Master Victuallers (GMV)

Local Authorities Coordinators of Regulatory Services (LACORS)

Mentor UK

Noctis

Parentline Plus

Portman Group

Royal College of Nursing (RCN)

Royal College of Physicians (RCP)

Royal Pharmaceutical Society of Great Britain (RPSGB)

Scotch Whisky Association (SWA)

Society of Independent Brewers (SIBA)

Tourism Alliance

Trading Standards Institute

University of Kent

Wine and Spirit Trade Association (WSTA)

YouthNet

Stakeholder respondents providing written consultation responses via email/mail:

Action with Communities in Rural England (ACRE)
Addaction
Adnams
Advertising Association
Advertising Standards Authority (ASA)
Advisory Council on the Misuse of Drugs (ACMD)
Age Concern
Alcohol Concern
Alcohol Education and Research Council (AERC)
Alcohol Focus Scotland
Alcohol Health Alliance UK
Alcohol in Moderation (AIM)
Arun Crime and Disorder Reduction Partnership (CDRP)
ASDA
Association of Chief Police Officers (ACPO)
Association of Convenience Stores (ACS)
Association of Directors of Public Health (ADPH)
Association of Greater Manchester Authorities (AGMA)
Association of Licensed Multiple Retailers (ALMR)
Bacardi Brown-Forman Brands
Baptist Union of Great Britain
Bargain Booze
Beam Global Distribution (UK) Ltd
Black Sheep Brewery
Booker Group plc
Bradford Safer Communities Partnership
Brewing, Food & Beverage Industry Supplies Association (BFBI)
Bristol Partnership Alcohol Strategy Group
British Association for the Study of the Liver (BASL)
British Beer and Pub Association (BBPA)
British Casino Association (BCA)
British Heart Foundation (BHF)

British Holiday & Home Parks Association (BH&HPA)
British Hospitality Association (BHA)
British Institute of Innkeeping (BII) (supports BBPA response)
British Liver Nurses Forum (BLNF)
British Liver Trust
British Medical Association (BMA)
British Retail Consortium (BRC)
British Society of Gastroenterology (BSG)
Buckinghamshire PCT
Business in Sport and Leisure (BISL)
Business Regulation Service – Sutton Council
Campaign for Real Ale (CAMRA)
Cancer Research UK
Cardiff University School of Dentistry
Carlsberg UK
Central Council of Physical Recreation (CCPR)
Children’s Rights Alliance for England (CRAE)
College of Emergency Medicine (CEM)
Committee of Advertising Practice (CAP)
Community and Wellbeing Team – Macclesfield Borough Council
Coors Brewers
County Durham PCT
Cumbria and Lancashire Alcohol Network (CLAN)
Darlington PCT
Daniel Thwaites plc
Derby City PCT
Derbyshire Drug and Alcohol Action Team (DAAT)
Devon and Cornwall Constabulary
Diageo plc
Dorset County Council
Drinkaware Trust
Dudley Community Safety Partnership
Dudley PCT

East Lancashire Alcohol Strategy Group
East Midlands Alcohol Harm Reduction Board
East Northamptonshire Council
East of England Alcohol Strategy Steering Group
Enfield Alcohol Harm Reduction Board
Enterprise Inns
Faculty of Public Health
Federation of Wholesale Distributors (FWD)
First Quench Retailing (FQR)
Foetal Alcohol Syndrome Aware UK (FASAwareUK)
Frederic Robinson Ltd
Fuller, Smith & Turner PLC
Fylde District Alcohol Harm Reduction Partnership
Gin and Vodka Association (GVA)
Greater London Alcohol and Drug Alliance (GLADA)
Greater London Authority (GLA)
Greene King plc
Guild of Master Victuallers (GMV)
Hackney Council
Hall & Woodhouse
Halton and St Helens PCT
Hampshire Alcohol Partnership Board
Haringey DAAT
Healthcare Commission
Hertfordshire County Council
Hook Norton Brewery Co Ltd
Hope UK
Incorporated Society of British Advertisers (ISBA)
Institute of Alcohol Studies (IAS)
Kent Police
Kirklees Alcohol Strategy Steering Group
Knowsley Health and Wellbeing Partnership
LACORS – National Strategic Licensing Group

Lancashire County Council
Lancashire District Alcohol Harm Reduction Partnership
Lancaster District Alcohol Harm Reduction Partnership
Langney Community Church
Leeds City Council
London Drug & Alcohol Network (LDAN)
Luton Drug and Alcohol Partnership
Manchester City Council Drug and Alcohol Strategy Team
Marston's plc
Mayor of London
Mentor UK
Merseyside Police
Methodist Church of Great Britain
Milton Keynes PCT
Mitchells & Butlers plc
National Association for Children of Alcoholics (NACOA)
National Association of Cider Makers (NACM)
National Union of Students (NUS)
NHS East of England
NHS Leeds
NHS Norfolk
NHS North Lancashire
NHS North Staffordshire
NHS North West
NHS Peterborough
NHS Rotherham
NHS Sefton
NHS Warrington
Noctis
Norfolk Drug and Alcohol Partnership (N-DAP)
North East Essex Drug and Alcohol Reference Group (NEEDAS)
North East Essex PCT
North East Lincolnshire PCT

North Lancashire Alcohol Harm Reduction Strategic Group
North Tyneside Alcohol Harm Reduction Workstream
North Tyneside Police
North West Alcohol Forum Ltd (NWAFF)
Northants Drug and Alcohol Action Team
Nottinghamshire County Drug and Alcohol Action Team
Oldham Metropolitan Borough
One Nottingham, Nottingham CRDP
Parentline Plus
Pernod Ricard UK
Portman Group
Public Health North East
Punch Taverns PLC
Quaker Action on Alcohol and Drugs (QAAD)
Rochdale DAAT
Rotherham CDRP
Royal College of General Practitioners (RCGP)
Royal College of Nursing (RCN)
Royal College of Paediatrics and Child Health (RCPCH)
Royal College of Physicians (RCP)
Royal College of Radiologists (RCR)
Royal Pharmaceutical Society of Great Britain (RPSGB)
SA Brain & Co Ltd
SABMiller plc
Safer Chorley and South Ribble Partnership
Sandwell Metropolitan Borough Council
Sandwell PCT
Scotch Whisky Association (SWA)
Scottish & Newcastle UK (S&N UK)
Scottish Health Action on Alcohol Problems (SHAAP)
Scrutiny Management Board
Sefton Council Environmental Protection Department
Shepherd Neame

Slough Borough Council
South Birmingham PCT
South Essex Partnership University NHS Trust
South Lakeland CDRP
Southampton City PCT
Southwark Council
Southwark Health, Safety and Licensing Unit
Specialist Clinical Addiction Network (SCAN)
Spirit Group
St Austell Brewery Company Ltd
St Mungo's
Staffordshire Moorlands District Council – Joint Enforcement Group
Stella Project
Stockport Alcohol Reference Group
Stockport PCT
Stockton-on-Tees Council
Sussex Police
Sutton and Merton PCT
Tameside CDRP
Tesco plc
The Trading Standards Partnership South West (SWERCOTS)
Timothy Taylor & Co Ltd
Tourism Alliance
Tourism South East (TSE)
Trading Standards East Midlands
Trading Standards Institute
Trading Standards North West
Trading Standards South East
Trafford Council
Transform Drug Policy Foundation
Turning Point
UK Broadcasters – joint response
UK Consumer Co-operative Movement

UK Public Health Association (UKPHA)
University of Newcastle on Tyne
Violence Research Group, Cardiff University
Walsall Council – Trading Standards Service
Warrington Local Strategic Partnership
Warwick District Council
Warwickshire Drugs and Alcohol Management Group (supports Alcohol Concern submission)
Welsh Assembly Government
West Cheshire PCT
West Essex PCT
West Yorkshire Police
West Yorkshire Trading Standards Service
Westminster City Council
Westminster PCT
Windsor & Maidenhead DAAT
Wine and Spirit Trade Association (WSTA)
Wine Intelligence Ltd
Wirral PCT
Wm Morrison Supermarkets plc
Women's Alcohol and Drug Service (East Midlands)
Worcestershire Substance Misuse Action Team
Wyre Borough Council
YorkTest Laboratories Ltd
Young & Co.'s Brewery plc
YouthNet

Organisations represented at COI regional stakeholder events:

Age Concern Leicester
Alcohol Concern
Alcoholics Anonymous (AA) Lesbian and Gay Group
Association of Greater Manchester PCTs
Bedford Borough Council
Berwick CDRP
Blythe Valley Borough Council
Bournemouth and Poole PCT
Brent Council
Bristol Lesbian, Gay and Bisexual (LGB) Forum
Bristol PCT
British Holiday & Home Parks Association (BH&HPA)
Cambridge Business Against Crime (CAMBAC)
Cambridge Pubwatch
Cambridgeshire Probation Area
Chester-le-Street District Council
Congleton Borough Council
County Durham PCT
DARE (UK) Limited
Darlington PCT
Department of Health
Derby City Council
Devon & Cornwall Constabulary
Devon Youth Service
Diageo plc
Dorset County Council
Durham Constabulary
Durham County Council
Ealing PCT
East Durham Local Strategic Partnership
East Riding of Yorkshire Council
Essex Police

Gateshead Council
Gay Advice Darlington & Durham
Gloucestershire Fire and Rescue Service
Government Office for the North East (GONE)
Government Office for the North West (GONW)
Government Office for the South East (GOSE)
Government Office for the South West (GOSW)
Government/Council (Barnsley)
Government/Council (Leeds)
GP & Secretary to the LMC
Greater London Authority (GLA)
Groundwork East Durham
Hart Gables
Hertfordshire Joint Commissioning Team
Home Office
Hyndburn Borough Council
JW Lees & Co.(Brewers) Ltd
Jazz Live At The Crypt
Kent County Council
Knowsley Metropolitan Borough Council
Knowsley PCT
Lambeth Council
Leicester Police
Liverpool PCT
London Borough of Barking and Dagenham Council (LBBD)
London Borough of Greenwich
London Ethnic Minority Deaf Association (LEMMA)
Macclesfield Borough Council
Manchester County Council
Manchester PCT
Mersey Care NHS Trust
Merseyside Asian Social and Cultural Organisation
Merseyside Police

Metropolitan Police
Middlesbrough Council
Middlesbrough PCT
National Health Service (NHS)
National Offender Management Service (NOMS)
National Probation Service Northumbria
Newcastle City Council
Newcastle Council
Newcastle Youth Offending Team
Norcare Ltd
Norfolk Probation Area
Northamptonshire Police
North East Strategic Migration Partnership
North Somerset Council
North Somerset PCT
Northampton Police
Northamptonshire Drug and Alcohol Action Team
Northamptonshire Police
North Tyneside Council Alcohol Team
Northumberland Care Trust
Northumberland Strategic Partnership
Northumbria Probation Area
North West Public Health Observatory (NWPHO)
Norwich Safer Drinking City Programme
Nottinghamshire County Teaching PCT
Oxfordshire Drug and Alcohol Action Team
Pagoda Chinese Community Centre
Portsmouth City Council
Public Health Group North East
Public Health NHS Blackpool
Race on the Agenda (ROTA)
Safe in Tees Valley
Safer Bristol Partnership

Safer South Gloucestershire
Safer Stockton Partnership
Sedgefield Borough Council
Sedgefield Community Safety Partnership
Sefton PCT
Somali Health Awareness Foundation (SHAF)
South East Public Health Group
St. Paul's Youth Work Team
Stockport PCT
Stockton-on-Tees Borough Council
Sunderland Partnership
Sunderland PCT
Surrey Police Force
Swindon Borough Council
Tower Hamlets PCT
Turning Point
Wansbeck District Council
West Yorkshire Trading Standards Service
Western Cheshire PCT
Wiltshire County Council
Wiltshire Police
Wine and Spirit Trade Association (WSTA)
YMCA Thames Gateway
Youth Justice Board for England and Wales

Annex B

Government response postcard



DH Department of Health

Fed up with alcohol problems where you live?

Tell the Government what can be done to stop it.
Nearly a million people were admitted to hospital in ONE year (2006) because they drank too much. One in four people think that excessive drinking is a real problem in their area.

What do YOU think should be done?

Please turn over

Tell us if we should do more on health and social problems caused by people drinking too much.

Better information Should the alcohol industry be required by law to make sure that you can see health and unit information every time you buy an alcoholic drink? YES NO

Better help Should the NHS and others offer more advice and help to people who want to cut down on drinking? YES NO

Better protection Should the public, including young people, be more protected from selling and marketing that encourages people to drink too much? YES NO

Better standards Should there be a law to make all those selling and marketing alcohol obey a set of standards? YES NO

What standards do YOU want to see? _____

Act now. Send us your answers. Postage is free.

Name _____

Address _____ Postcode _____

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