

## **Scrutiny Commission**

### **Binge Drinking In Leicestershire - Scoping Review**

### **Report from Max Hunt CC**

#### **Purpose of report.**

Leics CC Scrutiny Commission is asked to consider an investigation into Binge Drinking in the county and whether appropriate measures are in place to regulate and mitigate its effects on health and society.

This report outlines the background and options available to the Scrutiny Commission should they wish to pursue a full Panel enquiry into one or more aspects of the matter and service provisions around it in Leicestershire.

There is much evidence of the dangers of alcohol addition, harmful and hazardous drinking, though binge drinking itself is ill defined.

Generally, 'binge drinking is defined as five or more drinks on an occasion, 50g alcohol, but a more precise definition is given below.

The effects of binge drinking may include, therefore

- Deterioration in an individual's physical and mental health
- The health and personal safety of others, associated with drink-driving and more particularly violent crime.
- Sexual health and
- The amenity of neighbourhoods related to drinking establishments and routes to and from them.

The Commissioners noted that the Government's Total Place Project pilot in Leicester and Leicestershire was focusing on drugs / alcohol as one of its key themes. The Total Place Project is concerned with cross-organisational and joint-working solutions to a wide range of public services and expenditure relating to 'place'.

The final findings and recommendations of the Total Place project are expected in early 2010 and are likely have wide application, though where the research includes drugs/alcohol, it is focused mainly on the personal health and treatment of abusers.

#### **Policy Framework and Previous Decisions.**

All Crime and Disorder Reduction Partnerships (CDRPs) – comprising the County and District authorities, Leics Constabulary, Leics & Leicester Fire and Rescue authorities and the Primary Care Trust (PCT), and civil society organisations – are required by law to have a strategy to tackle crime, disorder and substance misuse (including alcohol-related disorder and misuse) in the county.

The Leicestershire Youth Crime Preventative Strategy has been produced by a multi-agency subgroup of the Leicestershire Children and Young Peoples' Services Strategic Partnership and included representatives from the Youth Offending Service, Education Department, Youth Service, Social Services, Police, Connexions, District Councils (North West Leicestershire, Charnwood, Hinckley and Bosworth and Harborough) and the Leicestershire DAAT.

The Relevant National Indicator is NI 115 "Substance misuse by young people". This is currently 14.3% reducing substantially to a target of 12.6% this year 2009/10 and 11% in 2010/11.

In Leics CC Youth Crime Reduction Strategy 2008-11 states that "More than four out of ten students in Year 10 and over half in Year 11 acknowledged 'binges' when they consumed five or more alcoholic drinks in a session."

[http://www.leics.gov.uk/youth\\_crime\\_preventive\\_strategy.doc](http://www.leics.gov.uk/youth_crime_preventive_strategy.doc)

As members will know a number of new laws have been introduced during the last decade, aimed at reducing the problem. These include.

### **Anti-Social Behaviour Act (2003)**

The Act gave the police the power to disperse groups and take people under 16 home in areas designated as dispersal zones. The zones are designated with the consent of the local authority where the police officer has reasonable grounds for believing that groups of two or more individuals are causing people alarm or distress, or that anti-social behaviour is a significant or persistent problem.

### **Licensing Act (2003)**

The Act strengthens the powers available to police and licensing authorities to deal with businesses which fail to comply with licensing law. These include a new mechanism for reviewing licences when problems arise rather than having to wait for renewals before taking action, and a flexible range of measures following the review, including a reduction in trading hours or licensable activities

### **Violent Crime Reduction Act (2006)**

*Drinking Banning Orders:* A new power to enable the police to issue directions to leave an area (to those over the age of 16) which will prohibit persons from certain areas for up to 48 hours. A direction could be given if the presence of the individual in the locality is likely to cause or contribute to alcohol-related crime and disorder, or its continuation or repetition

*Alcohol Disorder Zones:* designed to tackle the problem of alcohol-related crime and disorder in town and city centres through a focus on collective responsibility and/or the management of individual premises

### **Criminal Justice and Police Act (2001)**

*Controlled Drinking Zones* (local authorities have the power to designate public areas through the introduction of a DPPO where it is an offence to drink alcohol after being required by a police officer not to do so)

<http://www.crimereduction.homeoffice.gov.uk/alcoholorders/alcoholorders016.htm>

## **Background**

Statistics compiled for the Total Place Project from Local Alcohol Profiles for England 2007, North West Public Health Observatory, <http://www.nwph.net/alcohol/lape/index.htm> (accessed November 2008) for the estimated prevalence of 'binge' drinkers in Leicestershire show:

<b>Local Authority</b>	<b>Rank</b>	<b>Prevalence %</b>	<b>Lower Confidence Interval %</b>	<b>Upper Confidence Interval %</b>
Oadby and Wigston	60	13.67	10.31	17.03
Blaby	130	15.27	12.64	17.90
Harborough	164	16.01	13.58	18.45
Melton	174	16.16	13.14	19.19
Hinckley and Bosworth	175	16.20	13.30	19.09
North West Leicestershire	185	16.35	13.69	19.02
Charnwood	207	16.73	14.47	18.98
<i>East Midlands</i>		<i>17.80</i>	<i>15.85</i>	<i>19.75</i>

With Charnwood has the highest prevalence of so-called binge drinking. . It is likely that because Charnwood is a large and diverse district, there is variation within Charnwood, with Loughborough showing higher prevalence.

These statistics refer to the percentage of adults who drank over 8units (men) or 6 units (women) units of alcohol on the heaviest drinking day in the last week, and across all age and gender groups.

### **Binge drinking on the big screen**

Screens showing CCTV footage of people following binge drinking was broadcast to revellers in Loughborough last January.

A 4x3 metre screen was erected showing previously recorded CCTV footage of people behaving either foolishly or unpleasantly after they had been drinking alcohol. It aimed to educate people about the dangers of binge drinking and the kind of unpleasant behaviour it can invoke.

Opposite:

Efforts to combat binge drinking and associated problems have led Leics Police to work with District Community Safety teams.

This example is from Loughborough in 2006.

The BMA published a major report in September 2009, saying "Of particular concern is the pattern of drinking among adolescents, and the high level of binge drinking and heavy drinking among men and women in the 16 to 24 and 25 to 44 age groups".

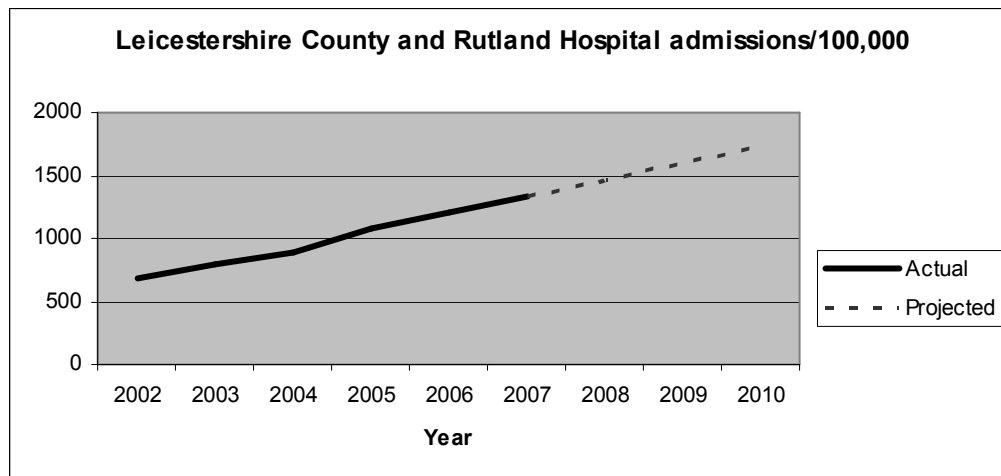
In 2007/08 there were 863,300 alcohol related admissions to hospital nationally. This is an increase of 69% since 2002/03 when there were 510,200 alcohol related admissions.

In the Leicester area Alcohol related Hospital Admissions increased by 14% in 2006/7 and projections from 2007/8 look optimistic:

	2005-6	2006-7	2007-8	2008-9	2009-10	2010-11
<b>Alcohol Related Hospital Admissions</b>	<b>1960</b>	<b>2233</b>	<b>2523</b>	<b>2776</b>	<b>2970</b>	<b>3118</b>
Increase		14%	13%	10%	7%	5%

Source: East Midlands Strategic Health Authority.

The projected rate of hospital admissions (per 100 000) for Leicestershire County and Rutland are shown in the table below. Although the figures are lower than those of the City, the rate of increase is concerning.



Source: Alcohol Ready Reckoner; Government Office East Midlands.

## Students

Binge drinking amongst students in higher education is often seen as part of the lifestyle, but research at Lancaster University paints a slightly different picture: *“This research draws on identity and coping theories to develop an understanding of the ways in which students with differing stances towards alcohol (both drinkers and light/non-drinkers) deal with alcohol-dominated social situations. We report findings from two studies, the first based on the stories of 160 students and the second based on in-depth interviews with eight students. Our research found that many undergraduates view alcohol as playing a central role in ‘student life’, with excessive drinking being the norm. However, there is a significant group who are not comfortable with this view, nor do they ascribe to it. Choosing not to engage with the stereotypical student image presents a very real set of problems, stresses and barriers and the students discussed the various coping strategies they had in place to deal with these problems. We discuss the implications of these findings and the challenges for public policy in this area”*

## State of Public Health Report (2008)

In his 2008 Annual State of Public Health Report, Professor Sir Liam Donaldson, the chief medical officer for England, concluded that a minimum price should be set for a unit of alcohol.

The recommendation made in this report in which Sir Liam focused on the problem of “passive drinking” - consumption of alcohol which causes harm to people other than the drinkers themselves - came at a time of considerable public concern about the scale of alcohol problems in the UK, with a widespread belief that cheap sales of alcohol from supermarkets were partly to blame. Sir Liam’s idea is that no alcohol retailer should be allowed to sell a unit of alcohol, in whatever beverage it is contained, below a minimum price set by law. Previously, the Scottish Government had made a similar proposal, but critics claim that such a policy might well be contrary to European Union law.

In his report, Sir Liam noted that over the preceding 20 years, the country’s disposable income had risen faster than alcohol taxation, and alcohol had become ever more affordable. As a result, alcohol consumption had risen, and so too had the level of alcohol related harm.

In 2008, the UK Government commissioned research by a team at Sheffield University to examine how changes in alcohol prices would affect its consumption and related harms. The team analysed the likely impact of pricing changes on the population as a whole. They also specifically examined the impact on three groups of particular concern – drinkers aged under 18 years, 18-24 year old binge drinkers and harmful drinkers (women drinking more than 35 units per week and men drinking more than 50 units per week).

There was found to be a clear relationship between price and consumption of alcohol.

The drinks industry funded Portman Group (16/3/09) urged the Government to concentrate on changing the behaviour of harmful drinkers rather than punish everyone by setting a minimum price for alcohol.

### Industry Response

Responding to the Chief Medical Officer's call for a minimum unit price for alcohol, David Poley, Portman Group Chief Executive, said: *"This would hit the pockets of hard-working families who are already struggling to make ends meet, and it would not deter binge drinkers or those addicted to alcohol. Rather than punishing everyone we should focus on the irresponsible minority. Peer pressure and role modelling are far more influential than the price of alcohol. Sustained education and proper enforcement of the alcohol laws are the most powerful levers of social change".*

A recent study in California suggests a number of strategies and approaches to improve the effectiveness of law enforcement. These include.

1. Enforce laws for underage drinking
2. Enforce zero tolerance laws for underage drinking and driving
3. Enforce laws and penalties for adults who provide alcohol to minors

4. Strengthen penalties for creating or possessing false IDs
5. Conduct random monitoring
6. Enforce alcohol restrictions in public locations
7. Develop and implement controlled party dispersal plans
8. Promote more alcohol-free settings etc

These may not encourage great optimism.

### **Proposals/Options**

There are four clear strands to any investigation a Panel may adopt:

1. Physical and mental health of individuals, and the Public Health of the community resulting from Binge Drinking
2. Is new legislation being fully Enforced and is it effective?
3. Are the local trading and licensing policies being fully exhausted and is partnership working effective and co-ordinated in this respect.
4. Are local agreements on the cost and promotion of alcohol effective and what scope is there for further interventions.

The Commission would have to decide where it wished to focus. The Total Places project seems to focus on the first and joint working within interventions. An alternative would be to investigate one particular place (eg City centre), or age group. This is likely to present problems, however.

It therefore may be on the legal and trading side that the Commission could be most helpful.

### **Background Papers**

Publications and legion and coverage in the media generally is vast. A very helpful summary of the main recent publications is contained in:

<http://www.alcoholpolicy.net/>

Leics Local Area Agreement 2

[http://www.leicestershiretogether.org/mar09\\_ laa2\\_refresh.pdf](http://www.leicestershiretogether.org/mar09_ laa2_refresh.pdf)

NW Public Health Observatory Factsheets

<http://www.nwph.net/alcohol/>

The Drinkaware Trust

<http://www.drinkaware.co.uk/>

The Portman Group

<http://www.portman-group.org.uk/>

BMA “Under the influence: The damaging effect of alcohol marketing on young people”, Sept 2009

[http://www.bma.org.uk/images/undertheinfluence\\_tcm41-190062.pdf](http://www.bma.org.uk/images/undertheinfluence_tcm41-190062.pdf)

Getting hammered? ...students coping with alcohol

Maria G. Piacentini \*, Emma N. Banister, Lancaster University, 2006

<http://www3.interscience.wiley.com/journal/112589871/abstract?CRETRY=1&SRETRY=0.>”

Chief Medical Officer for England calls for Minimum Pricing of Alcohol

[http://www.dh.gov.uk/en/News/Media/DH\\_096274](http://www.dh.gov.uk/en/News/Media/DH_096274)

“Binge Drinking and Europe”: Institute of Alcohol Studies

<http://www.ias.org.uk/resources/papers/europe/phproject/bingedrinking-report.pdf>

Total Place Project (Leics Places; see Ashby Monitoring area)

<http://www.localleadership.gov.uk/docs/TotalPlaceWeb.pdf>

Leics CC Youth Crime Preventive Strategy 2008-11

[http://www.leics.gov.uk/youth\\_crime\\_preventive\\_strategy.doc](http://www.leics.gov.uk/youth_crime_preventive_strategy.doc)

Leicester City Council: “One Leicester: Tackling Alcohol Harm” (July 2008)

<http://www.leicester.gov.uk/EasySite/lib/serveDocument.asp?doc=117378&pgid=17408>

Dept of Health: Safe. Sensible. Social. The next steps in the National Alcohol Strategy (June 2007)

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_075219.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_075219.pdf)

NHS Statistics: <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/alcohol/statistics-on-alcohol-england-2009-%5Bns%5D>

### **List of Appendices:**

Appendix A: Definitions

Appendix B: Potential Witnesses

Appendix C: Glossary

Appendix D Binge Drinking In Europe (2008)





## APPENDIX A: Definition

***Binge –noun***

A period or bout, usually brief, of excessive indulgence, as in eating, drinking alcoholic beverages, etc.; spree.

Origin: 1850–55; dialect (Lincolnshire) *binge* to soak

*Synonyms:* 1. bender, blast, jag, tear, bust, toot; orgy.

Although there is no nationally or internationally agreed definition, the Office of National Statistics (ONS) defines binge drinking as drinking more than twice the UK guidelines for recommended daily intake. This equates to 8 units in one day for men, and 6 units for women).

A popular 'definition' of binge drinking in the UK is the consumption of 50% or more of the recommended maximum weekly number of units of alcohol in 'one session', e.g. one night out. Thus, for a male the consumption of 4 pints of 5% Alcohol by Volume (ABV) beer/lager would constitute 'binge drinking' (11.36 units of alcohol out of a maximum weekly total of 21), and for a female the consumption of 3 large glasses of white wine (e.g. Wine at 12% ABV) would again be classified as binge drinking (9 units out of 14).

However, a definition that gives greater emphasis to the social outcomes of drinking too much, such as violence to the self or others or having to go to A&E/a Walk In Centre, may be preferred.



## **APPENDIX B: Potential Witnesses**

- Childrens' Services
- Higher and Further Education
- District and County Council Community Safety
- LCC Trading Standards
- Leics Constabulary
- Licensed Trade
- PCT/Public Health/A&E and Walk In Centres
- Students Unions
- LCC Youth Service
- LCC Youth Offending Team
- Drug and Alcohol Team (DAAT), Leics Alcohol Harm Reduction Strategy officer.
- East Midlands Ambulance Service and
- District Cleansing Authorities who clean up afterwards.



## APPENDIX C: Glossary

### **Risky drinking**

Risky drinking is a generic term used to cover both hazardous and harmful drinking

**Problematic drinking** Problematic drinking is a generic term for harmful drinkers, dependent drinkers and drinkers with complex problems

### **Hazardous drinkers**

The World Health Organization (WHO) defines hazardous use of a psychoactive substance, such as alcohol, as 'a pattern of substance use that increases the risk of harmful consequences for the user... In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user.'<sup>1</sup>

Hazardous drinkers are drinking at levels over the sensible drinking limits, either in terms of regular excessive consumption or less frequent sessions of heavy drinking.

However, they have so far avoided significant alcohol-related problems. Despite this, hazardous drinkers, if identified, may benefit from brief advice about their alcohol use.

### **Harmful drinkers**

The WHO International Classification of Diseases defines harmful use of a psychoactive substance, such as alcohol, as 'a pattern of use which is already causing damage to health. The damage may be physical or mental.' This definition does not include those with alcohol dependence.

Harmful drinkers are usually drinking at levels above those recommended for sensible drinking, typically at higher levels than most hazardous drinkers. Unlike hazardous drinkers, harmful drinkers show clear evidence of some alcohol-related harm. Many harmful drinkers may not have understood the link between their drinking and the range of problems they may be experiencing.

### **Dependent drinkers and drinkers with complex problems**

Dependence is essentially characterised by behaviours previously described as 'psychological dependence', with an increased drive to use alcohol and difficulty controlling its use, despite negative consequences. More severe dependence is usually associated with physical withdrawal upon cessation, but this is not essential to the diagnosis of less severe cases.

(National Occupational Standards)



# APPENDIX D: Binge Drinking In Europe (2008)

## Summary to Report

by Peter Anderson on behalf of the Institute of Alcohol Studies, London.

### Binge drinking in Europe

Some 80 million Europeans aged 15 years plus (over one fifth of the adult EU population) reported binge drinking (defined as five or more drinks on an occasion, 50g alcohol) at least once a week in 2006, a proportion that has increased since 2003, at least for the adult population of the EU<sup>1</sup>. Some 25 million Europeans aged 15 years plus (1 in 15 of the adult population) reported that binge drinking was their usual pattern of consumption during the previous month. Whereas 24% of those aged 15-24 years reported binge drinking at least once a week in 2006, binge drinking was also common amongst those aged 55+ years, with 18% bingeing at least once a week. The average amount of alcohol consumed by EU 15-16 years olds on their last drinking occasion was six drinks, 60g alcohol (2003 data). Over 1 in 6 (18%) of EU 15-16 year olds have binge (5+ drinks on a single occasion, 50g alcohol) three times or more in the last month (2003 data). Binge drinking has increased across Europe amongst 15-16 years olds since 1995, although less so in recent years.

### The harm done by binge drinking

Alcohol is a toxic substance that can harm almost any system or organ of the body, and is related to more than 60 different disorders with short and long term consequences. For many conditions there is an increasing risk with increasing levels of alcohol consumption, with no evidence of a threshold effect below which alcohol can be regarded as

entirely risk free. Alcohol use and a pattern of binge drinking are associated with an increased risk to the individual of negative social consequences, reduced work performance, injuries, drink driving accidents, brain damage, alcohol dependence, suicide, stroke, irregular heart rhythms, coronary heart disease, sexually transmitted diseases, and premature death. Alcohol use and a pattern of binge drinking are associated with an increased risk to people other than the drinker (third party harm) including negative social consequences, injuries at work, violence and crime, interpersonal violence, accidents from others' drink driving, sexually transmitted diseases, and to the unborn child, a range of neuro-behavioural deficits running through to adolescence and with lifelong consequences.

### The consequences of binge drinking in Europe

Across different European countries, it has been estimated that some 7% to 80% of crime and some 16% to 71% of domestic or intimate partner violence is linked to intoxication. Each year in the European Union, episodic heavy drinking is related to 2,000 homicides (4 in 10 of all murders), 17,000 deaths from road traffic accidents (1 in 3 of all road traffic fatalities), including 10,000 deaths of people other than the drink-driver, 27,000 accidental deaths, 10,000 suicides (1 in 6 of all suicides), 16% of all child abuse and neglect, with some 5-9 million children living in families adversely affected by alcohol. Alcohol is a cause of 7.4% of the total burden of disability and premature death facing Europe, with a high proportion of this burden due to alcohol-related injuries. Alcohol-related injuries are also an important

<sup>1</sup> Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, United Kingdom.

cause of inequalities in health between and within European countries. Throughout Europe, changes in death rates from accidents, homicides and suicides parallel changes in overall levels of alcohol consumption.

#### **Regulating the availability and marketing of alcohol**

There is a wealth of evidence across different countries that making alcohol more expensive, primarily through taxation, reduces a wide range of harms done by intoxication and binge drinking, including road traffic accidents and fatalities, intentional and unintentional injuries, rapes and robberies, homicides, crime, and violence. Similarly, there is a wealth of evidence that raising the minimum purchasing age reduces alcohol related road traffic accidents, and that reducing the density of alcohol outlets reduces drunkenness, assaults, and road traffic fatalities. Extending the hours and days of sale spreads acute alcohol related problems over a longer period of time at the cost of an increased number of problems. Similarly, reducing hours and days of sale reduces problems of binge drinking. A number of well designed longitudinal studies show that the volume of advertisements and media exposure increase the likelihood of young people starting to drink, the amount they drink, and the amount they drink on any one occasion.

#### **Creating safer drinking environments and communities**

There is growing evidence for the impact of strategies that alter the drinking context in reducing the harm done by binge drinking. However, these strategies are primarily applicable to drinking in bars and restaurants, and their ef-

fectiveness relies on adequate enforcement. Passing a minimum drinking age law, for instance, will have little effect if it is not backed up with a credible threat to remove the licenses of outlets that repeatedly sell to the under-aged. Such strategies are also more effective when backed up by community-based prevention programmes.


#### **Educating to reduce binge drinking**

Although there are individual examples of the beneficial impact of school-based education in reducing binge drinking, systematic reviews and meta-analyses find that the majority of well evaluated studies show no impact even in the short-term. A policy that fails more often than not cannot be considered an effective policy option. There is considerable experience of what might be best practice in school-based education programmes, but currently unconvincing evidence for their effectiveness. This is not to imply that education programmes should not be delivered, since all people do need to be informed about the consequences of binge drinking, but school based education should not be seen as an effective measure to reduce the harm done by binge drinking. Public service announcements, public education campaigns, and those that focus on low risk drinking guidelines also have limited evidence for effectiveness, although media advocacy approaches are important to gain public support for policy changes.

#### **Health care interventions and binge drinking**

There is a considerable evidence base that brief advice delivered in primary health care settings and in accident and emergency departments is effective in





reducing hazardous and harmful alcohol consumption and alcohol related harm, including an overall risk of death. However, although a number of studies have found an effect in reducing the consequences of binge drinking, such as alcohol-related injuries, a meta-analysis of the small number of studies that have measured binge drinking itself find no evidence of an effect of brief advice on the frequency of binge drinking.

**Cost effective approaches to reducing binge drinking**

There have been no specific analyses of the cost effectiveness of different alcohol policy measures in reducing alcohol-related harm specifically from binge drinking, although the World Health Organization's CHOICE project modelled five policy options to reduce

the disability adjusted life years that were due to alcohol consumption of more than 20g alcohol a day for women and more than 40g alcohol a day for men. The model found that the most cost-effective policy options in reducing alcohol-related DALYs in the European Union were taxation, restricted access, and advertising bans. According to a Eurobarometer survey undertaken at the end of 2006, two thirds of the European Union population (68%) believe that higher prices for alcohol would not discourage young people and heavy drinkers from alcohol consumption. On the other hand, 87% of EU citizens stated that they agree with the banning of selling and serving alcohol to people under the age of 18 years, and three quarters would approve the banning of alcohol advertising targeting young people.

<http://www.ias.org.uk/resources/papers/europe/phproject/bingedrinking-report.pdf>

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