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BRITAIN'S ALCOHOL PROBLEM AND WHAT THE UK GOVERNMENT IS DOING ABOUT IT

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Introduction: Britain's alcohol problem

The United Kingdom of Great Britain and Northern Ireland is currently experiencing a serious alcohol problem. Historically, the UK has shown a relatively moderate *per capita* level of consumption compared with other western European countries. In more recent times, however, consumption in most of these countries has stabilised or fallen, while in the UK it has continued to rise. An *Interim Analytical Report*, ordered by the Government in preparation for its recent alcohol strategy (see below), concluded that: "If present trends continue, the UK would rise near the top of the consumption league table within the next 10 years (Prime Minster's Strategy Unit, 2003, p.18). These trends *have* continued in the three years since the publication of the report. "Binge drinking" (defined as drinking 8+ units of alcohol on a single occasion for men and 6+ units for women, 1 unit = 8 g ethanol) now represents 40% of all drinking occasions among men and 22% among women – a frequency of binge drinking substantially higher than most other European countries (Prime Minster's Strategy Unit, 2003, p. 21).

The increase in alcohol-related harm in the UK is shown most starkly in rates of liver cirrhosis mortality which, as well as being an indicator of a serious form of harm in themselves, serve as a reliable marker for the level alcohol-related problems in a population more generally (Academy of Medical Sciences, 2004). Leon and McCambridge (2006) have recently shown that the UK has recorded the steepest rise in rates of liver cirrhosis mortality in western Europe (see also Room, 2006). Between 1987 to 2001 rates in England and Wales in men rose by over two-thirds while in Scotland they more than doubled. In women, rates increased by almost a half in England and Wales and in Scotland. This stands in contrast to trends in most other

European countries, particularly those of southern Europe, where rates of liver cirrhosis mortality have declined over the same period. While a complete explanation for the increase in the UK is unclear, increased overall consumption is almost certainly a major contributory factor. At the same time, a change in beverage preferences from beer to stronger forms of alcohol in wines and spirits may also have contributed to the increased risk (see Leon & McCambridge, 2006).

Another aspect of the UK situation that is causing special concern is public drunkenness, rowdyism and alcohol-related violence and injury among young people. The 1999 report of the *European School Survey Project on Alcohol and Other Drugs* (Hibell *et al.*, 2000) showed that British teenagers are among the heaviest drinkers in Europe, equalled only by those in Denmark and Ireland. British teenagers report that they are more likely to drink, get drunk and experience alcohol-related problems than their counterparts in almost all other European countries. More than a third of British 15 and 16-year olds reported that they had been drunk at age 13 or earlier, compared for example to only one in ten French or Italian teenagers. Rates of alcohol consumption and problems among young women are especially alarming. The most recent ESPAD survey in 2003 reveals the unprecedented finding that British girls aged 15 and 16 have now overtaken boys of the same age in relation to the frequency of binge-drinking episodes (Hibell et al 2004, Plant et al. 2005). Indeed, so alarming has the increase in diagnoses of liver cirrhosis among young women become that the UK Chief Medical Officer, the most senior medical authority in the country, was moved to devote his annual report on the state of public health to this problem in 2001 (Donaldson, 2001).

The centres of cities, large or even medium-sized towns throughout the UK have become "no-go areas" for many adults late on Friday or Saturday nights owing to drunken disorder among young people spilling out on to the streets from a multitude of "super-pubs", disco bars and night-clubs. (As but one example, the relatively small city of Nottingham had at the latest count 356 licensed alcohol retail premises in just one square mile of the city centre.) Frequent media articles and TV documentaries demonstrate the enormous strain this places on the police, accident and emergency medical services and other local resources. This situation was originally caused by the exodus of industry and commerce from town centres to out-of-town locations, leaving a vacuum that local politicians were keen to fill by the "night-time economy" of the consumption and leisure industry (Hobbs *et al.*, 2003). This development has radically transformed the way alcohol is consumed in modern Britain, many would say considerably for the worse.

In the light of these trends and current levels of alcohol-related problems, it would be reasonable to expect that the British government would take action to reduce alcohol-related harm in the UK. In fact, the government introduced two major initiatives in March, 2004 – radical changes to the licensing laws regulating the sales of alcoholic beverages and an *Alcohol Harm Reduction Strategy for England* – although in the opinion of most experts in the field and among a large body of public opinion, neither is likely to improve the situation. We will consider each of these in turn.

Licensing law "reform"

In view of the evidence linking reductions in alcohol-related harm to hours and days of restrictions on the sale of alcohol and to restrictions on the density of alcohol

outlets (see Babor *et al.*, 2003, p.264)), it might be thought that the UK government would take action to curtail hours of opening of public houses and other alcohol outlets and limit or at least stabilise their density. In fact, quite the opposite has happened; the government has introduced legislation that *extends* opening hours and has done nothing to limit the ever-increasing number of alcohol outlets. The new Act, which came into force in November 2005 and applies only to England, abolished the nation-wide closing hours for pubs and clubs that had existed in different forms since World War I and allowed any alcohol retailer to apply for a license permitting drinking around the clock. In the first few months of the new law, not many outlets have applied for 24-hour licenses but many have been granted permission to extend opening by a few hours at night, especially at weekends, together with the provision of live entertainment.

Perhaps more disturbing than the extension of open hours themselves is the "guidance" issued by the government on the considerations that should be taken into account in the assessment of applications for extended hours of sale. Replacing the ancient system of control of alcohol licensing by magistrates, a new system of control by licensing committees made up of local politicians has been introduced but Room (2004) has described in detail how the government's instructions have severely limited the power of these committees to respond to local interests. For example, "conditions may not be attached (to the granting of a license) which relate solely to the health of customers …" (UK Ministry of Culture, Media and Sport, 2004, p.65); public health, the government says, is dealt with in other legislation and is not relevant to the law on the sale of alcoholic beverages. Furthermore, "conditions relating to public nuisance caused by the antisocial behaviour of customers once they

are beyond the control of the license holder … cannot be justified … Beyond the vicinity of the premises, these are matters for personal responsibility of individuals under the law" (p.95). (The appeal to "personal responsibility" in the last sentence is a familiar refrain of the Blair government; problems in society, such as increasing alcohol-related disorder and disease, are merely problems caused by a relatively few individuals, such as individual excessive drinkers or individual badly-managed public houses – merely a few "bad apples" in the barrel; they are of not matters for collective responsibility in society or things government could or should interfere with.) The immediate consequence of this instruction, however, is to prevent local authorities from having any power to reduce the excesses of the night-time economy. Room (2004) provides several other examples of how the new licensing legislation has the effect of "disabling the public interest" with respect to alcohol-related harm.

Why did the British government enact this legislation or issue this guidance on licensing regulation? The clue is given in the recent transfer of overall control of licensing matters from the *Home Office*, the government department with prime responsibility for internal affairs, to the *Department of Culture, Media and Sport* where alcohol licensing is dealt with by its tourism section. Thus the government believes that the old restrictions on opening times were a nuisance to tourists to the UK and a disincentive to their visiting the country, an issue clearly more important than the health and welfare of the country's permanent residents. Moreover, the government appears seriously to believe that abolishing closing times will somehow transform UK drinking overnight into a "continental-style café culture" in which binge drinking will magically disappear. However, while widespread drunken behaviour by young people in town centres is a genuinely new phenomenon, "binge

drinking" (i.e., simply drinking in order to become intoxicated) is a deeply-ingrained British tradition going back many centuries, as it is in many other northern European societies; even if it is true that extended drinking hours will have the effect of "civilising" British drinking habits, this is likely to take several generations to occur. Meanwhile the nation can expect a continuation and probably a further aggravation of record levels of drinking, public intoxication and alcohol-related damage.

As might be expected, the government has hailed the effects of the new Act as a great success, claiming for example that predictions that licensing reform would lead to an upsurge in crime have not been borne out. Apart from being somewhat premature, this judgement may well reflect changes in the recording of violent offences by an over-stretched police rather than the real effects of the changes. It also contradicts the experience of other countries – Iceland (Ragnarsdottir *et al.*, 2002), Australia (Chikritzhs & Stockwell, 2002), Ireland (Plant and Plant 2005, Plant and Plant 2006) – in which an extension to drinking hours led to a well-documented increase in alcohol-related violence and other adverse effects. The latter include accidents and even illicit drug use. In any case, as Room (2004) points out, no proper system of evaluation has been established by the government to monitor to the effects of the new legislation in a scientifically respectable manner.

The Alcohol Harm Reduction Strategy for England (AHRSE)

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