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SLEEP! SLEEP!
First PMQ's

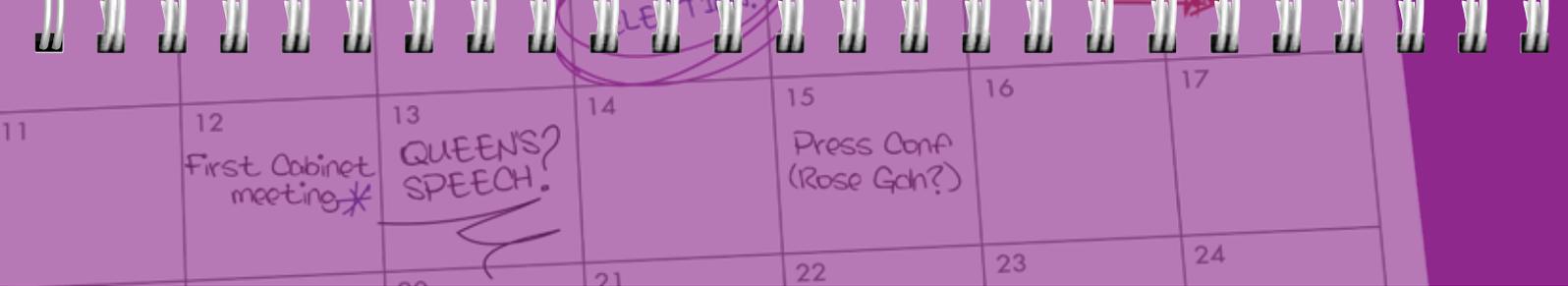
INVESTING IN OUR NATION'S FUTURE

THE FIRST 100 DAYS
OF THE NEXT GOVERNMENT

Local
Government
Association

TACKLING THE CAUSES AND EFFECTS OF ALCOHOL MISUSE





TACKLING THE CAUSES AND EFFECTS OF ALCOHOL MISUSE

'Investing in our nation's future: The first 100 days of the next government' was launched last year by the Local Government Association (LGA). It set out the challenges any new government will face in May 2015 and provided a local government offer on how to help them deal with the most pressing issues.

The transfer of public health responsibilities from the NHS to local government and Public Health England (PHE) represents a unique opportunity to set out a local approach to tackling alcohol misuse.

We are calling on Government to help people live healthier lives and tackle the harm caused by excessive drinking and alcohol dependence by:

- reinvesting a fifth of existing alcohol duty in preventative measures
- giving councils the power to take public health issues into account when making licensing decisions
- supporting licensing and trading standards departments to better tackle the black market in alcohol.

We believe that health and crime reduction are important issues for the people we serve and that linking the taxes and duty they pay to spending on these issues will be welcome.

Additional resources would enable local councils to respond to the specific health and social care needs of their communities in ways that they know will be effective.

By implementing the range of policies outlined in our 100 days document we will save £11 billion on the cost of the public sector and empower local communities to have a real say in their own future.

The food and drink manufacturing industry is the single largest manufacturing sector in the UK, with a turnover of £92 billion. The industry employs just under 400,000 workers. Alcohol and the wider hospitality industry make an extremely significant contribution to the national and local economies through bars, pubs, clubs and restaurants. For many people, moderate drinking is a way to relax and enjoy their leisure time without causing immediate harm either to themselves or to others.

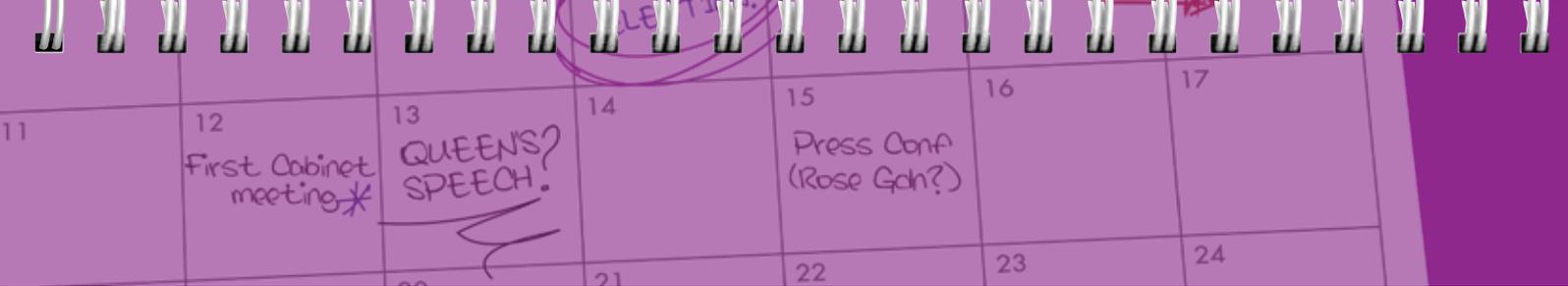
However, there is also a clear body of evidence demonstrating that drinking habits are harming the nation's health as well as contributing to problems on the streets of towns and cities. The NHS recommends that men should not regularly drink more than three to four units of alcohol a day and women should not regularly drink more than two to three units a day. More than nine million people in England drink more than these recommended limits. This puts their long-term health at risk as well as making them more likely to be involved in crime, violence and disruptive behaviour which can threaten the night-time economy in towns and cities, including the livelihood of those involved in the food and drink industry. It is the substantial minority who drink to excess and are dependent on alcohol with which local councils are concerned.

The reasons why people misuse and become dependent on alcohol are highly complex – an approach to reducing this misuse and mitigating its impact on society needs to be coordinated across public health, the NHS, the police, enforcement agencies and planning, working with the drinks industry. As community leaders, local councils are well placed to lead such an approach.

The background

- Alcohol misuse is estimated to cost £21 billion annually in healthcare, crime and lost productivity.¹
- Alcohol is 45 per cent cheaper than it was in 1980.²
- Alcohol consumption in the UK increased by nine per cent in the UK between 1980 and 2009. Across the OECD in the same period, it fell by nine per cent³.
- There is increasing evidence of the damage caused by drinking during pregnancy – foetal alcohol syndrome is a preventable cause of infant mortality and the leading known cause of intellectual disability.⁴
- Alcohol can harm developing teenage brains and hold back educational attainment. Research shows that the earlier a child starts drinking, the higher their chances of developing alcohol abuse or dependence in their teenage years and adult life – children who drink before the age of 15 are most susceptible to alcohol misuse in later life.⁵
- Alcohol is the leading risk factor for deaths among men and women aged 35-44 years in the UK.⁶
- In England in 2012, 21,485 deaths were determined as being wholly or partially due to alcohol consumption⁷.
- 24 per cent of men and 18 per cent of women have an estimated weekly consumption of more than the recommended levels, including five per cent of men and four per cent of women whose consumption puts them in the NHS higher risk category.⁸
- Over 17 million working days are lost each year due to the effects of alcohol.⁹
- On a typical day, some 10,000 individuals in the UK seek help for their own or someone else's drinking problem.¹⁰
- One per cent of 11-year olds and 25 per cent of 15-year olds have drunk alcohol in the last week.¹¹
- Between five and 10 per cent of both boys and girls aged 14-15 are drinking more than the recommended levels for adults.¹²





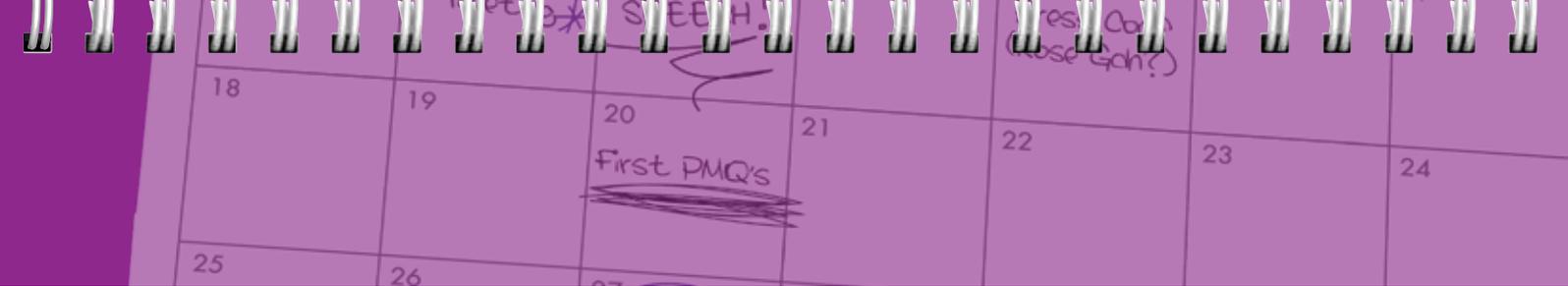
- People may be drinking less overall than they were five years ago but figures are still up from 2000 and there is still a trend of heavy episodic drinking among younger groups, and over half (52 per cent) of those who say they drink on five or more days in the week are aged 45 and over.¹³
- Sales of illegal alcohol have risen fivefold since 2009. Counterfeit alcohol now accounts for 73 per cent of all investigations by UK trading standards authorities (up from 51 per cent in 2009/10). Toxic and industrial solvents in fake spirits, which are packaged to resemble well-known brands and sold much more cheaply can cause death and blindness.¹⁴
- Older people between the ages of 60 and 74 admitted to hospitals in England with mental and behavioural disorders associated with alcohol use has risen by over 50 per cent more than in the 15-59 age group over the past 10 years (a 94 per cent increase in the 15-59 age group from 27,477 to 53,258 and a 150 per cent increase in the 60-74 age group from 3,247 to 8,120).¹⁷
- People with severe and enduring mental illness are three times more likely to be alcohol dependent than the rest of the population.¹⁸
- More than half (54 per cent) of students admit they still consume at least double the daily unit guidelines when drinking socially and almost a third (30 per cent) have blacked out or lost their memory due to drinking too much.¹⁹
- Children too are impacted by alcohol with an estimated 2.6 million living with parents who are drinking hazardously and 705,000 living with dependent drinkers.²⁰

Did you know – alcohol and health?

- Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver; and depression. Alcohol dependence and addiction is a serious mental health issue.
- There are an estimated 1.6 million people dependent on alcohol in England but only 6.4 per cent of dependent drinkers access treatment.¹⁵
- In 2011/12 there were 1.2 million alcohol related hospital admissions, representing a 35 per cent increase since 2002/3. Of those admissions 49,456 were for liver disease, which is the only major cause of mortality and morbidity on the increase in England whilst decreasing in other European countries.¹⁶

Did you know – alcohol and crime?

Alcohol affects not only the health and wellbeing of people who misuse it and their families. There is a wealth of information indicating a strong link between alcohol use and criminal and disorderly behaviour, including road traffic injuries and deaths, domestic violence and town centre violence.



This makes it an issue for the whole community, needing a community-wide response.

- 9,990 people were casualties of drink-driving accidents in the UK in 2011 including 280 who died and 1,290 who suffered serious injury.²¹
- 47 per cent of violent crime is alcohol related.²² People who 'pre-load' with alcohol, drinking before they go out for the night, are 2.5 times more likely to be involved in violence as a victim or an offender.²³
- Offenders were believed by victims to be under the influence of alcohol in nearly half of all incidents of domestic violence.²⁴
- Alcohol plays a part in 25-33 per cent of known cases of child abuse.²⁵

The cost of alcohol misuse, dependence and harm

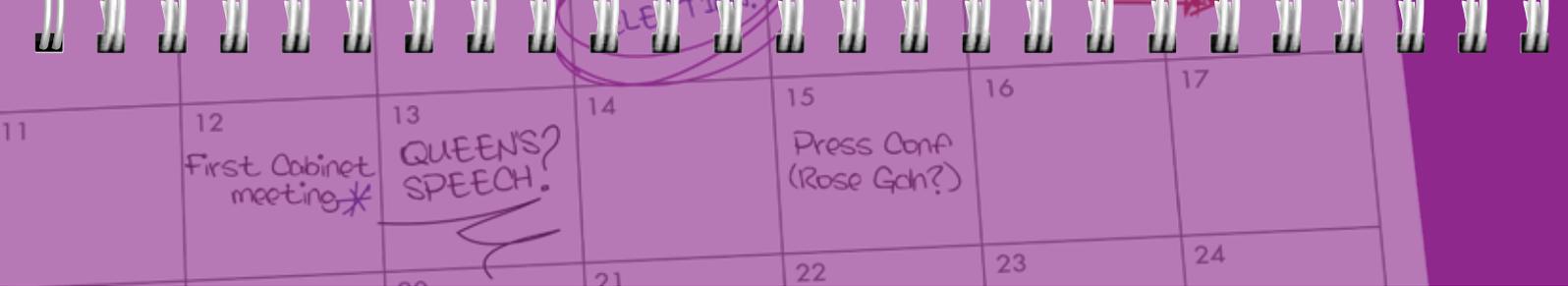
- Alcohol-related harm cost the NHS in England £3.5 billion in 2011/12.²⁶
- Alcohol-related crime cost £11 billion per year in England (2010/11 figures – the latest available).²⁷
- Lost productivity due to alcohol costs the UK £7.3 billion a year.²⁸
- In 2011, there were 167,764 prescription items for drugs for the treatment of alcohol dependency in England,²⁹ costing £2.49 million. This is an increase of 3.3 per cent on the 2010 figure and an increase of 45 per cent on the 2003 figure.

- Alcohol fraud costs the UK around £1.3 billion a year in lost revenue to the Treasury.³⁰ It also impacts adversely on the legitimate drinks industry.
- For every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs.³¹
- Misuse and dependence on alcohol costs England over £21 billion per year in healthcare, crime and lost productivity.³²

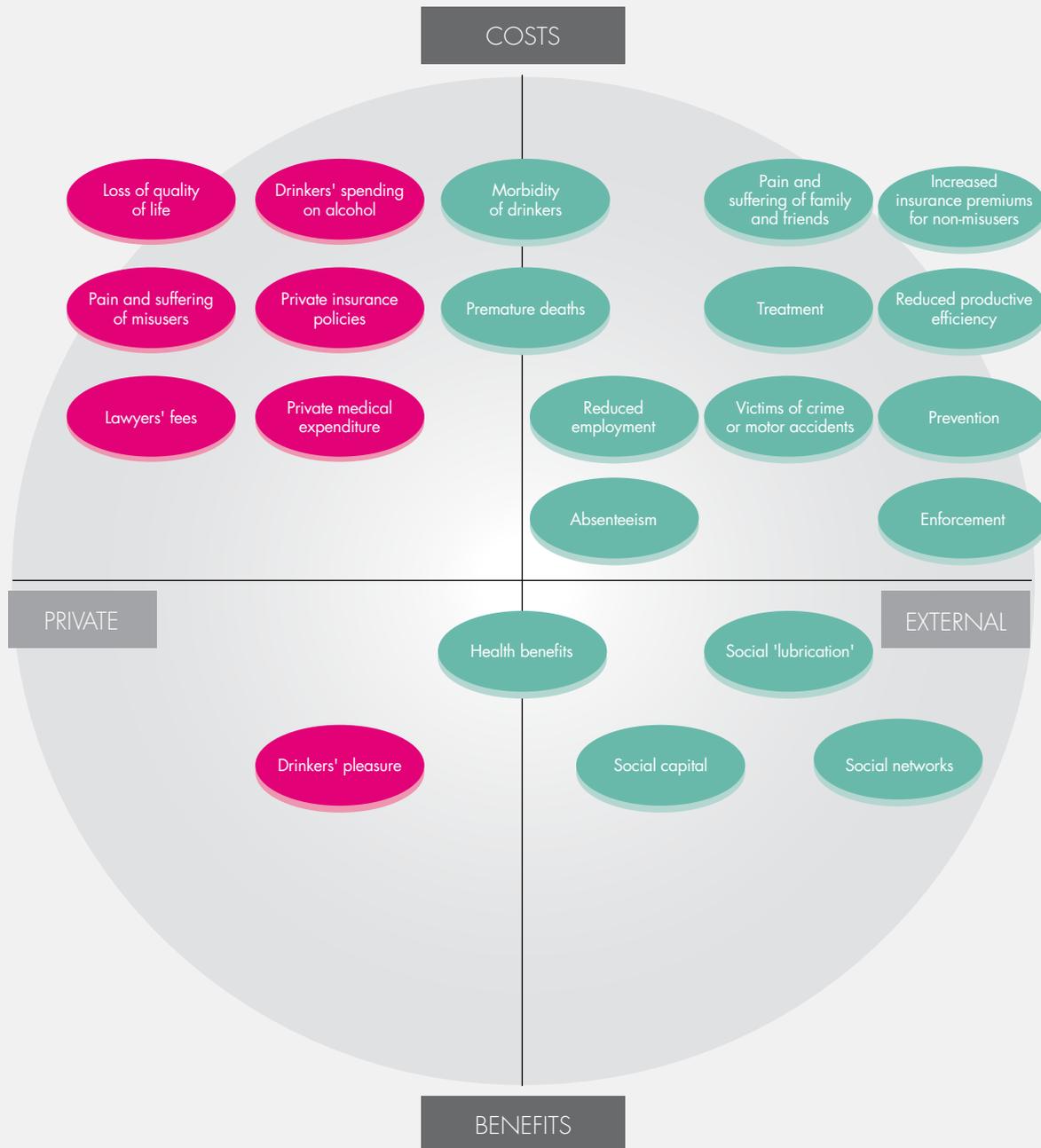
This call for action from the LGA has brilliantly captured the current burden of alcohol harm in this country and the opportunity for properly resourced local initiatives to reduce it. There will always be areas where national policies will be most efficient and effective, such as setting a minimum unit price, and others, such as tackling the local night-time economy, where local government is best placed to act.

Let's work together to make sure there is coordinated national and local action for evidence-based policies to make our health better and our streets safer."

Prof Sir Ian Gilmore, Honorary Consultant Physician at the Royal Liverpool University Hospital and previous President of the Royal College of Physicians

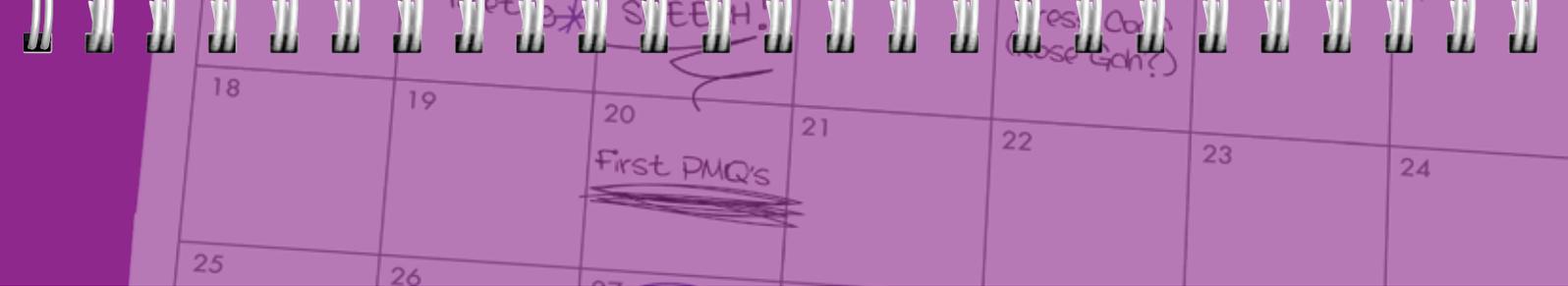


Private and external costs and benefits of alcohol use/misuse



The Cabinet Office Strategy Unit has produced a diagram that summarises the costs and benefits of alcohol use/misuse, which clearly demonstrates the preponderance of negative impacts.

Source: Cabinet Office Strategy Unit, 'Alcohol misuse: How much does it cost?': <http://sia.dfc.unifi.it/costi%20uk.pdf>



Tackling alcohol misuse – a local approach

The Chief Executive of NHS England has recommended a “devo-max” approach to empowering local councils and elected mayors in England to make local decisions on fast food, alcohol, tobacco and other public health-related policy and regulatory decisions, going further and faster than national statutory frameworks where there is local democratic support for doing so.

“...[T]he future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.”

“If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness.”

The NHS Five Year Forward View, October 2014

There is now less than six months until the country votes for a new government – one that will determine the future of our nation until the end of the decade and beyond. Launched in July at the 2014 LGA conference, ‘Investing in our nation’s future: The first 100 days of the next government’³³ sets out local government’s offer on what the new government will need to do – in its first 100 days – to secure a bright future for the people of this country.

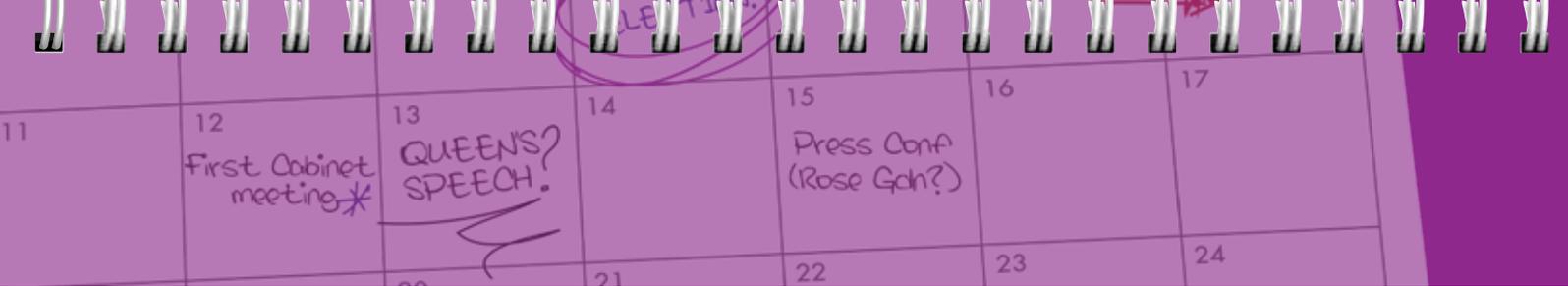
The LGA is calling for a new relationship with central government underpinned by three key principles:

- more devolution of power to elected councillors
- community budgets would be the preferred mechanism of delivery for government departments
- financial settlements should be tied to the lifetime of the parliament for all the public sector.

We are calling on Government to help people live healthier lives and tackle the harm caused by excessive drinking and alcohol dependence by reinvesting a fifth of existing alcohol duty in preventative measures and supporting licensing and trading standards departments to better tackle the black market in alcohol. We believe that health and crime reduction are important issues for the people we serve and that linking the taxes and duty they pay to spending on these issues will be welcome. Additional resources would enable local councils to respond to the specific health and social care needs of their communities in ways that they know will be effective.

“Alcohol crime often overlaps with health issues so it is important to work closely with local health and wellbeing boards and other health professionals to identify the scale of the problem and take action to reduce misuse.”

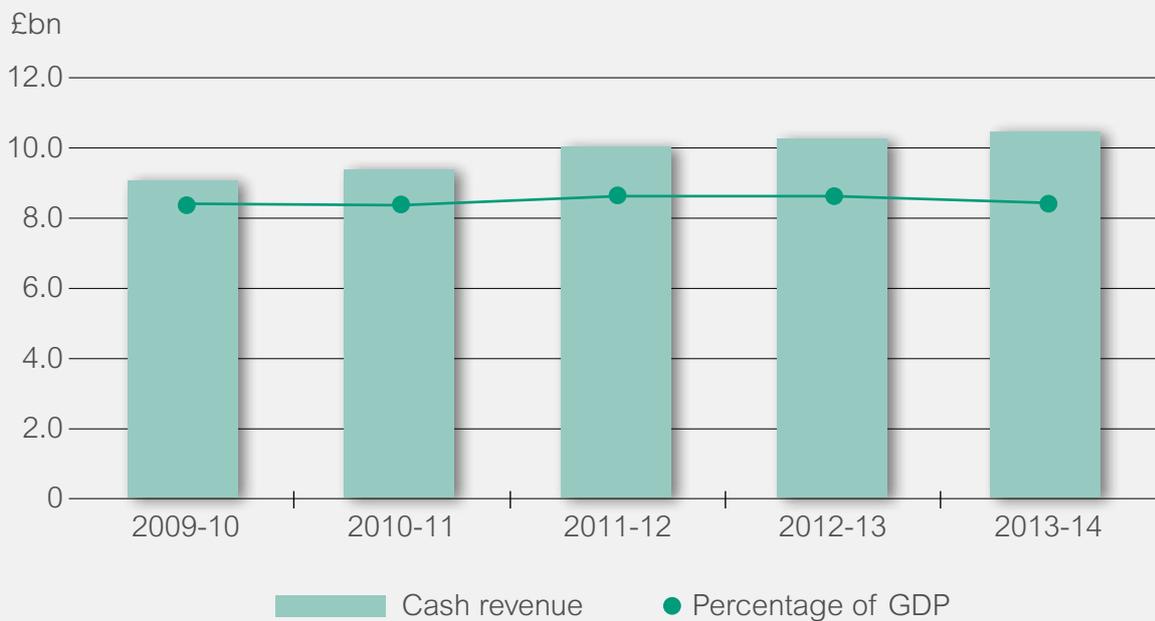
Tony Lloyd, Police and Crime Commissioner for Greater Manchester and Chairman of the Association of Police and Crime Commissioners³⁴



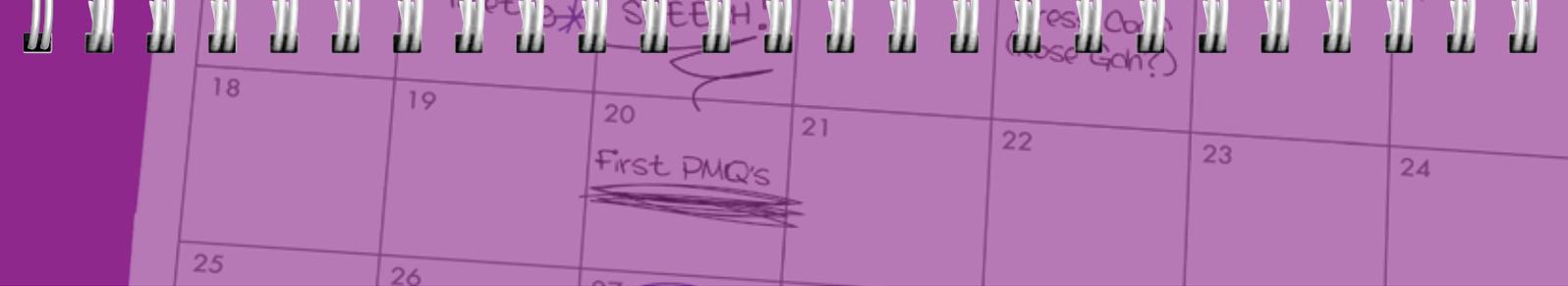
Alcohol duty receipts

Duty on spirits, wine, beer and cider in 2012/13 raised £10.1 billion for the Exchequer.

The graph below shows alcohol receipts and the percentage of GDP over the last five years. Receipts continue to increase, and in 2013/14 there was an annual increase of 2.3 per cent; duty rate changes are the main reason for the increase. Receipts as a percentage of GDP have slightly declined over the past two years, but are generally stable.



Source: HM Revenue and Customs, Monthly and Annual Historical Record, 21 November 2014:
www.gov.uk/government/uploads/system/uploads/attachment_data/file/376863/20141112_Octreceiptsbulletin.pdf



What needs to be done?

The Government's 2012 Alcohol Strategy identifies a number of evidence-based components that need to be implemented to reduce alcohol-related harm. These range from environmental approaches acting on the promotion and supply of alcohol, to short health interventions aimed at groups of people who are at risk of alcohol health harm and more intensive specialist treatment for those whose alcohol dependency is damaging their health and wellbeing.

According to Alcohol Concern the most effective strategies to reduce alcohol-related harm from a public health perspective include, in rank order, price increases, restrictions on the physical availability of alcohol, drink-driving counter measures, brief interventions with at-risk drinkers, and treatment of drinkers with alcohol dependence.

The NHS agreed with the LGA that "English mayors and local authorities should be granted enhanced powers to allow local democratic decisions on public health policy that go further and faster than prevailing national law – on alcohol, fast food, tobacco and other issues that affect physical and mental health."

- Reducing by a tenth the working days lost to alcohol misuse alone would save £770 million.
- Reducing alcohol-related harm by just one tenth would save the NHS £350 million each year.
- Reducing alcohol fraud by one tenth through additional identification and enforcement would save £130 million a year.

- Reducing the number of alcohol-related deaths would save over 1,500 lives each year – the monetary value is incalculable.

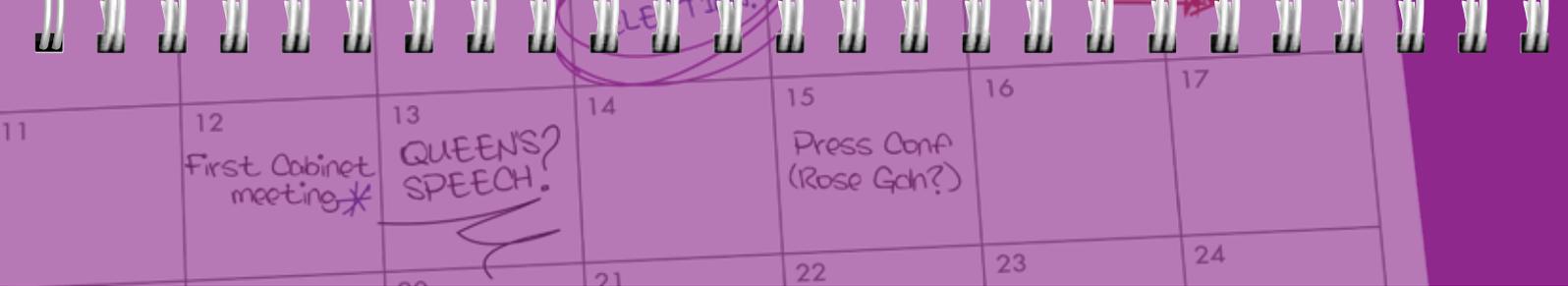
Local government's role in tackling alcohol misuse

Local councils' responsibilities for health and wellbeing boards, social care, planning and housing strategy as well as public health, environmental health, licensing and trading standards put them at the heart of the web of influences needed to tackle this complex issue.

It is generally agreed that misuse of and dependency on alcohol and their links to mental ill health, family breakdown, homelessness and crime have complex causes and consequences.

- There is no single solution to tackling this issue.
- A coordinated, multi-stranded approach is needed, tailored to the character of each community.
- Local councils are best placed to lead a concerted attempt to tackle the problem since they have a leading role to play in all the evidence-based approaches identified in the previous section.

Under the Health and Social Care Act 2012, upper tier and unitary authorities became responsible for improving the health of their population. The responsibility for public health transferred from the NHS to local authorities on 1 April 2013. They also host the Health and Wellbeing Boards, bringing together the NHS, social care and community spokespeople to develop an overarching strategy for the health and wellbeing of the area.



Local councils' social services departments are key partners along with the NHS, the courts and police and in drug and alcohol and community mental health teams.

Local authorities are also key players in local Crime and Disorder Reduction Partnerships (CDRP), working to reduce offending behaviour and mitigate the effects of crime.

Businesses, organisations and individuals who want to sell or supply alcohol in England and Wales must have a licence or other authorisation from a licensing authority – this is usually a local council. The trading standards teams in local councils have an important role to play in ensuring that licenses are adhered to and that they meet the objectives of protecting children from harm, public safety and preventing crime and disorder.

The Government's alcohol strategy pointed out that alongside, their licensing powers, local authorities, in collaboration with their partners, can influence alcohol consumption through enforcing laws on underage sales, promotion and advising people about sensible drinking and by commissioning alcohol prevention and specialist treatment. The strategy said that locally-led and owned approaches were the key to tackling the issue.

Illicit alcohol, whether non-duty paid or counterfeit is known to be a serious national problem, but often tends to be localised with specific illicit traders involved.³⁵ This places local authority trading standards and licensing teams on the frontline when it comes to detecting and shutting down distributors and retailers of illicit alcohol.

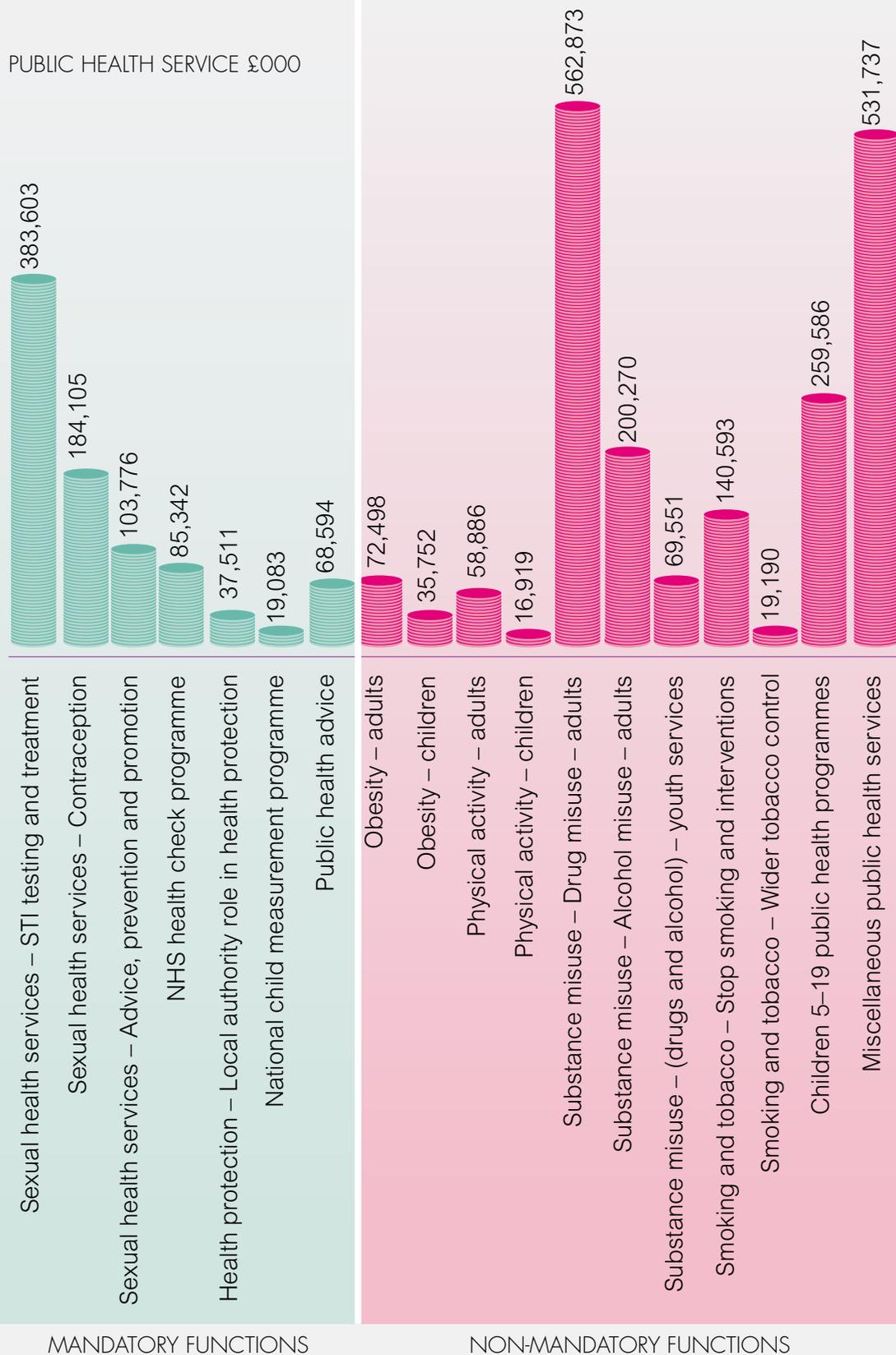
What could local councils do with more resources?

Councils have, for a number of years, been implementing strategies to reduce levels of excessive drinking, both from the health and from the crime perspective. For example, we participate in multi-agency Drug and Alcohol Teams in every area, working with people who are dependent on alcohol. We play an active part in Crime and Disorder Reduction Partnerships. We support the Purple Flag initiative, working with the food and drink industry, the police, the NHS and community and voluntary organisations to make town centres more family-friendly in the evening and thereby enhance the night-time economy. Our licensing teams inspect on and off licensed premises and enforce regulations on under age sales. More recently, some councils have been working with the local drink industry to reduce the number of outlets selling high and super-strength alcohol. And public health teams have begun to map outlets in their area where alcohol is sold and relate this to prevalence of excessive drinking, locations where children and young people gather and alcohol-related health conditions to contribute an additional dimension to our planning strategies.

However, much of the £2.8 billion public health budget (see graph opposite) is taken up with providing the essential services we are legally required to provide, such as sexual health services (which take up 25 per cent of the budget), the NHS Healthcheck, the national Child Measurement Programme and our health protection work. Drug and alcohol services (30 per cent) are predominantly demand led, leaving little scope to do the more proactive prevention work that could bring about more rapid changes.

General Fund Revenue Accounts Budget Estimate 2014/15

PUBLIC HEALTH SERVICE £000



MANDATORY FUNCTIONS

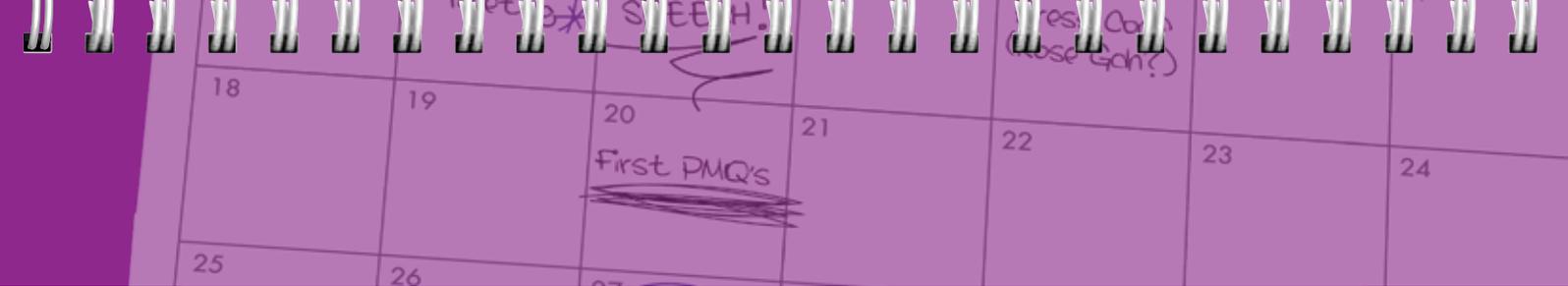
NON-MANDATORY FUNCTIONS

Based on: www.gov.uk/government/uploads/system/uploads/attachment_data/file/365581/RA_Budget_2014-15_Statistical_Release.pdf



Below is a list of some of the activities we could develop, expand and strengthen with additional resources

- We could undertake much more work, for example, in schools and colleges and other settings to ensure that young people understand the impact of alcohol misuse and receive help and counselling at an early stage if they need it.
- We could invest more in supporting our town and city centres, for example through the Purple Flag scheme, to be places where people can drink moderately and sensibly and which have a thriving family-friendly night-time environment.
- We could develop more teams to work with families at risk to mitigate the effects of their drinking members and support the whole family in tackling the problems and staying together without harm.
- We could build on the work now done by Family Nurse Partnerships and children's centres to break intergeneration paths to dependency and bring these services to a much wider section of the population.
- We could put more resources into following up and supporting people identified in their annual Health Check as drinking more than the recommended amounts.
- We could work more with the courts and the police to divert alcohol misusers with mental health problems away from the criminal justice system to reduce the time the police currently have to spend as proxy social care and mental health workers and give them more time for mainstream policing.
- We could work more with the NHS locally to develop integrated treatment settings for people with clusters of interdependent problems.
- We could create liaison posts to work with people who report to Accident and Emergency departments with drink-related injuries and illnesses, to break a downward spiral into illness, dependency and/or crime.
- We could develop with our partners holistic care and we could further develop support packages and proper long-term care for those who need it, including people who are homeless and sleeping rough because of alcohol and drug dependence.
- We could develop better services to tackle excessive drinking among offenders and improve their health – at the moment, commissioning of these services is fragmented and needs investment.
- We could put more resources into our licensing and trading standards teams to work with retail outlets, pubs and clubs to reduce and control the availability of alcohol to vulnerable people and to enforce the laws on under-age drinking and selling drink to people who are already drunk.
- We could work more closely with the police, customs' officers and private companies to identify and crack down on counterfeit alcohol and non-duty paid activity.
- We could do more to develop and share the evidence base for effective interventions so that we could target our work more effectively.
- Overall, we could commission services for the longer term to help make them sustainable and give better value for our investment of the public pound.³⁶



BRIGHTON AND HOVE – A COORDINATED APPROACH

A case study example of how, with significantly more resources, local councils might address alcohol misuse through the discharge of their public health and related duties is provided by Brighton and Hove City Council.

Over the last several years, over-consumption of alcohol has been an increasing problem in the city. So much so, that the council and local partners decided to prioritise developing a coordinated approach to the issue.

The estimated local annual health, social and crime costs from alcohol are £107 million. On the other hand, the annual economic turnover from its sale is estimated at £329. The council was very aware of the benefits to the economy and employment from alcohol production and sales. It wanted to get the balance right between the economic benefits to the city of alcohol and limiting the serious harm it causes. With this in mind, it set up a multi-agency Alcohol Programme Board with representatives of public health, the NHS, the police, the council's licensing department and the drinks industry. The latter included representatives from off and on sales and the events programme for the city was also taken into account.

The move of public health to local government has made it easier for joint commissioning with other departments to take place. For example, the 'Equinox' service which works with street drinkers is jointly commissioned with the housing department.

In a pioneering approach to the council's licensing function, public health analysts have mapped the presence, use and impact of alcohol around the city in a Public Health Licensing Framework. All license applications are seen and commented on by the director of public health, who uses the Framework to assess risk.

The Public Health team commissions a 'recovering health' trainer working with the council's environmental health team to support people coming out of drug and alcohol treatment, for example in looking for work or education.

The council has launched a campaign, 'Sensible on Strength' to reduce the number of off-sales outlets selling high and super strength alcohol. Over 70 off-licences in Brighton and Hove have signed the agreement to date.

The public health team, with the support of the council's schools team has piloted a parental alcohol contract, based on the Swedish 'Effekt' model, where parents make a promise not to give alcohol to their children under 18. There is evidence that introducing young people to alcohol early does not teach them to drink moderately and is more likely to lead to drinking problems at a later age.

The council would like to do much more to tackle the causes and consequences of excessive drinking and to support those who are harmed because of it.

Kathy Caley

Lead Commissioner, alcohol and substance misuse
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NOTES

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