



The Orientation and Integration of Local and National Alcohol Policy in England and Wales

BACKGROUND

Over the last decade the ‘problem’ of alcohol has been increasingly brought to the forefront of public policy agendas. Since 1997, the Labour Government has introduced an unprecedented number of laws, regulations, guidance documents and policy statements on alcohol. Foremost amongst these have been the Licensing Act 2003 and its accompanying guidance, the Alcohol Harm Reduction Strategy for England (2004), and *Safe. Sensible. Social: The Next Steps in the National Alcohol Strategy* (2007). Through these mechanisms and others a raft of powers has been made available to local practitioners to enable greater control and enforcement over the sale and consumption of alcohol and associated problematic behaviours and harms.

Building on the foundations of its predecessor, the renewed strategy provided a national framework for alcohol policy which included a requirement for local actors to produce area specific alcohol strategies in order to help coordinate activities across three key areas: community safety, health, and young people. As a consequence, formal frameworks were set in place whereby local policy formation and delivery emerged from collaboration between statutory partnerships. Importantly, the expectations outlined in the national strategy have been reinforced by the introduction of a Public Sector Agreement (PSA 25) which - for the first time - provides a delivery plan and focused targets around reducing harms caused by drugs and alcohol.

Alcohol policy is therefore largely conceived and implemented at both the national and local level. These national-local policy interconnections involve the integration of sometimes disparate areas of concern, jurisdiction, and priority. Different actors within discreet institutional settings - such as government departments, local authorities, the drinks industry, professional organizations and non-government organizations - perceive alcohol problems and seek to influence policy in various and potentially inconsistent ways. This project aimed to investigate:

- How different local and national actors perceived alcohol policy and how they sought to influence policy formation;



- How different actors operated - both in isolation and in collaboration - in seeking to develop alcohol policies;
- How national policy frameworks, priorities and guidance interacted and/or integrated with local policy statements, objectives and practices;
- Any areas of divergence and convergence between the trajectory of local and national alcohol policy;
- Any tensions and contradictions between the views and approaches of different actors within the policy formation process or factors that inhibit effective policy formation, implementation and partnership;
- Understandings of 'partnership' and the governance of populations through the integration of policy and practice in public health, community safety, education and treatment services, urban management and licensing;
- Areas of good practice and innovative thinking.

RESEARCH DESIGN

The study was multi-dimensional and employed qualitative documentary analysis and semi-structured interview methods to explore the roles, responsibilities and viewpoints of a range of stakeholders operating at the national or local level.

The Local Dimension - Local contexts and actions were explored in two case-study sites: a 715,000 population city in the North East of England and a geographically dispersed, 335,000 population, metropolitan district comprising several small to medium sized towns, in the North West of England. 25 in-depth interviews were conducted in each site between June 2007 and December 2008, with a further seven local residents participating in a focus group at the latter location. The locations were selected in order to compare different local contexts and to explore elements of their specificities or convergences of approach in response to central government directives. Interviewees were selected purposively to encompass representatives from the key agencies involved in the alcohol policy field: Crime and Disorder Reduction Partnerships (CDRPs), police, council licensing departments, social services, health and treatment services (statutory and voluntary), education and young peoples' services, government regional offices, Chambers of Commerce, drinks retailers, residents' groups and voluntary sector associations.



The National Dimension - To encompass the national policy arena and its interplays with the local, a further 20 interviews were conducted with prominent figures in central and local government, the police, health care, the legal system, the drinks and leisure industries, and a range of professional and non-governmental organisations, including charities, trade associations and pressure groups. Interviews were organized around established and emerging themes and sought to explore the views of those who shaped various facets of national alcohol policy and its interconnections with local policy development and delivery.

KEY FINDINGS

The Policy Landscape

The governance of alcohol draws together a wide range of interest groups in complex partnership arrangements and diffuse networks of influence that straddle diverse areas of public policy. Given the degree of statutory and non-statutory activity, it is often difficult to disentangle the relative inputs of different practitioners and lay actors in the policy formulation process.

At the national level, alcohol policy transcends the bureaucratic jurisdiction of various departments of Government, including the Home Office, Department of Health, Department for Culture Media and Sport, Department of Communities and Local Government, and the Department for Children, Schools and Families. Changes in key personnel within these departments, as well as the redistribution of responsibility among them, have accentuated the coordination challenges which are raised by this breadth of constituencies.

At the local level, a variety of policy-makers and practitioners operating in different institutional contexts are tasked with responding to central government directives and guidance including: licensing authorities and other areas of local government; primary care trusts (PCTs) and children's services; together with strategic and delivery partnerships such as CDRPs, health partnerships and Drug and Alcohol Action Team (DAATs). Some of these have statutory responsibilities concerning the control and treatment of alcohol misuse and the formulation of policy - we refer to these actors as 'core statutory partnerships' - others, have non-statutory roles informed by central government guidance and are characterized here as forming part of a broader sphere of influence which we term the wider 'policy network'.



Despite a raft of recent political announcements and statutory provisions that aspire to give local residents a greater voice in community governance (e.g. the Licensing Act 2003; Strong and Prosperous Communities - The Local Government White Paper (2006)), these voices appeared marginal to, if not excluded from, the core networks and processes of alcohol policy formulation.

Where local residents did wield influence this tended to be through collective action, primarily through vehicles such as local and national amenity groups, residents and civic societies, voluntary services and campaigning charities such as Alcohol Concern, the Institute of Alcohol Studies and Open All Hours. Such groups were often led by highly committed individuals who had garnered significant lay expertise and who adopted advisory, consultative, or lobbying roles within the numerous public consultation exercises surrounding national alcohol policy initiatives and local authority licensing statements. These groups, along with the private sector (as discussed below), had the capacity to shape policy whilst being located outwith central government and the core statutory partnerships.

Tensions between the centre and the peripheries

- The different agendas within and between Central Government departments led to policy pronouncements containing detectable 'fault lines' in the messages conveyed. Such ambiguities resonated at the local level, promoting uncertainty, hesitancy and frustration on the part of those tasked with local delivery.
- Central government, through a plethora of strategy and guidance documents, aspired to set the direction and strategic focus for alcohol policy. The response of local partner agencies, however, was largely dependent on the existing institutional context which determined their willingness and capacity to adapt and innovate. The demands of partnership were both enabling and constraining in this regard.
- Local actors frequently bemoaned a lack of political will within Central Government to instigate preventive interventions at the level of the entire population. Health practitioners, in particular, lamented an absence of macro or primary level interventions aimed at reducing aggregate levels of alcohol



consumption. As a consequence, there was concern that local alcohol policy was largely reactive and symptom-oriented in focus.

- The tone and content of political pronouncements and public debate at the national level - often accompanying new legislation - sometimes blended and sometimes conflicted with the organizational priorities and implementation practices of local policy actors. This led to a degree of local resistance to, or subversion of, centrally-forged agendas.
- Government posturing with regard to populist and punitive 'get tough' rhetoric had to be mediated through the lens of the pragmatic constraints of local delivery, particularly the on-going need to foster 'positive' relationships, with the alcohol industry who presented a powerful and influential counterpoint. By contrast, policing and enforcement activity could be more easily applied to individual consumers of alcohol and their families.

Tensions within and between 'core' statutory partnerships

The diversity of alcohol policy networks - whilst undoubtedly tapping broad expertise - required much diplomacy in order to negotiate and soothe potential conflicts of interest, disputes over ownership and clashes of organizational priority and culture between the various actors.

At both sites, tensions arose over where the strategy 'sat' in relation to the priority afforded to public health and community safety issues respectively, over future direction of the strategies, and over access to funding streams, control over their allocation and relative distribution of resources.

In the struggle to secure limited funding streams, local actors were variously entrepreneurial in their willingness and capacities to compete for public and private funds. This, at times created tensions between partner agencies, as ultimately some were more successful at securing funding than others. The recent introduction of a new performance management framework in the form of three-year objectives specified within Local Area Agreements (LAAs) held out the prospect of bringing greater alignment across funding streams such as those of the Department of Health and the Home Office.



- The presence of vertical, top-down accountability targets for discreet agencies was widely seen by local actors as an impediment to joined-up, collaborative work over alcohol policy. At one of our sites, there was significant attention given to overcoming this constraint by aligning the performance management indicators of the two main partnerships involved in determining local strategy. In this regard, national policymakers viewed the introduction of a centrally administered set of National Indicators for action on alcohol, which can be optionally specified by local strategic partnerships within LAAs, as enhancing the extent to which such alignment might be achieved.
- Whilst delivery tensions arose at both study sites, localized responses varied with consequences for subsequent working. In one location, a strategy coordinator had been appointed with a clear, recognizable brief and an acknowledged 'home' within her agency. This appeared to be a critical factor in creating consensus and resolving tensions among the core partnership. At the other site, coordination duties were split, lines of authority and jurisdiction fuzzy, and tensions more evident and enduring.
- 'Champions' for particular agendas were found to exert considerable influence at the local level. A champion was defined by interviewees as a well-established figure with a broad, senior role, most likely in a local authority context, which allowed them to push for progress in sometimes informal or unorthodox ways, as opposed to a coordinator whose role was, by definition, narrower and more constrained by practical and political (with a small p) considerations. Whilst this could lead to the domination of one agenda over another, as reflected by the over-arching priorities of the 'champion', a substantial proportion of interviewees emphasized the importance of and need for such a catalytic individual.

The role of the Private Sector

- The private sector interests of the drinks and leisure industry, retail corporations, commercial property owners and developers played an influential role in policy networks and exerted pressure to shape and negotiate policy outcomes accordingly. This process sometimes operated through responses to public consultation, at other times, with far less transparency and accountability.



- At times, the lobbying activities of the ‘alcohol industry’ functioned in unison to influence or resist policy initiatives; at other times, they were discordant and competitively aligned making consensus difficult within policy formulation, as well as well as reducing the extent and consistency of implementation.
- At both the national and local level, industry groups were able to apply pressure through their legal representatives which sometimes amounted to ‘intimidation’ - that is to say that regulatory and enforcement activity could sometimes be stifled or suppressed in the face of impending or anticipated litigation.
- At the local level, the private sector played a lesser or greater role in policy formulation and implementation through mechanisms such as ‘Pub Watch’, ‘Best Bar None’ and Business Improvement Districts (BIDs). Local statutory partnerships though tended to have an instrumental role in establishing and fostering these arrangements. Yet the effectiveness of such attempts to stimulate self-regulatory and ‘socially responsible’ practices was hindered by the fragmented nature of the ‘alcohol industry’, characterized by parochial sectoral interests within and between the ‘on-’ and ‘off-licensed’ trades and market-based competition at the local and national level.
- Notions of what measures may need to be implemented to ensure a ‘safe trading environment’ varied between the different actors, particularly between police and alcohol retailers in the on-licensed trade. At both sites this tension tended to be resolved through negotiation and bargaining between ‘regulators’ and ‘regulated’, who had a shared interest in avoiding conflict escalation and its various accompanying costs.

Contradictions within Policy Formulation and Implementation

- Local partnerships adopted different approaches to balancing the needs of economic development, health and community safety, particularly in the context of the night-time economy (NTE). Inherent contradictions existed at both sites between the desire to market urban centres as zones of culture, leisure and fun, and efforts to ameliorate any potentially negative effects of attracting large numbers of visitors and adopting a liberal approach to li-



censing (thus increasing the availability of alcohol and competition between its retailers).

- Stated objectives of achieving a ‘café culture’ with attractions less focused on alcohol, and of appeal to different generations and communities, remained elusive. Confronted with this failure to achieve root-and-branch reform, partnerships were involved in skewing alcohol policy towards crime control, through various attempts to increase surveillance, enhance security, and engineer harm minimization.
- The increased pegging of alcohol treatment regimes to criminal justice agendas raised similar concerns and debates to those widely rehearsed in relation to coerced drug treatment (see Seddon, 2007). Specifically, local actors involved in alcohol treatment raised concerns over ‘queue jumping’ in which clients become prioritized for treatment in direct relation to their offending history rather than the seriousness of their alcohol problems. They were also concerned about the prospects of health interventions becoming re-oriented towards risk management, predicated on data collection, overt surveillance and routine monitoring. In such ways, trust and confidentiality, the cornerstones of medical ethics, could be compromised, undermining the effectiveness of remedial treatment.
- Government policy is now, in part, formulated around meeting the principal alcohol-related performance indicator within PSA 25 (‘the rate of alcohol-related hospital admissions’). Some interviewees were concerned that this may serve to prioritize the problems surrounding binge drinkers at the expense of those suffering more chronic and longer-term alcohol-related health problems, as the former - due to presenting themselves in greater numbers - were considered more of a threat to meeting the target than the latter.
- Twelve new powers to tackle crime, disorder and public nuisance relating to alcohol had been introduced since 1998. Not all of these central government initiatives were welcomed by our interviewees, even those within the police and local authorities whom one might have presumed to be their primary beneficiaries. Alcohol Disorder Zones (ADZs) for example, intended to generate environmental ‘improvements’ on an area-wide basis through the placing of mandatory levies on licensed operators for the costs of crime con-



trol measures, had not been used in any area of the country, despite being operational in law for over a year. Much of this reluctance stemmed from the expressive qualities of the policy, specifically the assumed power of the label to define an area in terms of its high crime rate, this being contradictory to its initial aims.

- Health interventions could similarly be perceived as communicating detrimental signals about the nature of ‘place’ and thus influenced policy formulation and implementation. At one of our sites, plans to develop a ‘wet’ centre for hazardous and habitual ‘street drinkers’ were abandoned owing to the concerns of elected council members that such provision would signal to external audiences the extent of the local problem. Such concerns were exacerbated by elected members anticipating opposition from local residents over possible locations for the proposed development.

The Limitations of Alcohol Policy

- Alcohol policy was regarded as facing an uphill struggle given cultural attitudes to drinking which in many ways, and amongst certain groups, promoted excess. Recent national data is suggestive of an increasing polarity of drinking practices, with growth in both determined drunkenness and abstinence (Hadfield and Measham, 2009). Local authority and national government commentators spoke optimistically about the potential of ‘social norms marketing’ to address the drinking culture (despite international evidence indicating the relative inefficacy of educative approaches, in comparison with supply-side controls, Babor et al., 2003), as expressed in the recent NHS, Alcohol: Know Your Limits campaign and the industry-sponsored Drinkaware.co.uk. Local residents and industry representatives were more skeptical, the former conceptualizing themselves as in some ways ‘victims’ of other people’s irresponsible drinking practices, whilst the latter felt that they were being unfairly demonized for ‘giving people what they want’.
- Many interviewees expressed the view that existing policy levers were unable to initiate positive change as they failed to address important social and economic drivers, or habits. For example, in relation to the NTE, how might one address home-based pre-loading on alcohol (not necessarily associated with discounting). All of the on-trade representatives, some of whom mediated



between industry and local regulators through forums such as Pub Watch, felt that licensees were an 'easy target' for enforcement, and therefore received a disproportionate amount of policing, at great cost, whilst off-licenses were subjected to minimal scrutiny. The large supermarkets were singled out for price cutting thereby encouraging pre-loading and to a lesser extent, under-age drinking.

- Interviewees within CDRPs were sceptical of centrally-driven enforcement campaigns due to the time-limited nature of the prioritization and additional resources. The chronic necessity for police to focus on crowd control, public order maintenance and visible reassurance in nightlife zones at peak times resulting in limited capacities for arrest and routine proactive visits to licensed premises. Thus, notions of effectiveness were linked to the degree to which enforcement actions could be sustained and combined with other forms of targeted action in the long-term.
- The inability of punitive, generalised and spatially-oriented anti-social behaviour powers to nurture pro-social protective behaviours in 'binge drinkers' emerged as a major theme. Several interviewees referred to parental ambivalence, for instance, parents sending mixed-messages around their own drinking practices and the expectations they placed upon their children. Practitioners were conscious of their incapacity to deal with the issue of alcohol's availability within the home and of the need to work with parents to discourage the purchase of drinks for their children. In one of our sites, the local partnership planned to formalise such interventions through the use of anti-social behavior legislation, including Parenting Contracts and Parenting Orders.
- Further opportunities for communicating harm minimization messages lay in partnership work with the education sector. Student unions were often supportive of 'social norms' marketing in higher education, partly in response to the cultural dissonance felt by some 'international' and ethnic minority students when negotiating the myths and realities of student drinking. Our interviewees felt that implementation and delivery benefits may accrue from more formal links with schools, further education colleges and universities. This was seen by some as a form of 'counter discourse' in response to the



targeting of campuses in well-resourced marketing campaigns by drinks companies and leisure venues.

IMPLICATIONS

Despite the increasingly numerous attempts by central government to codify and steer alcohol policy toward various national priorities, targets and indicators there remained a significant degree of local variation in approaches, amounting to what might be described as ‘policy by geography’. These variations emerged from the ways in which different areas sought to work within these constraints, drawing on their various capacities, including formal and informal networks, interpersonal relations and the ability to adapt and innovate. Further, local partnerships were susceptible to the volatility of local conditions, for instance, changes in political outlook, key agency personnel and funding conditions, these factors influencing their ability to function in effective and consistent ways. The views of central government officials indicated awareness of these re-constitutions of national policy agendas and of the practical constraints facing local partnerships. Yet, in these interviews, the concern to ensure sustained and nationally consistent action on policy delivery (through adequate resourcing, implementation and evaluation) was subsumed to the overarching concern with positive impression management, specifically the need to ensure an anxious public that ‘something was being done’. Central government displayed a tendency to over-promise and under-deliver. Funding streams and other resources were not always sufficient to ensure the effective delivery of policy commitments at the local level. Public Service Agreement 25 was regarded as an important step change in that it relieved some of the pressure on local authorities who had struggled to gain the necessary funds through innovative and creative approaches to meet their targets, as defined nationally and locally.

At the local level, partnership activity around alcohol appeared notably split between public health/treatment and criminal justice concerns which were not always well integrated. The expectation of Central Government that local alcohol strategies are formulated in the institutional confines of Crime and Disorder Reduction Partnerships undoubtedly served to accentuate this schism. Perhaps as a result, in one site it appeared that criminal justice concerns were both better funded and supported politically as they were more clearly linked to political



and economic interests and the most visible manifestations of the alcohol issue apparent in the public spaces of central urban areas. The rapid expansion of police and local authority powers to tackle such issues implied a certain degree of central government endorsement for this approach, in preference to attempting to address population-level health issues which, apart from the occasional media expose or pronouncement by medical experts, remained largely insidious and obscure. Moreover, the general tenor of national policy was set not only by statutory action, but also by omission, here including the notable absence of statutory objectives relating to the public health impacts of alcohol within the Licensing Act 2003. One key effect of the prominence of crime and disorder in policy and performance management was to direct action and frame popular understandings of the 'alcohol problem' toward younger 'binge drinkers'. This could, in some ways, be understood as being at the expense of work to illuminate and address the chronic effects of other prominent population-level issues such as 'hazardous' and 'harmful' drinking by older people, in the home.

There were, however, some grounds for cautious optimism. Whilst previous research had identified a recent point in time in which the drinks industry in Britain appeared to have successfully captured the agenda of its own regulation (Hadfield, 2006, Room, 2004) there now appeared to be a greater willingness on the part of central government to countenance direct market intervention, at least in relation to crime and disorder and as a measure of last resort, or containment of chronic risk (see, for example, the inclusion of Cumulative Impact Policies in the Guidance accompanying the Licensing Act 2003, the introduction of Alcohol Disorder Zones under the Violent Crime Act 2006, and the 'discretionary local licensing conditions' to be applied to groups of two or more premises in any given area proposed within the Policing and Crime Bill 2009). Again, these measures are heavily crime-focused, yet, it is to be hoped that they and the myriad of other recent policy initiatives on alcohol may succeed in re-directing attention away from the costs and towards the causes of a nation's 'drink problem'.

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RESEARCH TEAM

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