STATES OF JERSEY

r

AN ALCOHOL STRATEGY FOR JERSEY

Lodged au Greffe on 15th July 2003
by the Health and Social Services Committee

STATES GREFFE

PROPOSITION

THE STATES are asked to decide whether they are of opinion –

(a) to endorse the strategy for concerted and co-ordinated action to reduce the harm to individuals and the community caused by the misuse of alcohol dated 2nd April 2002 and to approve the key strategic aims set out in the Alcohol Strategy for Jersey;

(b) to agree that, in an attempt to reduce per capita consumption of alcohol, impôts duties on alcohol should be increased annually over and above the level of inflation if deemed advisable, following consultation between the Health and Social Services Committee and the Finance and Economics Committee;

(c) to agree that, in an attempt to reduce alcohol-related assaults, malicious damage, anti-social behaviour, public disorder and under-age drinking, and to promote a healthy lifestyle and discourage intoxication, there should be a comprehensive review and revision of the Licensing (Jersey) Law 1974, as amended, following consultation between the Health and Social Services, the Home Affairs and the Finance and Economics Committees;

(d) to agree that measures should be introduced to reduce the incidence of alcohol consumption by persons under the age of 18 years of age by–

(i) the introduction of proof-of-age cards through the States smart card scheme or another suitable method as soon as practicable;

(ii) the drafting of best practice guidelines for the education and awareness of staff employed where alcohol is sold;

(e) to agree that steps should be taken to increase opportunities to access effective treatment and support services for those who misuse alcohol and to provide specialist support and advice to professional groups working with individuals who misuse alcohol;

(f) to request the Health and Social Services Committee to report to the States within a period of three years on the progress of the Alcohol Strategy.

HEALTH AND SOCIAL SERVICES COMMITTEE

REPORT

Background

The States approved the Crime and Community Safety Strategy and the Substance Misuse Strategy on 16th November 1999, including an intention to reduce the level of harm caused by alcohol misuse. The following proposals for a co-ordinated alcohol strategy have been prepared following extensive local consultation and research into how other countries are tackling alcohol-related problems.

The need for an alcohol strategy

For the majority of people who drink alcohol, it is a pleasant adjunct to a wide range of recreational activities. However, alcohol is also an addictive drug and a major cause of ill-health and social distress. Alcohol is a major contributory factor in deaths from liver disease, cancers and heart disease; and its misuse places families under stress, contributes to unemployment and homelessness, and affects the wider community in terms of violence, disorder and accidents.

In Jersey, average alcohol consumption per person has been estimated to be up to twice that in the United Kingdom, and is considered to be the highest in western Europe[1]. Furthermore, a survey on health and lifestyles in Jersey has indicated that 9% of adult men and 7% of adult women are dependent on alcohol.[2]

It is a misconception that drinking only harms a tiny minority of the population who drink particularly heavily. In reality, the range of alcohol problems go well beyond the medical concept of alcoholism. Problems can arise from a single bout of drinking or repeated heavy drinking, giving rise to physical, psychological and social harm.

Increased medical understanding of the effects of alcohol consumption has led to an awareness that the health risks also affect those who drink somewhat in excess of *sensible limits*.[3] There is also a greater recognition of the extent of social harms caused by alcohol misuse and their impact on a community's safety and quality of life.

Proposals

The principles of the alcohol strategy are –

- a focus on a whole population approach to alcohol misuse;
- promotion of social welfare and equal access to helping services;
- use of a range of measures to maximise the potential to reduce harm;
- implementation of a well-defined strategy with a long-term and consistent approach.

Implementing the strategy will depend on a number of co-ordinated initiatives related to controlling the supply and demand for alcohol, changing attitudes and the provision of information, and support and treatment services. These initiatives are summarised below.

Taxation and prices

There is good evidence that taxation and pricing have an impact on reducing levels of alcohol consumption and misuse. It is proposed to –

- maintain increases in taxation on alcoholic products over and above inflation, and level out taxation rates on different types of alcohol;
- reach agreements with the alcohol industry to reduce the price of non-alcoholic drinks relative to alcoholic drinks in licensed premises, encourage the sale of non-alcoholic and low alcohol drinks,

and discourage the use of sales promotions which may lead to binge drinking.

Licensing

Licensing continues to be needed to regulate the sale and consumption of alcohol, in order to protect the young, control excessive consumption in the interests of health and safety and to prevent disturbance and disorder.

It is intended to review and revise the Licensing (Jersey) Law 1974, to develop legislation that will help to reduce alcohol-related assaults, malicious damage, anti-social behaviour, public disorder and under-age drinking, and to promote a healthy lifestyle and discourage intoxication.

Community safety

Consideration of community safety issues is key to reducing alcohol-related violence and disorder when planning public places and housing. Options which focus on prevention and diversion are preferred to those which criminalise drinkers.

Proposals are aimed to reducing alcohol-related crime and nuisance in and around drinking venues, the town centre and other public places, through promoting improved management and policing, introduction of legislation enabling confiscation of alcohol in public places when there is a risk of injury or disorder (as agreed by the States on adopting a proposition of the Deputy of St. Martin, P.46/2002), and developing proposals to enhance the role of public transport in preventing alcohol-related disorder.

Drink-driving

The aim of a drink-driving policy is to reduce alcohol-related accidents on the roads. Measures need to be enforceable, and policy decisions should focus on reducing the harm caused.

Proposals to reduce the number of alcohol-related road accidents include a review of the permissible level of blood alcohol when driving (currently 80mgs per 100mls) in line with limits in other jurisdictions; improving public transport, with particular emphasis on late night provision; encouraging the Courts to introduce, where appropriate, an alcohol education order or a treatment order; and increased public education in relation to drink-driving within driving test training and in schools.

The promotion of alcohol

It is proposed to promote a more balanced portrayal of alcohol consumption and its outcomes in the media, and to protect young people from product promotion or media influences which may encourage them to drink alcohol prematurely or to excess in later life, or which exploit the young, immature, or those who are mentally or socially vulnerable.

Options include a review of advertising codes to reduce the number of advertisements likely to appeal to young people, and regulating sponsorship, packaging and merchandising of alcoholic drinks.

Changing attitudes: Campaigns to promote responsible drinking

Increased public education on the implications of alcohol misuse can enable individuals to make informed choices about drinking, and increase awareness of the full range of support facilities available.

Proposals include campaigns involving television and other media; recommending alcohol misuse education within Health and Safety plans of States Departments; specific guidance to schools and parents, and enhancing the role of youth work in alcohol education; encouraging employers to develop alcohol education programmes; and providing training and support for those engaged in alcohol education.

Support and treatment

A range of services for those in need of support and treatment should include screening for alcohol problems by G.P.s and hospital staff, brief treatment programmes and longer-term specialist remedial treatment, counselling services, self-help support and support for the children and partners of problem drinkers.

Co-ordination will be required to ensure effective links, for example for people with multiple needs, such as mental health problems, illicit drug misuse and social problems, and between different service providers, including the Alcohol and Drug Service, the General Hospital, Courts and Probation Service, Prison Service and Police.

Under-age consumption

Under-age consumption of alcohol increases substantially the risks of young people becoming involved in disorderly behaviour. This may lead to criminal activity, under-achievement at school, poor health and poor employment prospects, all of which can create additional problems in later life.

To reduce the consumption of alcohol by under 18s, it is proposed to rigorously enforce current legislation, actively promote a proof-of-age scheme, exploring new measures to control the purchase of alcohol by adults for under 18s in inappropriate circumstances, and consider legislation to permit confiscation of alcohol in a public place where there is a risk of a nuisance or misbehaviour.

Resources

The cost of implementing the Alcohol Strategy will be primarily met from funds already allocated to/requested for the Crime and Community Safety and Substance Misuse Strategies or from existing revenue budgets of individual States' departments.

Tackling alcohol on an Island-wide basis requires a broad, all-embracing, partnership approach. Although the Health and Social Services Committee will act as both a catalyst for change and the lead Committee on this matter, the commitment of other States' Committees and others will be essential for the strategy to be effectively delivered.

Conclusion

A strategic approach is required to tackle alcohol problems, and to provide a framework for resolving the often conflicting commercial, recreational and welfare interests associated with alcohol consumption. To meet concerns over the disjointed nature of alcohol policy development, there is a need to co-ordinate the large number of agencies whose work includes alcohol, and to ensure that alcohol issues are addressed.

The proposals contained in this Alcohol Strategy are overarching. They make the case for far-reaching changes to alcohol policy across the full spectrum of Island life. They address contentious issues and recognise the significant difficulties of reform required to implement effective intervention.

For many people, drinking alcohol is a social and recreational pastime which adults indulge in sensibly and responsibly. Consequently, such drinking habits are not an issue and this strategy seeks only to address the harm caused by the excessive and inappropriate use of alcohol.

AN ALCOHOL STRATEGY FOR JERSEY

BACKGROUND

The States of Jersey declared its intention to reduce the level of harm caused by alcohol misuse when it approved the Crime and Community Safety Strategy and the Substance Misuse Strategy on 16th November 1999. These proposals for a co-ordinated alcohol strategy have been produced by the Alcohol Strategy Working Party and have been endorsed by the Chief Officer Group. In producing this document a great deal of emphasis has been placed in obtaining the views and suggestions of others as well as carrying out extensive research into how other countries are tackling alcohol-related problems.

Alcohol is part of Jersey's cultural tradition, has a significant recreational role and, when consumed in small quantities, can have health benefits for certain groups. For the majority of people who drink alcohol, it is a pleasant adjunct to a wide range of recreational activities. However, alcohol is also an addictive drug and a major cause of ill health and social distress. As well as its role in liver cirrhosis, (between 1996-1999, 52% of deaths in Jersey, associated with diseases of the liver, identified alcohol as a factor)[4], cancers and heart disease, its misuse places families under stress, contributes to unemployment and homelessness, and affects the wider community in terms of violence, disorder and accidents. (50% [392] of all police attendances at domestic violence incidents in Jersey, in 1999 involved alcohol or drug use.)[5] A Canadian study has shown that victims usually report domestic violence after approximately thirty three offences are committed against them. During 2002, reported offences in Jersey went up by 17%, which may indicate a greater willingness to report, but the level of repeat offences which dropped by 28% during 2001, remained constant during 2002.

While there are economic benefits associated with the alcohol industry, the financial cost to society of alcohol misuse is substantial. They involve health, welfare and criminal justice services' costs, as well as the financial implications of unemployment, accidents, anti-social behaviour, absenteeism and lost productivity.

The cost of implementing the Alcohol Strategy will be primarily met from funds already allocated to/requested for the Crime & Community Safety and Substance Misuse Strategies or from existing revenue budgets of individual States' departments. It must be stressed at the outset that tackling alcohol, on an Island-wide basis, requires a broad, all-embracing, partnership approach. Therefore, although the Health and Social Services Committee will act as both a catalyst for change and the lead Committee on this matter, the commitment of other States' Committees and others will be essential in order that the strategy can be effectively delivered.

THE CURRENT NEED FOR AN ALCOHOL STRATEGY

Policy thinking on alcohol has too often been coloured by the misconception that drinking adversely affects only a tiny minority of the population who drink particularly heavily. In reality, there are a wide range of alcohol problems, which go well beyond the medical concept of alcoholism. Problems can arise from a single bout of drinking or repeated heavy drinking. Such problems exist in the physical, psychological and social domains as indicated in the table on Page 2.

Increased medical understanding of the effects of alcohol consumption has led to an awareness that the health risks do not only apply to heavier dependent drinkers, but also affect those who drink somewhat in excess of *sensible limits*.[6] There is also a greater recognition of the extent of social harms caused by alcohol misuse and their impact on a community's safety and quality of life.

To achieve the recommendation made in the Substance Misuse and Crime and Community Safety Strategies ‘to reduce the numbers of people drinking above sensible limits’ will need a concerted effort by the community at large. Whilst the overall consumption of alcohol in Jersey has fallen over the past ten years, it is calculated to be in the region of 1½ times higher than that of the UK[7], and recent research has shown a significant rise in the amount of spirits and beers consumed by children.[8]

A strategic approach is required to ensure that action is taken to tackle these problems, and to provide a framework for resolving the often conflicting commercial, recreational and welfare interests associated with alcohol consumption. To meet concerns over the disjointed nature of alcohol policy development, there is a need to co-ordinate the large number of agencies whose work includes alcohol, and to ensure that alcohol issues are addressed.

Table 1 Types of Problem

PHYSICAL	**Acute**	**Chronic**
	Accidental injury Injuries from fights Acute medical complications	Brain damage Peripheral neuritis High blood pressure Heart disease Stroke Liver disease Chronic pancreatitis Cancers of: Oropharynx Larynx Oesophagus Stomach Liver Rectum Breast Skin diseases Endocrine disorders Blood disorders Disorders of the immune system
PSYCHOLOGICAL	Impaired reaction time Impaired emotional control Suicide	Short-term memory impairment Dementia Alcoholic hallucinosis Dependence Withdrawal fits Delirium tremers

SOCIAL	Work problems Crimes of violence Drink driving accidents/injuries Family violence Anti-social behaviour	Family breakdown Debt Housing problems Destitution

MAKING IT HAPPEN

The administrative framework proposed to co-ordinate the implementation of the strategy includes:

- An *Alcohol Working Party* (Senior Officer Group Sub-Group) to oversee the Strategy's implementation.

- An *Alcohol Advisory Forum* to inform the development of the Strategy drawn from those agencies, including the alcohol industry, whose work involves dealing with alcohol.

- An A*lcohol Research Subgroup* to ensure the necessary data is available and provide independent evaluation of the Strategy.

CORE PRINCIPLES AND OPERATIONAL AIMS

The core principles at the heart of the Strategy are:

- **A focus on a whole population approach to alcohol misuse.**
- **The promotion of social welfare and equal access to helping services.**
- **The use of a range of measures to maximise the potential to reduce harm.**
- **The development of a well-defined and accountable system with a long-term and consistent approach.**

How the Strategy will be monitored and evaluated:

- **To reduce the per-capita consumption of alcohol.**
- **To reduce the amount of alcohol-related ill health.**
- **To reduce the number of alcohol-related injuries.**
- **To reduce the incidence of alcohol-related crime and disorder.**
- **To reduce the number of alcohol-related road accidents.**
- **To reduce economic loss in the work place due to alcohol misuse.**
- **To reduce the incidence of alcohol consumption by young people.**
- **To increase opportunities for alcohol problem users to access treatment and support.**

Detailed proposals for achieving these aims are made in the next section which describes the key areas relating to the control of supply and demand, changing attitudes and the provision of information, support and treatment.

OBJECTIVES AND TARGETS

Taxation and Prices

Taxation and pricing have an impact on levels of alcohol consumption and misuse. At current levels of consumption, it is appropriate to maintain the recent practice of increasing taxation on alcoholic products over and above inflation. (see Appendix A)

Key proposals

- Excise duties to continue to rise over and above the level of local inflation.
- Equalise taxation rates on alcohol. This will address the anomaly that currently exists whereby a unit of alcohol in beer is cheaper than a unit of alcohol in spirits[9].
- Reach an agreement with the alcohol industry to reduce the pricing of non-alcoholic drinks relative to alcoholic drinks in licensed premises.
- Encourage the licensing trade to promote the sale of non-alcoholic and low alcohol drinks in licensed premises and discourage the use of sales promotions (such as happy hours), which encourage binge drinking.

Licensing

Licensing continues to be needed to regulate the sale and consumption of alcohol because of its intoxicating and addictive properties, its potential to damage health and its contribution to nuisance and disorder. The three primary aims of licensing should be to protect the young, control excessive consumption in the interests of health and safety and to prevent disturbance and disorder.

Key proposal

- Reduce alcohol-related assaults, malicious damage, anti-social behaviour, public disorder and under-age drinking, and promoting a healthy lifestyle and discouraging intoxication through a comprehensive review of the aims and objectives of the Licensing (Jersey) Law 1974 (see Appendix B)

Community Safety

Consideration of community safety issues when planning public places and housing as the introduction of preventative measures are key to reducing alcohol-related violence and disorder. Options which focus on prevention and diversion are preferred to those which criminalise drinkers. For example, exploring the relationship between housing, accommodation and alcohol misuse.

Key proposals

Reducing alcohol-related crime and nuisance in and around drinking venues, the town centre and other public places through:

- The States of Jersey Police providing good practice guidance to the Planning Department and licensees, with particular emphasis on prevention practice in relation to the management of the environment in and around drinking venues. e.g.: CCTV (see Appendix C)
- Developing proposals to enhance the role of public transport in preventing alcohol-related disorder. There are currently 147 rank and 151 private taxi licences in issue. There are no requirements for a licensee to do any particular hours or shifts, including night shifts. The main requirement is that they cover 21,000 miles per year.
- Encouraging the trade to extend their use of toughened glass.
- Exploring introducing legislation enabling confiscation of alcohol in public places when risk of injury or disorder is apparent.
- Exploring and developing pro-active policing initiatives within licensed premises.

Drink-Driving

The aim of a drink-driving policy is to reduce alcohol-related accidents on the roads. Measures need to be enforceable, and policy decisions should focus on reducing the harm caused.

Key proposals

Reducing the number of alcohol-related road accidents through:

- A review of the permissible level of alcohol in the blood when driving (currently 80mgs per 100mls).
- Developing proposals for public transport designed to reduce the incidence of drink-driving, with particular emphasis on late night provision.
- Encouraging the Courts to introduce, where appropriate, a requirement to make the return of a licence conditional upon completion of an alcohol education order or a treatment order.
- Continuing public education in relation to drink-driving, to include an increased component within driving test training and alcohol education in schools.

The Promotion of Alcohol

Alcohol publicity including advertising, broadcasting, sponsorship, and packaging is specifically designed to sell a product to a targeted group.

Key proposals

Promoting a more balanced portrayal of alcohol consumption and its outcomes in the media, together with the protection of young people from product promotion or media influences which may encourage them to drink alcohol prematurely or to excess in later life, through the following measures:

- Need to research the nature of alcohol advertising in line with UK policies. In 2000, £227.3 million was spent in the UK on alcohol advertising (Institute of Alcohol Studies). In the UK, advertising, including that for alcohol, on broadcast media is controlled by statutory bodies, the Independent Broadcasting Authority and the Cable Authority. Advertising in other media, for example in newspapers, is regulated by a voluntary code, the British Code of Advertising Practice. The key focus of the BCAP is that advertisements should not encourage excessive drinking or exploit the young, immature, or those who are mentally or socially vulnerable.

- A review of the content and interpretation of advertising codes in order to reduce the number of advertisements likely to appeal to young people, the establishment of independent monitoring and adjudication arrangements to regulate sponsorship, packaging and merchandising of alcoholic drinks, with a view to protecting the young.

Changing Attitudes: Campaigns to Promote Responsible Drinking

Public education is needed on the implications of alcohol misuse to enable individuals to make informed choices about drinking. Alcohol education needs to be strengthened.

Key proposals

Enhancing people's capacity to make informed choices about their drinking habits and increasing awareness of the full range of support facilities available through:

- Ongoing campaigns involving television and other media, posters and leaflets.
- Guidance to States Departments recommending the inclusion of alcohol misuse public education within Health and Safety Plans.
- Strengthening alcohol education for young people through specific guidance to schools; the development of parent education initiatives; an audit and update of alcohol teaching materials; an evaluation of alcohol education; and enhancing the role of youth work in alcohol education.
- Establishing a network of major employers to develop flagship alcohol education programmes, increasing the number of employers with effective policies, and developing ways of supporting those not in full-time employment.
- Providing training and support for those engaged in alcohol education.

Support and Treatment

For those in need of support and treatment, whether people are in the early stages of developing an alcohol problem or are entrenched or dependent drinkers, ready access to appropriate and quality alcohol services should be provided.

Core services should include:

- Screening for alcohol problems in primary care and hospital settings.
- Minimal interventions and brief treatments within primary health care, hospital and alcohol-service settings.
- Outreach work.
- Longer-term specialist remedial treatment, including detoxification and counselling services in day care settings, and in residential units for severe cases where support is lacking.
- Self-help support groups.
- Support for the children and partners of problem drinkers.

Because alcohol services are funded by a range of sources, and are delivered by a variety of public, private and voluntary sector agencies, effective co-ordination at all levels is required. The Substance Misuse Strategy 1999-2004 currently funds a number of alcohol awareness projects, for example, in the form of health promotion initiatives and subsidising police sensible drinking and anti-drink driving campaigns.

Key proposals

- The development of the Alcohol and Drug Service in order to ensure that a full range of treatment is available to those with multiple needs, such as mental health problems, illicit drug misuse and social problems.
- Support for the General Hospital to develop a strategy for detecting and responding to alcohol problems. The promotion of minimum service standards, to ensure that practitioners in a variety of settings are able to offer treatment and support to problem alcohol users.
- Encourage the courts' use of probation and binding over orders with treatment conditions similar to those used for some drug offences.
- Extend alcohol support and treatment in prison.
- Provide alcohol training and education to healthcare professionals in order for them to identify and help problem alcohol users.
- Introduce an arrest referral scheme.

UNDER-AGE CONSUMPTION

Under-age consumption of alcohol must be addressed as it increases substantially the risks of young people becoming involved in disorderly behaviour. This may lead to criminal activity, under-achievement at school, poor health and poor employment prospects, all of which can create additional problems in later life. (see Appendix D)

Key proposals

Reduce the consumption of alcohol by under 18s through:

- Rigorous enforcement of current legislation – Licensing (Jersey) Law 1974.
- The active promotion of a proof-of-age scheme (most likely the States Identity Card).
- Exploring the feasibility of introducing new measures concerned with the purchasing of alcohol by adults for consumption by under 18s in certain inappropriate circumstances.
- Introduce legislation to "permit police officers to confiscate alcohol in the possession of any person in a public place who was causing a nuisance, or whose possession of alcohol might, in the opinion of the officers, lead to further misbehaviour", as proposed by Deputy Bob Hill on 21 May 2002 and approved by Home Affairs in January 2003.

SUCCESS CRITERIA

There is considerable scope for investing in the Strategy's preventative proposals as they will have a significant impact in reducing levels of alcohol misuse. These include arrangements for the co-ordination of the Strategy, measures relating to the control of supply and demand, public education and support and treatment services. In addition, research shows that specialist treatments, which are targeted at specific sections of the community, offer cost benefits resulting from reduced medical and social welfare costs. A 5% reduction in the overall level of alcohol consumed by the conclusion of the Strategy's first 5-year term would be a reasonable expectation.

CONCLUSION

The proposals contained in this Alcohol Strategy are necessarily overarching. They make the case for far-reaching changes to alcohol policy across the full spectrum of island life. They address contentious issues and relate to areas of activity where the difficulties of reform have caused successive administrations to shy away from large-scale, effective intervention. Conflicting views have been teased out through the consultation exercise.

For some people, there are religious, economic and cultural considerations that place parameters on their level of alcohol consumption. For the most part, however, drinking alcohol is a social and recreational pastime which adults indulge in sensibly and responsibly. Consequently, such drinking habits are not an issue and this strategy seeks only to address the harm caused by the excessive and inappropriate use of alcohol. Hence, we trust that the strategy will stimulate constructive dialogue amongst States' departments, Parish authorities, the alcohol industry and the public at large aimed at addressing the concerns identified.

Bibliography:

General

Advisory Committee on Alcoholism. (Date Unknown) *'Report on Prevention'* Department of Health and Social Security and the Welsh Office.

Alcohol Advisory Service (1998) *'Promoting Safer Drinking'* Alcohol Advisory Service (Coventry and Warwickshire).

Alcohol Concern (1998) *'Tackling Drugs Together: A Vehicle for Alcohol Policy'* Alcohol Concern. London

Alcohol Concern (1999) *'Proposals for a National Alcohol Strategy for England'* Alcohol Concern. London.

Eurocare (1995) *'A Summary of Alcohol Policy and the Public Good: A Guide for Action'* Eurocare.

McCabe, A and Raine, J. (1997) *'Framing the Debate: Crime and Public Health'* The Public Health Alliance. Birmingham.

Jersey Evening Post, (21 January 2003) '£1.50 A Pint – Of Pop'

Health

Advisory Committee on Alcoholism (Date Unknown) *'The Pattern and Range of Services for Problem Drinkers'* HMSO.

Alcohol Concern (2000) *'Public Health'* Alcohol Concern. London.

Godfray, C. Hardman, G. and McKenna, M. (1998) *'Assessing Needs for Alcohol Services: Guidance for Purchasers'* Centre for Health Economics.

Stimpson, G. and Fitch, C. (2001) *'Responding to drug and alcohol use in Jersey'* Not Yet Published.

Voas, R. and Timken, D. (2001) *'Does Low-Alcohol Beer Reduce High Risk Drinking?'* Pacific Institute for Research and Evaluation and Colorado Department of Health Services.
http://www.raru.adelaide.edu.au/T95/

Crime

Home Office (2000) *'Tackling alcohol-related crime, disorder and nuisance: Action Plan'.*
http://www.homeoffice.gov.uk/pcrg/aap0700.htm

Raynor, P. and Honess, T. (1998) *'Drug and Alcohol-related Offenders Project: an evaluation of the West Glamorgan partnership'* Home Office. London.

St. John-Brooks, K. (1998) *'Keeping the Peace: A guide to the prevention of alcohol-related disorder'* The Portman Group. London.

Drink-Driving

Åberg, L. (2001) *'Long Time Effects of a Lowered Blood Alcohol Limit in Sweden'*
http://www.raru.adelaide.edu.au/T95/

Alcohol Concern (1998) *'Combating drink-driving : Next steps Alcohol Concern's response to the consultation document'* Alcohol Concern. London.

Board of Science and Education (1996) *'Driving impairment through alcohol and other drugs'* British Medical Association.

Clayton, A. (2001) *'Regranting Licences – Experience in Britain'* The British Institute of Traffic Education Research.
http://www.raru.adelaide.edu.au/T95/

Clayton, A. (1999) *'Which Way Forward? A review of drink-driving countermeasures in selected countries world-wide'* The Portman Group. London.

Commission of the European Communities (2001) *'Commission Recommendation of 17 January 2001 on the maximum permitted Blood Alcohol Content (BAC) for drivers of motorised vehicles'* CEC.

Brussels.
Fell, J. (1995) *'What's new in Alcohol, Drugs and Traffic Safety in the U.S.'* National Highway Traffic safety Administration. Washington. http://www.raru.adelaide.edu.au/T95/
Haworth, N. Bowland, L. and Foddy, W. (2001) *'Alcohol Restrictions for Novice Drivers'*. http://www.raru.adelaide.edu.au/T95/
Johnson, D. and Fell, J. (2001) *'The Impact of Lowering the Ilegal BAC Limit to 0.8 in Five States in the U.S.'* National Highway Traffic Safety Administration. Washington. http://www.raru.adelaide.edu.au/T95/
Kruger, H. (1997) *'Differential Effects of Deterrence – What can be Learned from Raising a BAC Limit'* Center for Traffic Sciences, Würzburg. http://www.raru.adelaide.edu.au/T95/papers/s15p5.html
Laurell, H. (2001) *'Relicensing Pre-Examination for Drinking Problems: The Swedish Experience'* Swedish National Road Administration. http://www.raru.adelaide.edu.au/T95/
McLean, A. Kloeden, C. McColl, R. and Laslett, R. (2001) *'Reduction of Legal Blood Alcohol Limit from 0.08 to 0.05: Effects on Drink Driving and Alcohol-Related Crashes in Adelaide'* .http://www.raru.adelaide.edu.au/T95/
Nickel, R. Berghaus, G. and Friedel, B. (1995) *'Regranting of Drivers' Licences in Germany: Individual Defferentation vs Formalisation'*. http://www.raru.adelaide.edu.au/T95/

Taxation

Alcohol Concern (1993) *'Taxing for Health'* Alcohol Concern. London.
Alcohol & Public Health Research Unit, Runanga, Wananga, Hauora me te Paekaka (2001) 'Submission to the Taxation Review Committee' http:/www.aphru.ac.nz/publications/alcprice.htm
Curtin National Drug Research Institute (1999) *'Using taxation to save Lives'* Press Release.
Heien, D. (1995) *'Are Higher Alcohol Taxes Justified?'* Cato Journal, Vol. 15, Nos. 2-3. http://www.cato.org/pubs/journal/cj15n2-3-7.html
http://www.curtin.edu.au/curtin/centre/ncrpda/news/media
IAS (1999) *'Alcohol: Tax and Price and Public Health'* Institute of Alcohol Studies. http://www.ias.org.uk/factsheets/alcoholtax.htm

Advertising

Institute of Alcohol Studies 'Alcohol and Advertising' http://www.ias.org.uk

Underage Drinking

Brain, K. and Parker, H. (1997) *'Drinking With Design, Alcopops, designer drinks and youth culture'* Portman Group.
Fox, K. (1997) *'Taskforce on Underage Alcohol Misuse: Report on the Under-18 Panel Meetings'* The Portman Group.
Newcombe, R. Measham, F. and Parker, H. (1995) *'A Survey of Drinking and Deviant Behaviour Among 14/15 Year Olds in North West England'* Addiction Research, vol. 2, No.4. pp.319-341.
Home Office Circular No. 02/2001 'Liquor Licensing' http://www.homeoffice.gov.uk/ccpd/hoc0201.htm
States of Jersey (2001) *'A Picture of Health in Jersey 2000: reflections on the health related behaviour of young people aged 10-15 years'* Health Promotion Unit. Jersey.
The Portman Group (1997) *'Under the Influence: The report of the taskforce on underage alcohol misuse'* The Portman Group. London.
The Royal College of Physicians (1995) *'Alcohol and the Young'* The Lavenham Press Ltd. Lavenham.
Walker, A. (1997) *'Prove It! Proof of Age Scheme: surveys of cardholders and off-licence managers'* The Portman Group. London.

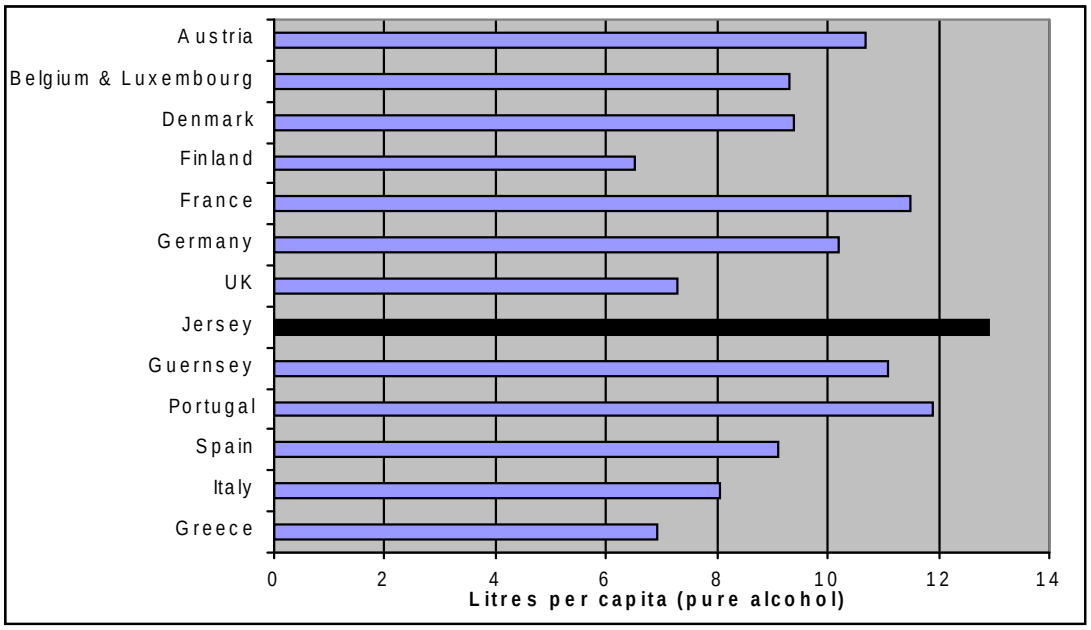
Alcohol Taxation

The States of Jersey Substance Misuse Strategy recognises that alcohol causes more harm than other legal or illegal substances. Consequently, the strategies endorsed by the States in 1999 to tackle crime and community safety and substance misuse declared the intention to reduce the level of harm caused by alcohol misuse throughout Jersey.

Research undertaken by Imperial College indicates that the overall level of consumption of alcohol in Jersey is significantly higher than in a number of European countries. Whilst recognising that precise per capita measures of alcohol consumption are fraught with difficulties it is widely accepted that in Jersey, as is the case in many small island communities, alcohol plays a significant part in island life. The overall consumption of alcohol in Jersey appears to have fallen by 20% over the last ten years. This is accountable, in part, to changes in excise duty and public health initiatives to moderate consumption. However, in comparison with other European countries (non-adjusted data) consumption remains comparatively high (see figure 1).

Figure 1. **Per capita estimates of litres of pure alcohol consumed, Jersey (adjusted)[10] and other European countries (non-adjusted), 1998**

Source: Imperial College (2001)[11]



A large number of studies into the effects of price changes on consumption have now been carried out in a wide range of countries including Australia, Belgium, Canada, Denmark, Germany, Finland, France, Ireland, Italy, Kenya, Netherlands, Norway, Portugal, Spain, Sweden, UK and the USA.

The available research evidence leads to three major conclusions:

- Alcohol behaves like other commodities – if price goes up, consumption goes down – thus alcohol is price sensitive.
- Price elasticities – the responsiveness of alcohol to price changes – are not the same for all times and places, nor for all beverages. Research measures consumer response to price changes by

computing the price elasticity. This is defined as the percentage change in demand that results from a 1% change in price. For example, a price elasticity of 0.5 would imply that a 10% rise in price would result in a 5% fall in consumption. The UK Treasury estimates price elasticities for the main drinks to be:

beer: – 1. 0, spirits: –0. 9, wine: – 1. 1.

- Heavy and even alcohol-dependent drinkers are influenced at least as much, if not more than lighter drinkers, by price changes.

The level of alcohol taxation has historically been influenced by social, cultural and historic as well as economic factors. This has led to the situation today where the level of duty on different alcoholic drinks varies tremendously. In order to illustrate this, Table 1 illustrates the current level of duty (applicable in Jersey) per litre of alcohol for a range of drinks.

Table 1 – Current level of duty, in Jersey, per litre of alcohol for a range drinks

DRINK	Current level of duty per litre of pure alcohol	Jersey Duty
Spirits – Litre of Whisky @ 40% a.b.v. 75cl Bottle of Wine @ 12% a.b.v. 33cl Bottle of Alcopops @ 5% a.b.v. Pint of Cider/Beer @ 4.5% a.b.v.	£19.23 £10.24 £9.36 £8.40	£7.69 £0.92 £0.15 £0.22

The alcohol strategy has two primary objectives with regard to alcohol taxation. Firstly, recognising the correlation between price and consumption, it advocates price increases on all alcoholic beverages over and above local inflation. Secondly, it endeavours to harmonise the relative levels of duty levied on different alcoholic beverages.

This approach:

- Tackles alcohol on a whole population basis (it is not the intention to penalise specific sub-groups within the community).
- Helps to close the gap between the (historically high) duty on spirits and other alcoholic beverages.
- Recognises the fact that alcohol is a price-sensitive commodity, although price elasticity needs to be acknowledged.
- Involves punitive increases on stronger alcohol beers, lagers and ciders, drinks which tend to be associated with alcohol-related crime, disorder and anti-social behaviour.

Impact of Proposals

A number of potential impacts to the proposed increases may be forthcoming:

- **Tourism.** The Tourism industry may perceive such increases as unhelpful. Nevertheless, this approach embraces the need to improve the health and well-being of the residents of Jersey. Furthermore, tourists reach a decision on their holiday destination having consideration for a host of sophisticated factors, and not merely the availability of cheap alcohol, although the

availability of a duty-free shop within the Airport complex somewhat dilutes this potential concern.

- **Inflation.** The impact of such increases on the Jersey Retail Price index is minimal.
- **Cross-price effects.** It has been suggested that some consumers may switch from one drink to a cheaper alternative. By gradually harmonising the level of duty on alcoholic beverages, as proposed, whilst still increasing the duty on spirits annually, this effect should be minimised. In addition, drinking preferences are based on numerous factors including peer group influence, personal taste, habit, affordability, setting, etc. Figure 2 shows the existing local per capita consumption pattern for spirits, wine and beer.
- **Low income households.** It has been argued that taxation is not socially equitable as the poorer proportionately bear more of the burden. Evidence from New Zealand, UK and USA does not support this contention. Taxation is levied per unit of alcohol consumed. Those who drink the most alcohol pay the most tax. It is suggested that the vast majority of drinkers only drink relatively small amounts of alcohol and consequently taxation represents only a small proportion of their income.
- **Problem drinkers.** Some people believe that increasing the price of alcoholic beverages does not affect the heavy or alcohol-dependant drinker. Heavy and even alcohol-dependent drinkers are influenced at least as much, if not more than light drinkers, by price changes. Approximately 70% of all clients who are referred to the Alcohol and Drug Service for alcohol problems cite financial difficulties as a key factor in addressing their problems. Furthermore, the alcohol strategy advocates an approach that addresses all drinkers and seeks to reduce overall levels of consumption.

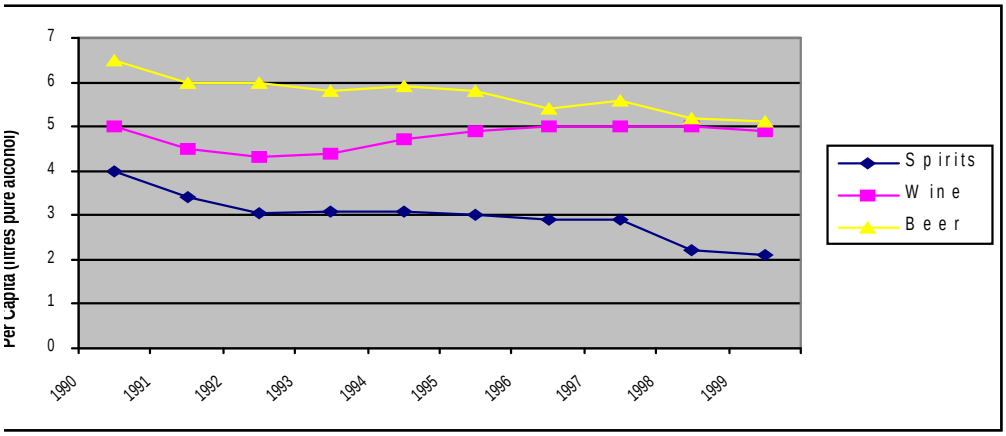


Figure 2. **Per Capita litres pure alcohol consumption of drinks was 12.9 litres in 1999 (adjusted to accommodate for seasonal tourist and worker flows)**

Source: Imperial College (2001)

REVIEW OF LICENSING (JERSEY) LAW 1974 (THE 'LAW')

Licensing regulations are recognised as one important strand of public policy for reducing the harm associated with alcohol misuse. Any changes must, therefore, be deliberated in their widest context as a public health issue. Careful thought needs to be given to weighing the potential benefits to consumers, licensees and business against the potential costs should reforms, particularly in relation to more flexible opening times, lead to greater problems in relation to crime, disorder, anti-social behaviour, fear of crime and consumption levels.

The Home Offices' White Paper, '*Time for Reform: Proposals for the Modernisation of Our Licensing Laws'*, makes a number of recommendations on various aspects of the licensing laws in the UK. Whilst there are a number of elements which are not appropriate to Jersey (i.e. motorway service stations), there is much that any review of the Licensing Law in Jersey should take into account.

This includes:

- **Monitoring and review**
  Systems need to be established to monitor the impact of changes to licensing laws. Research needs to be conducted on the feasibility of introducing a set of annual returns for all licence holders which can be centrally collated and analysed.

- **Premises/Personal Licence**
  The creation of a system of two licences – a premises licence and an individual licence should be considered.

- **Training**
  A review of training should be undertaken, with a particular emphasis on strengthening the health and social aspects of licensee training. The training of staff should be encouraged through a requirement for a staff training plan in the standard conditions attached to the premises licence.

- **Premises Licence**
  Under the Law, there are currently seven categories of licence. As it stands, the system for granting licences needs to be modernised and rationalised, with a streamlining of the number of licences available. The driving force behind any decision to change licensing should be the aim to minimise harm, not appease commercial objectives. Measures which promote sensible drinking, such as reducing the price of non-alcoholic drinks in comparison to alcoholic drinks, could become a condition of the licence. Access to non-alcohol facilities, transport, food and entertainment should be taken into account when reaching a decision on granting a licence.

- **Permitted Hours**
  No decision to increase permitted opening hours should be taken until proper consideration has been given to the effects of such in the U.K. and elsewhere.

- **Access by Children**
  The health, safety and welfare of children should be the most important aspect of any provision within licensing legislation. The basic position should be that children are not allowed access to a venue unless specific measures are in place to make the venue child-friendly.

Breach of Licensing Regulations/Conditions

Consideration should be given to the introduction of new powers enabling the police to close premises when a serious breach of licensing regulations, risk of injury or disorder is apparent.

It should be noted that these are just a few of the areas which will need to be considered when undertaking a review of the licensing law. This review is urgently needed and should be undertaken within 12 months of the strategy being adopted by the States.

ENVIRONMENTAL DESIGN

Reducing alcohol-related crime and nuisance in and around drinking venues, the town centre and other public places is one of the key proposals contained within this strategy. Last year, in Jersey alone, there were 395 offences of drunk and disorderly recorded; 135 offences of disorderly on licensed premises and 51 cases of drunk and incapable. Internationally, research which looked at over nine thousand reported crimes in 11 countries, showed that nearly two thirds of violent offenders were drinking at the time of the crime and nearly one half of the victims were intoxicated. (Heather, 1994)

The key proposals relating to this section are:

- **Managing the environment within venues.**

There is a need to ensure that planning and architects 'build in' design practices, in new venues and those that are being refurbished, which reduce the likelihood of aggressive or inappropriate behaviour.

The Portman Group is an independent company set up in 1989 by the UK's leading drinks manufacturers, which together supply the majority of the alcohol sold in the UK. The organisation's purpose is to help prevent misuse of alcohol and to promote sensible drinking.

The Portman Group (1998) suggest that factors which need to be considered include:

- **Customer Frustration.** This arises when customers are prevented from doing what they want or getting what they expected to. Design factors can have a significant effect on a customer's frustration through insufficient bar serving areas; poor layout; inappropriate heat, sound and light levels; and inappropriate siting of cigarette machines, pool tables etc.
- **Layout.** There is a basic design conflict between the need of the licensees and their staff and the preference of many customers for a secluded area for themselves and their friends. Open plan designs often meet the needs of the licensee but not that of customers. In addition, open plan can permit the spread of aggressive and anti-social behaviour.
- **Flow Patterns**. The anticipated flow of customers within the venue should be a significant element in the design brief.
- **Siting and Design of the Bar.** It is important that the bar is situated so that staff have control over certain key areas such as the entrances to private spaces (kitchens, living quarters), public entrances and exits and staff should have a clear line of sight of the entrances to toilets.

When designing new/refurbished venues every effort should be made to liaise with the Police Crime Reduction Unit with regard to designing out crime.

- **Managing The Environment of the Surrounding Area.**

In addition to managing the environment within the venue the area surrounding the venue needs to be considered from a 'secured by design' point of view. Issues such as street/car park lighting, noise levels and the flow of customers to and from the venue (especially at closing time) should be considered as part of the design and planning process. At present Planning do not have a remit to ensure that the proposed venue does not pose community safety issues.

UNDERAGE CONSUMPTION

Underage consumption of alcohol must be addressed as it contributes substantially to the risks of young people becoming involved in criminal and anti-social behaviour, as well as leading to underachievement in school, poor health and poor employment prospects which may lead to additional problems later in life.

A report by the British Paediatric Association and The Royal College of Physicians (1995) states: *'Alcohol can harm children and young people to an alarming degree. The harm caused is not only by parents and other adults who are problem drinkers, but by excessive consumption among the young themselves'*. The report focuses on four main areas:

1. **Problem Drinking by Parents.** The report states that '*there is no doubt that, if one or both of their parents has a drinking problem, children suffer seriously in a variety of ways'*. One of these is the increased risk of children becoming involved in substance abuse.

2. **Patterns of Drinking Behaviour in the Young.** Some of the facts they identified include:
   - Violent behaviour among teenagers when intoxicated is common.
   - There is a strong and consistent association between drinking habits and unsafe sex, especially among heterosexuals.
   - Adolescents enter a coma at a lower level of blood alcohol than do adults.
   - Heavy alcohol use is often the first step in a substance abusing career.
   - There is an increased likelihood of accidents.

3. **Assessment and Treatment.** The assessment and treatment of alcohol problems in the young: characterises young problem drinkers into three main groups:
   - **Group A.** Young people who are drinking over the recommended adult limits, but are asymptomatic and not suffering impairment at this stage.
   - **Group B.** Young people who are drinking heavily, are frequently drunk and impaired as a result, but who do not have other problems.
   - **Group C.** Young people who are drinking heavily and have other major problems.

   One common feature of all these groups is that each is likely to include young people who do not see their alcohol intake as a major problem.

A publication from the Portman Group entitled 'Under the Influence: the report of the taskforce on underage alcohol misuse' lists a number of recommendations, some of which have been included in the Alcohol Strategy.

These include:

- **A Proof of Age Card:** The Portman Group conducted a survey of youngsters using their own card scheme and found that 68% did not mind being asked their age; 84% felt that a proof of age card made them feel more confident when they went out; only 6% reported having been refused service after showing their card. A further survey of off-licence managers found that 84% thought that proof of age cards should be compulsory; 91% liked having the application forms to offer when they refused service. Managers asked for ID on average 9 times a month and refused service on average 9 times a month.

- **Introduction of New Legislation:** This is legislation concerned with the purchasing of alcohol for consumption by under 18s. The task force noted that the majority of 13 – 16 year-olds do not buy alcohol for themselves. They stated that *'one problem with this age group is clearly that they can persuade or coerce older friends (or strangers) into buying alcohol on their behalf….'* The Licensing (Young Persons) Act 2000 introduced the offence of '*buying or attempting to buy alcohol in licensed premises on behalf of a person under 18'*. The offence addresses the actions of adults who act as the agent of a minor when making or attempting to make a purchase.

- **Education in Schools:** An audit conducted by Hobson Publishing found that school-based delivery of alcohol education is largely dependent on schools' individual interpretations of government documents and initiatives. Alcohol education is typically covered in drug awareness programmes and as part of the PSE programme. It stated that *'alcohol education has been derived in a patchy way by schools for many years….school-based education must be delivered more consistently…'*.

Interestingly, under the chapter headed 'Patterns of Use and Misuse', the report observes that *'young people do not constitute a homogeneous group: drinking patterns vary according to age, geographical location, sex and socio-economic status'*. It goes on to say that there is good evidence that, among those drinking on a weekly basis, consumption has increased and that young people are drinking more per session. It also appears that young people are shifting towards higher strength drinks such as white ciders, premium lagers and spirits. This is borne out to a certain extent locally, by the results of the Picture of Health 2000 study.

Table 1. Favourite Drink

	MALE	**Female**
Year 6	Beer/lager 8%, Wine 6%, Spirits 3%	Wine 5%, Beer/lager 3%, Cider 1% and Martini 1%
Year 8	Beer/lager 16%, Wine 13 %, Spirits 11%	Wine 12%, Beer/lager 8%, Alcopops and Spirits 18%
Year 10	Beer/lager 32%, Spirits 28%, Wine, Cider or Alcopops 18%	Spirits 28%, Wine 22% and Cider 16%.

Source: *A picture of health 2000. p.59.*

CIRCULATION AND RESPONDENT LISTS

This document was widely circulated to relevant bodies and individuals (see below), who were invited to comment and provide feedback to the Substance Misuse Strategy Office.

BODIES AND INDIVIDUALS LIST

ACET Jersey

The Alcohol Industry

Bailiff's Chambers

BMI

Chief Executive Officers

Citizens Advice Bureau

Crime Prevention & Community Safety Panel

CrimeStoppers

General Hospital

All Island General Practitioner Surgeries

Health Promotion Unit

Jersey Medical Society

Junior Chamber of Commerce

Jurats

All Island Media

Minden Base

Police Licensing Unit

Salvation Army

Samaritans

Senior Officers

States Committees

States Members

Vingteniers Association

A list of those who responded to the invitation to comment and provide feedback to the Strategies are listed below.

Respondent List

- *HM Attorney General, Mr. William J. Bailhache, QC*
- *Deputy Gerard Baudains*
- *BMI Health Services*
  Dr A. N. Graham – Cumming, MB BS MFOM Dav MRA eS
- *Chief Executive Officers*
- *Crime Prevention & Community Safety Partnership*
  Mr. Peter Tabb, Chairman
- *Deputy Jerry Dorey*
- *Education Committee*
  Senator Len Norman
- *Employment & Social Security Committee*
  Mrs. Ann Esterson
- *Finance and Economics Committee*
- *H.M. Prison La Moye*
  Mr. D. Mullin, Unit Manager
- *Housing Committee*
  Mr. Eric Le Ruez, Chief Executive Officer
  Mr. Steve Read, Estates Manager Housing Department
- *Human Resources Committee*
  Mr. Kim Wilkinson, Corporate HR Director
- *Industries Committee*
  Mr. Morris Dubras
- *Jersey NightClub Association*
  Mr. Spencer Bourne, President

- *Deputy Roy Le Hérissier*

- *Mental Health Services*
  Dr. John J. Sharkey, Consultant Psychiatrist

- *Planning and Environment Committee*
  Mr. J. Young, Chief Executive Officer

- *Public Services Committee*

- *Senior Officers*

- *Sports Injury Clinic*
  Dr. C. Clinton DIP Sports Med FFAEM,
  Consultant in Accident and Emergency/Sports Medicine

- *Sport Leisure and Recreation Committee*
  Mr. Derek De La Haye, Senior Officer

- *Trading Standards Service*
  Mr. Trevor Le Roux

- *States of Jersey Police*
  Mr. Graham Power, Chief Officer

- *H.M. Solicitor General, Stephanie C. Nicolle, QC*

- *Randalls Vautier Limited*
  Mr. David Le Quesne, Managing Director

- *Tourism Committee*
  Mr. David de Carteret, Corporate Strategy Director

- *Vingteniers' and Constables Officers' Association*
  Vingtenier Mitch Couriard

DRAFT ALCOHOL STRATEGY

PRIORITISED KEY PROPOSALS

PRINCIPLES ADOPTED

1. The definition of the timescales used is as follows:

Short Term:	up to 6 months
Medium Term:	6 to 18 months
Long Term:	longer than 18 months

2. Although work could begin on all the key proposals immediately after the Strategy is adopted, the above timescales reflect the anticipated period to actual ***implementation.*** Consequently, key proposals involving outside consultation invariably fall into the medium term, whilst those involving legislative change are long term.

SHORT TERM

TAXATION AND PRICES

Excise duties to continue to rise over and above the level of inflation but, if consumption of pure alcohol[12] rises substantially, excise duties should be set at a rate designed to return levels of consumption to agreed limits.

COMMUNITY SAFETY

Providing good practice guidance to the Planning Department and licensees by the Police, with particular emphasis on prevention practice in relation to the management of the environment in and around drinking venues. e.g. CCTC

The introduction of legislation enabling confiscation of alcohol in public places when risk of injury or disorder is apparent.

DRINK DRIVING

Continuing public education in relation to drink-driving, to include an increased component within driving test training and alcohol education in schools.

Changing Attitudes

Guidance to States Departments recommending the inclusion of alcohol misuse public education within Health & Safety Plans.

SUPPORT AND TREATMENT

Promote the courts' use of probation and binding over orders with treatment conditions; similar to those used for some drug offences.

Extend alcohol support and treatment in prison.
Research the feasibility of introducing an arrest referral scheme.

UNDER AGE CONSUMPTION

Rigorous enforcement of current legislation – Licensing (Jersey) law 1974.

MEDIUM TERM

TAXATION AND PRICES

- Reach an agreement with the alcohol industry to reduce the pricing of soft drinks relative to alcoholic drinks in licensed premises. It was recently reported that the prices of soft drinks in Jersey public houses have risen by over 100% from 35p to 75p per half a pint of cola or lemonade.

Licensing

- The introduction of new powers to the Police to allow them to close premises when a serious breach of licensing regulations, risk of injury or disorder is apparent.

- A review of training should be undertaken, with particular emphasis on strengthening the health and social aspects of licensee training. The training of staff should be encouraged through a requirement for a staff training plan in the standard conditions attached to the premises licence.

Community Safety

- Developing proposals to enhance the role of public transport in preventing alcohol-related disorder.

Introducing a requirement for alcohol to be served in toughened glass or plastic containers.

DRINK-DRIVING

- Developing proposals for public transport designed to reduce the incidence of drink-driving, with particular emphasis on late night provision.

Introducing a requirement in drink-driving cases to include consideration of making an education/treatment order prior to drivers being re-granted a licence.

ADVERTISING

- Promoting a more balanced portrayal of alcohol consumption and its outcomes in the media, together with the protection of young people from product promotion or media influences, which may encourage them to drink alcohol prematurely or to excess in later life.

For example, research the possibility of reducing alcohol advertising in the cinema, particularly in relation to films with certificates permitting under 18s to attend.

CHANGING ATTITUDES

- An annual campaign involving television and other media, posters and leaflets.

Strengthening alcohol education for young people through specific guidance to schools; the development of parent education initiatives; an audit an update of alcohol teaching materials; an evaluation of alcohol education methods and recommending most effective practice; an enhancing the role of youth work in alcohol education.

Establishing a network of major employers to develop flagship alcohol education programmes, increase the number of employers with effective policies, and develop ways of accessing those not in full time employment.

SUPPORT AND TREATMENT

- The enhancement of the Alcohol & Drug Service in order to ensure that a full range of treatment is available to those with multiple needs, such as mental health problems, illicit drug misuse and social problems.

Support for he General Hospital to develop a strategy for detecting and responding to alcohol problems. The promotion of minimum service standards, to ensure that practitioners in a variety of settings are able to offer treatment and support to problem alcohol users.

Further develop specialist and generic training.

UNDER AGE DRINKING

- The active promotion of a proof-of-age scheme (most likely the States Identity Card).

Systems need to be established to monitor the impact of changes to licensing laws.

Research needs to be conducted on the feasibility of introducing a set of annual returns for all licence holders which can be centrally collated and analysed.

LONG TERM

- **Taxation and Prices**

- Equalise taxation rates on alcohol. This will address the anomaly that currently exists whereby a unit of alcohol in beer is cheaper than a unit of alcohol in spirits[13]

LICENSING

Review the licensing (Jersey) Law 1974.

The creation of a system of two licences – a premises licence and a personal licence – to be granted by the Licensing Assembly.

The Licensing Assembly to have responsibility for monitoring continued eligibility for the personal licence attached to the licensee.

DRINK-DRIVING

A review of the permissible level of alcohol in the blood when driving from 80 mgs to 50 mgs of alcohol per 100 mls of blood.

ADVERTISING

A review of the content and interpretation of the advertising codes in order to reduce the numbers of advertisements likely to appeal to young people, the establishment of independent monitoring and adjudication arrangements to regulate sponsorship, packaging an merchandising of alcoholic drinks, with a view to protecting the young.

2nd April 2003

---

[1] *Imperial College of Medicine, 'Responding to drug and alcohol use in Jersey', 2000.*

[2] *University of Bristol / Public Health Services, Jersey Health Survey, 1999.*

[3] *Regularly consuming over 4 units per day for males or 3 units per day for females is considered harmful use. (A unit is the equivalent of half-pint of ordinary strength beer/cider, or a small glass of table wine, or one pub measure of spirits.)*

[4] *Imperial College Report 'Responding to drug and alcohol use in Jersey'. p.98.*

[5] *Imperial College Report 'Responding to drug and alcohol use in Jersey'. p.100.*

[6] *Regularly consuming over 4 units per day for males or 3 units per day for females is considered harmful use. The Portman Group . (A unit is the equivalent of half-pint of ordinary strength beer/cider, or a small glass of table wine, or one pub measure of spirits).*

[7] *Responding to drug and alcohol use in Jersey. Section 2. Pp 19-29.*

[8] *A Picture of Health in Jersey 2000 pp. 58-62.*

[9] *At present the duty on one unit of alcohol for spirits equates to 17p, whereas the duty on beer is 7p per unit.*

[10] *Figures for Jersey are adjusted to account for seasonal flows of tourists and workers, as well as spirits exports. European data are not adjusted.*

[11] *Figure for Guernsey is for 1997.*

[12] *The term 'pure alcohol' is used to describe a standardised measure allowing the consumption of spirits, wines and beers to be aggregated or compared.*

[13] *At present the duty on one unit of alcohol for spirits equates to 17p, whereas the duty on beer is 7p per unit.*