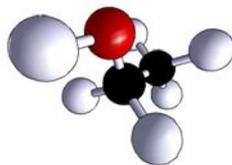


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# ALCOHOL INSIGHT



## UKCAPP: UK Community Alcohol Prevention Programme

### BACKGROUND

In the UK, alcohol-related harm has become a community concern over recent years, mirrored by an increase in community initiatives to tackle problems at a local level. In 2003-04 the Alcohol Education and Research Council prioritised community action to reduce alcohol-related harm, and part-funded three projects in the cities of Glasgow, Cardiff and Birmingham. The projects became jointly known as the UK Community Alcohol Prevention Programme (UKCAPP), and aimed to reduce alcohol-related harm and disorder. The projects were influenced by the approach championed by Holder (e.g. 2000, 2004), that efforts be directed toward policy-makers in positions to influence social, economic, and environmental structures in the local environment. In Glasgow and Cardiff the projects were city-centre focused, building on long-standing community partnerships. The Birmingham project was undertaken on a transport corridor across three southern suburbs, where community action had to be developed.

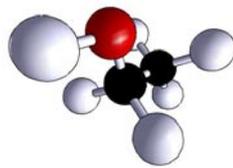
### EVALUATION

The AERC commissioned the Mental Health Research and Development Unit to ascertain the extent to which the projects adhered to the Holder model; identify barriers and solutions to implementation; draw conclusions about what worked and how; and combine individual project evaluations into a whole.

### OUTPUTS

The UKCAPP sites all identified four very similar interlinked areas for intervention:

1. Awareness-raising - both general public and political, in order to: promote local ownership of problems and solutions; warn of the dangers of excessive consumption; highlight interventions contributing to public safety;
2. Licensed Premises - engage with licensees to: promote server training; encourage Pubwatch; make Best Bar None awards; enforce licensing regulations.
3. General Environment - improve lighting and cleanliness of streets; increase police presence; set limits on licensing of local outlets.



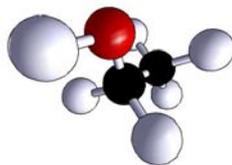
4. Transport - improve transport links in order to assist with orderly dispersal of crowds, and improve safety.

**INTERVENTIONS AND IMPACT**

The complexity of partnership involvement made it impossible to identify and evaluate UKCAPP interventions independently of a range of other local interventions. Specific interventions demonstrated impact in terms of distribution of information; engagement of local agencies and people; environmental and transport improvements.

**1. Glasgow city centre Interventions and Impact**

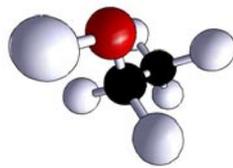
	OUTPUT		IMPACT
<b>Awareness-raising - public and political</b>			
1.1	Public awareness raising: Conference;  Play Safe in Glasgow & Party-headz campaign with Radio Clyde & website;  Police Custody Cards;  Media monitoring.	1.1	Wide participation of partners; transport group formed; 103,560 website hits; 2,117 calls to Radio Clyde; 2,889 information packs sent out;  17 treatment referrals from 400 custody cards;  267 news articles, 7% related to specific CCAAG initiatives.
1.2	Political awareness raising:  Outlet Density.	1.2	Scottish Executive accept Outlet Density as an issue.
<b>Licensed Premises</b>			
1.3	Server Training;  Best Bar None;  Test Purchasing	1.3	Improved communication; -13% reduction in violent crime;  41 Best Bar None applications, 39 awards;  Pilot project for test purchasing.
<b>General Environment</b>			



	OUTPUT		IMPACT
1.7	Nite Zone: Improved visibility; increased monitoring; extra cctv with speakers	1.7	Road accidents -reduced by 11.4%; violent crime -by19%; serious assault reduced by -4.4%; Robbery by-21.5%
<b>Transport</b>			
1.8	Nite Zone Relocation of night bus and taxi stops; 100,000 night taxis leaflets; 20,000 night bus timetables; Taxi wardens and bus inspectors	1.9	Positive public feedback

2. Cardiff Interventions and Impact

	OUTPUT		IMPACT
<b>Awareness-raising - public and political</b>			
2.1	Public awareness raising	2.1	Media coverage; newsletter
2.2	Server Training	2.2	160 staff referred, 49% passed (=9% city centre staff).
<b>Licensed Premises</b>			
2.3	Test Purchasing	2.3	30% premises failed test
<b>General Environment</b>			
2.4	Community Safety Partnership focus on reducing crime and disorder.	2.4	(2004-2006) Assault +6%; Wounding +15%; Robbery +25%; +33% police recorded incidents; A&E alcohol-related incidents reduced by 25.7%
2.5	Environmental audits	2.5	Details of public litter; training targeted to problem premises; report showing minority heavily intoxicated
<b>Transport</b>			
2.6	L8 bus scheme	2.6	No Data



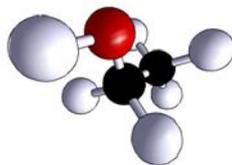
3. Birmingham Interventions and Impact

	OUTPUT		IMPACT
<b>Awareness-raising - public and political</b>			
3.1	Public awareness raising Poster campaign; Newsletters; Media appearances; Press releases	3.1	Positive feedback, requests for information, Community involvement Positive media coverage; Pubwatch and local forum meetings; Pubs agreed to have information leaflets;
3.2	Political awareness raising	3.2	Special licensing policy for Moseley; increased awareness of licensing legislation & complaint process
<b>Licensed Premises</b>			
3.3	RBS training	3.3	Feedback 'excellent'; 50% staff in some premises trained.
3.4	Test Purchasing	3.4	Statistical difference in favour of project area;
3.5	Great enforcement of existing laws.	3.5	Positive feedback from public and Pubwatch; increased dialogue and communication.
<b>General Environment</b>			
3.7	General discussion meeting	3.7	Targeted crime reduced by 37.7%; wounding reduced by 29.5%.
<b>Transport</b>			
3.8	Meetings	3.8	Increased awareness; advice provided to transport companies

**Broader Impact - Police, Ambulance, A & E**

Available statistics regarding alcohol related behaviour demonstrate:  
In Glasgow, comparing 2006/07 with 2004/05:

- *Decreases* of -9.7% police recorded crimes; and -4.4% Ambulance incidents
- *Increases* of +74.4% in police alcohol related incidents; +6.5% A&E attendance



Concentrated short-term police and environmental input around Central Station resulted in:

- *Decreases* of -19.1% total Violent Crime; -4.4% Serious Assault; -21.5% Robbery
- *Increases* of +300% Assistance to public; +250% complaints from public  
During this period arrests increased: +61.1% disorder; +200% drugs; +100% for knives.

In Cardiff, data comparing 2005/06 with 2004/05 showed:

- *Decrease* of -25.7% in A&E attendances
- *Increase* of +33% in police recorded crimes/incidents
- *Increase* in Assault (+6%); Wounding (+15%); Robbery (+25%)

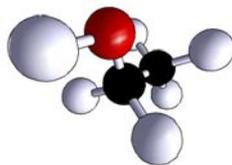
In **Birmingham**, analyses of impact on specific streets and 800m buffer zone showed:

- *Decrease* in targeted crime (-37.7%) and wounding (-29.5%)

Birmingham decreases were greater than the bordering police operational command unit. Numbers were small, however, and it is difficult to draw robust conclusions.

## DISCUSSION

Partnerships and collaborations were crucial to all interventions, providing financial and human resources beyond the ability of any single agency, and without which no substantive multi-faceted interventions to combat alcohol-related harm could be undertaken. Partnerships included the local health authority, community safety partnership, alcohol and drug teams, police, licensing forums, business, the media, and general public. It is evident that the UKCAPP sites have to a large extent followed the Holder model, involving the broad community, and influencing the environment policy and practice at a local level.



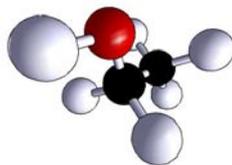
### Barriers to effective community interventions

*Partnership difficulties* arise in terms of getting the most effective people from the most appropriate agencies to agree to back specific interventions, and to provide the necessary finance or other resources. *Financial insecurity* derives from the inability of partners to provide more than one-off or time-limited funding, and can mean that projects are limited in scope and time. *Commercial considerations* can be a barrier when licensees are asked to fund staff training or environmental improvements in or around their premises; or when transport providers are asked to modify timetables or routes. *National and local alcohol policies* can interfere with attempts to restrict outlet density or promotional activities believed to encourage excessive consumption of alcohol. *Transport* barriers arise because increasing the availability of taxis, buses, or trains means complicated negotiations regarding commercial and legal agreements, profitability, or working conditions of employees. *Perceptions* of the extent of alcohol-related problems and the need for specific actions can differ between different sectors of the public and various agencies and authorities. People engaged in local community prevention programmes have very demanding *Workloads* which can impact on their ability to follow-through on projects and to evaluate impact. All of these potential barriers can only be overcome through a process of extended negotiation within complex community partnerships.

### Are community alcohol harm-reduction partnerships effective?

Collection, validation, and comparison of statistical data across sources or sites proved exceedingly difficult, as different Police, Ambulance and A&E departments employ different methods of data collection, recording, analysis and retrieval. Furthermore, recorded crime in Scotland is not exactly comparable to that for England and Wales because of differences in legal systems as well as recording practice.

Interpretation of statistical data is not straightforward for these reasons, and also because of the possibility of different ways of interpreting raw statistics.



Increases or decreases in police statistical data can follow from instructions to improve performance in relation to specific crimes; greater police presence may reduce crime; or may result in increased arrests; or may increase recorded incidents while reducing arrests. For example, data from across Glasgow city centre (2004-2007) show an overall reduction in recorded violent crime and assault, accompanied by a very large increase in police recorded incidents. A 12 week project focused around Central Station, improving lighting, CCTV and police activity resulted in a large increase in arrests, and reduction in violence and robbery in that immediate area compared with the previous year. Other statistics show fewer ambulance incidents in Glasgow city centre, 2004-2007, but an increase in alcohol-related A&E attendances. Cardiff statistics, 2004-2006, in contrast to Glasgow, show a substantial increase in police recorded crime and incidents, including violent crime, accompanied by a substantial decrease in A&E attendances.

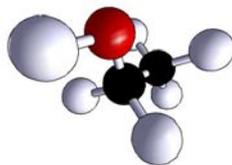
Although there are difficulties in interpreting available statistical data there can be no doubt that the community partnerships have had a considerable positive impact on the local environment:

- increasing awareness (both public and political) of factors impacting on alcohol-related harm and disorder
- improving standards and relationships within the licensed trade
- improving the environment in terms of lighting, cleanliness, CCTV, visible policing
- improving late-night taxi and bus links.

Impact of the UKCAPP projects can also be seen in terms of:

- increasing collaboration across a wide range of community agencies
- facilitating adaptability and flexibility in these agencies
- building strong working partnerships between agencies
- instigating positive community responses to alcohol-related harm
- institutionalising partnership working.

In a community systems approach the use or abuse of alcohol, and its effects on



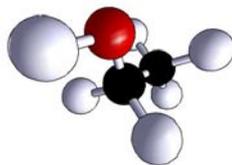
behaviour or health, cannot be considered as isolated phenomena, independent of other forces within society. Local efforts to reduce harm and disorder must be seen in the broader context of evolving patterns of alcohol consumption across the UK; an increasing focus on alcohol consumption within youth culture; the extremely large sums of money devoted to promotion of alcohol; its relative cheapness; and changes in licensing laws. Therefore, each community action programme may be likened to a barricade of small sandbags attempting to hold back the effects of a huge rising flood of alcohol consumption swollen by increasing accessibility from more premises, longer opening times, and reduced cost. These programmes can be effective in some places for some time, until either massive external pressure becomes overwhelming; or the cumulative effect of many relatively small local programmes begins to impact on national drinking culture and national alcohol policy.

It is imperative, however, that projects are able to be comprehensively evaluated. Therefore, action needs to be taken across all public bodies in line with a recommendation in the recent independent review of crime statistics for the Secretary of State (Smith et al., 2006, p.28) that each set of statistics should have a responsible owner of appropriate seniority, with a duty to engage with researchers about reliability and meaning.

#### **Should community alcohol harm-reduction partnerships continue?**

UK Government policy aims to devolve responsibility for dealing with alcohol problems to a local level. There has been a promise of '*new guidance and support for Government Offices for the English Regions and a wide range of stakeholder groups represented at a local level*' (DH, 2007). In line with this, and in recognition of the UKCAPP projects' considerable success at instigating positive community partnership responses to alcohol-related harm and disorder, there are two main reasons for arguing that community prevention programmes should continue:

- a) it is likely (although currently difficult to prove) that the deleterious effects of high levels of alcohol consumption would be even worse at a local



- level if the community interventions were not taking place;
- b) it is likely (although currently difficult to prove) that local community actions are the current best chance for minimising the extent of harm in the face of a concerted push towards national deregulation and promotion of alcohol consumption.

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#### ALCOHOL INSIGHTS

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