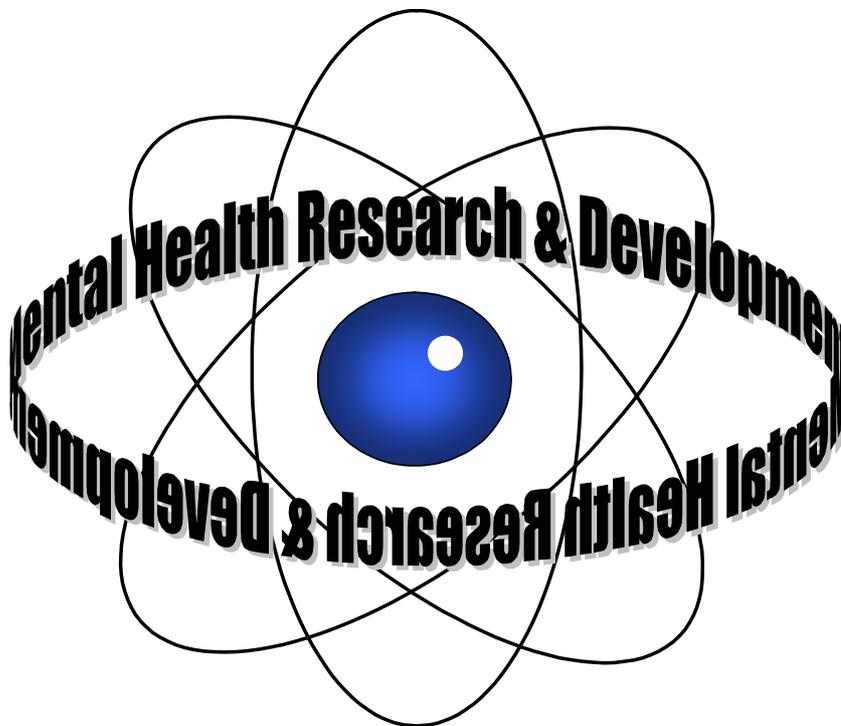# UKCAPP: an evaluation of 3 UK Community Alcohol Prevention Programs

Final Report for the
Alcohol Education & Research Council
October 2007

Willm Mistral, Richard Velleman, Claudia Mastache, Lorna Templeton.

Mental Health R&D Unit

University of Bath and Avon & Wiltshire Mental Health Partnership NHS Trust

Dr Willm Mistral, Research Manager, 01225 38 43 56; W.Mistral@bath.ac.uk

Structure of the report   **Page**

Figures, Tables and Graphs   **Page**

Executive Summary

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. The Discussion section comments on interpretation of these data.

1. Glasgow city centre Interventions and Impact

OUTPUT	IMPACT
Awareness-raising – public and political	
1.1 Public awareness raising: Conference; Play Safe in Glasgow campaign; Custody cards; Partyheadz campaign; Radio Clyde; Media monitoring	1.1. wide participation of partners; transport group formed; 103,560 website hits; 17 treatment referrals from 400 custody cards; 2,117 calls to radio Clyde; 2,889 information packs given out; 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
Licensed Premises	
1.3 Server Training; Best Bar None; Radio Links; Test Purchasing	1.3 Improved communication; 13% reduction in violent crime; 41 BBN applications, 39 awards; Practical difficulties with radio links; Pilot project for test purchasing.
General Environment	
1.7 Nite Zone Improved visibility; increased monitoring; extra cctv with speakers	1.7 11.4% drop in road accidents; violent crime reduced by 19%; Serious Assault by 4.4%; Robbery by 21.5%
Transport	
1.8 Nite Zone Relocation of night bus and taxi stops 100,000 leaflets on night taxis 20,000 night bus timetables Taxi wardens and bus inspectors	1.9 Positive public feedback; free phone in foyers

2. Cardiff Interventions and Impact

OUTPUT	IMPACT
Awareness-raising – public and political	
2.1 Public awareness raising:	2.1 Media coverage; newsletter
Licensed Premises	
2.2 Server Training	2.2 160 referred, 49% passed (=9% city centre staff).
2.3 Test purchasing	2.3 30% premises failed test
General Environment	
2.4 Community Safety Partnership work	2.4 (2004-06) Assault +6%; Wounding +15%; Robbery +25%; +33% police recorded incidents; A&E recorded 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
Transport	
2.6 L8 bus scheme	2.6 No data

3. Birmingham Interventions and Impact

OUTPUT	IMPACT
Awareness-raising – public and political	
3.1 Public awareness raising Media coverage: Poster campaign; Radio campaign; Newsletters; Media appearances; Press releases	3.1 Positive feedback, requests for information. media coverage; Pubwatch and local forums met; pubs agreed to have information leaflets; Community involvement
3.2 Political awareness raising	3.2. Special licensing policy for Moseley; increased awareness of licensing legislation & complaint process.
Licensed Premises	
3.3 RBS training	3.3 Feedback on 3 sessions '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.
General Environment	
3.7 General discussion meeting	3.7 Targeted crime reduced by 37.7%; wounding reduced by 29.5%.
Transport	
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 is 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 presented in this report 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 pressures become 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 described in this report were not taking place;

b) it is likely (although currently difficult to prove) that these local 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.

Section 1   Introduction

Structure of this report

Section 1 of this report provides an overview of the situation in the UK with regard to alcohol consumption, related harm, and the Holder approach to community action for reducing this harm. Section 2 gives the context in the three UKCAPP cities, and maps the harm-reduction partnerships formed. The evaluation methodology is described in Section 3. Section 4 provides the rationale for individual interventions in each site, grouping them under four main headings. Individual interventions and their impact are found in Section 5, while the broader impact in terms of Police, Ambulance and A&E data is described in Section 6. Sections 7 and 8 attempt comparisons between the UKCAPP sites and with other cities, while Section 9 discusses the difficulties caused by the inadequacy of current datasets. The crucial importance of Partnerships is discussed in Section 10. The Discussion in Section 11 poses a number of key questions and responses relevant to the activities undertaken by the UKCAPP projects, and their relative success.

Alcohol in Britain

In the UK there are approximately 78,000 public houses, 25,000 restaurants, 4,000 nightclubs, 23,000 other clubs, and 45,000 other premises (a mixture of off-licences and shops / supermarkets) which are licensed to sell alcohol. World Drink Trends (2005) ranks the UK 8th in the world for alcohol consumption per head of population, although a table of alcohol consumption per capita in the European Union, 1991 to 2001, places the UK in 14th position (NHS Information Centre for Health and Social Care, 2006). UK total recorded consumption is said to have doubled between 1960 and 2002 (Academy of Medical Sciences, 2004). Because household disposable income has increased, alcohol was 62% more affordable in 2005 than in 1980. In 2005 total UK household expenditure on alcohol was £41.9 billion. This figure excludes legitimate cross-border shopping, which is included in tourist expenditure, but includes estimates of the value of smuggled alcohol (NHS Information Centre for Health and Social Care, 2006).   Binge-drinking is believed to be rising, especially among young people. Binge-drinking is a term used to describe the consumption of large quantities of alcohol in a short space of time with the sole intention of getting drunk, and is usually defined as drinking at least twice the recommended daily limit of 4 units for men and 3 for women (Rao & Kemm, 2006).

Alcohol-related harm and cost

In the decade to 2001, Britain had, by a substantial margin, the highest rate of increase in liver cirrhosis mortality in Europe (Leon & McCambridge, 2006). Over the period 1993-2005, mortality rates from alcohol-related diseases increase by 99% among males and by 67% in females. While the alcohol market is worth over £30 billion a year in the UK (Strategy Unit, 2003), the National Alcohol Harm Reduction Strategy for England (NAHRSE) indicates that alcohol misuse costs the country around £20 billion a year (Prime Minister's Strategy Unit, 2004). This cost includes crime and anti-social behaviour, alcohol-related health disorders and disease, loss of productivity in the workplace, and domestic violence. The Strategy document indicates that around 50% of all violent crimes and, at peak times, up to 70% of all admissions to accident and emergency departments are linked to alcohol misuse.

England and Wales

In England, 38% of men and 23% of women exceed recommended maximum levels for the heaviest drinking day of the week (South East Public Health Observatory, 2005). Binge drinking increases the risk of accidents, committing or falling victim to assaults and other crimes, unwanted and unprotected sex, and alcohol poisoning. Alcohol-related hospital admissions have reached record levels. Between 1995-96 and 2004-05, admissions for alcoholic poisoning increased by 60%; alcoholic liver disease increased by 146%; and alcohol-related mental health or behavioural disorder admissions increased by 75%. As with mental and behavioural disorders due to alcohol, twice as many men as women were admitted with alcoholic liver disease diagnosis. (NHS Information Centre for Health and Social Care, 2006).

As well as the above, Britton and McPherson (2001) estimated that in 1996, across England and Wales, alcohol was responsible for approximately:

- 47% deaths from assaults
- 33% deaths from accidental falls
- 44% deaths from fire-related injuries
- 26% deaths from motor vehicle crashes
- 38% deaths from accidental drowning
- 29% suicides.

Scotland

In Scotland, since 1980, alcohol related deaths have increased by 340% (from 583 to 1,980), to account for 1 in 30 of all deaths in 2003 (Alcohol Statistics Scotland, 2005, p.36). Between the periods of 1987–1991 and 1997–2001, cirrhosis mortality in men more than doubled in Scotland, to the highest rate increase in Europe (Leon & McCambridge, 2006). At the time of publication of The Licensing (Scotland) Bill (01/03/2005) the Finance and Public Service Reform Minister said:

> "We want a robust licensing system which will improve health and break the link between excessive drinking and crime. There is no doubt our record here makes grim reading: Nearly three-quarters of the assailants in violent crimes were reported to be under the influence of drink; one third of prisoners said they would not be in prison if they had not been drinking; young people – aged between 16 and 24 – in Scotland drink more than any other age group; 59 per cent of 15 year olds drink alcopops and 24 per cent claim to have bought alcohol from a shop; and the annual cost of alcohol misuse on the NHS in Scotland was £110.5 million and the total cost to Scottish society is estimated to be £1.1 billion. Those shocking statistics illustrate exactly why doing nothing is simply not an option, alcohol-fuelled violence and anti-social behaviour is a real and visible problem across Scotland and must be tackled". (http://www.scotland.gov.uk/News/Releases/2005/03/01105925)

Another area of harm in the UK, usually less spoken about, is domestic violence. While there is no evidence that alcohol alone causes domestic violence, there is evidence that where the violence exists, alcohol is often present. Problematic alcohol use by perpetrator or victim increases even further the stigma and shame of reporting the violence. There are no national figures on prevalence of alcohol related domestic violence in the UK, and relatively few elsewhere, although several US studies of alcohol treatment populations show clear evidence of high rates of perpetration among treatment populations (Galvani, 2005). National policy to address this issue does not yet exist in the UK, and the National Alcohol Harm Reduction Strategy for England (Cabinet Office, 2004) has been seen as 'focused primarily on public crime and disorder and harms to health, at the expense of private crime and disorder' (Galvani, 2005, p. 5).

Government Interventions

In 2001, the UK Government published a White Paper: "Time for Reform: proposals for the modernisation of our licensing laws" (DCMS, 2001), which subsequently became the Licensing Act 2003 in England and Wales. One key measure in the Act, made operational in November 2005, is the introduction of flexible opening hours for licensed premises, with the potential for up to 24 hour opening, 7 days a week. The Government sees this flexibility as pivotal in combating alcohol-related crime and anti-social behaviour believed to be created (or at least exacerbated) by fixed universal closing times leading to large numbers of drinkers emerging from licensed premises at the same time, late at night (DCMS, 2001). The Licensing Act does not, however, address alcohol-related health or other social harm. The recent white paper Our Health, Our Care, Our Say (2006) recognised the adverse consequences of excess alcohol consumption and binge drinking. It demonstrates a clear expectation that local agencies will work in partnership to tackle alcohol misuse.

In Scotland the Nicholson Committee undertook a review of liquor licensing in Scotland, with a remit to "review all aspects of liquor licensing law and practice in Scotland, with particular reference to the implications for health and public disorder; to recommend changes in the public interest and to report accordingly" (Scottish Executive Social Research, 2003). The Executive is committed to reforming licensing laws which are more than 25 years old and 'do not reflect modern Scotland or support business development and innovation. Scotland has an absolutely appalling record on alcohol, the financial and human cost of irresponsible drinking is enormous….. Our Licensing Bill is making its way through Parliament. It will support responsible members of the licensed trade. It will protect children. And it will protect the interests of our communities.' (Scottish Executive, 2005a)

Holder Approach

As well as at central government levels, alcohol-related harm has become a community concern over recent years, mirrored by an increase in community initiatives to tackle alcohol-related problems at a local level. Holder (e.g. 2000, 2004) highlights a long history of 'traditional' alcohol harm reduction interventions in communities, including media campaigns, alcoholism recovery services and school educational interventions. He makes a fundamental distinction between 'traditional' and 'environmental' concepts of communities.

Traditional approaches tend to view a community as a catchment area for a specific target group, with interventions developed to specifically target this group. There is, Holder argues, limited evidence of the potential effectiveness of these interventions to reduce alcohol problems as long as the existing social, economic, and cultural structures remain unchanged (Holder, 2000).

As an alternative Holder proposes a systems approach to the reduction of alcohol problems that operates by changing the community structure, or environment, in which alcohol consumption occurs. This approach does not require the identification of at-risk individuals or groups, or their active cooperation. Rather than attempt to reduce alcohol-related problems through the education and treatment of problem drinkers, efforts are directed toward local policy makers in positions to influence the local environment. Local alcohol policy can be used to alter local social, economic, or physical structures and put in place processes and priorities to reduce problems. These can include the police prioritising alcohol-related problematic behaviour; enforcement of laws to prevent alcohol sales to underage or intoxicated persons; controlling location and density of alcohol outlets; and ensuring server training for all licensed premises. A key issue in all this is a partnership approach involving a wide range of local community groups and individuals to bring about a community-level change, using local news media to influence perceptions in the pursuit of policy change (Holder, 2004).

Overall, the model proposed by Holder (e.g. 2000, 2004) includes a focus on:
- Community as a system
- Community mobilisation, leadership and responsibility
- Partnership at local and national levels
- Evidence based strategies
- Responsible beverage service
- Underage drinking
- Alcohol access (outlet density).
- Local information (for evaluation)
- Enforcement of laws and regulations
- Media advocacy (give information to local TV, newspapers, etc.)

Section 2   UKCAPP in Context

In 2003-04 the Alcohol Education and Research Council prioritised community action to reduce alcohol-related harm, and organised a two-day workshop focused on the work of Harold Holder and Sven Andreasson. The workshop was for existing community groups with resources already in place to develop community action or community safety initiatives, but which would benefit from extra funding from the AERC. Following the workshop, eight bids were received and the AERC part-funded three community alcohol harm reduction projects in the cities of Glasgow, Cardiff and Birmingham. These projects became jointly known as the UK Community Alcohol Prevention Programme (UKCAPP). It needs to be recognised that each of the UKCAPP projects is part of a complex web of other, previous, current, and planned local projects, partnerships, and interventions. For example, the UKCAPP project team in Cardiff reported a list of 58 action-strategies that were on-going by South Wales Police in Cardiff city centre during the time of the UKCAPP project (Moore et al., 2006b, pp. 57-59). The context and rationale for each of the UKCAPP projects are outlined below.

Glasgow

The Context

Glasgow is the largest city in Scotland with a population, in the 2001 census, of 577,869. In Glasgow City (as opposed to Greater Glasgow) at the end of 2004 there were 1,823 licensed premises, including 713 public houses and 634 off-sales (Scottish Executive, 2005b).   Within the Glasgow City Centre area (approximately ½ square mile) there are over 400 licensed premises including 360 pubs and 45 nightclubs (http://www.playsafeinglasgow.com) with 40-60,000 people entering and exiting each Thursday-Saturday evening between 8pm-1am (Greater Glasgow Alcohol and Drug plan/ AERC bid, 2005). Alcohol-related interventions in Glasgow originated for a huge range of reasons, one of which may be traced to 2002 when renewal of a licence for a specific nightclub in the city centre was refused, as a senior police officer described the premises as an "epicentre of violence".

Subsequently the Greater Glasgow NHS Board commissioned research to examine what factors impact upon levels of disorder within licensed premises. The research report tells us that

> *"In the past decade there has been a change in the retailing of on-trade alcohol in city centres throughout the UK, including Glasgow. This has involved: the advent of the night-time economy, which has lengthened licensing hours; the rise of the so-called 'super pubs' (...) increased alcohol on-trade consumption by some groups (e.g. young women, dubbed 'ladettes'); the introduction of new drinks; and increasingly inventive marketing (...) thought to have led to an increase in 'binge' drinking (...) been linked to rising levels of disorder and violent crime within city centres..."* (Forsyth, Cloonan, Barr, 2005).

There is a range of statistics showing the impact of the change in drinking culture reported by Forsyth, Cloonan and Barr (2005). In Greater Glasgow during 2004/05, there were 10,278 alcohol related acute hospital discharges, a 27% increase on 1997/98. From 2000 to 2004 there was an increase of 28% in deaths where alcohol was an underlying or contributing cause (Glasgow Report, 2006). In February 2005, the Chair of Greater Glasgow's Alcohol Action Team, said:

> *"Alcohol is undoubtedly a major subject in our city. It's estimated that between 8% and 15% of our Accident and Emergency admissions are alcohol-related – and at weekends, as many as 30% of admissions involving people under the age of 18 can be alcohol-related".*
> (http://www.nhsgg.org.uk/content/default.asp?page=s8_1_1&newsid=2170&back=s8_1)

Partnerships to tackle alcohol problems in Glasgow

In 2002, following a requirement in the National Plan for Alcohol Problems for local strategic partnerships (Scottish Executive, 2002), the Greater Glasgow Alcohol Action Team (GGAAT) was established. The GGAAT is a partnership of local authorities, Police, Scottish Prison Service, Greater Glasgow NHS Board (Addictions and Health Promotion), Licensing Boards and the Alcohol Voluntary and Independent Providers Forum. This partnership co-ordinates action on alcohol related harm, including provision of services, prevention, controls, and culture change.

Figure 1.   Glasgow City Centre partnerships[1]

---
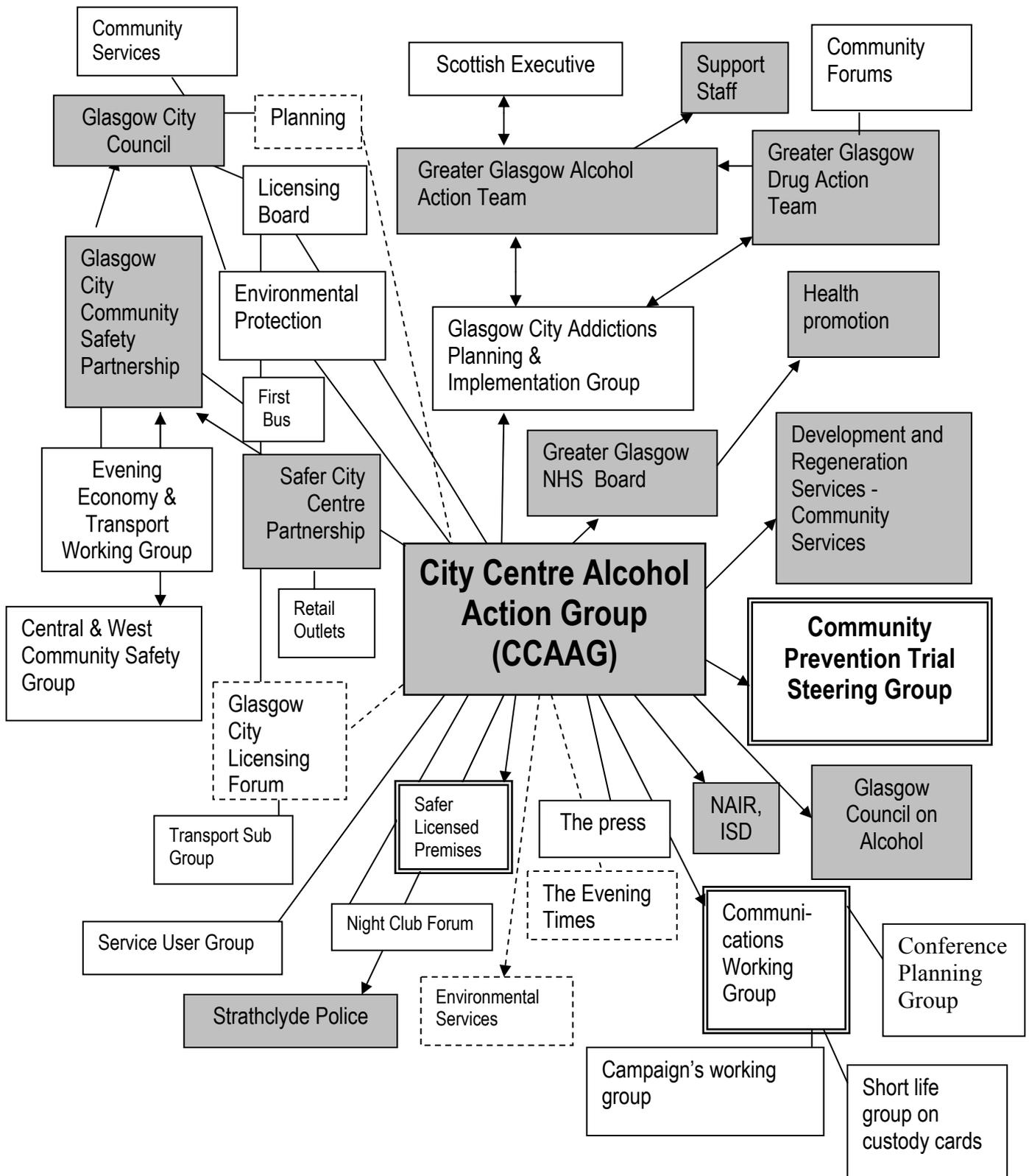
[1] □ Groups involved; ▨: Key Group Collaborators; ⌐¬: Collaborative partnerships or agencies;
 : Main Subgroup of CCAAG.

In recognition that the city centre area required focused attention, the City Centre Alcohol Action Group (CCAAG) was formed in 2003, with the overall aim of reducing crime, nuisance and fear of crime related to alcohol. The CCAAG made the UKCAPP Community Prevention Trial (part-funded by the AERC) integral to its work. Figure 1 illustrates the range of different groups and organisations with which the Community Prevention Trial in Glasgow engaged during the UKCAPP project.

Aim of Glasgow Community Prevention Trial

To reduce alcohol related injury, violence and disorder in the city centre of Glasgow.

Cardiff

The Context

Cardiff is the capital city of Wales, with 305,353 residents (ONS, 2005b). In 2004 there were 1,117 licensed premises, including 508 pubs, and 353 off-licences and 68 registered clubs in the Cardiff petty session division (DCMS, 2004). Community Safety Partnership data (2006) indicate that approaching 30% of these are situated in the city centre. Moore, Perham, Shepherd (2006a, p. 15) report that 'an average 40, 000 drinkers visit the city centre on an average Friday or Saturday night'.

According to Farrar and Chapman (2005) Cardiff is a city that is getting safer and safer and violent crime is decreasing thanks to partnership work. Below are some figures that confirm this assertion between 2002 and 2005:

Cardiff BCU Crime Level

	2002/03	**2003/04**	**2004/05**
All categories:	49,064	47,440 (-3.3%)	43,392 (-8.5%)
10 'High Volume'			
Categories:	29,708	27,227 (-8.4%)	26,097 (-4.1%)

(Farrar & Chapman, 2005).

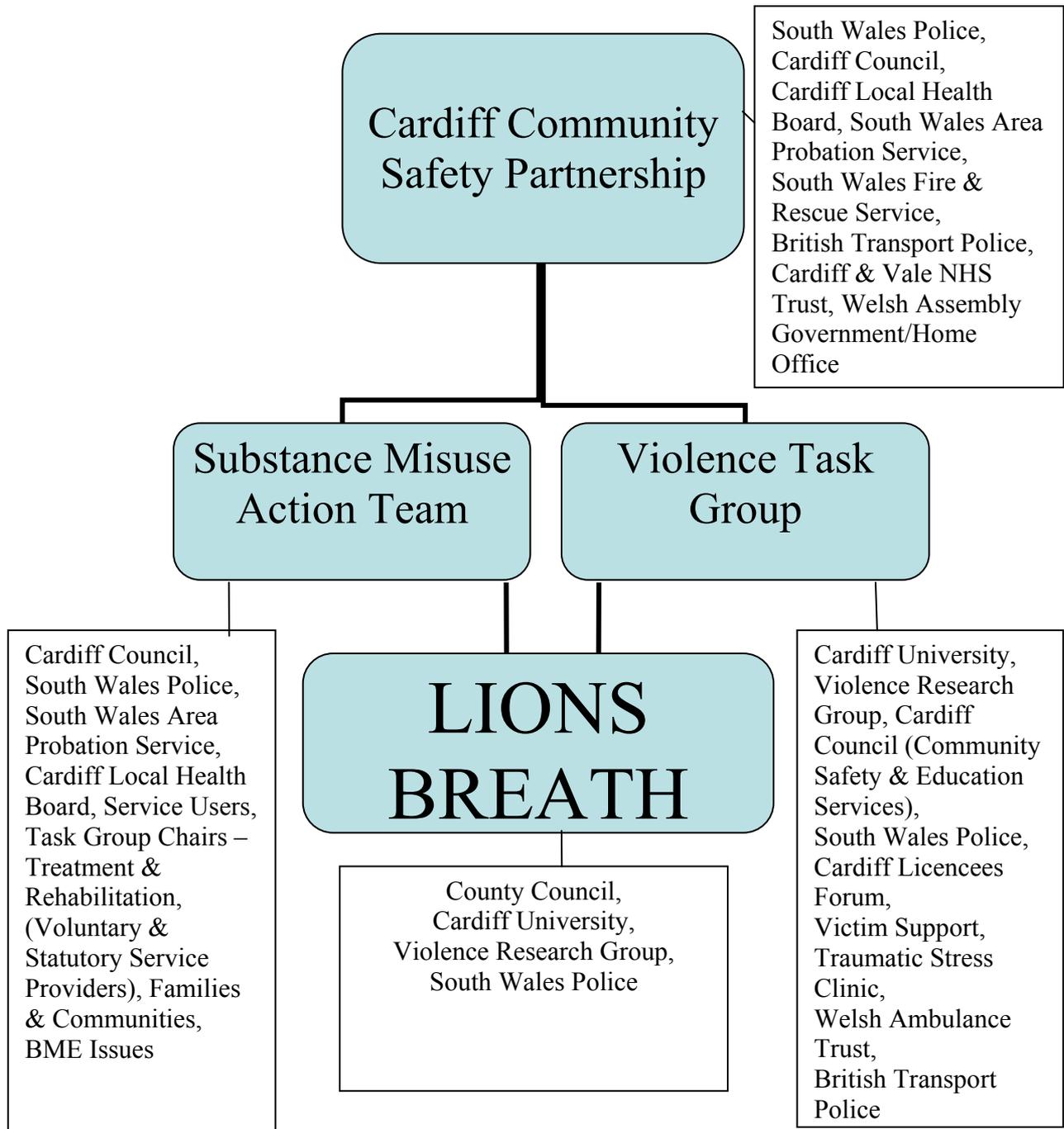Partnerships to tackle alcohol problems in Cardiff

A presentation to the Cardiff Community Safety Partnership (CCSP) (Farrar & Chapman, 2005) celebrated the ethos of partnership in working to address the barriers to the regeneration of Cardiff, including reducing substance misuse and anti social behaviour. It was argued that Cardiff Community Safety Partnership had strong leadership and 'a shared vision'. In isolation, no statutory body could tackle and resolve the issues, but partnerships were able to do so by making use of the Community Safety Team, seeking out 'best practice', and being willing to learn. One example of partnership working was the Tackling Alcohol-related Street Crime (TASC) project. This was a police-led multi-agency scheme launched in July 2000 under the Home Office Targeted Policing Initiative, to reduce alcohol-related crime and disorder in central Cardiff and Cardiff Bay (Maguire & Nettleton, 2003).

The AERC part-funded a project, Lion's Breath, which is integral to the work of the Cardiff Community Safety Partnership. AERC funding 'enabled the set up, purchase of materials, surveys and delivery of interventions and the development of a network of community practitioners within the CCSP (Cardiff Community Safety Partnership) responsible for long-term reduction of alcohol-related harm' (Moore, et al., 2006a, p.7). The project was piloted in April 2004, and ran from December 2004 to May 2006, and was embedded within other community initiatives designed to tackle similar problems. As described in the final report (Moore, et al., 2006a) the project took place in collaboration with licensees, South Wales Police, Cardiff Substance Misuse Action Team (SMAT) and Cardiff University, and 'in the context of existing, well developed partnership activity' in tackling alcohol related harm in Cardiff (ibid, p.3). Figure 2 is a map of the different organisations and groups with which the Lions Breath UKCAPP project and Cardiff Community Safety Partnership did work during the UKCAPP project.

Aim of Lion's Breath

1. Develop and implement City Centre and individual risk assessments (including a breathalyser survey)
2. Improve the regulation of licensed premises and reduce alcohol misselling through feedback of risk assessments to licensees and the CSP (including the licensing panel)
3. Provision of funded licensed premises server training to staff

Figure 2.   Cardiff Partnerships[2]

Cardiff Community Safety Partnership
— South Wales Police, Cardiff Council, Cardiff Local Health Board, South Wales Area Probation Service, South Wales Fire & Rescue Service, British Transport Police, Cardiff & Vale NHS Trust, Welsh Assembly Government/Home Office

Substance Misuse Action Team
— Cardiff Council, South Wales Police, South Wales Area Probation Service, Cardiff Local Health Board, Service Users, Task Group Chairs – Treatment & Rehabilitation, (Voluntary & Statutory Service Providers), Families & Communities, BME Issues

Violence Task Group
— Cardiff University, Violence Research Group, Cardiff Council (Community Safety & Education Services), South Wales Police, Cardiff Licencees Forum, Victim Support, Traumatic Stress Clinic, Welsh Ambulance Trust, British Transport Police

LIONS BREATH
— County Council, Cardiff University, Violence Research Group, South Wales Police

[2] ☐: Groups involved; ☐ (blue): Key Collaborators

Birmingham

<u>The Context</u>

Birmingham is the second largest city in England and the largest local authority in Europe, with a population of 977,087 (ONS, 2005c). In 2004 there were 1,651 licensed premises, including 805 pubs, and 660 off-licences and 236 registered clubs in the Birmingham petty session division (DCMS, 2004). Birmingham has a rich diversity of communities and neighbourhoods. A report (Birmingham Supporting People Strategy, 2005 – 2010) on help on housing, including people with alcohol problems, tells us that 30% of Birmingham's residents are from a black or minority ethnic group (compared with just 10% nationally) and 44% are under 30 years of age (compared with 38% nationally). It also tells us that Birmingham has undergone a period of intensive regeneration centred on the city centre, which has had a positive impact on employment and economic prosperity. At the same time, Birmingham has pockets of considerable deprivation and it has been estimated that 35,761 people could be drinking at harmful levels and 35% of rough sleepers in Birmingham have alcohol problems. A report on alcohol use in the West Midlands indicates that, among Government Office Regions, the West Midlands come midway in terms of mean alcohol consumption (15.9 units per week for men and 7.2 for women), but have the third highest alcohol related death rate (17.1 per 100,000 for men and 8.1 for women) (Rao & Kemm, 2006, p.3).

Broad Street Business Improvement District (BID)

The Broad Street project, in central Birmingham, to a large extent mirrors those of the UKCAPP-related projects in Glasgow and Cardiff, and influenced the approach taken in the Birmingham UKCAPP project, located in a suburban area. The Broad Street Business Improvement District (BID) was established in July 2005, following increasing concern about alcohol-related disorder (Broad Street, 25/09/06). The BID partnership includes: property owners/developers, business representatives, the city council, West Midlands police, leisure forum, and city centre neighbourhood forum. BID priority actions included: (a) street wardens (b) additional street cleansing (c) floral dressing (d) marketing programme (e) communication and public relations (f) safer business area (g) lighting and gateway features (h) a business led partnership (Broad Street BID, Annual Report, 05-06).

Results from the first year of the BID project showed that crime dropped by almost 60% in the Broad Street area, July 2005 and March 2006. A 2006 survey in the area showed 78% of respondents (8% more than 2005) thought personal safety was good; 27% thought it was safer than in 2005; and 49% felt that the provision of taxi marshals and extended licensing hours made getting home quicker and easier (Broad Street BID, Annual Report, 05-06).

A project worker in the UKCAPP Route 50 project (see below) believes that Broad Street has managed to develop a sense of community amongst businesses, so that they all feel responsible for the betterment of the area:

> *'If you speak to X or Y about Broad Street the thing that'll come out the most is that family or community aspect that brought everyone together, for the first time they looked at it as an issue that was everybody's responsibility rather than being the individual ...' (I3, 160806).*

The Route 50 Context

The Birmingham Route 50 project bid to the AERC said that the city '…is unique in its size and complexity and is somewhat behind, nationally speaking, both organisationally and conceptually in respect of alcohol use and misuse. The translation of city-wide policy and strategy to local action is particularly problematic and under-developed'.

The area of the Route 50 project is a transport corridor situated in South Birmingham passing through the areas of Branwood, Kings Heath and Moseley. These areas are characterised by the presence of large housing estates, high rise blocks, a low proportion of minority ethnic communities, and high indicators of poverty (Birmingham AERC Bid, 2005). During 2005 a mapping of licensed premises in Kings Heath and Moseley showed 46 licensed premises, including: 7 pubs, 10 restaurant pubs, 9 restaurants, 6 off licenses, 6 supermarkets, 3 private members social clubs, 2 shops,1 petrol station, 1 bingo club, and 1 snooker club (Birmingham Mapping of licensed premises database, 2005). Moseley is reported as having '12 pubs in a half square mile'. Branwood has a lack of bars and pubs, making it different from Kings Heath and Moseley, although it has some off licenses (I3 Birmingham, 230606).

Anecdotal information signals how, historically, there has been a problem in the Route 50 area, especially in Moseley and Kings Heath:

> *Moseley has had an issue of street drinking for a long time. They brought in street wardens about three to four years ago and that slowly has cleared the problem, but (...) anecdotal information is that it has shifted up [to Kings Heath]…' (I3 Birmingham, 160806).*

In 2005, 350 people were surveyed in the three areas covered by the project (100 in Moseley and Kings Heath; 100 in Branwood; 100 businesses in Moseley and Kings Heath; 50 drinkers in Moseley and Kings Heath), and 64% of respondents perceived alcohol use as causing problems for people living and working in the area. Approximately 45% of respondents identified noise and fighting, 42% litter, 34% street drinking, 32% begging, 27% underage drinking, 26% drink-driving, 23% damage, and 15% intimidation. These problems were rated as moderately to extremely serious by 76% of respondents (Birmingham progress report, May 2005).

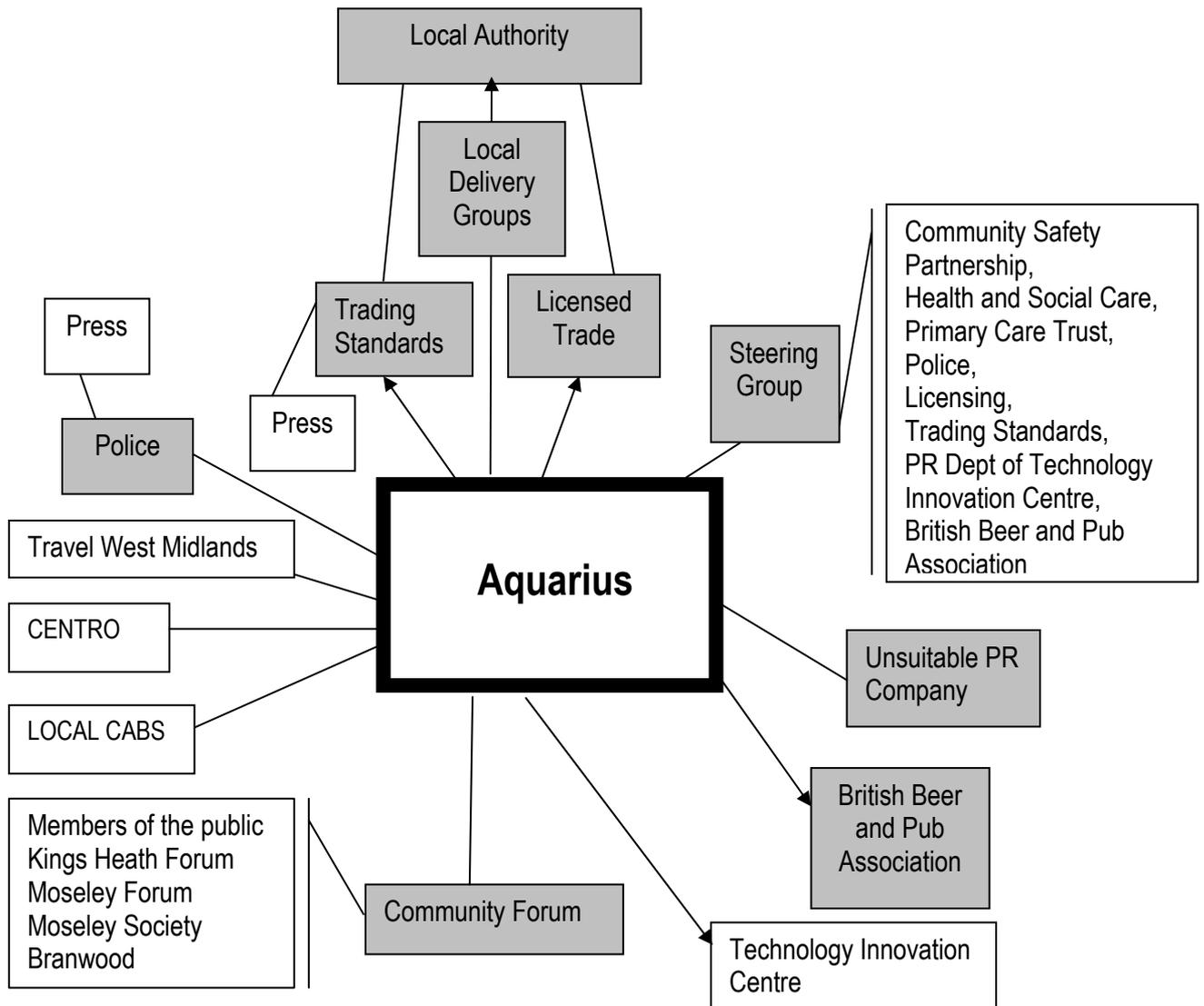Partnerships to tackle alcohol problems along Route 50

In Birmingham, although the Broad Street project comprised a network of local partnerships undertaking interventions similar to those in Glasgow and Cardiff, it was not itself part of UKCAPP. In contrast, in the Birmingham area which was part of UKCAPP, prior to the Route 50 project there was no network of local partnerships to tackle alcohol related harm. Therefore, the primary focus of the Route 50 project was directed towards building a network of partners, encouraging community mobilisation, local ownership and local leadership. By the middle of the project, many partners had been engaged and were generally working well together (I3 Birmingham, 160806). Figure 3 illustrates a range of different organisations with which the lead agency for the UKCAPP project, Aquarius, engaged during the Route 50 project.

Aims of Route 50

The aims of the project were split into two:

(a)   to reduce the overall alcohol-related harm in the communities chosen using a multi-component approach;

(b)   to engage in partnership working and bring alcohol-related harm to the agenda for different organisations (Birmingham Interim Report, April 2006).

Figure 3.   Birmingham Partnerships [3]

Local Authority

Local Delivery Groups

Press

Trading Standards

Press

Licensed Trade

Steering Group

Community Safety Partnership,
Health and Social Care,
Primary Care Trust,
Police,
Licensing,
Trading Standards,
PR Dept of Technology Innovation Centre,
British Beer and Pub Association

Police

Travel West Midlands

CENTRO

LOCAL CABS

Aquarius

Unsuitable PR Company

British Beer and Pub Association

Members of the public
Kings Heath Forum
Moseley Forum
Moseley Society
Branwood

Community Forum

Technology Innovation Centre

[3] ☐: Groups involved;   ▨: Key Collaborators

Section 3   Evaluation Methodology

Subsequent to funding the three projects in Glasgow, Cardiff and Birmingham, in 2005 the AERC commissioned a team from the Mental Health Research and Development Unit (MHRDU), a joint unit of the University of Bath and Avon & Wiltshire Mental Health Partnership NHS Trust, to:

1. work with each UKCAPP project to ensure as far as possible that conclusions could be drawn about what works and how

2. identify barriers to implementation and how these were overcome

3. combine individual project evaluations such that the whole was greater than the sum of the parts.

Complicating Factors

The present report is based upon case studies of the UKCAPP projects, looking at each community in its own unique situation and context – socially, culturally, and historically – using a range of evaluation measures, both qualitative and quantitative, to study both process and impact. Using a traditional experimental research design to study the UKCAPP programmes was not feasible. One reason was the impossibility of controlling for confounding factors both within the UKCAPP areas and within comparison sites. None of the communities is isolated, and interventions to reduce alcohol-related harm are underway across the UK. At the time of the first visits, the MHRDU team became aware of the extent to which each of the UKCAPP projects was part of a complex web of other local projects, partnerships, and interventions. The complexity of local partnerships meant that it was impossible to consider each project as a discrete set of interventions, clearly delineated in space and time, which could be evaluated using a before-after methodology.

In Glasgow, an existing network of community interventions had been in operation for some years, and the local UKCAPP team believed that clear outcomes would, quite possibly, not be discernible until several years in the future. Nevertheless, for the purposes of the present evaluation it was possible to designate a number of interventions in Glasgow as being closely associated with UKCAPP.

In Cardiff, the UKCAPP project surveyed levels of intoxication in Cardiff city centre, audited hotspot city centre locations and individual drinkers and shared this information with the already established Cardiff Community Safety Partnership (CCSP). As the UKCAPP team in Cardiff submitted a report of their findings to the AERC (Moore, Perham, and Shepherd, 2006ab), the MHRDU team in the present report, while referring to the survey data, also include details of interventions undertaken by the wider CCSP.

In the Birmingham UKCAPP area, contrary to both Glasgow and Cardiff, prior to the Route 50 project, there was no network of local partnerships attempting to tackle alcohol related harm. This meant that the primary focus of evaluation was on the process of developing community ownership, mobilisation, partnerships, and leadership.

Methodology

The UKCAPP evaluation utilised a mixed methodology, combining quantitative and qualitative data (e.g. Morse, 2006; Sandelowski, 2000), in two inter-linked parallel phases:

Phase 1

- Develop a strong supportive relationship with the three projects
- Identify a local person in each project to be the primary contact
- Work with each project on an evaluation strategy
- Monitor progress and identify problems, barriers, and solutions in evaluation.

Phase 2

- Develop an overall evaluation design, combining findings from all three projects, in order to add to the strength of outcomes
- Obtain data from other comparison districts where feasible
- Produce a detailed Final Report, and a summary of the key findings
- Disseminate findings.

Site Visits

Phase 1 required members of the core team to spend considerable time in face-to-face discussions with key people within each project. As well as in-depth interviews and group meetings, a broad selection of documents was collected. Site visits were at approximately 6 month intervals, and interviewees included project coordinators, coordinators of different interventions, members of the community safety partnerships and of alcohol groups, representatives from police, data administrators, and communications departments.

People considered key collaborators by the sites were interviewed, including representatives from the licensed trade (Brains Brewery) and server training provider (British Institute of Innkeeping) in Cardiff, two members of the Communications Working Group in Glasgow, as well as representatives from Trading Standards and Community Forum in Birmingham.

Process data also came from a variety of documents showing progress in different areas of the projects, including minutes of groups such as the Glasgow City Centre Alcohol Action Group, local research reports, documents showing progress for the different initiatives; newsletters, press releases, and minutes of steering group meetings in Cardiff; as well as progress reports from Birmingham. Ongoing email, telephone, postal contacts addressed issues related to project evaluation procedures, and forwarded data, advice and information.

Data analysis

All quantitative and qualitative data were subject to detailed analysis. Quantitative A&E, police, ambulance and survey data received from the sites were selected to show frequencies of alcohol related incidents across the sites and across time.

All interviews were audio-recorded and detailed notes taken. Some interviews were fully transcribed, in other cases the audio record was used to support field notes, and for extracting verbatim quotations. Data were saved in a digitised format onto a computer using the programme 'Adobe Audition 1.5'. As well as facilitating the process of analysis, this allowed replaying of relevant sections (which could recapture, for instance, how excited our participants became when talking about partnerships). As an aid to coding detailed notes, transcripts or documents, NVIVO software was utilised (Gibbs, 2002). All qualitative results were compared and contrasted with relevant literature, which was collected throughout the overall evaluation period. Qualitative data were analysed using a thematic approach (*e.g.* Braun & Clarke, 2006):

- immersion in, and familiarisation with, the breadth and depth of the data
- generation of initial features of potential themes
- analysis of features and consideration of how these might combine into themes
- reviewing themes for i/ coherence; ii/ representation of the greater data set
- defining and refining themes
- producing the report.

Section 4   Rationale for Interventions

The three UKCAPP projects were supported by the AERC in order to explore the efficacy of community action as promoted by Holder, and to demonstrate the processes by which this approach could be made to work in the UK. Therefore, as would be expected, the projects were all firmly influenced by the approach championed by Holder (e.g. 2000, 2004), and this provided the primary rationale for the projects' interventions. Holder and his colleagues have demonstrated clear positive outcomes in programmes that are able to change local policies and structures that may contribute to high levels of alcohol related harm. Such programmes promote

- community ownership of problems and solutions
- media campaigns to educate and inform the public
- promote responsible beverage service in licensed premises
- reduced availability of alcohol being sold to minors

It is not surprising, therefore, that the three UKCAPP projects identified very similar areas for interventions, which may be grouped under four headings, although there is substantial cross-over and interlinking between interventions:

1. Awareness-raising – public and political
2. Licensed Premises interventions
3. General Environment interventions
4. Transport interventions

The rationale that the projects used for engaging in particular interventions follows. Notable examples are referenced to specific sites, although all drew on a wide range of available evidence to support their actions, including reports and conferences presentations detailing projects underway in other UK cities and internationally. It was not evident that interventions were applied in a programmatic manner planned for maximum, enduring impact. Nor was there systematic local evaluation. One reason for this is that interventions required agreement between a number of different agencies, and agreement depended on who attended specific meetings as well as agencies' different agendas, priorities and timetables (See Section 10 for more detail). The amount and timing of funding could seriously impact on the planning, undertaking and continuation of any intervention.

1.   Rationale for Awareness-raising – public and political

Across the three sites, awareness-raising was seen as having a number of facets, including:

1. Increasing general public awareness about safe drinking, safe transport, and a safe environment (Playsafe in Glasgow). In Birmingham, it was believed that the more empowered the community the more likely they were to engage in a cultural change (Birmingham Progress Report, June 2006). In Cardiff, concerns were expressed that some people were avoiding the city centre, especially in the evenings, because of a mistaken apprehension about high levels of violence and disorder, especially following sensational news reports (*e.g.* BBC News, 2003; Drink and Drug News, 2006). The Birmingham Crime and Disorder Reduction Strategy, 2004, p.1 states that

> "Despite the success of co-ordinated action to reduce crime and disorder, residents' concerns about safety remain high in some areas and in some situations".

2.   Increasing political awareness, at a local and national level, about the contribution to alcohol-related harm from aspects of the licensing laws; outlet density; the general environment; and transport infrastructure. With regard to outlet density, political lobbying as an intervention was included in the Glasgow bid to the AERC because, as one interviewee put it:

> 'restricting the availability is one of the things has been proven by international evidence reviews to work in reducing overall consumption of alcohol, thereby reducing public health harms'   (I17 Glasgow, 050805).

The final report of the Cardiff project (Moore et al., 2006a, p.2) tells us that

> '… an increasing trend towards zones of high-volume licensed premises establishing densely packed entertainment zones in urban centres, alcohol and binge-drinking has become further associated with disorder and violence.'

2. Rationale for Licensed Premises interventions

In Glasgow, following concern about the level of alcohol-related problems in licensed premises in the city centre, the Greater Glasgow NHS Board commissioned a research project to identify factors in licensed premises associated with 'binge' drinking and violence or disorder. The study (Forsyth, Cloonan & Barr, 2005) used:

- A postal questionnaire survey of city centre pubs

- Observations in a sub-sample of pubs

- Face-to-face in-depth interviews with bar staff

It found that the main factors in terms of risk of violence were 'aggravation', 'sexual tension', dirtiness' and 'ambience'. From 8 pubs observed, 4 were labelled as 'high risk' in terms of these factors. Aggressive promotional activities, particularly in branded pubs, included TV channels transmitting advertising and imagery designed to foster a party atmosphere. These included scenes of partial nudity, 'sexy' dancing (emulated by some patrons), and patrons drinking premium brands or expensive cocktails and shots. An absence food provision or consumption of non-alcoholic drinks was observed. (Forsyth, Cloonan & Barr, 2005). The research discovered that:

- Pubs where staff had undergone external server training programmes, especially those with social responsibility components, tended to have lower levels of crime and risk factors for disorder

- Staff were positive about the potential for training programmes to assist them, reduce disorder, and provide them with an accreditation.

Recommendations from the research included more server training, more experienced bar staff, better communication between police and the licensed trade, more police on the streets, maintenance of a high standard of stewarding, systems for monitoring disorder potential, changes in the way that licensed premises are marketed, as well as 'change in public attitudes' in terms of tolerance of disorder (Forsyth, Cloonan & Barr, 2005). According to one Glasgow interviewee 'server training will be compulsory with the new licensing law' (Safer Licensed Premises Group, 090206).

The *Best Bar None* award was initiated in 2003 by Greater Manchester Police. Now a national programme, it is a partnership of the alcohol industry, central and local government, police, health workers and other agencies. It sets national standards of good practice in management of pubs/bars/nightclubs. It aims to make licensees and the public aware of safety levels within premises, and reduce alcohol-related crime and irresponsible drinking. The three Best Bar None awards – bronze, silver and gold – represent the levels to which premises are assessed as meeting the standards. Premises gaining an award display a plaque, giving customers an informed choice, and supporting higher standards.

Pubwatch is a community based crime prevention scheme, organised by licensees to afford each other confidence, support, and protection, by facilitating communications between licensees, and the police. http://www.met.police.uk/crimeprevention/pubwatch.htm . Pubwatch schemes have been in existence throughout the United Kingdom for over 20 years and range in size from over 200 premises in cities to small rural schemes with as few as 5 premises involved (DCMS, 2006). The basic principle underpinning Pubwatch is that licensees agree a number of policies to counter individuals who threaten damage, disorder, and violence or use or deal in drugs in their premises. To work effectively any Pubwatch scheme must work closely with the police, licensing authorities and other agencies. National Pubwatch is an entirely voluntary organisation set up to support existing pubwatches and encourage the creation of new pubwatch schemes with the key aim of achieving a safe, secure social drinking environment in all licensed premises throughout the UK helping to reduce drink-related crime.

Test purchasing: Willner et al. (2000) reported to the AERC that young people claimed alcohol was easily available to them from a variety of outlets, and this was corroborated by test-purchases where boys and girls as young as 13 had little difficulty purchasing alcohol. Monitoring the sale of selling alcohol to minors, has been part of the Alcohol Misuse Enforcement Campaign (AMEC) across England and Wales since 2004. In May-June 2006, AMEC involved all 43 police forces in England & Wales. *Test purchasing* by young people under 18 was approved by the Scottish Executive in 2005. This involved collaboration between the Crown Office, Association of Chief Police Officers, and the Scottish Commissioner for Children and Young People. The Glasgow UKCAPP team made clear that test purchasing in Glasgow was only a pilot study.

3. Rationale for General Environment Interventions

At a Glasgow UKCAPP group meeting (071206) it was reported that the rationale for environmental interventions came 'from Holder, but also from Nottingham work: at the Play Safe conference there was the work of Professor Taner Oc about safety by design of houses in community safety.' The Glasgow team also provided a list of references to other research showing a link between outlet density and violence (Alaniz, 1998; Gorman et al., 2001; Norstrom, 2000; Reid, et al., 2003; Scribner et al., 1994; Scribner et al., 1995; Shepherd and Brinkley, 1996; Zhu, et al., 2004). A different set of outlet density studies show a link with higher levels of drinking and binge drinking (e.g. Weitzman et al., 2003); as well as to drink-driving, motor vehicle accidents and fatalities (Colon, 1982; Scribner et al., 1994; Gruenewald et al., 2002; Treno et al., 2003; Escobedo & Ortiz, 2002); with health or mental health problems such as self reported injuries (Treno et al., 2001) or suicide (Escobedo & Ortiz, 2002). The literature also reveals how high levels of outlet density

> '... may increase the stress on neighbourhoods by "attracting" populations prone to participating in dangerous activities, or increase the frequency of alcohol use' (Freisthler, et al., 2005, p. 1049).

4. Rationale for Transport interventions

An interviewee in Glasgow suggested that:

> "Glasgow's got the biggest public transport network outside London, but I don't know how effectively it is used.... the trains stop at 12 o'clock and the underground stops at 11 o'clock." (I19 Glasgow, 040805)

A survey commissioned by NHS Greater Glasgow (Fare4All, 2006) indicated high levels of anti-social behaviour on buses and trains leading to fear and intimidation among passengers and staff: 70% of respondents had witnessed drunken behaviour, and nearly 50% had seen fighting or aggressive behaviour. Minuted discussions of a Policy and Resources committee indicated linkages between insufficient or inappropriate transport and alcohol related crime, disorder and anti-social behaviour. One discussant stated:

> 'for various reasons mainly centred around crime and fear of crime, commuters at night limited their options for their return journeys home to wait for taxis, which often resulted in the public order breakdown at existing taxi ranks ......the present transport infrastructure in the city did not appear to meet existing demands ...'
>
> (Policy and Resources Working Group, 2005, p.1)

In Cardiff, according to the results of a Lion's Breath survey (Moore et al., 2006a, p.3) 60%, on average, of respondents used taxis to go home after an evening out in the city centre, and only 2.6% travelled by public transport.

The Birmingham project team organised a meeting, focused on the area served by the Route 50 bus, at which transport representatives reported alcohol-related problems, including drivers or passengers being subjected to 'spitting, verbal abuse', 'physical threats of violence' or 'actual violence'. One company stated that 'because it was so dangerous' they would not run buses on Route 50 after 7 pm. However, police statistics 'indicated that there was no issue on the number 50 bus route', showing 'a small amount of vandalism taking place during the day, with none in the evening' (Birmingham Report, April 2006). It was thought that this contradiction was because bus drivers did not report every incident to the police, believing the process of reporting was too long and there would be little benefit (I3 email communication, 060307).

Section 5   Interventions & Impact

As noted above, interventions in UKCAPP sites may be grouped under four main headings:

1.   Awareness-raising – public and political

2.   Licensed Premises

3.   General Environment

4.   Transport

Under the above headings this section will consider each site with regard to interventions undertaken, planned or desired; any impact deemed attributable to these interventions; and barriers to implementation. The great majority of the data cited here is from 2005-2006 although some earlier data are used to contextualise the situation. Many local data were produced for local presentations or reports. A number of short-term interventions were not directly evaluated or followed up by longer-term local evaluations. Tables 1, 2 and 3 summarise, for each site, interventions and perceived impact. The text expands on the tables, focusing on individual interventions and any impact that might be specifically related to each one.

Table 1.   Glasgow city centre Interventions and Impact

OUTPUT	IMPACT
Awareness-raising – public and political	

1.1 Public awareness raising
  i/ Conference
  ii/ Play Safe in Glasgow campaign
  iii/ Custody cards
  iv/ Partyheadz campaign
  v/ Radio Clyde and Play Safe
  vi/ Media monitoring exercise
	1.1.
	i/ wide participation of partners; transport group formed
	ii/ 103,560 website hits; behaviour change in 3 areas
	iii/ 17 referrals to agencies from 400 cards
	iv/ campaign well received (145 respondents)
	v/ 2,117 calls; 2,889 packs given out
	vi/ 267 news articles found. 7% (19) related to specific CCAAG initiatives.

1.2 Political awareness raising i/Outlet Density	1.2. i/ Scottish Executive accepting OD as an issue
Licensed Premises	
1.3 Server Training 1.4 Best Bar None 1.5 Radio Link 1.6 Test Purchasing	1.3 Improved communication; 13% reduction in violent crime city centre 1.4 Forty one applications received; 39 awards 1.5 Practical difficulties encountered 1.6 Pilot project.
General Environment	
1.7 Nite Zone	1.7 11.4% drop in road accidents; increased monitoring; communication through speakers; violent crime reduced by 19%; Serious Assault by 4.4%; Robbery by 21.5%
Transport	
1.8 Nite Zone	1.9 Positive public feedback; free phone in foyer

The above data are from a 'Glasgow City Centre 'Nite Zone' Evaluation Report provided by Glasgow UKCAPP team. Comparisons are between the last quarters of 2005 and 2004**.**

Table 2.   Cardiff Interventions and Impact

OUTPUT	IMPACT
Awarenessraising – public and political	

2.2 Public awareness raising
    i/media coverage
    ii/newsletter
	2.1 Public awareness raising

Licensed Premises	
2.2 Server Training	2.2 160 staff referred, 49% passed exam (=9% total city centre staff).
2.3 Test purchasing	2.3 30% premises failed test
General Environment	
2.4 CCSP work	2.4 (0406) Assault +6%; Wounding +15%; Robbery +25% TASC (0406) +33% police recorded incidents; A&E recorded alcoholrelated 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
Transport	
2.6 South Wales police work 2.7 CCSP L8 Scheme	

The above Cardiff data are from various sources referenced below in Sections 5 and 6.

Table 3.   Birmingham Interventions and Impact

OUTPUT	IMPACT
Awarenessraising – public and political	

3.1Public awareness raising
3.1.1 Media coverage
    i/poster campaign
    ii/radio campaign
    iii/newsletters
    iv/ media appearances
    v/press releases
3.2 Political awareness raising
    3.2.1 Special policy for Moseley
	3.1 Positive feedback, requests for more information.
	3.1.1 Media coverage
	    i/ 'good' feedback on posters
	    iv/ R50 'good news' for programme
	3.1.2 signs on awareness raised; Pubwatch and local forums agreement to meet; agreement from pubs to have publicity.
	
	3.2.1 vote in favour of special licensing policy; increased awareness of licensing legislation and how to make a complaint.

Licensed Premises	
3.3 RBS training	3.3 feedback on 3 sessions, 'excellent'; 50% staff in premises trained ; training across Birmingham;
3.4 Test purchasing	3.4 business case; statistical difference in favour of the R50;
3.5 Great enforcement of existing laws	3.5 good feedback from public and Pubwatch; increased dialogue and communication.
General Environment	
3.7 General discussion meeting	
Transport	
3.8 Meetings	3.8 Increased awareness; directing transport to help

The above Birmingham data are from Birmingham UKCAPP team.

1.   Awareness raising - public and political

<u>Glasgow Public Awareness-raising</u>

i/   A conference, 'Play Safe in Glasgow: Exploring Alcohol and the Evening Economy' (Play Safe in Glasgow, 2005), brought together stakeholders interested in alcohol issues, such as tackling crime and fear of crime related to alcohol.   Participants included representatives from different alcohol groups, Glasgow City Council, as well as from Universities.

ii/   Play Safe in Glasgow was a 6 week 'awareness raising' campaign and a 'branding opportunity' campaign run in October and November 2005. It was aimed at 18-30 year olds who use the city centre, and had three overarching themes:

a/   Safer Socialising   b/ Safer Drinking   c/ Safer Transport Home

Awareness raising messages went out via postcards distributed to pubs and clubs, posters, CD's, shopfronts, beer mats, billboards, bus shelters and buses. A website included an opportunity for online feedback about the campaign.

iii/   'Custody cards' (initiated November 2004) are credit card size leaflets containing information on alcohol, and contact details for different helping and treatment agencies. They are given to people taken into custody following an alcohol-related incident.

*iv/   The 'Partyheadz '*campaign, at outdoor music events, comprised posters with images representing 9 themes, including health, transport and personal safety; information flyers given with tickets, and 'Partyheadz meeting points' where people could contact friends.

v/   Radio Clyde and Play Safe was a joint initiative targeting a broad audience. Radio slots had specialists with alcohol knowledge giving presentations and taking calls. The program also did voxspots on the streets, and had a website. A report on one of these initiatives, called 'Measure it up', says that people who called in were sent a pack of relevant documents from Play Safe.

vi/ Media monitoring exercise: From July 2006 to December 2006 news articles from local and national media were collated to monitor coverage of alcohol issues and to identify 'the pattern of media engagement over the course of the trial'. A content analysis of this was carried out (Glasgow Media Interim Report, 2007).

Impact of Public Awareness-raising in Glasgow

i/ Licensing issues were discussed and 'wider participation of partners in identifying key issues and solutions' (Play Safe in Glasgow, 2005, p.2) was encouraged. From the key recommendations arising from the conference, a special group for transport was created.

ii/ The Play Safe website had 103,560 hits between October and November 2005 and a qualitative evaluation (Glasgow Report, 2006) suggested behaviour change in 3 areas: spacing out alcoholic drinks with soft drinks or water ; advance planning for the journey home; not overdoing it on a night out.

iii/ Custody Cards: the different services mentioned on the cards were asked to monitor where people obtained their information. Following distribution of 400 cards, by August 2005, they had been mentioned 11 times; and a Glasgow Report (September 2006) notes 17 referrals to agencies as a result of people receiving the card.

iv/ Partyheadz: Evaluative comments from 145 people indicate that the campaign has been well received (I21 Glasgow, 050805), but no other outcomes were measured.

v/ Radio Clyde: The programmes had received 2,117 calls and given out 2,889 packs, between 13th-17th October 2003 (Clyde Action Report, 2003)

vi/ Media monitoring exercise: A total of 267 news articles were collected; 0.7% of these were related to CCAAG initiatives. Most of the local and national media concentrated on negative aspects of alcohol related harm, focusing on items relating to alcohol fuelled crimes and related prosecution; broadcast media tended to focus on partnership initiatives and interviews with representatives (Glasgow Media Interim Report, 2007).

Public perceptions in Glasgow

In September-October 2005, 1,028 residents in the Glasgow City Council area were surveyed by MORI (Glasgow Citizens Panel (GCP), 2005). The survey showed that the majority of residents do not go out in the centre after 10pm, and those more likely to go out late in the city centre were younger people and those in social classes ABC1. Table 4 shows the percentage of respondents per age groups at weekends (Friday to Sunday).

Table 4.   Frequency of going out in Glasgow City centre by age

	Never	At least once a week
16-24 year olds	24%	37%
25-34 year olds	33%	19%
35-54 year olds	58%	6%
55-64 year olds	82%	4%
65 year olds +	90%	1%

The perception of Glasgow city centre was generally positive in terms of street lighting, general appearance, sufficient public transport and taxis, and the range of things to do. However, respondents were less positive about safety around bars, pubs, nightclubs and the streets. Table 5 indicates that more frequent users of the centre felt safer than less frequent users. The one aspect where frequent users were more negative was on public transport and taxis. The findings in Table 5 perhaps highlight a contrast between the *perceptions* of those who *do not* go out regularly and *experiences* of those who *do*.

Table 5.   Perception of Glasgow city centre at night

	Users of the city centre at night	
	Less than once a week	At least once a week
Total respondents excluding 'don't knows'	879	149
There are enough taxis in the city centre	64%	54%
Public transport in and out of the city centre is good	62%	58%
Pubs, bars and clubs refuse alcohol to drunk and under-age people	39%	53%
Bars and pubs are safe	37%	59%
Shops refuse alcohol to drunk and under-age people	35%	57%
Nightclubs are safe	31%	57%
The streets are safe	23%	46%

Table 6 indicates responses from frequent users of the centre, about experiences in the past year. It shows that a large minority of respondents reported seeing an assault or behaviour that scared or intimidated them; approaching a third had seen an accident resulting in injury; and 11% had themselves been a victim of an assault. A majority thought the incidents were caused, at least partly, by alcohol. Finally, the most common suggestion from both frequent and infrequent users, on how to improve the centre at night, was that there should be a greater police presence (GCP, 2005).

Table 6.   Incidents thought alcohol-related witnessed by frequent users

Incident	Seen by %	Thought alcohol-related by %
Assault	44%	60%
Scary/intimidating behaviour	44%	62%
Accident resulting in injury	29%	36%
Victim of an assault	11% experienced	14%
None of the above	32%	4%
No response	1%	4%

Glasgow Political Awareness raising

The Glasgow team acknowledged outlet density as a challenge (MHRDU site visit, August 2005) as local political and economic factors had kept it low on the agenda. The Glasgow project team reported that '*we really consider that we have a lobbying function ...to really keep it on the agenda*', in the face of some local opinion that '*basically it is how well premises are run that is the key factor in reducing alcohol related harm, and that in this context the market will regulate itself – rather than the overall numbers of outlets.*' (I17 Glasgow, 050805). Lobbying included representatives of the CCAAG going to the Scottish Parliament to '…*talk to the committee that is looking at enacting the bill and tell them… that communities were very concerned about outlet density and the impact on safety in their communities, particularly in mixed areas where we've got residential and city centre entertainment going on side by side…*' (I17 Glasgow, 050805). In addition, the team in Glasgow recognise that the project was operating at a time of enormous licensing change through the licensing (Scotland) Act.

Impact of Political Awareness-raising in Glasgow

The team accepted it could have a '*limited impact*' on outlet density at least '*for the next couple of years*' as the local licensing board would wish to take account of '*… what the bill is saying about what boards are going to have to do about saturation zones or outlet density*'. However, as one interviewee put it, '*No one knows, as far as I know, how to measure when saturation starts to take place. What we also need to know is, is it the number of licenses in Glasgow, or is it the type of licensed premises in Glasgow...*' (I22 Glasgow, 040805). By August 2005, one achievement was that the chair and Alcohol Action Team Co-ordinator of the city centre alcohol action group had given evidence to the Scottish Parliament regarding the proposed licensing bill. It seemed that the Scottish Executive accepted that outlet density was 'an issue', which gave the Glasgow team hope that action was a question of 'timing'. It was felt that a key route was to '*influence the central government (...) rather than (...) actually influencing local policy in the first instance*'.

Cardiff Public Awareness-raising

Four Lion's Breath Newsletters were produced and distributed. A presentation to the Community Safety Partnership (Farrar & Chapman, 2005) also noted the following interventions being undertaken in partnership in Cardiff

- Appointment of a Partnership Communications Officer
- Pro-active media campaign

Impact of Public Awareness-raising in Cardiff

The Cardiff project final report (Moore et al., 2006a, p. 8) states that a positive media coverage to increase community awareness was achieved, including articles in a number of BBC Wales programmes, ITV Wales News, South Wales Echo, Western Mail, Crime Reduction Digest (Home Office publication), Community Safety Wales (Welsh Assembly Government / Home Office publication), Red Dragon FM, Real Radio, Vibe FM. In addition to work with the established news media, Moore et al. (2006ab) report that the intervention raised awareness of alcohol misuse in drinkers, licensees (on- and off-sales), other agencies and the public principally via the Community Safety Partnership (including the Licensee Forum).

The intervention involved a short newsletter detailing alcometer and risk audit findings. Anonymous information on blood alcohol levels, disturbances, violent incidents and alcohol-related injury in the city centre were also summarised. These data were agenda items in CCSP task groups, and the project co-ordinator attended CCSP meetings to provide feedback. Findings were also sent to the Antisocial Behaviour Order Sub-group, Substance Misuse Action Team, Cardiff Planning Department, and other key parties, including targeted local media. These actions were to strongly encourage licensees identified as mis-selling alcohol to develop responsible serving practices and to submit staff for server training.

Birmingham Public Awareness raising

By April 2006 the project team had the assistance of a PR advisor from the University of Central England, Technology Innovation Centre, and formulated a long-term plan.

i/ Press releases

During June 2006, there were three press releases promoting the Route 50 project. The first described the Pubwatch scheme, launched in Moseley Village for World Cup (Birmingham press release, 2006b). The second emphasised partnerships between West Midlands Police, Aquarius and Pub Landlords (Birmingham press release, 2006a).

ii/ Poster campaign

By June 2006 70 posters aimed at Underage Drinking had gone out via the Council, but covered the city in general rather than targeting the Route 50 only (I1 Birmingham, 160806). Another campaign in partnership with the Licensing Authority, Aquarius, the Police and Drink Aware, ran up to Christmas 2006, combining posters, radio and press, to focus on drunkenness and vulnerability (I3 Birmingham, 160806).

iii/ Media Appearances

During 2006 the Route 50 project team made 10 radio appearances to talk about alcohol use, licensing, Route 50, Pubwatch, underage drinking, drink-driving. Stations included Five Live, the BBC Politics Show, BRMB, SAGA radio, and BBC Midlands.

iv/   Community involvement

By April 2006, the Route 50 had met with: three community groups in Moseley, Branwood and King's Heath, the Selly Oak Strategy team, Community Safety Partnerships, Trading Standards and Licensing Authority, Pubwatch, and had contacted city councillors for assistance (Bham Interim Report, April 2006). The meetings aimed to work with the aims of the different organisations and raise awareness about: (a) the new licensing act; (b) alcohol related harm; (c) the Route 50 project. Many other plans were formulated but not taken forward because of a lack of resources (I3 email communication, 060307).

Impact of Public Awareness-raising in Birmingham

Signs of raised awareness included: community forums asked for more information and involvement; local pubs agreed to display information about sensible drinking, drink driving, and alcohol-related harm; licensing authority agreed to attend public meetings to give information on new resident rights; Pubwatch agreed to meet with residents once a quarter to discuss issues; and community groups publicised the above in their newsletters (Birmingham Progress Report, September 2006). Community forums subgroups were formed to work specifically on alcohol related harm issues, and action plans were developed to:

(a)   engage with the licensed trade and the police on a 'friendly basis' before putting a complaint to the licensing authority;

(b)   inform the people of the Route 50 areas about:

   i/ their rights under the new licensing act;

   ii/ underage drinking, and how they might stop their children from drinking;

   iii/ drink driving.

The Route 50 team believes it is addressing the element of 'community leadership and responsibility' that Holder proposes as part of his model (Holder, 2004a), and establishing a "self regulating mechanism" as the community became more knowledgeable and empowered (I3 email communication, 060307). As one team worker put it:

> *'And the best part from that for me was the subgroups, because the ideas from there… were workable that they felt they could own … what they want to do, what they feel they can do'* (I3 Birmingham, 240206).

Special licensing policy

An unexpected result from the awareness-raising interventions of the team was a special licensing policy for Moseley, similar to that of Broad Street in Birmingham, taking into account the cumulative impact of increasing numbers of licensed premises on the social environment, public disorder, or harm to children, in decisions about new licences. The special policy required a long process of public consultation with community groups and city councillors, agreement by the licensed trade, by the police, and fire service. (I3 Birmingham, 160806).

2.   Licensed premises interventions

Glasgow Licensed premises interventions

In January 2006 the City Centre Alcohol Action Group formed a 'Responsible Beverage Service (RBS) Group' which developed RBS training, Best Bar None, and Pubwatch.

Server Training

One issue with server training is the amount licencees are willing to spend on bar staff, especially those who are short term or part time. ServeWise[4] charges £40-£50 per person trained.   The Glasgow team started RBS training in March-April 2006, offering it in February for £10, while highlighting the importance of subsidising rather than giving it for free, thinking that attendance was more likely if payment had been made. By September 2006 the first round 3 sessions of Server training had been completed. The RBS group sells the idea by pointing out the benefits, and by a link to Best Bar None awards.

Best Bar None

The Best Bar None initiative was launched in June 2005, and 250 licensed premises were initially invited to apply for an award. An administration fee of £20 was charged and retained by the Safer City Centre Initiative.

---

[4] ServeWise is a Scottish organisation, which also has Centres in England & Wales, that provides training to the licensed trade about licensing law, the effects alcohol and their own responsibilities for serving. It aims to set responsible serving standards for all those involved in the sale of alcohol including managers, licensees and staff of pubs, clubs, restaurants, hotels, bars and off-licenses.

The aims of the Best Bar None scheme are:

- Improvement of customer and staff safety within licensed premises by reduction of binge drinking, antisocial behaviour, crime and the fear of crime
- Encouragement of interaction between the licensing sector and Strathclyde Police

Applicants give written answers to questions, and are visited by assessors looking at:

a/ Prevention of Crime and Disorder;   b/ Public Safety

c/ Prevention of Public Nuisance   d/ Protection of People from Harm

Radio Link

This scheme was similar to Pubwatch (which was across Greater Glasgow), whereas the City Centre had Radio Link to increase security, information sharing, and rapid reaction of authority figures in the city centre.

Test purchasing

Test purchasing in Glasgow was approved for one pilot area in 2005-2006, and by December 2006 the Alcohol Action Team was asking for it to be extended. No decision had been taken at the time of writing (Group meeting Glasgow, 7th December 2006).

Impact of Licensed premises interventions in Glasgow

Server training

A Glasgow Report (2006) attributes server training with having contributed towards improved communication between award applicants and Strathclyde Police; and a reduction of -13% of violent crime in city centre.

Best Bar None

Glasgow was the first city in Scotland to initiate Best Bar None, with an approach similar to that in other cities in England and Wales. In the first year 41 applications were received from 19 night clubs, 14 bars and 8 pubs, representing 10% of applications sent out. The Licensing Department of Strathclyde Police carried out inspections of premises and a total of 39 licensed venues received awards as follows

Pub	Bar	Night Club
4 Bronze	9 Bronze	12 Bronze
3 Silver	4 Silver	4 Silver
1 Gold	1 Gold	1 Gold

Best Bar None was reported as generating considerable interest and enthusiasm within the licensed trade and the wider community, and will be a yearly event. This appears to be an excellent example of partnership working involving the private, public, and voluntary sector, and reporting to the Health Board, and the Community Safety Partnership.

Radio Link

The first outcomes did not appear very promising as the Responsible Beverage Service group reported to the evaluation team that door stewards had radios and phones stolen or running out of batteries, all of which reduced effectiveness.

Cardiff Licensed premises interventions

Prior to the UKCAPP Lion's Breath project, the TASC project (Maguire & Nettleton, 2003, referred to above) between July 1999 and December 2001 launched interventions which included:

- focused dialogue between the police and members of the licensed trade, mainly through an active Licensees Forum
- measures aimed at improving the quality and behaviour of door staff
- a 'Servewise' training programme for bar staff.

The UKCAPP project also set out to provide:

i/ funded server training to bar staff.

ii/ feedback of risk assessments to licensees and Cardiff Community Safety Partnership, with the aim of improving regulation of licensed premises, and reducing mis-selling.

The RBS training comprised self-study of a 121-page booklet provided by British Institute of Inn-keeping Awarding Body (BIIAB), followed by an examination by telephone comprising multiple choice questions and lasting approximately 30 minutes. The topics included, amongst others: 'licenses and licensing hours'; 'young people'; 'dealing with trouble'; 'strength and effects of drinks'; 'drugs'; 'preventing and dealing with violence'; and 'social responsibility issues' (Moore et al., 2006b, p. 5).

Impact of Licensed premises interventions in Cardiff

An evaluation of the 2000-2001 TASC project (Maguire & Nettleton, 2003) indicated an overall decrease of 4% in alcohol-related assaults in central Cardiff, despite a 10% increase in licensed premises. There was, however, a 49% increase in alcohol-related disorder. Elsewhere in South Wales, incidents of violence against the person increased.

Maguire & Nettleton (2003) report that the recording of 'disorder' is more susceptible to varying police practices than is 'assault'; that the rise in disorder slowed markedly during the evaluation period; and virtually all was in one street with the densest concentration of licensed premises. Individual premises targeted by police showed significant reductions in violent and disorderly incidents - two clubs showed sustained reductions of 41% and 36%. Operations targeted at whole streets were less successful (Maguire & Nettleton, 2003).

The Lion's Breath Responsible Beverage Service (RBS) training was initiated in June 2005, at a Licensees' and Bar Managers' Forum in Cardiff city centre. However, great differences between the commitment of licensees and staff was seen.

> *'Some licensees enthusiastically joined the scheme, others indicated that they would participate but, due to a clear lack of leadership and organisation on their part, were unable to meet the scheme's deadline, and others refused stating that they already provided adequate training for their staff'* (Moore et al., 2006a, p.40).

Agreement came from 22 city centre premises to refer for training. Of 485 (approximately) staff, 160 were referred. Of the 22 premises:

- 5 premises were unable to get any staff to sit the exam
- 5 premises had all referred staff sit and pass the exam
- 79 (49%) of the 160 staff offered training, passed the exam.

The number passing the examination amounted to 9% of the approximate total of 900 bar staff in Cardiff city centre (Moore et al., 2006a, p.41). In the licensed premises where staff had RBS training, there was no apparent impact in terms of 'reducing drunkenness'. In fact, customers from venues where staff had not received training showed significantly lower levels of mean PBAL compared with those venues that did receive training.

The Cardiff report (Moore et al., 2006a, p.50) submits that this difference might be because of venue selection, or due to the fact that:

a)   'The mean levels of intoxication over the twelve months are fairly low......Thus, servers may not have the opportunity to refuse service to the already inebriated in sufficient quantities to allow a noticeable change.'

b)   'Bar staff from almost all city centre licensed premises were trained in bar work. Thus the RBS training may not have added much to the existing high level of knowledge' (*ibid, p.6*).

Test purchasing

South Wales Police test purchasing campaigns found, in December 2005, that 12 of 40 premises (30%) with almost equal proportions of trained and non-trained were willing to sell alcohol to an underage police confederate (ibid, p. 41).

Birmingham Licensed premises interventions

Server training

The Route 50 team attempted to create a working group for RBS training including: Aquarius, Trading Standards, Licensing Authorities and West Midlands Police (I3 Birmingham, 160806). Police and Trading Standards agreed to recommend the course (Birmingham Report, June 2006). By June 2006 three training sessions (with on- and off-licence premises) had been held. However, despite promises from the licensed trade, there were only 10 trainees. By August, one licensee had offered premises for the training and also called on other pubs to participate, seen as a valuable incentive and pressure coming from the trade itself:

> *'...he's bullying them into coming, saying 'I send my staff on this, I pay for my staff on this, if you don't do it now, the price will go up and in months to come you'll be forced to do it' (...) he's telling them that this is part of their due diligence, and for that to come from someone within the trade I think that's far more power than it coming from me, or the police, or trading standards...' (I3 Birmingham, 160806).*

Meetings were held with the heads of the Licensing Authority and Trading Standards to discuss the future of RBS and incentives for the industry; it was agreed that the Route 50 project partners would fund the training, 'so the excuse of cost for the licensed trade should no longer exist' (I3 Birmingham, 160806).

Additionally, it was agreed that extra points would be awarded towards a Best Bar None certificate if at least 50% of staff had to be trained (Group Interview, 160806). Two more courses were held in October 2006.

Test Purchasing

This intervention ran smoothly for the Route 50 project, as Birmingham was reported as being 'very hot' on test purchases of a range of products (I3 Birmingham, 230606). Test purchasing is undertaken by someone 15-16 years old, and premises which sell alcohol without asking for ID can be fined and their licence reviewed. Trading Standards agreed to visit all off- and on-license sites in the Route 50 area, meeting the licensee and providing an information pack and DVD about legal and social responsibilities, and the consequences of selling alcohol to underage young people. Licensees were asked to sign an overarching 'code of conduct', and informed that they may have a test purchase in the future.

Greater enforcement of existing laws

Early in the Route 50 project, a meeting of community stakeholders indicated contrary views to the police that 'there is not a significant issue with drunkenness' and 'the actual problem is in public perception of the level of crime and the fear of crime'. The police then agreed that call-outs because of licensing infringements would be recorded and followed-up by a police advice visit. Operations similar to those tackling illicit drugs use were agreed (Birmingham Interim Report, April 2006). Operations in a bordering Operational Command Unit involved up to ten officers in high visibility jackets with drug dogs, who searched premises, checked for underage drinking and drunk and incapable people. By June 2006, the Route 50 project team noted that the police seemed more focused on underage drinking rather than the drunk and incapable, but that to get police to arrest people in this condition would be difficult.

Pubwatch

Pub Watch in Moseley had an official launch in June 2006 at the time of the World Cup. This was a partnership of Aquarius, West Midlands Police and the pub landlords (see section on raising awareness above). Key speakers including Trading Standards, Licensing Authority, National Pubwatch, and a Community Safety Officer. Pubwatch was seen 'as a vehicle to give information and have a consistent way of working for all pubs involved', and a high level of attendance was reported.

A joint meeting with Off Licences to specifically address the issue of underage drinking was requested by Pubwatch. Actions taken included: display of posters in bars (stating the legal obligation not to serve to drunk people); making available to all pubs a list of offenders with lifetime bans; informative beer mats were to be produced in partnership with Trading Standards; and further police operations (Birmingham Report, September 2006).

Retail Network Scheme

The possibility of a scheme involving radio communication with a 'cross over between off and on licensed premises' was considered as 'someone attempting to buy alcohol illegally may try all premises in the area until they are either successful or have exhausted the sources available' (Birmingham Interim Report, April 2006). This was unable to happen due to financial constraints and practical difficulties (I3 email communication, 060307).

Impact of Licensed premises interventions in Birmingham

Server training

Due to 'lack of leverage' the project found it difficult to convince licensees to commit to training. A first meeting with licensees was cancelled due to lack of response, and further letters, questionnaires and phone calls were made. Reasons for resistance included: 'staff turnover does not make the training viable', 'staff are already trained to a high standard', 'staff know how not to serve to drunks and underage drinkers'. The Birmingham Interim Report (April 2006) comments that 'they are worried that it may appear that they are admitting that a problem exists, rather than accepting that training is there to assist them'. It was thought that independently owned pubs tended to be more committed to training than corporate pubs (I3 Birmingham, 160806). However, the project engaged 5 pubs, all of which by September 2006 had more than 50% of staff trained. Reaction to the course was 'good', 'excellent', 'useful' or 'very useful', and 'trust and credibility' in the project was gained (Birmingham Report, September 2006). Another measure of success was seen in that local licensing and trading standards agreed that if training was successful in the Route 50 area, they might support training across Birmingham (I3 Birmingham, 160806).

Test Purchasing

It was reported that 'that the project area is responding well' with the majority of premises following advice in asking for ID and using Refusal Books, with testers finding 'minimal positive purchases' at both on- and off-licensed premises. At one licensed premise:

> *'he's made very simple changes, like he's increased the prices of lagers and beers, they don't do alcopops, they have piles of posters everywhere about underage, responsible drinking, drink driving (...) people that appear to have severe alcohol issues, they don't even try and buy alcohol anymore, they don't have people hanging around that side of the store, and because of this, it now appears to be a safer place to go to buy alcohol ... and a month on that they've increased their profit...'* (I3 Birmingham, 240206).

This was used by the project team to illustrate a 'business case' for responsible behaviour. These sorts of cases are the ones that would be expected to be promoted by the media.

Greater enforcement of existing laws

The Birmingham Interim Report (April 2006) informs us that Police had 'positive feedback from the public and licensees regarding high visibility operations', 'the public feel more secure as a result of these operations, and the obvious police presence also reassures licence holders'. By September 2006, Pubwatch agreed to engage with Responsible Service Training, and communication links were formed between Trading Standards and Police regarding operations and sharing of outcomes from the operations (Birmingham Report, September 2006).

The presence of the Route 50 team allowed honest feedback from the licensed trade regarding the impact of police operations. Following comments such as "we are being treated like criminals from the moment the police walk in" to "all my staff were scared and my customer left and did not return for weeks" police agreed to change the way that they carried out operations. This began a change to where the licensed trade and enforcement agencies work toward a common goal rather than being enemies (I3 email, 060307).

3.   Environmental interventions

Glasgow Environmental interventions

Nite Zone, launched on 2nd December 2005 for 12 weeks, incorporating the streets immediately around Glasgow Central Station aimed to:

- Reduce the number of reported violent crimes, disorder and antisocial behaviour
- Reduce the perception of crime within the city centre at night

Interventions in the Nite Zone streets included:

1.   Upgrade of sodium street lighting to white lighting
2.   Additional spot lighting in place to cover all night taxi ranks and night bus stops
3.   Installation of pan and tilt CCTV cameras, mobile CCTV (an 80% increase)
4.   Electronic link established between Road Cameras and Streetwatch Glasgow
5.   Additional, highly visible, police officers
6.   Public help points installed (up from 2 to 6).
7.   Removal of graffiti and fly posting

Impact of Environmental interventions in Glasgow

An Evaluation Report of the effects of the interventions in the 'Nite Zone' area, produced by the local team in Glasgow (May, 2006), indicated:

a/   Brighter street lighting contributed to an 11.4% reduction in reported road accidents comparing December 2005 to December 2004. CCTV camera operators were better able to see and respond to incidents. All agencies involved over the festive period identified anecdotally that members of the public using the area felt safer in the streets

b/   Pan and tilt CCTV cameras, mobile CCTV, and public help points contributed to:

- Increased monitoring of incidents throughout the whole area, and especially near taxi and bus ranks (using a mobile unit to contribute to public reassurance)
- Ability of Streetwatch Glasgow and Strathclyde Police to communicate with the public through speakers

c/   Additional, highly visible, police officers, taxi wardens, and bus inspectors, in the last quarter of 2005 compared to the same period in 2004 were noted as contributing to:

- Total Violent Crime down 19.1%
- Serious Assault down 4.4%
- Robbery down 21.5%

Also during this period in the 'Nite Zone' area:

- Assistance to members of the public went up over 300%

- Arrests for disorder were up 61%

- Arrests for possession of drugs were up 200%

- Arrests for possession of knives were up 100%

The environmental improvements and additional police resources focused on the Nite Zone area, led to a very large increase in arrests for disorder, knives and drugs, and no doubt made a substantial contribution to the reduction in more violent crime, serious assault and robbery. Unfortunately no further data are currently available showing what happened in this area when police resources were no longer so intensively committed.

Cardiff Environmental Interventions

The UKCAPP Lion's Breath team (Moore et al., 2006a) conducted risk audits of city centre locations and individual drinkers, and shared this information with key partners. The surveys took place at three areas where the majority of pubs and clubs are sited, 'between 11pm and 3am on one Friday and one Saturday each month for twelve months' and 'Surveyors questioned and breathalysed respondents, and audited the immediate environment for evidence of disorder and risk' (Moore et al., 2006a, p.3). Of 1,256 people approached, 344 refused or failed to provide an alcometer reading (ibid, p.11).

Cardiff Council employed a Community Safety Design Officer to ensure that initiatives are based on the principles of 'Crime Prevention through Environmental Design' (CPTED) (CCSP website, 2006). A Community Safety Audit (CCSP, 2004) reported that Targeting Alcohol-related Street Crime 2 (TASC 2) was a police-led multi-agency scheme to reduce alcohol-related crime and disorder. Efforts were made to improve the behaviour of door staff; publicise alcohol-related violent crime; and target policing operations. A dedicated database combined data from Police and A&E to further knowledge about the nature of alcohol-related violence, when and where incidents were concentrated, and produce an offender and victim profile. 'Cardiff after Dark' was another police initiative providing a high visibility presence in Cardiff city centre to make it safer, and improve reassurance, prevention and detection levels.

A presentation to Cardiff Community Safety Partnership (Farrar & Chapman, 2005) noted a range of other environmental interventions including:

- New CCTV/Radio Net technology
- Introduction of 'Pissoires'
- Street lighting and cleansing
- Pedestrianisation of streets at weekends and large events
- Street Crime Vehicle

Impact of Environmental Interventions in Cardiff

The Cardiff UKCAPP report (Moore et al., 2006a, p.3) included a list of the main findings of their survey and risk audit, including:

1. Underage drinkers were less than 2% of drinkers
2. One third of drinkers were below the drink drive limit
3. One third of male drinkers and one fifth of female drinkers were over twice the drink drive limit
4. 40% of males and 25% of females had slurred speech (found to be the best indicator of drunkenness)
5. RBS training did not affect blood alcohol levels
6. Litter comprised pub and club advertising material, food wrappers and glass bottles
7. Interviews identified problem premises, and facilitating targeted training.

The Cardiff data indicated that 'most respondents had consumed more than the current UK … criteria for binge drinking', yet few people responded aggressively and any strict relationship between intoxication and aggression was refuted (Moore et al., 2006a p.52). The CCSP website (2006) reports that where environmental design principles have been employed e.g. improved street lighting, etc., this helped discourage anti-social behaviour and enhanced people's perceptions of personal safety. Cardiff Community Safety Partnership (CCSP, 2004) reports that in the city centre, between 2001 and 2004, alcohol-related street crime reduced by 15.4%. However, CCSP data comparing 2005/06 with 2004/05 show Common Assault +6%; Wounding +15.2%; and Robbery +25.1%. TASC data comparing 2005-6 with 2004-05 show a 33% increase in alcohol-related crimes and incidents recorded by police, but a 25.7% decrease in A&E alcohol-related incidents. It is not clear whether these increases reflect a worsening situation, or an increase in police activity and effectiveness leading to a greater number of arrests being recorded.

<u>Birmingham environmental interventions</u>

The Birmingham team did not plan specific environmental interventions but worked with local stakeholders to encourage a sense of local ownership of problems and solutions to alcohol-related harm.

<u>Impact of environmental interventions in Birmingham</u>

In August 2006 a meeting had taken place with Ward Support Officers of the area, to look at priorities for funding for environmental interventions (I1 Birmingham, 160806).

4.   Transport Interventions

<u>Glasgow Transport Interventions</u>

Nite Zone was launched on 2nd December 2005, and aimed to draw together a number of community safety strands to:

- Make pedestrian movement at night safer and simpler
- Make existing night time transport more convenient, safer and accessible
- Identify ways of expanding existing transport options from the city centre at night
- Reduce the number of reported violent crimes, disorder and antisocial behaviour
- Reduce the perception of crime within the city centre at night

Nite Zone Transport interventions included:

1. Relocation of night time bus stops and improved visibility.
2. Distribution of 100,000 leaflets giving information on night taxi ranks and contact telephone numbers; and distribution of 20,000 bus timetables with locations
3. More taxis during the Festive Period
4. Taxi wardens and bus inspectors helping with queuing at night stops
5. Expanding transport options from the city centre at night are longer term objectives.

Ongoing activity at a strategic level includes:

- Public consultation to identify transport needs
- Work with transport providers to consider options for increasing availability.

<u>Impact of Transport Interventions in Glasgow</u>

A Nite Zone Evaluation Report (May, 2006) indicated:

- More taxis during the festive period contributed to a reduction of waiting time in queues from 1 hour to 15 minutes.

- The Nite Zone project 'contributed significantly to public perception over the Festive Period with very positive public feedback to personnel in the area' (Glasgow CCAAG Annual Report, 2005-2006, p.12).

<u>Transport Challenges in Glasgow</u>

The points below illustrate the complications inherent in any move to modify transport services, and the need for a community partnership approach (explored in detail in Chapter 8: Partnerships: the meaning of working together). In the Minutes a representative of Strathclyde Passenger Transport advised that:

1/ the bus service operated in a commercial market, and a main issue was how a night service could be effectively marketed. It might be possible to utilise the bus stations beyond current hours. (Prior to the 1985 Transport Act, deregulating the industry, 75% of Glasgow buses were controlled by local authorities. By 2006 over 50% were controlled by 3 major companies [Fare4All, 2006]).

2/ expansion of the train service would require amendment to the franchise between First Scotrail and the Scottish Executive, which could take some time.

3/ it may be possible to operate the subway system beyond current core hours, using one circle only, but in the past there had been resistance from trade unions.

The Chair of Licensing Committee advised that a working group was considering:

a/ provision of alternative/additional taxi ranks

b/ reducing restrictions on private hire cabs which prevented them picking up from ranks or the street.

c/ allowing pubs and clubs to establish hotlines to private hire cabs

d/ permitting private hire cabs to rank close to premises while awaiting phone calls. (Policy and Resources Working Group, 2005)

Cardiff Transport Interventions

Moore et al. (2006a, appendix 6.1) list 58 interventions ongoing in Cardiff at the time of the UKCAPP project, including a number of transport interventions:

- Taxi ranks to be equidistant from the night time economy, distinct from each other and away from bus stations, to ensure dispersal of large groups.
- Media campaign to promote taxis with CCTV, and licensee forum agreement to only recommend or advertise taxis with CCTV.
- Bus provision for peak times, subsidised by licensee forums, other agencies, or at normal rate. Consideration to be given to a cash free bus, where tickets are purchased in clubs for buses chartered by licensee's forum.
- Authority figures, *e.g.* police, town wardens, special constables or other 'capable guardians', to attend queues and public transport.

The L8 scheme is a weekend night bus service in the city centre which aims to be relatively inexpensive, provide reassurance, and reduce alcohol related crime and street violence (Cardiff Community Safety Partnership, 2004).

Impact of Transport Interventions in Cardiff

Moore et al. (2006a) report from their survey of drinkers in central Cardiff that while 60% of respondents used taxis to get home, while only 2.6% used public transport. More men than women walked home.

Birmingham Transport Interventions

At a meeting with the Birmingham team, bus companies agreed that running extra evening services along Route 50 would be 'commercially profitable'. It was also agreed that given the 'level of intimidation and the cost of damage to property', bus drivers would complete forms recording routes, running times, number of passengers, and number of alcohol related incidents. However, the Route 50 team then received an e-mail from one company saying 'the information that we required was too commercially sensitive' (I3 Birmingham, 230606). Several months later, the team was called by the Police Safer Travel Team 'saying that there is a huge problem on these routes and can we help'. The Route 50 team were unable to become actively involved as 'commercial sensitivity' limited information.

Impact of Transport Interventions in Birmingham

The Route 50 project raised awareness 'that there was a problem that was experienced by all parties', and that there were agencies which could provide assistance (I3 Birmingham, 160806). By June 2006, the project had spoken to a representative of the Police Safer Travel Department, from which they would get data on the situation regarding transport (Birmingham Report, June 2006). A meeting was held with members of the Police Safer Travel Team and the project team was asked for assistance, however the team reported that 'we don't have the funding (…) to get involved with that' (I3 Birmingham, 160806). In September 2006 the project was contacted by the Transport Police regarding problems on route 50 buses, meetings were held and advice was given, and the project was awaiting further contact (Birmingham Report, September 2006).

Conclusions

There can be no doubt that a considerable number of interventions have been undertaken in the three cities. These interventions have raised awareness, facilitated collaborations, improved relations between various authorities and stakeholders in the night-time economy, introduced safety measures on the streets, improved the general environment and transport links.

Section 6   Broader Impact: Police, Ambulance, A&E

Thus far this report has considered the rationale for individual interventions and their impact. Although the Holder model seeks to reduce alcohol-related harm by changing the community environment in which alcohol consumption occurs, it is not always easy to assess the impact of individual interventions. This section considers the broader impact of community action in the project sites by a consideration of statistics, where available, from the Police, Ambulance and A&E services in the UKCAPP sites.

Police Data Definitions
- Police Incident: A complaint to the police regarding criminal/ antisocial behaviour. Not every incident results in a crime report.
- Police Crime: A crime report is compiled when there is significant evidence that a crime has been committed
- Crime Victim: Where victim details have been logged as a result of a crime report.

Glasgow Police Data

Glasgow 2003-2004

These data relate to the period immediately prior to the UKCAPP programme.
A PlaySafe in Glasgow evaluation (Glasgow police data report, 2005) states that:
- From January 2003 - November 2004 in the city centre, most crime increased – (reported as affected by a new Scottish Crime Recording Standard from April 2004)
- Breach of the Peace and Simple Assault almost doubled, accounting for 49% of all crime over this period
- 35% of all crime occurred between 6pm - 6am on Friday and Saturday
- in 2004, 63% of over 9,500 people arrested within Glasgow City Centre, were under the influence of alcohol.

Glasgow 2004-2005 Nite Zone area

As reported earlier an evaluation of the Nite Zone area (streets immediately surrounding Central Station) comparing the last quarter of 2005 with the same period in 2004, showed

- Total Violent Crime down 19.1%

- Serious Assault down 4.4%

- Robbery down 21.5%

During the 2005-06 Festive Period in the Nite Zone area:

- Arrests for disorder were up 61.1%

- Arrests for possession of drugs were up 200%

- Arrests for possession of knives were up 100%

These substantial increases in arrests and reductions in street violence are most likely the result of more highly visible police officers, taxi wardens, and bus inspectors; improved lighting and cctv coverage of the Nite Zone area.

Glasgow 2005 - 2006

The Glasgow Analyst Co-ordinator reports that each incident is graded 1-4 on its links with alcohol. Only incidents graded 1: Probable, or 2: Possible, were used for analysis.

In the larger city centre area during 2005, there was an upward trend in the number of recorded police incidents and crime linked with alcohol, 10pm-4am (Glasgow police report, 2006). By contrast, data compared over the period February 2005 to December 2006 (Glasgow police reports, 2007) indicate:

- A decrease of 9.7% in alcohol related crime (graph 1)

- An increase of 74.4% in alcohol related incidents (graph 1).

- An increased proportion of crime on Thursday, Friday, Saturday nights (67% - 71%)

- During 2006 males aged 18 to 29 years accounted for 48% of crime victims

A caveat was made by the Glasgow Team regarding 2005-2006 comparison of incidents (graphs 1, 2) because of a change of analyst determining whether an incident was alcohol-related. According to this account, the substantial increment in number of incidents could be partly due to analyst judgement.

Graph 1.   Glasgow Police Data 2005-2006

Glasgow Police Data
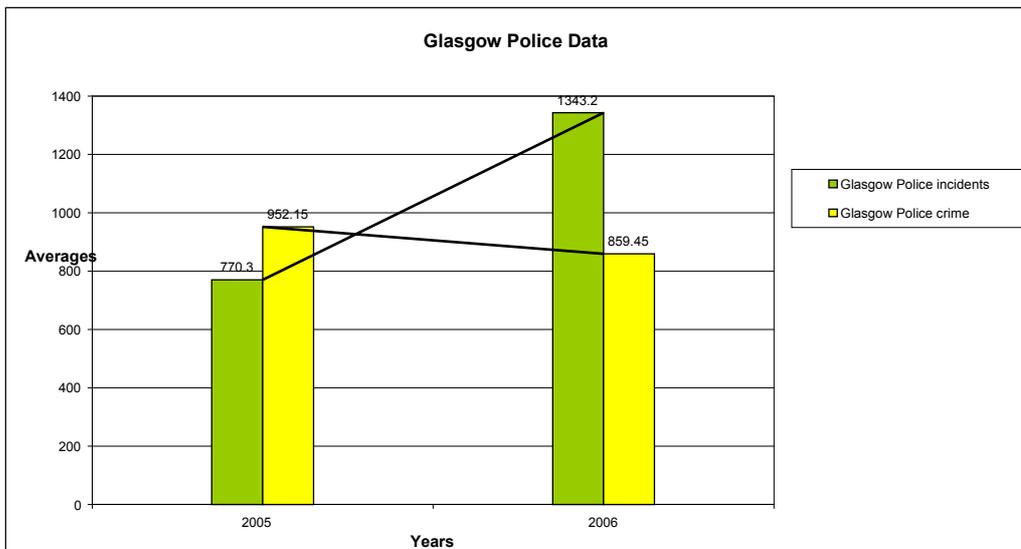
Graph 2 shows a percentage comparison of police incidents, month by month, 2005 - 2006 (Glasgow police data report, 2007). An increase can be observed in 5 months, and a decrease in 4 months.

Graph 2.   Glasgow Police Incidents 2005-2006

% of Police Incidents per Month
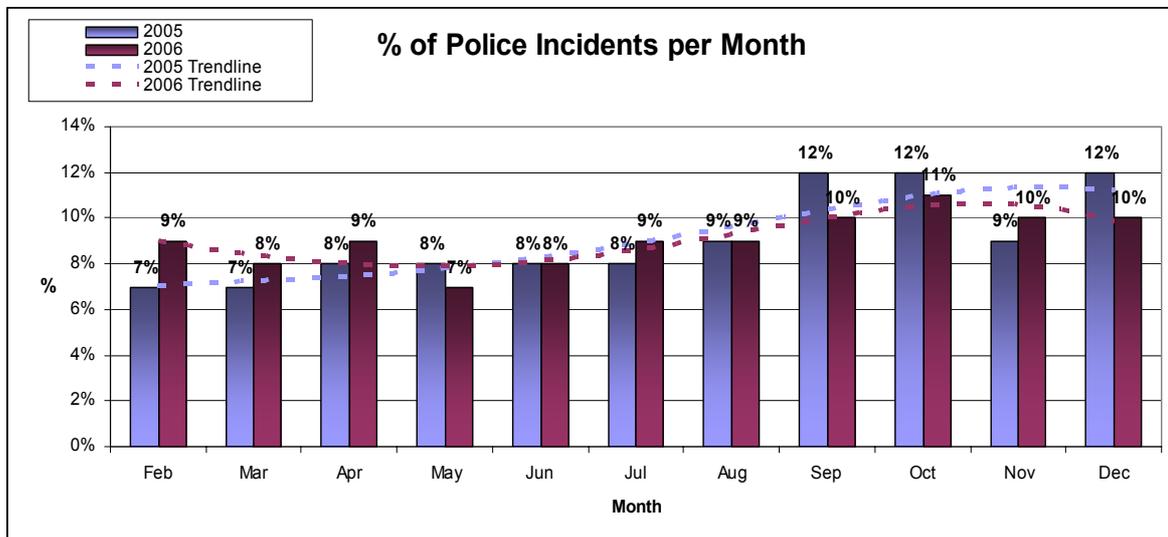
Graph 3 compares, month by month, police crimes linked with alcohol for 2005-2006. Contrary to Graph 2 showing incidents, this illustrates, in 2006, a decrease in crime in 5 months, with an increase in 5months (Glasgow police data report, 2007).

Graph 3.   Glasgow Police Crime 2005-2006

Police Crime Monthly Trend
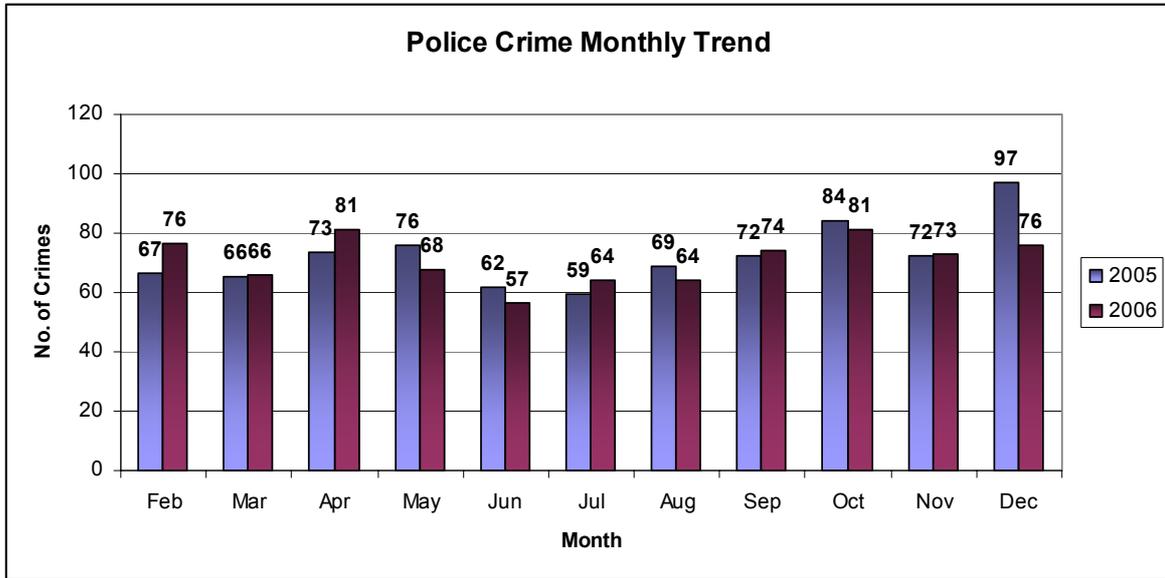
Comparing graphs 2 and 3 we see a similar trend, with increases for both incidents and crime occurring in the same months on 5 occasions, and decreases in the same months on 3 occasions. When analysed by day of the week, comparing 2005-2006, no change at all is seen on Friday and Saturday nights. Graph 4 below illustrates the latter point.

Graph 4.   Police Crime Weekly Trend 2005-2006

Police Crime Weekly Trend
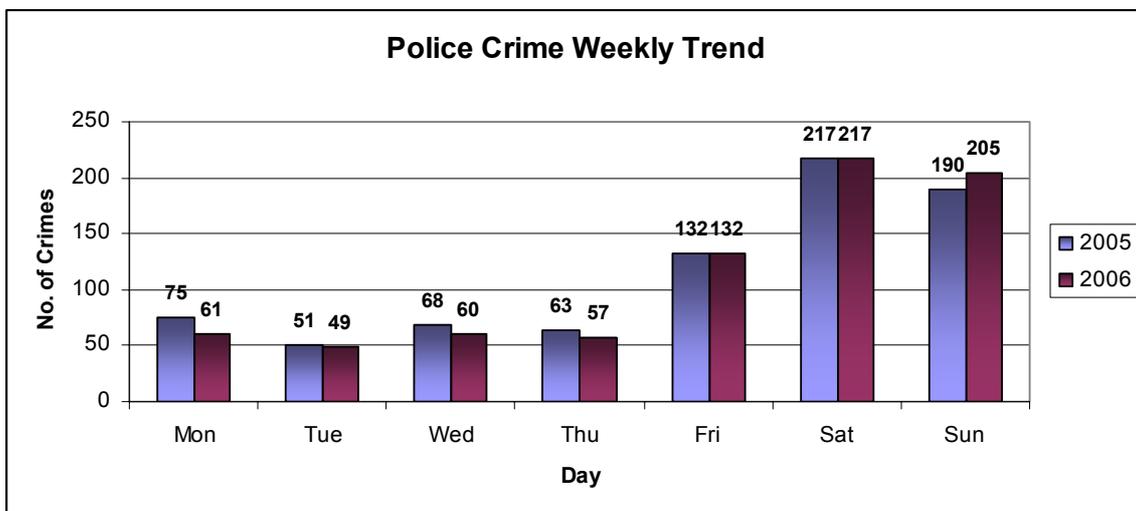
Glasgow Ambulance Data

2005 -2007

Graph 5 illustrates that from February 2005 to January 2007 the number of incidents involving Glasgow Ambulance service decreased by 4.4% (Glasgow Ambulance, 2007).

Graph 5.   Glasgow Ambulance Incidents 2005 -07
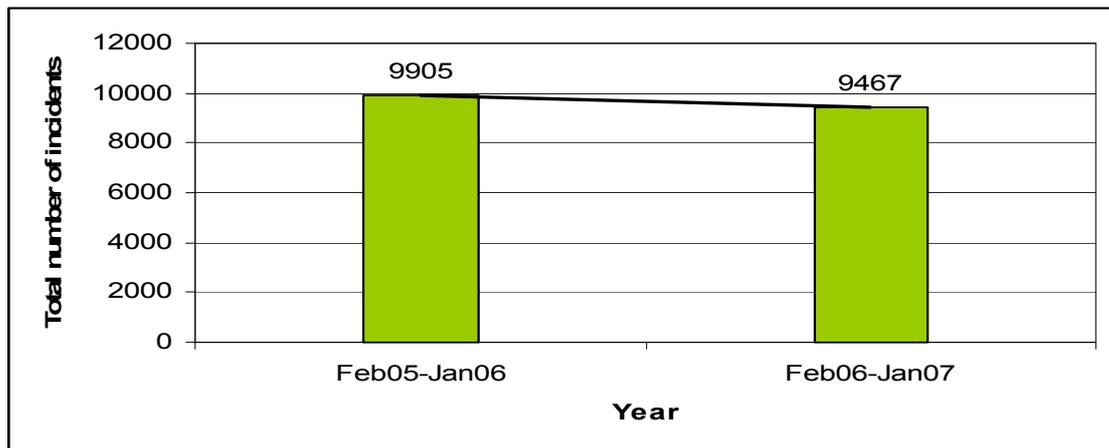
Comparing 2005-2007, Graph 6 shows increases only in February and October 2006. The number of incidents on Fridays and Saturdays, 10 pm-4 am each month was consistently higher than those on other days of the week, accounting for 49% of the total.

Graph 6.   Glasgow Ambulance Monthly Trends 2005-07
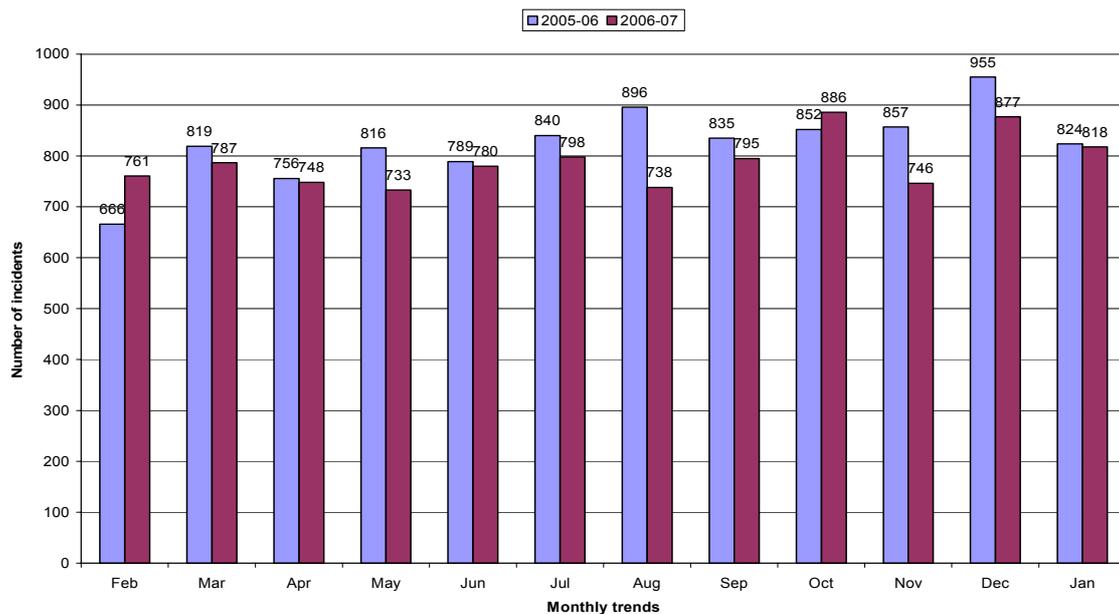
Glasgow A&E Data

2005-2007

Graph 7 illustrates a 6.5% increase in alcohol related A&E attendances at Glasgow Royal Infirmary in the period February 2005 - January 2007 (Glasgow A&E data report, 2007).

Graph 7.   Glasgow A&E attendances 2005-2007
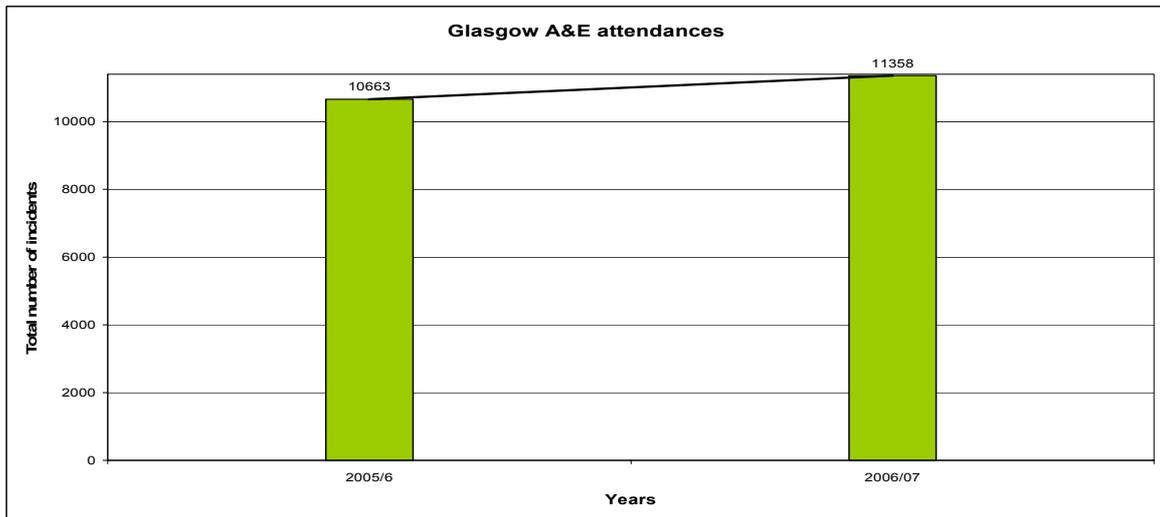
Graph 8 shows monthly trends, 2005-2007, of alcohol related A&E attendances and indicates an increase in 10 out of 12 months.

Graph 8.   Glasgow A&E Monthly Trends
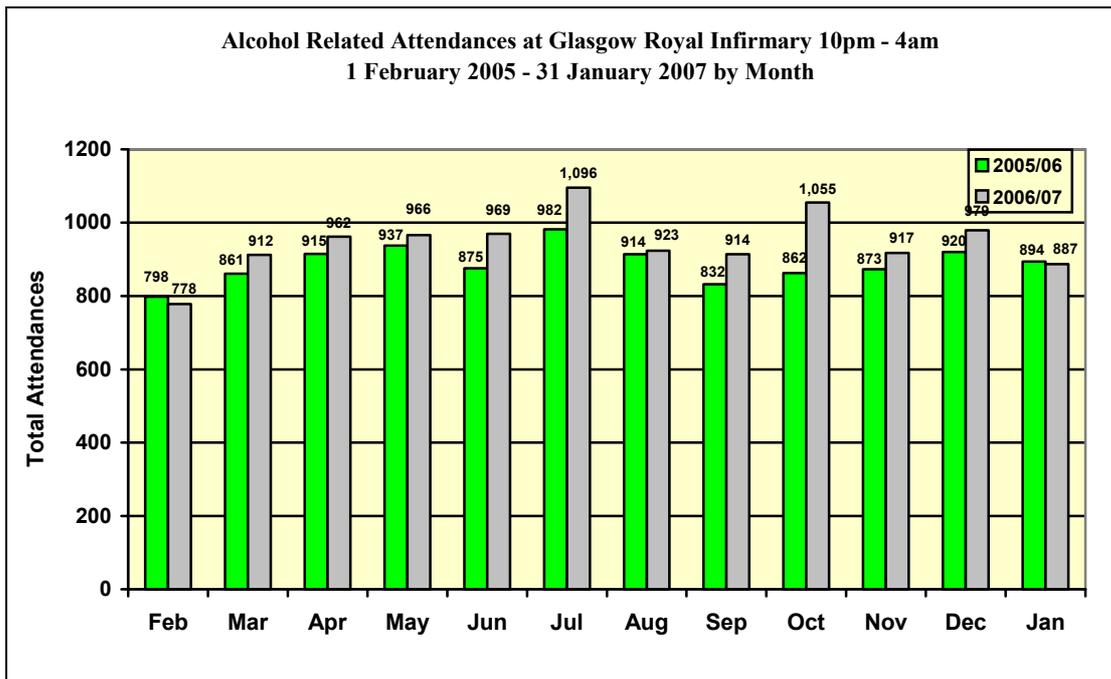
Males accounted for 60% alcohol-related A&E attendances far more than females (40%). Over the period 2005-2007, male attendance increased by 6.6% and female by 6.4%; people aged 20-29 years increased +7.7%; 16-19 years +0.3%; and under-16s showed a +0.7% increase. Friday and Saturday 10pm - 4am were the busiest periods.

Graph 9 shows the age range 20-29 years accounts for, by far, the largest number of attendances, 25.8% of the total during 2006, comprising 63.5% male and 36.5% female, broadly in line with the overall male-female ratio.

Graph 9.   Number, Age, Gender treated in Glasgow Royal Infirmary

Alcohol Related Attendances at Glasgow Royal Infirmary 10pm - 4am
1 February 2006 -31 January 2007 by Age and Gender
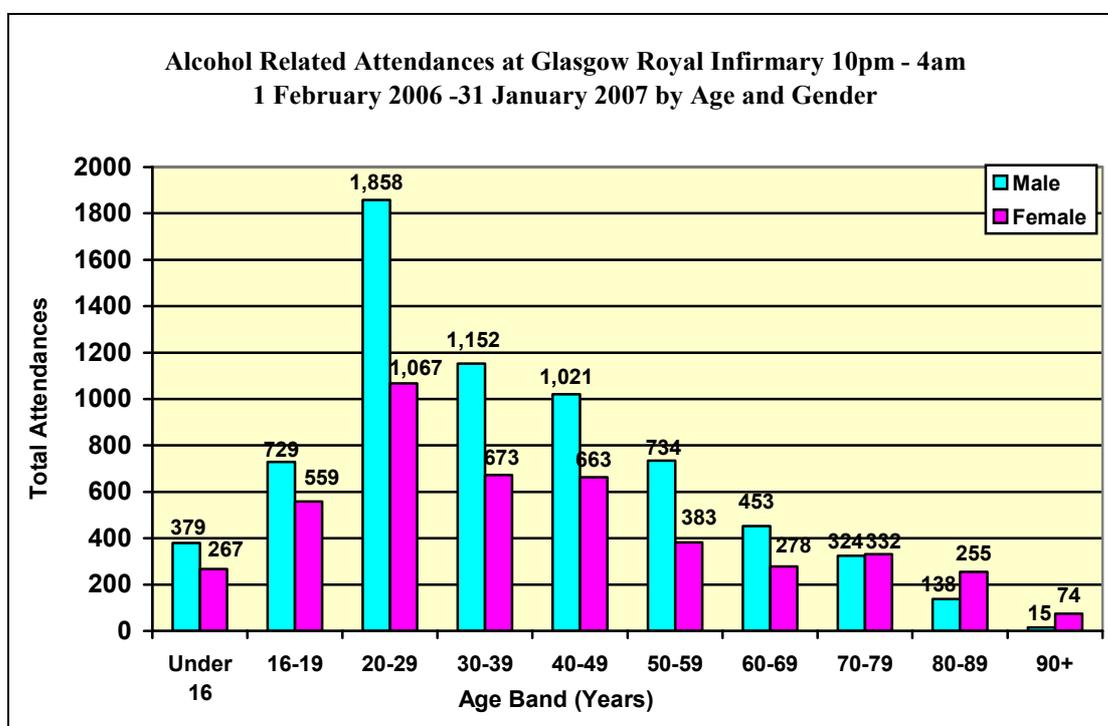
It appears anomalous that the numbers attending A&E increased by 6.5% at the same time as the number of incidents involving the Ambulance service decreased by 4.4%. It could be that the injuries were not serious enough to warrant an Ambulance.

Cardiff

Context

Cardiff Community Safety Partnership reports (CCSP, 2006a) that Cardiff has been the safest city in its Home Office family of 15 cities for over two years. This report states that reduction in violence has been very noticeable at the accident and emergency department, University Hospital of Wales, with a 40% reduction since 2001 in the number of victims treated. A recent national report published by the independent organisation Reform, places Cardiff in 51st place out of 55 in the violent crime league table, with only Cambridge, Colchester, Southend and York experiencing lower levels of violent crime in 2005. However, recorded crime data for the 22 Community Safety Partnerships (CSPs) in Wales, puts the south Wales area (including Cardiff) as among the top 10% areas for serious wounding (Walker, Kershaw & Nicholas, 2006).

Police Data for Cardiff

A Cardiff interviewee said '…they (Home Office) told us that our target was to reduce crime and disorder over a three year period by 21%' (I15 Cardiff, 111206). A presentation to Cardiff Community Safety Partnership (Farrar & Chapman, 2005) used the statistics below, reflecting Cardiff's position in the bottom '*i*QUANTA' crime quartile, and show that it was on target to reach its negotiated Crime Reduction Target of 21% by 2008.

	2003/04	2004/05	2005/06(**projected**)
Common assault	937	800 (-14.6%)	776 (-4.1%)
Woundings	3,146	2,805 (-10.8%)	2,721 (-4.1%)
Robbery	350	259 (-26.1%)	251 (-4.1%)

The Community Safety Partnership later provided the following data for 2005/06:

	2005/06	
Common assault:	848	(+6% on 04/05)
Wounding:	3,232	(+15.2% on 04/05)
Robbery:	324	(+25.1% on 04/05)

These more recent figures indicate that the projected totals for 2005/06 (further above) were somewhat over optimistic.

Table 7 contains data provided by the Cardiff Community Safety Partnership analyst, from the TASC database of police crimes, incidents, CCTV and A&E data. It shows alcohol related incidents of violence and public disorder for Cardiff city centre and bay area, 10pm-4am, 2003/04, 2004/05 and 2005/06. The figures demonstrate between 2004/5 and 2005/6 a 32.9% increase in incidents only recorded by Police, while records made only by A&E show a 25.7% decrease, with a reduction of 5.5% in incidents recorded as involving both agencies. Overall, the total number of police and A&E incidents increased by 14%.

Table 7.   Cardiff alcohol-related crimes and incidents

Method of Reporting	2003/4	2004/5	2005/6
Police only	924	908 (-1.7%)	1207 (+33%)
A & E only	228	245 (+7.5%)	182 (-25.7%)
Both police and A&E	410	381 (-7%)	360 (-5.5%)
Total	**1562**	**1534 (-1.7%)**	**1749 (+14%)**

The highest number of incidents involved the20-24 year age group (20.2% in 2005/06).

Birmingham

Because of the nature of the Birmingham route 50 project, data from Police, Ambulance or A&E services were not expected. However, a report Birmingham Community Safety Partnership (2007) provided an initial analysis of the impact of the Route 50 project. Data refer to the period October 2005–January 2007, compared to October 2003 – January 2005, unless otherwise stated.

- Public Place Wounding decreased by -3.7% in the immediate project area and an 800 metre zone, -25.8%. These combined reductions were more than in a neighbouring police operational command unit (OCU), -17.2%.
- Government targeted crime decreased by -21% in the project area, and -16.6% in the 800 metre zone, a greater percentage than in the neighbouring OCU, -8.6%.
- Offences peaked 20:00 until 02:00.
- Peak age of offenders was between 17 years and 25 years.
- The majority of offenders were male (88%)

(Birmingham Community Safety Partnership, 2007)

Section 7   Comparisons across the UKCAPP sites

As detailed above (Section 3, Evaluation Methodology) the present report is based upon case studies of each UKCAPP project, in its own unique situation and context. A traditional experimental or before-after research design was not feasible. One reason was the impossibility of controlling confounding factors within and across the UKCAPP sites. Complex local partnership actions made it impossible to consider each project in terms of a discrete set of 'UKCAPP' interventions, clearly delineated in space and time.   Another reason was the difficulties in both validating and comparing data sets.

Glasgow

Output

The Glasgow team has been able to present evidence of considerable output in terms of interventions aiming to reduce alcohol-related harm and disorder in the city centre area. The Glasgow team emphasises that these interventions have been made possible via a complex web of partnership activities, involving a wide range of stakeholders. Without these partnerships, few of the interventions would have been possible, and those that could have been undertaken would have been much less extensive and considerably less effective. The complexities involved in carrying through any interventions in the Glasgow transport system clearly demonstrate that partnership working is a necessity (see Section 5).

Outcomes

In terms of outcomes or impact, the Glasgow team approach can be said to be one of continually evolving management of a continually evolving situation. The team stressed it did not wish to be judged on short-term impact but, rather, on its capacity to:

- identify problems
- assess which interventions are most likely to reduce the causes of the problems
- get agreement with a combination of partners most likely to contribute to solutions
- act in concert so that the likelihood of alcohol-related harm and disorder is reduced.
- maximise the potential to achieve progress within a national policy context that may not be fully supportive in terms of the international evidence on reducing alcohol consumption.

In Glasgow, over the period 2005-2007, available statistics demonstrate:

Decreases

- - 9.7% Police recorded crimes linked with alcohol related behaviour

- - 4.4% Ambulance incidents.

Increases

- + 74.4% police alcohol related incidents

- + 6.5% A&E attendance

It is unclear whether the police statistics represent a lower crime rate, perhaps owing to more effective police interventions, or to a change in recording and analysis procedures in 2006 which might have inflated the number of incidents (as suggested by a Glasgow Police report). In the much smaller Nite Zone area (confined to the streets immediately surrounding Central Station) figures supplied by the Glasgow team, comparing the last quarter of 2005 with the same period in 2004, showed:

Decreases

- - 19.1% total Violent Crime

- - 4.4% Serious Assault

- - 21.5% Robbery

Increases

- + 300% Assistance to public

- + 250% complaints from public

During the 2005-06 festive period in the Nite Zone area:

- + 61.1% arrests for disorder

- + 200% arrests for possession of drugs

- + 100% arrests for possession of knives

The substantial increases in arrests and reductions in violence in the relatively small Nite Zone area can be attributed to brighter street lighting, and to these streets being purposely targeted over a 12 week period with mobile pan and tilt CCTV cameras, public help points, relocation of night time bus stops and distribution of 20,000 bus timetables; more taxis and distribution of 100,000 leaflets with information on ranks and contact numbers; increased monitoring using a mobile unit throughout the area; ability of Glasgow and Strathclyde Police to communicate with the public through speakers; additional highly visible police officers, taxi wardens, and bus inspectors. No statistics were made available on the Nite Zone area subsequent to those related to the 12 week intervention.

Cardiff

Output

Although the AERC-funded Lion's Breath project in Cardiff was limited in time and ambition, the Cardiff Community Safety Partnership has for some years engaged in a wide range of interventions aiming to reduce alcohol-related harm and disorder. In their final report to the AERC on Lion's Breath, Moore et al. (2006a, appendix 6.1) listed 58 interventions ongoing in Cardiff at the time of the UKCAPP project. It is on this wider partnership work that the present report has focused.

Outcomes

Decreases

- -25.7% A&E attendances

Increases

- + 33% police recorded crimes/incidents (TASC data 2004/05- 2005/06)

The decrease in A&E attendances would suggest a substantial reduction in alcohol-related violence and accidents. The increase in police recorded crime, especially Common Assault (+6% on 04/05), and Wounding (+15.2% on 04/05) could indicate that prompt police intervention is preventing more serious physical harm being inflicted.

Birmingham

Outputs

As there was no previous organised community partnership activity in the area, the efforts of the Route 50 project were directed towards community mobilisation, building a network of partners, encouraging local leadership, local ownership of problems and local responsibility for solutions. The project was very successful at engaging with a wide range of community agencies and individuals, and in facilitating joint working. As reported in Section 6, statistical data from police, ambulance and A&E were not expected from the Route 50 project. However, a report Birmingham Community Safety Partnership (2007) provided an initial analysis of the impact of the Route 50 project on a narrow range of streets, an 800 metre zone and an adjoining police operational command unit area (OCU).

<u>Outcomes</u>

- Public Place Wounding decreased by -29.5% in the immediate streets and 800 metre zone, a greater reduction than in the neighbouring OCU (-17.2%)

- Government targeted crime decreased by -37.6% in the immediate streets and 800 metre zone, a greater percentage than in the neighbouring OCU, -8.6%.

The number of crimes was low, however, making valid comparisons difficult at this time.

Conclusions on comparisons across UKCAPP sites

Only Glasgow and Cardiff are similar enough in terms of the development of interventions to make comparison feasible. However, the number of caveats attached to the data (see Section 9) makes direct comparison very difficult. A statistician from the Scottish Executive made the point that Scotland has a different legal system and recording practices to England and Wales (see p.74). In individual sites a causal or direct link between increases and decreases in Police, Ambulance or A&E statistics, and specific or overall UKCAPP interventions, is difficult to establish. In Glasgow, a decrease in crime and ambulance incidents was accompanied by increased A&E attendances, while in Cardiff an increase in crimes and incidents, went with a substantial decrease in A&E attendances.

Different explanations can account for changes in statistical records. An increase in police incidents and decrease in crime could be because more police are present, intervene earlier, and prevent crimes; or be due to modifications in recording practice; or to analyst judgement as to what constitutes an 'incident' (see p. 59 and Section 9).

There can be no doubt, however, that the teams in the three UKCAPP sites have had a considerable impact on the local environment. This impact can be clearly seen in terms of:

- 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, convenient late-night taxi and bus links

- increasing cooperation and collaboration across a wide range of community agencies, instigating positive community responses to alcohol-related harm.

Section 10 explores in detail the benefits and costs of community partnership work.

Section 8   Comparison with non-UKCAPP sites

It was not possible to find comparable sites in which no alcohol-harm reduction interventions were underway. As Thom and Bayley (2007) point out, following a review of the literature and a UK scoping exercise, 'partnerships and multi-agency approaches were common in most areas'. Following searches, and consultation with the UKCAPP sites, the evaluation team chose Dundee, Swansea and Bristol as comparison cities. For exactly the same reasons articulated in Section 7 the confusion inherent in available data-sets makes meaningful comparisons of Police, Ambulance and A&E data across sites extremely problematic.

Comparison of Glasgow & Dundee police data

The table below shows number of alcohol related incidents and rate per 1000 population, during financial years 03/04, 04/05, 05/06 for Glasgow and Dundee. These data were provided by Scottish Executive SEJASD (2006) by e-mail.

Table 8.   Glasgow & Dundee: Alcohol-related offences 2003-2006

Category	City of Glasgow						Dundee City					
	2003/04		2004/05		2005/06		2003/2004		2004/05		2005/06	
	Total	per 1000	Total	Per 1000	Total	per 1000	Total	per 1000	Total	Per 1000	Total	Per 1000
Drunkenness	2,006	3.48	1,947	3.37	1,928	3.33	463	3.24	377	2.66	429	3.02
Licensed PersonOffences	54	0.09	85	0.15	79	0.14	10	0.07	0	0	10	0.07
Other Offences	204	0.35	204	0.35	255	0.44	36	0.25	38	0.27	46	0.32
Motor Offences	1,713	2.97	1,588	2.75	1,640	2.83	465	3.25	383	2.70	368	2.59
Total	3,977	**6.89**	3,824	**6.62**	3,902	**6.74**	974	**6.81**	798	**5.62**	853	**6.00**

Dundee overall shows a lower rate of alcohol-related police incidents than Glasgow. Both cities show a decrease in offences 2003/04 – 2004/05, followed by an increase in 2005/06. However, the increase in Glasgow (+0.12 per thousand) was less than in Dundee (+0.38 per thousand), and in both cities, the 2005/06 figure is lower than in 2003/04. Interestingly, this is a similar pattern to Cardiff (see Table 7 above), where a reduction in police incidents was observed during 2004/05 only to be followed by an increase (+33%) in 2005-06.

Table 9 below compares two cities in each of Scotland, Wales, and England using different data sources for the year 2006. The figures show city populations; total crime; assaults/violence; and alcohol-related offences, in rates per thousand population. However, what these figures most clearly demonstrate are the differences between datasets, and the difficulties in interpreting and drawing conclusions from the range of data sets available.

Table 9.   Comparison of cities and data sources

	Population	All Crime	Assault	Alcohol-related
Scotland:				
Glasgow City:	578,790	131.1	25.3	6.74
Dundee City:	142,170	109.7	16.2	6.0

(Scottish Executive, Justice Analytical Services Division -SEJASD, 2006).

Cardiff:	Population	All crime	Violence	Alcohol-related
Gibbs & Haldenby (2006)	292,150	65.53	12.79	
Home Office Statistics (2006)	316,797	34.83	4.83	
Swansea:				
Gibbs & Haldenby (2006)	169,880	63.48	15.88	
Home Office Statistics (2006)	225,549	26.25	4.55	
Birmingham:				
Gibbs & Haldenby (2006)	970,892	39.82	13.83	
Home Office Statistics (2006)	992,425	30.56	6.35	
NW Public Health Observatory (2007)				13.85
Bristol:				
Gibbs & Haldenby (2006)	420,556	74.70	20.39	
Home Office Statistics (2006)	393,910	44.90	8.5	
NW Public Health Observatory (2007)				19.22

Home Office statistics included burglary, criminal damage, drug offences, fraud & forgery, robbery, sexual offences, vehicle & other theft, violence against the person, other offences; while the crimes covered by Gibbs & Haldenby for Reform were: murder, rape, assault, burglary, robbery, car crime and gun crime.

Conclusions from Comparisons

From available statistical data it is difficult to find any clear differences between the UKCAPP sites and the comparison UK cities. The UKCAPP sites and comparison cities certainly share similarities in terms of the initiatives undertaken in their cities, which some data suggest are leading to reduction in certain types of alcohol related harm.

Section 9   Inadequacy of current data sets

The MHRDU team has been less than satisfied with the quality and quantity of statistical data obtained from the sites. Despite numerous discussions of requirements the site teams were unable to provide clear data from which a judgement could be made as to the effectiveness of interventions over time. We do not believe that this was from a lack of willingness on the part of the UKCAPP site teams, but due to two main factors:

1/   Interventions were not necessarily applied in a programmatic manner following a logical progression planned for maximum cumulative impact.   Nor were they systematically evaluated at a local level. There are a number of reasons for this. One is that each intervention required agreement between a number of partner agencies, and agreement very much depended on who attended different meetings; and their different agendas and priorities. Section 10, below, on Partnerships, gives more detail on this. The local and wider political context at the time could either enhance, or be an obstacle to, the likelihood of any intervention taking place at any given time. The amount and timing of funding could seriously impact on the planning, undertaking and continuation of an intervention. In such situations people are constantly busy trying to set-up and sustain interventions; systematic evaluation is rarely costed-in; and reports and presentations of outcomes are produced when necessary to meet particular deadlines and local political needs (see below).

2/   Different methods of data collection, analysis and retrieval employed by Police, Ambulance and A&E departments make data validity very difficult to verify and comparison across sources or sites exceedingly problematic. This experience is supported by a wide range of reports from within the UKCAPP sites and the wider literature (below).

Interpretation of UKCAPP statistics

Interviews with data analysts provided several reasons why statistics can differ or even contradict each other. Comparisons are difficult because the source of the data is not always the same. Whereas iQuanta are police data, TASC data includes A&E as well as police data. So, although both report 'assaults', more 'assaults' could be expected to be recorded in the TASC data, as people may go to A&E without police intervention.

In addition, recording criteria for assaults differs between police and A&E, making comparison even more difficult. The following quote further illustrates this:

'...TASC data is made up of two different sources of crime, or reported and non-reported crime ... (we) get information sent to us from the A&E unit ... they ask them the questions: where did this happen? and what happened? and based on that information they then record it as an assault within their criteria.' (I15 Cardiff, 111206).

As for comparability across the UK, a statistician from the Scottish Executive said:

'... figures for recorded crime in Scotland cannot be regarded as exactly comparable to those for England and Wales because they reflect differences between the countries in legal systems and recording practice' (I16, email communication, 281106).

Another explanation for rises and falls in local statistics can be the motivation for recording. One interviewee explained that, following instructions to focus on certain types of incidents, rises in certain statistics would be a goal:

'One of the objectives the Home Office set us was to increase the number of incidents of domestic violence .... a lot of domestic violence was not recorded as crime because it was not reported, and when it was reported it was not always crimed. What they are saying to us now is that you must crime it, and as far as common assault is concerned it is one of the highest categories volume-wise. So, we are now complying with the Home Office directive which tells us to encourage people to report ... A very similar situation happened when we had racially motivated incidents.' (I15 Cardiff, 111206).

And, there can be little doubt that statistics are sometimes used to support local political ends. On several occasions we were offered data used in local reports or presentations and which showed a range of highly positive outcomes. These data were not however attributable to any solid source and their reliability could be called into question.

'I could call up data that could prove anything I wanted to. I want to make it a case that it's really good ... using proper data I can manipulate it to make it look pretty. Similarly, if I wanted to put pressure on the Home Office to support us with an initiative I could put my hands on data that would do just that. So, it's whatever you want, for example with the ambulance service, we could put a slant on that which would suit us...All partnerships do that.' (I15 Cardiff, 111206).

Interpretation of national statistics

A recent report for Reform (Gibbs & Haldenby, 2006) tells us the crime reduction debate in England and Wales has been hindered by the incomplete status of the major statistic sets, none of which conveys in an easily intelligible way the level of crime in an area:

Accurate, relevant and easily intelligible local data on crime would put pressure on police forces to improve. At present, however, such data is not available..

(Gibbs & Haldenby, 2006)

A Portman Group report states:

'There is very widespread variation in both the definition and the recording of alcohol-related violence and disorder among police forces .... Only 10% of police forces are able to compare their data ....

... Comparability of data across A&E departments is very restricted by variations in recording practices and data retrieval systems. Integration of A&E data with that obtained by police forces is hampered by incompatible methods and systems and by perceived data protection concerns (Portman Group, 2002, p.6)

An independent Statistics Commission report (2005, p.2) says:

'..there is a need to explore alternative ways to convey trends in crime concisely and unambiguously – whilst being mindful of the need to avoid adding to public confusion.

A recent independent review of crime statistics for the Secretary of State speaks of:

'..presentation of conflicting statistics apparently open to widely differing interpretations' (Smith et al., 2006, p.iii)

This review goes on to say that

'... there have been regular claims that the police adjust their crime statistics to improve measured reported performance... processes and categories used by local police to record crime have historically had a significant degree of local variability; this has made it difficult both to make comparisons among local forces and to form aggregates...

(Smith et al., 2006, p.1).

Conclusions

In simple terms: any interpretation of currently available datasets cannot be validated.

Section 10   Partnerships: the meaning of working together

'A partnership is a process in which the stakeholders invest themselves in terms of ideas, experiences, and skills to collectively bear on [a common] problem through mechanisms for joint decision making and action' (El Ansari & Phillips, 2004, p. 35).

El Ansari & Weiss (2006, p. 175) remind us that *'partnership work is increasingly mandated and employed as a vehicle for health education and promotion and disease prevention'*. For example, Section 17 of the Crime and Disorder Act 1998, placed a statutory obligation on Statutory Partners to work together *in partnership* to reduce crime and the fear of crime. Similarly, the Alcohol Harm Reduction Strategy for England *'relies on creating a partnership at both national and local levels between government, the drinks industry, health and police services, and individuals and communities to tackle alcohol misuse'* (Prime Minister's Strategy Unit, 2004, p.5)

Partners share common goals, whilst at the same time maintaining their own agendas. The objective of partnership work *'is to mobilize a collective power base to promote change, where political and policy processes work smoothly together so that policy changes can be effected'* (El Ansari et al. 2004 p.279). This approach seems to correspond to what Holder and his colleagues refer to as working in 'coalitions' (Holder, 2000, Holder et al, 1997), and the UKCAPP projects have found partnerships to be essential for community programmes aimed at tackling alcohol related harm.

Benefits of partnership work

According to Salem (1978) partnership working brings both 'community' and 'personal' benefits. For El Ansari and Phillips (2004) community benefits include: increased skills in assessing community needs, setting priorities, obtaining funding, increased networking, information sharing, and access to resources; while personal benefits include: personal recognition, enhancing skills, and enjoying the work of the coalition.

Costs of partnership work

There can also be negative consequences of participating in a group or partnership. Boex and Henry (2001 p.151) submit that partnerships *'are rarely undertaken as a matter of first choice'.* When a partnership is first set up there tends to be minimal levels of commitment *'...people or institutions may be reluctant to spend precious time and resources in partnership development activities. It therefore need not be assumed that they are ready and waiting to be engaged'* (El Ansari & Phillips, 2004, p. 35). Personal costs tend to be 'time, effort, and the things people gave up in other parts of their lives in order to participate', while organisational costs 'involve lack of progress and frustration.' (ibid, p.36). The costs can lead to tensions and interpersonal conflict amongst stakeholders.

The UKCAPP Partnerships

The three projects appeared to be continually refurbishing and recreating a web of partnerships. All sites mentioned the following organisations as partners: health authority, community safety partnership, alcohol and/or drug teams, police, licensing forums, business, the media, and the general public. Where collaborative connections did not exist (as with Birmingham at the outset) significant efforts had to be made to engage partners and establish 'common ground': *'... it's always hard work to enthuse and to convince and win hearts and minds, that's a big job...'* (I2 Birmingham, 230805). Figure 4 is illustrative of the simplest organisational structure that seems to be required to run a community alcohol prevention programme.

Figure 4. Simplest structure for a community alcohol prevention programme
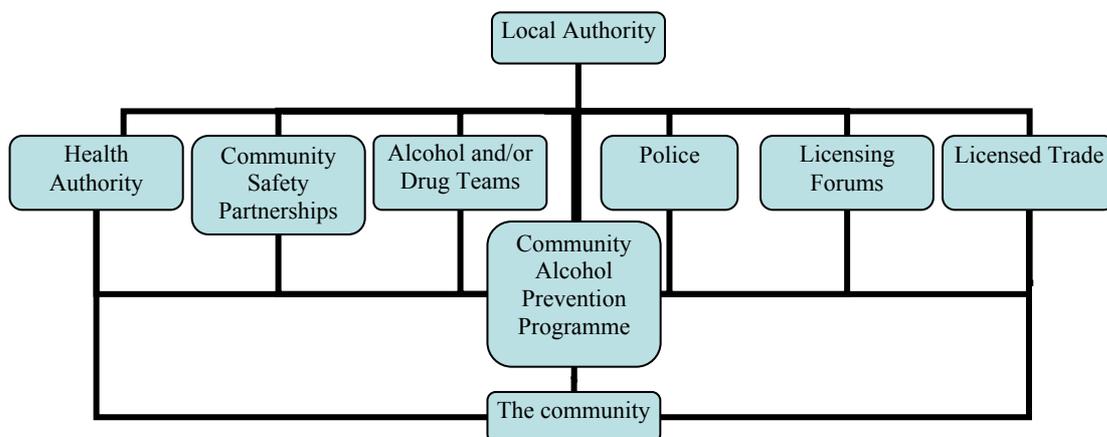
Once work begins to be implemented, central and more peripheral partners will interchange according to the nature of the intervention(s). The different partners may or may not send a representative to all meetings; but often key individuals may represent, or make representations to, either a single or range of different groups or agencies. Not all partners will have an overview of all elements in a community intervention, while some partners will have numerous roles, sitting in on a variety of groups and committees. Although being in a position to see 'the bigger picture' is very useful, a partial interest in the work may still be helpful.

Success in the three sites was clearly seen as related to a combination of various key partners. Through partnerships, the UKCAPP teams could find financial and human resources for implementing initiatives. As one interviewee put it:

> '...there are so many practical things that happen in Glasgow because of partnership working, that wouldn't have happened if we'd operated individually...' (I20 Glasgow, 040805).

It clearly was important to enquire with the UKCAPP sites about the *key elements of effective partnership* collaboration. These can be grouped into two broad themes: (1) the *attributes* of a good partner and (2) the *relationship* between partners.

(1) The attributes of a good partner. When working in partnerships it is important to consider both individuals and organisations. UKCAPP interviewees emphasised how 'different individuals make a difference' even within the same organisation. People constantly mentioned the need to 'get the right people round the table'. The 'right people' can be different according to the needs at a given time. However, descriptors such as 'being enthusiastic' and 'being positive', someone 'you get on well with' would characterise a good partner. At times, the right partner could be someone previously known, as in the following quote:

> '...we've got the beer and pub associations' regional manager on our steering group and I've met him in other lives, so yeah that relationship is quite a robust one...' (I2 Birmingham, 230805).

The most senior people in organisations are often not available because of multiple other commitments, and if an individual 'with seniority at decision-making', or with the 'knowledge and experience', does not attend a specific meeting it is very difficult for planned actions to move forward. Therefore, what was needed was a 'balance' between seniority and availability, positive personal attributes and authority within an organisation:

'...It's not just having the agencies around the table, it's having the person who's got sufficient time, balanced with sufficient seniority at decision making... and you have to compromise (...) within reason you can have someone who is delegated to attend 'on behalf of', so long as you've got direct access outside of meetings to those who have either power strings or the power to make decisions...' (I2 Birmingham, 230805).

In addition, good partners tend to be good leaders, they are often 'co-ordinating', carrying out 'strategic work' and 'bringing people together'. Finally, good partnerships give members a sense of 'accountability', which make people feel 'committed' to the work.

(2) The relationship between the partners. UKCAPP interviewees were especially aware that they had to build and maintain 'positive relationships'. There needs to be 'trust **and** respect', 'giving **and** taking' as well as 'flexibility'. Communication needs to be 'open and clear', and finding ways of 'feeding back' updates and successes seems crucial. Steering groups or discussion meetings where people can have access to 'different perspectives' seem to characterise good partnerships. A good partnership would be one where the partners 'share' a number of things (cf. 'value systems' in El Ansari, 2005: 'language', 'needs', 'clear goals', 'decision making' and 'responsibility'). Getting to such a point takes time. As one project worker put it:

'The biggest thing with this project is actually building relationships – if you can't build a relationship you'll get nowhere…' (I3 Birmingham, 230606).

<u>Challenges and benefits in UKCAPP partnerships</u>

Time: Partnerships take time to establish, which is a challenge when there is limited time to deliver an intervention. Although the three sites mentioned this, it was a particular challenge for Birmingham, as the project had to initiate partnership working.

Consistency: A police officer stated: *'I think the important thing is…consistency. If you're going down this line, you've got to keep going for a while.'* (I23 Bristol, 121206).

Money: Many interventions are limited in time because of limited fixed term funding.

Attendance: A range of different 'meetings' contribute to successful partnerships, and 'not attending' those meetings can be a challenge for the group. Also, 'people leaving' can be a problem in terms of locating suitable and willing replacements. As partners have different backgrounds, there can be 'confusion the first time they sit round the table'.

Agendas: Related to partners' varied backgrounds are their 'different agendas', 'different priorities' and 'different timetables'. People from alcohol action groups tend to have a different agenda to representatives of the licensed trade. In this case establishing 'a shared language' is an achievement; and different agendas and backgrounds provide an opportunity for 'different perspectives' to emerge and be considered.

Politics: The political context can have a positive impact, or be an obstacle. In Glasgow, given that a 'senior representative' raised the issue in the right forum, work on transport was begun. But, also in Glasgow, there was initial 'lack of acceptance' of outlet density as an issue, and 'political reluctance' to address it. At the same time, members of the Alcohol Action Team were able to take the issue to the Scottish Executive. Therefore, 'politics', like other factors has two aspects in the work in partnerships.

Relationships: Relationships become a challenge, when there is a clash of personalities, or when communication between key partners is not good:

> *'…you would have trading standards and the police talking high level, but there'll be no communication at grass roots level between the individual OCU's and trading standards team when they're carrying out test purchasing, so then you have almost like an argument…' (Birmingham Meeting, 160806).*

<u>Interplay of partnership features</u>

Given that 'perfection doesn't exist', it can be easy to understand why to 'be enthusiastic' and 'positive' is something valued in a partner. The success of a partnership does not depend upon a single factor, but on how different aspects co-occur and interplay. This was illustrated by a project coordinator with regard to the number of interventions to be implemented:

> *'...how many we run with will be dictated by energy of the partners who will be the natural lead agencies for each of those interventions, as compared with how much time with the project team needs to be spent and how much money at play...' (I2 Birmingham, 230805).*

Conclusions

There can be no doubt that the teams in the three UKCAPP sites see community partnership as the only feasible way of carrying through interventions to limit alcohol-related harm within complex urban environments.

Section 11 Barriers to Interventions

This section draws upon information available elsewhere in this report, drawing together the main barriers to initiating and maintaining community interventions to reduce alcohol-related harm. These barriers can be grouped under:

- Partnership difficulties
- Financial insecurity
- Commercial considerations
- Transport
- National and Local politics
- Perceptions
- Workloads of team members

Partnership barriers

Partnerships *'are rarely undertaken as a matter of first choice' (*Boex & Henry, 2001 p.151) and in the early stages of a partnership there tends to be minimal levels of commitment *'...people or institutions may be reluctant to spend precious time and resources in partnership development activities. It therefore need not be assumed that they are ready and waiting to be engaged'* (El Ansari & Phillips, 2004, p. 35). In the UKCAPP context in Birmingham, collaborative partnerships did not exist at the outset and '*... it's always hard work to enthuse and to convince and win hearts and minds, that's a big job...'* (I2 Birmingham, 230805). Partners have 'different agendas', 'different priorities' and 'different timetables' leading to 'confusion the first time they sit round the table', and significant efforts have to be made to establish 'common ground'. Partnerships can be challenging when communication between key partners is not clear, or when there is a clash of personalities. The most senior people in key organisations are often not available because of multiple other commitments, and if an individual 'with seniority at decision-making', or with the 'knowledge and experience', does not attend a specific meeting it is very difficult for planned actions to move forward. Also, the departure of key people can be a problem in terms of locating suitable and willing replacements (see Section 10).

Financial barriers

Many interventions are delayed while different sources of funding are explored, and once initiated are often limited in time because partners are only able to provide one-off or fixed term funding.

Commercial barriers

The livelihood of licensees is dependent upon selling alcohol within an increasingly competitive marketplace, and this comes into play when licensees are expected to stop promotions such as 'happy hours'; to contribute financially to training their staff in responsible serving practice; or to contribute to environmental improvements inside or outside their premises. The UKCAPP projects, despite efforts to promote and provide Responsible Beverage Service training, experienced great difficulty in recruiting bar-staff trainees. Nevertheless, the "Best Bar None" scheme has been an effective way of getting local licensees to recognise the importance of a safe drinking environment (see p.43-47).

Transport barriers

Interventions to improve transport links can be problematic because, in a deregulated free market, the local authorities do not commission or control the system. The teams in Glasgow and Birmingham, for example, had difficulties in fully involving local transport providers as key partners. This does not mean that improving transport is impossible, but that it takes considerable time. Negotiations have to be undertaken to allow more cabs on the streets when most needed; to get buses to run on perceived dangerous or unprofitable night routes; to get trains to continue later into the night. Negotiations can be complex and time consuming, involving representatives of the transport companies, workers' unions, local and sometimes national governments (see p.55-57).

National and Local politics

In England and Wales national political factors have made outlet density a difficult issue. Room (2004) contends that the Government's draft guidance to licensing authorities in England and Wales (DCMS, 2004) is tilted firmly towards maximum permissiveness in licensing. The licensing power focuses upon "the prevention of crime and disorder; public safety; the prevention of public nuisance; and the protection of children from harm" (DCMS, 2004, p.11) but a close reading demonstrates that the guidance is concerned with the physical safety of the people using licensed premises, and not with broader alcohol-related harm or health issues which are supposedly addressed by other legislation. Licensing authorities may not impose conditions relating to management training or competency, or subject licensees to regular compliance checks. Nor can they attach conditions or promote generalised voluntary arrangements relating to "happy hours" or other promotions, as this could breach competition laws. Furthermore, the guidance does not expect licensees to take any responsibility for the behaviour of customers once they are beyond the licensees' direct management.

With regard to outlet density in England, licensing authorities cannot consider that there may be no commercial demand for another licensed venue in the vicinity. In Scotland during development of the new national licensing bill the Glasgow licensing board did not have a policy on restricting outlet density, taking the view that well managed licensed premises operating to licensing board standards reduced problems. The role of the Glasgow project group therefore became that of lobbying and looking for common ground (p. 39-40)

Perceptual barriers

Differing perceptions between different sections of the community may act as barriers to particular interventions gaining support. In 2005, a survey of 1,028 residents of the Glasgow City Council area showed that it was younger people who mostly engaged in the night-time economy, with the majority of residents not staying out after 10pm. Frequent late-night visitors generally felt safer in the city than less frequent users, but were more negative about public transport availability. The findings highlight a contrast between the *perceptions* of those who *do not* go out regularly and the *experiences* of those who *do* (p.37-39).

At times the public and the authorities have different perceptions. Early in the Birmingham Route 50 project, a meeting indicated a Police perception that 'there is not a significant issue with drunkenness' and 'the actual problem is in public perception of the level of crime and the fear of crime', in direct contrast with the view of local residents (p.48).

Workloads of team members

People engaged in local community prevention programmes have very demanding workloads. This can be a barrier as it impacts on their ability to follow-through on projects and to evaluate their effectiveness.

Overcoming Barriers

Different barriers arise at different times and circumstances. Within all complex community partnerships each of the above potential barriers can only be overcome through a process of awareness raising, lobbying, and extended negotiations.

Section 12   Discussion

The UKCAPP projects were part of a multifaceted web of other local projects, partnerships, and interventions, as illustrated in Section 2 of this report. The complexity of these partnerships meant that it was impossible to consider any UKCAPP project as a discrete set of interventions, clearly delineated in space and time, the effects of which could be evaluated independently of other local activities. This reflects what the UKCAPP teams clearly articulated: an ethos of broad-based community involvement; community ownership of problems and solutions; and community responsibility for reducing alcohol-related harm.

The present section will pose a number of key questions and responses which seem relevant to the activities undertaken by the UKCAPP projects, and their relative success.

1. To what extent have the UKCAPP sites followed the Holder model?

Rather than attempting to reduce alcohol-related problems by identifying and targeting problem drinkers with education and treatment, Holder proposes that efforts be directed toward local policy-makers in positions to influence local social, economic, or physical structures and put in place processes and priorities to reduce problems. A key factor in this model is a partnership approach involving a wide range of local organisations, groups and individuals to bring about a community-level change (Holder, 2004). In summary, the Holder model (e.g. 2000, 2004) focuses on:

- Community as a system
- Community mobilisation, leadership and responsibility
- Partnership at local and national levels
- Evidence based strategies
- Responsible beverage service
- Reducing underage drinking
- Controlling alcohol access (outlet density).
- Local information (for evaluation)
- Enforcement of laws and regulations
- Media advocacy (providing valid information to local TV, newspapers, etc.)

Although it is evident throughout this report, Sections 2 (UKCAPP in Context) and 10 (Partnerships) make clear that, following the Holder model, the UKCAPP projects were enmeshed in complex social structures and partnerships.

In all sites partners included the local health authority, community safety partnerships, alcohol and drug teams, police, licensing forums, business, the media, and the general public. Project teams were insistent that it was only through such partnerships they could find the financial and human resources for implementing initiatives. It is evident, therefore, that the UKCAPP sites have to a large extent followed the Holder model, within the limitations imposed by local politics, and available funding.

2. Have UKCAPP outputs been those the Holder model would anticipate?

Section 5 (Interventions & Impact) groups interventions in UKCAPP sites under four main headings: Awareness-raising; Licensed Premises; General Environment; and Transport.

- Awareness-raising activities used the news media to inform and educate the general public about interventions designed to improve public safety, and about responsible behaviour with regard to alcohol use. Also, via meetings with licensees, local business people, politicians and community organisations, steps were undertaken towards community mobilisation, leadership and responsibility in order to effect changes in policy and practice.

- Licensed premises were targeted to engage staff in responsible beverage service training; reduce underage drinking; reduce sales to people who were heavily intoxicated; and provide environments conducive to responsible behaviour. UKCAPP teams worked with police and trading standards to ensure greater enforcement of laws and regulations with regard to licensed premises and their patrons, to reduce antisocial behaviour and underage drinking. Attempts were made via political lobbying to control alcohol outlet density and hours of opening.

- Changes to the general environment included improved street lighting, cleanliness, CCTV cameras, and a highly visible presence of police and other authority figures to increase reassurance, prevention and detection levels.

- Changes were made to transport infrastructure, in terms of taxi and bus availability and provision of marshals to improve crowd dispersal and increase security.

All of the above require working in an integrated way at a community level, in partnerships with a wide range of organisations and community groups, and are outputs that the Holder model would anticipate. While the ability to undertake community interventions in any site is completely dependent upon partnership working and available funding, the UKCAPP outputs have been those the Holder model would anticipate.

3. Have the interventions led to a significant reduction in alcohol-related problems?

Although the interventions undertaken in the UKCAPP have had considerable impact on the local community and environment, statistical data relating to alcohol-related harm and disorder in the UKCAPP sites are equivocal. For example:

- in Birmingham, public place wounding decreased by -29.5% within 800 metres of the project area. This reduction was greater than in the neighbouring police operational command unit (OCU) (-17.2%). Government targeted crime (PSA1) decreased by -37.6% within 800 metres of the project area, a greater percentage than in the neighbouring OCU (-8.6%). However, these are preliminary findings and the low number of offences makes valid comparisons difficult.

- in Glasgow city centre, over the period 2005-2007, available statistics demonstrate a decrease (-9.7%) in Police recorded crimes; and a decrease (-4.4%) in Ambulance incidents. At the same time there is a large increase (+74.4%) in police alcohol-related incidents; and an increase (+6.5%) in A&E attendance. In a much smaller 'Nite Zone' area, the focus of a 12 week project, comparison of the last quarters of 2005 and 2004, showed the following decreases in police statistics: violent crime -19.1%; serious assault -4.4%; robbery -21.5%. During this period arrests for other specific offences increased dramatically: disorder +61.1%; drugs +200%; possession of knives +100%.

- in Cardiff, over the period 2004-2006, there was a decrease (-25.7%) in A&E attendances; but an increase (+33%) in police recorded crimes/incidents. Community Safety Partnership data comparing 2005/06 with 2004/05 show the following increases: common assault +6%; wounding +15.2%; robbery +25.1%.

Interpretation of these data in order to make definite statements about impact, or to make valid comparisons over time or between UKCAPP and comparison sites, is practically impossible. This same argument may be generalised to a range of national statistics. The reasons for this are reviewed in some detail in Section 9 above. In brief, the outcomes reflected in the data vary both between and within sites over time, affected by the practice, judgement and motivation of those recording, analysing, retrieving and presenting the data. There is little doubt that an increased police presence in specific areas and the targeting of certain behaviours leads to increases and decreases in specific statistics. Therefore, statistics available to date are unable to clearly demonstrate that interventions have led to a significant reduction in alcohol-related problems over a prolonged period of time.

4.   Are community alcohol harm-reduction partnerships effective?

El Ansari & Weiss (2006, p.175) tell us that *'..despite their popularity and potential, there exists limited evidence of the effectiveness of partnerships in achieving desired outcomes.'* Giesbrecht and Haydon (2006) point out, nevertheless, that in terms of reducing alcohol-related harm, community action gains tend to be modest but important. Commitment to effective prevention at a national or regional level can facilitate or impede projects.

> *'Even intense and well-planned initiatives that benefit from local support face formidable challenges in environments where alcohol is widely promoted and marketed, and where consumption is common and deeply integrated into everyday social events and activities'* (Giesbrecht and Haydon, p.640).

Section 5 of this report gives numerous examples of the impact of the interventions at a local level, in terms of raising awareness, facilitating collaborations, improving relations between various authorities and stakeholders in the night-time economy, introducing safety measures on the streets, as well as improving the general environment and transport links. Where evaluations have been undertaken by local teams a range of positive outcomes have been recorded.

In the recent policy document 'Safe, Sensible, Social: the next steps in the National Alcohol Strategy' (DH, 2007) the Government states that local communities are best placed to tackle local alcohol-related problems, and reports that *'Levels of violent crime have fallen, and levels of alcohol consumption are no longer rising'* (p.10).

With regard to the latter claim 'Safe, Sensible, Social' later says (p.14) *'There is conflicting data on consumption and trends in consumption'*, which lends supports to the argument in the present report with regard to data interpretation. The claim with regard to violence finds some support from a study by Sivarajasingam, et al. (2007) of violence-related A&E attendances across England and Wales, which reports a 2% overall decrease comparing 2006 with 2005. However, significantly, the figures show no change for males aged 11-30. It is this latter group in particular which includes those most likely to be the perpetrators and victims of alcohol-related disorder and injury. In Glasgow in 2006, for example, males aged 18-29 years accounted for 48% of crime victims; and males 20-29 years were 25.8% of A&E alcohol-related attendances. In the Birmingham project area, 2005-2007, the peak age of offenders was 17- 25 years, and 88% of offenders were male.

Despite Government assurances, Sections 7, 8 and 9 of the present report show the difficulties of both collecting and interpreting statistical data relating to Police, Ambulance or A&E services, which might provide 'hard' quantitative evidence of partnership efficacy in terms of reducing alcohol-related harm.

This does not mean that the UKCAPP community partnerships are not having a positive effect. 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 acting within society. 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.

The UK Government sees the England and Wales Licensing Act of 2003, providing for flexible opening up to 24 hours a day, as pivotal in combating alcohol-related crime and anti-social behaviour perceived to be created, or exacerbated, by fixed universal closing times (DCMS, 2001). The perception of many researchers in the alcohol field (e.g. Babor et al., 2003; Gilmore, 2004; Hadfield, 2007; Hall, 2005; Mistral et al., 2006; Room, 2004, 2006) is that this strategy effectively deregulates alcohol retail. Hall (2005) argues that this results in increasing availability and promotion, while lowering cost, leading to an overall per capita increase in consumption. A trend towards greater consumption among the young is recognised in the government strategy document, 'Safe, Sensible, Social' (DH, 2007) which says that young people aged 11–15 who drink, are drinking twice what they were in 1990, and that based on self-reported data across 35 European countries the UK has the third highest proportion of 15-year-olds (24%) who have been drunk 10 times or more over the past year. There are strong links between high levels of youth alcohol consumption and other risk factors such as youth offending, teenage pregnancy, truancy, exclusion and illegal drug misuse.

The National Alcohol Harm Reduction Strategy for England (2004) recognises that *'There is a clear association among alcohol price, availability, and consumption',* but argues that using price as a key lever risks *'major unintended side-effects',* and that *'policies need to be publicly acceptable if they are to succeed'* (Prime Minister's Strategy Unit, 2004 p.18).

The 'side-effects' are not detailed, and some (e.g. Room, 2004) have argued that the 'public' referred to is the alcohol industry, which would not be pleased with tax increases or other measures to reduce per capita alcohol consumption. 'Safe, Sensible, Social' (DH, 2007, p.9) informs us that '*We have examined research and statistics, sought a wide range of views and involved key experts, stakeholder organisations and the alcohol industry itself on what more needs to be done and how this can be achieved. We found that the analysis in the original Alcohol Harm Reduction Strategy for England remains valid ...*'

However, the document recognises (p.10) that '*... public concern about the harm caused by alcohol has risen. People's concerns about antisocial behaviour have also increased, and the incidence of liver disease and deaths caused by excessive drinking have continued to increase.*' And, despite the claim for enduring validity of the 2004 Alcohol Harm Reduction Strategy, the 2007 document (p.55) says that '*The Government will commission an independent national review of evidence on the relationship between alcohol price, promotion and harm, and, following public consultation, will consider the need for regulatory change in the future, if necessary*'. This is expected to be published in 2008.

In the face of the huge financial and cultural forces promoting consumption of alcohol, the community resources able to be mobilised to reduce alcohol-related harm within the UKCAPP sites are really relatively miniscule. In the UK, according to the Prime Minister's Strategy Unit (2000), the total value of alcohol promotional activity in the UK was in the range of £600m-£800m per annum. In the year 2007, there is every reason to think that current expenditure by the industry on all forms of advertising and promotion substantially exceeds the earlier estimates. Against these colossal sums, the few hundred thousand pounds that local community partnerships have available to raise public awareness of possible harm, support responsible consumption, train a small percentage of bar staff, employ a small number of taxi and bus marshals, support area-focused policing, and install white lighting and CCTV, seem pitifully inadequate. 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 pressures become overwhelming; or the cumulative effect of many relatively small local programmes begins to impact on the national drinking culture and national alcohol policy.

5.   Should community action continue?

UK government policy is based on the argument that

> *'Local communities are best placed to tackle local problems, including alcohol-related disorder'* (DH, 2007).

It must be recognised that community action partnerships have been in operation for a relatively short period of time. Also, they operate in an environment subject to continuous change with regard to the cultural norms and legal status of alcohol consumption, as well as to the structure and membership of their constituent partner agencies. A community systems approach, rather than focusing on individuals deemed at risk, considers a potentially wide-ranging set of problems among the community's entire population; and intervenes to affect local policy and the environment to produce population behaviour change. This is conceptually and practically complex, and takes concerted effort over time (Holder, 2002). In line with this approach, the Glasgow team stressed (Section 7) that it did not wish to be judged on short-term impact, but on its capacity to:

- identify problems

- assess which interventions are most likely to reduce the causes of the problems

- get agreement with a combination of partners most likely to contribute to solutions

- act in concert so that the likelihood of alcohol-related harm and disorder is reduced

- maximise potential to achieve progress within a national policy context that may not be fully supportive in terms of international evidence on alcohol consumption.

Giesbrecht and Haydon (2006), in a study of community-based interventions for alcohol, tobacco and other drugs, argue that there are many opportunities for local communities to take initiatives and to develop local policies. These initiatives not only have the potential to reduce harm at a local level, but can illustrate where national level interventions and policies are misguided, and provide positive examples to other communities facing similar challenges. Thom & Bayley (2007, p.33-34) argue that

> '…*despite many unresolved questions and the difficulties encountered in initiating and implementing programmes, a multi-component approach has a greater chance of success than stand-alone projects that target specific groups, behaviours or environmental and situational drinking contexts…'*.

These arguments encapsulate the main reasons why community prevention programmes should continue.

6. Are there any indications as to ways to ensure continuation?

The UKCAPP teams have had considerable impact in terms of:

- increasing cooperation and 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.

All qualitative data collected by the MHRDU evaluation team indicate strongly that without partnership work within communities, no substantive multi-faceted interventions to combat alcohol-related harm could be undertaken. If partnerships are crucial for initiating interventions, the key factor leading to their continuation appears to be institutionalisation. According to Jepperson (1991), an institution can be defined as a social pattern that can reproduce or sustain itself over time, independent of specific individuals. In this context prevention policies, once implemented, have a longer life than prevention projects that must be funded and maintained each year.

Moore and Holder (2003) argue that if institutionalisation does not occur, then regardless of the enthusiasm, energy, or good intentions of people involved, any community prevention effort is unlikely to be maintained. The following factors appear to be essential to institutionalisation:

- *Community leadership:* Partnerships must be led by well-connected people who share a view that specific interventions can be effective and are worthy of retention. The more this view is shared by people who create and enforce policies, the more likely that programmes will become institutionalised.
- *Connection to existing patterns:* Building upon existing organisational and community tendencies and preferences is a key element in initial implementation as well as institutionalisation. Local alcohol policies should not be introduced into a community from the outside or by persons not indigenous to the community.
- *Media advocacy:* This is a powerful tool for effecting change but also supporting local ownership, by continued significant coverage in local newspapers of alcohol harm-reduction interventions.

- *Local alliances:* Community alcohol partnerships joining forces with other local health and safety coalitions and advocacy groups may increase resources and efficiency, especially where these are interrelated and may use similar strategies.

- *Overcoming staff changes in key organisations:* As it takes time to learn the environmental approach, personnel turnover or understaffing in local agencies can cause problems.

- *Seeking local, regional and national resources:* Resources must be pursued at all levels to provide ongoing reinforcement and maintenance of local strategies.

- *Working within local politics:* Local politics cannot be ignored. Local elections may delay policy implementation or result in a change of key personnel who may be more or less convinced of the value of specific interventions.

- *Recognising and incorporating local cultural values:* Community values should be honoured and utilised, even while the essential standards of a scientifically-based prevention programme design are being maintained. (Moore & Holder, 2003)

Wallin, Lindewald & Andreasson (2004) identified five key factors that indicate the level of institutionalisation of any programme:

- Adoption – if an intervention is accepted by important members of the community, the likelihood of survival is greater;

- Sustainability – activities continue to increase over time;

- Key leader support – continued support from community and organisation leaders is essential to the continuation of a programme.

- Structural changes – written policies increase the likelihood that interventions will be integrated into existing routines and regulations, thereby producing structural change in the community and increasing the programme's potential.

- Compliance – the extent to which important elements of a prevention programme are actually applied in practice.

Conclusions

This report provides a detailed overview of projects undertaken at the three UKCAPP sites in Scotland, England and Wales. The qualitative and descriptive data obtained during this evaluation are both interesting and useful. The report illustrates the complexity of, and complications within, local community partnerships. It shows what can be done at a local level in terms of the opportunities for, and barriers to, proceeding with a range of interventions. All interventions undertaken appear rational, reasonable and based on thorough knowledge and experience. However, the lack of comprehensive and comprehensible statistical data by which to judge impact in terms of reduction of alcohol-related harm and disorder is not only frustrating, but inimical to adequate evaluation.

It is imperative that projects and programmes be comprehensively evaluated. Therefore, action needs to be taken across all public bodies in line with the conclusions of a recent independent review of crime statistics for the Secretary of State:

> *Governance, management and organisation of the police and Home Office environments in which crime statistics are produced and reported must be revised to provide the public with complete assurance of actual and perceived independence and integrity of the statistics.* (Smith et al., 2006, p.iii)

Furthermore, across all public bodies, and once again in line with a recommendation from Smith et al. (2006, p.28) each set of statistics should have a responsible owner of appropriate seniority, with a duty to engage with commentators and researchers about the reliability and meaning of the statistical series for which they are responsible. Assignment of responsibility to a named individual to mediate between the data sources and researchers would facilitate the process of meaningful evaluation and comparison. This would greatly increase the possibility of clearly assessing the relative impact of intervention programmes.

'Safe, Sensible, Social: the next steps in the National Alcohol Strategy' states that

> *'There is now a wealth of information available to show how alcohol use affects crime, health and social harm. Much of this harm is preventable, and local partnerships are well placed to understand how alcohol affects their local communities. Local authorities, NHS organisations and the police can use the current and developing delivery frameworks to reduce alcohol-related harm through local strategic and operational planning and performance management arrangements'* (DH, 2007, p.66).

UK Government policy aims to devolve responsibility for dealing with alcohol problems to a local level, and promises

> *'...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, p.49).

In line with Government policy 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 described in this report were not taking place;

> b) it is likely (although currently difficult to prove) that these local 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.

Mistral, Velleman, Templeton & Mastache (2007) UKCAPP evaluation

References

Academy of Medical Sciences (2004) *Calling Time: the Nation's drinking as a major health issue*. A report from the Academy of Medical Sciences.
http://www.acmedsci.ac.uk/p99puid20.html

Alaniz, M. L. (1998). Alcohol availability and targeted advertising in racial/ethnic minority communities. *Alcohol Health & Research World.* 22(4):286-9.

Alcohol Statistics Scotland (2005) NHS National Services Scotland http://www.alcoholinformation.isdscotland.org/alcohol_misuse/files/AlcoholStatisticsScotland2005.pdf (accessed 08/09/06)

Babor, R. Caetano, S. Casswell, G. Edwards, N. Geisbrecht and K. Graham *et al.* (2003) Alcohol: No ordinary commodity, *Research and public policy*, Oxford University Press, New York.

BBC News (2003) http://news.bbc.co.uk/1/hi/wales/2795455.stm

Birmingham AERC Bid. 2005.

Birmingham Community Safety Partnership (2007) Public Place Wounding & Route 50 Project

Birmingham Crime and Disorder Reduction Strategy. (2004). *A safe city.* http://www.birmingham.gov.uk/Media/A%20safe%20city.doc?MEDIA_ID=106146&FILENAME=A%20safe%20city.doc

Birmingham, Interim Report to AERC, April 2006.

Birmingham Mapping of licensed premises database (2005).

Birmingham press release (2006a) (accessed 16/03/07).
http://www.ourpartnership.org.uk/newspub/story.cfm?id=429&sid=167

Birmingham press release (2006b) (accessed 16/03/07) http://www.west-midlands.police.uk/onlinepress/pressreleases.asp?id=909&c=0.

Birmingham, Progress Report, May 2005.

Birmingham, Progress Report, June 2006.

Birmingham Progress Report, September 2006.

Birmingham Supporting People Strategy 2005 – 2010. Also available at: http://www.birmingham.gov.uk/Media/Supporting%20People%20Strategy.pdf?MEDIA_ID=131442&FILENAME=Supporting%20People%20Strategy.pdf (accessed 05/11/06).

Boex, J.R. & Henry, R.C. (2001). Principles to guide AHC-Community partnerships. *Academic Medicine*, 76, 151-152.

Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.

Bristol City Council http://www.bristol.gov.uk/ccm/content/Community-Living/Crime-Prevention/bristol-best-bar-none-awards.en (accessed 08/05/07)

Britton, A. & McPherson, K. (2001)Mortality in England and Wales attributable to current alcohol consumption. Journal of Epidemiology and Community Health, 55, 383-8.

Broad Street (25/09/06) Broad Street crime rate falls and the BID's blooming. Press release.

Broad Street BID, A brighter, safer, cleaner, the story so far, Annual Report, 05-06

Cabinet Office. (2004). (accessed 29/05/07)
http://www.cabinetoffice.gov.uk/strategy/downloads/su/alcohol/pdf/CabOffce%20Alcohol Har.pdf

CCSP (2004) Cardiff Community Safety Audit, Consultation Document http://www.cardiffcommunitysafety.co.uk/docs/Comm_Safety_audit_2004.pdf#search='Cardiff%20Community%20Safety%20Audit%2C%20Consultation%20Document%20%282004%29' (accessed 08/09/06)

CCSP website (2006) Cardiff Community Safety Partnership (accessed 27/09/06) http://www.cardiffcommunitysafety.co.uk/page.php?id=56#85

CCSP – Cardiff Community Safety Partnership (2006a) accessed (14/09/06) http://www.cardiffcommunitysafety.co.uk/page.php?id=5

Clyde Action Report (2003). *Measure it up, Alcohol Week.* Clyde Action and GGHB Health Promotion Dept. 13th-17th October 2003. Report held by MHRDU.

Colon, I. (1982). The influence of state monopoly of alcohol distribution and the frequency of package stores on single motor vehicle fatalities. *American Journal of Drug & Alcohol Abuse.* 9(3):325-31, p. -83.

Community Safety Partnership (2006) Cardiff data.

Crime Statistics (2005) Crime Statistics: User Perspectives, Interim Report, Statistics Commission, December.

DCMS - Department for Culture, Media and Sport (2001). *Time for reform: Proposals for the modernisation of our licensing laws*. London: Her Majesty's Stationery Office.

DCMS. (2004). *Statistical Bulletin Liquor Licensing England and Wales*, *July 2003 June 2004*. Also available at: http://www.culture.gov.uk/NR/rdonlyres/F96FD9EF-C817-4E07-B1A4-6F4D4EA9F2A3/0/7138BLiquorReport.pdf (accessed 08/03/07).

DCMS. (2006). *Guidance issued under section 182 of the Licensing Act 2003 and Guidance to Police Officers on the Operation of Closure Powers in Part 8 of the Licensing Act 2003.*

Also available at: http://www.culture.gov.uk/NR/rdonlyres/F4908CCD-E5A3-4D5E-B113-678AA8F53BC7/0/guide_section182june06.pdf [Accessed 06/03/07]

DCSP (Dundee Community Safety Partnership) (2005). *Community Safety Strategy 2005-2010 and Action Plan, 1 April 2005 to 31 March 2006, Towards a Safer City.* Also available at: http://www.dundeepartnership.co.uk/file.php?id=1153 (accessed 16/03/07).

Department of Health, Home Office, Department for Education and Skills and Department for Culture, Media and Sport (2007) *Safe. Sensible. Social*: *The next steps in the National Alcohol Strategy*. London, Home Office.

Drink and Drug News (2006)

http://www.drinkanddrugs.net/features/june0506/lions_breath.pdf

El Ansari, W. (2005). Collaborative research partnerships with disadvantaged communities: challenges and potential solutions. *Public Health*, 119, 758–770

El Ansari, W. & Phillips, C.J. (2004). The costs and benefits to participants in community partnerships: a paradox? *Health Promotion Practice*, 5(1), 35-48.

El Ansari, W., Phillips, J.C. and Zwi, A.B. (2004). Public Health Nurses' Perspectives on Collaborative Partnerships in South Africa. *Public Health Nursing*, 21 (3), 277–286.

El Ansari, W. & Weiss, E.S. (2006). Quality of research on community partnerships: developing the evidence base. *Health Education Research, Theory and Practice*, 21 (2), 175-180.

Escobedo, L. G. & Ortiz, M. (2002). The relationship between liquor outlet density and injury and violence in New Mexico. *Accident Analysis & Prevention.* 34(5):689-94.

Fare4All? Report of the Enquiry into Public Transport in Glasgow (March 2006)

http://library.nhsgg.org.uk/mediaAssets/library/nhsggc_report_fare4all_2006-03.pdf

Farrar & Chapman. (2005). *Tackling Violent Crime In Cardiff.* Presentation to the Cardiff Community Safety Partnership, May 2005.

Forsyth, A. J M., Cloonan, M. & Barr, J. (2005) Factors Associated With Alcohol-Related Problems Within Licensed Premises. Report to Greater Glasgow NHS Board

Freisthler, B., Needell, B., & Gruenewald, P. J. (2005). Is the physical availability of alcohol and illicit drugs related to neighborhood rates of child maltreatment? *Child Abuse & Neglect.* 29(9):1049-1060.

Galvani, S. (2005). Grasping the nettle: alcohol and domestic violence. *Alcohol Concern's Quarterly Information and Research Bulletin*, Winter 2005, 42, i-xvi.

General Register Office for Scotland. (2002). *Scotland's Census 2001, 2001Population Report Scotland.* Crown copyright.

Gibbs, G. R. (2002). *Qualitative data analysis, explorations with NVIVO*. Maidenhead: Open University press.

Gibbs, B. & Haldenby, A. (2006) Urban Crime Rankings. Report for Reform.

http://www.reform.co.uk/filestore/pdf/Urban%20crime%20rankings,%20Reform,%202006.pdf (accessed 03/11/06).

Giesbrecht, N. & Haydon, E. (2006) Community-based interventions and alcohol, tobacco and other drugs: foci, outcomes and implications. Drug and Alcohol Review, 25, 633-646.

Giesbrecht N. (2003) Alcohol, tobacco and local control: a comparison of several community-based prevention trials. Nord Stud Alcohol Drugs, 20 (English suppl.), 25-40.

Gilmore, I. (2004) Calling time for implementation of the English alcohol harm reduction strategy, *Addiction* **99** (2004), pp. 1487–1488.

Glasgow ambulance data report. (2006). *Analysis of Emergency Incidents Data*. NAIR.

Glasgow ambulance data report. (2007). *Analysis of Ambulance Emergency Incidents Data*. ISD.

Glasgow A&E data report. (2006). *A & E Data – Numbers Treated In Royal Infirmary For Alcohol Related Injuries*. NHS Greater Glasgow & Clyde, and A&E department at Glasgow Royal Infirmary.

Glasgow A&E data report (2007). *A & E Data – Attendances at Glasgow Royal Infirmary For Alcohol Related Injuries, 1 February 2006 – 31 January 2007*. NHS Greater Glasgow & Clyde, and A&E department at Glasgow Royal Infirmary.

Glasgow BBN Handout. (2006). *Best Bar None Award Scheme*. Glasgow Safer City Centre Initiative.

Glasgow CCAAG Annual Report 2005-2006. (2006). Sent to the MHRDU on April 2006.

Glasgow Citizens Panel (GCP). (2005). Wave 5 – Autumn 2005, Draft Report, November 2005, Mori Scotland.

Glasgow Media Interim Report (2007). *Media Monitoring Exercise*. Interim Report – July 2006 to December 2006. Glasgow Community Prevention Trial.

Glasgow police data report. (2004). *Analysis of City Centre Crime and incidents (10pm and 1am)*. Strathclyde Police.

Glasgow police data report. (2005). *The Impact of the Night-time Economy on Crime within Glasgow City Centre*. Strathclyde Police.

Glasgow police data report (2006). *Analysis of Police Crime and Incidents within Glasgow City Centre*. Strathclyde Police.

Glasgow police data report (2007). *Analysis of Police Crime and Incidents within Glasgow City Centre.* Strathclyde Police.

Glasgow Report. (2006). Glasgow City Centre Community Prevention Trial Year 1 Report, Susan Kerr on behalf of the Community Prevention Trial Implementation Group.

Gorman, D. M., Speer, P. W., Gruenewald, P. J., & Labouvie, E. W. (2001). Spatial dynamics of alcohol availability, neighborhood structure and violent crime. *Journal of Studies on Alcohol.* 62(5):628-36.

Greater Glasgow Alcohol and Drug plan/AERC bid. 2005.

Gruenewald, P. J., Johnson, F. W., & Treno, A. J. (2002). Outlets, drinking and driving: a multilevel analysis of availability. *Journal of Studies on Alcohol.* 63(4):460-8.

Hadfield, P. (2007) A hard act to follow: assessing the consequences of licensing reform in England and Wales. *Addiction*, 102, 177–180

Hall, W. (2005), British drinking: A suitable case for treatment? *British Medical Journal* **331**, pp. 527–528

Holder, H. (2000) Community Prevention of Alcohol Problems. *Addictive Behaviors*, 25(6), 843-859.

Holder, H.D. (2004) Community action from an international perspective. In R. Muller and H. Klingemann (Eds.) *From Science to Action? 100 Years Later, Alcohol Policies Revisited*, pp. 101-112. Dordrecht, Netherlands: Kluwer Academic.

Holder, H.D. (2004a). *Prevention of Alcohol Harm in the Community, What Can International Research Teach Us?* Presentation to the AERC, May 2004.

Holder, H. D., Saltz, R. F., Grube, J. W., Voas, R. B., Gruenwald, P. J., & Treno, A. J. (1997). A community prevention trial to reduce alcohol- involved accidental injury and death: overview. *Addiction, 92,* 155-171.

Holder, H.D. & Moore, R.S. (2000). Institutionalization of community action projects to reduce alcohol-use related problems: systematic facilitators. *Substance Use & Misuse,* 35(1-2): 75-86.

Holder, H.D. (2002) Prevention of alcohol and drug ''abuse'' problems at the community level: what research tells us. *Substance Use & Misuse*, 37, Nos. 8–10, 901–921

Home Office Crime Statistics for England and Wales2005/2006

http://www.crimestatistics.org.uk/tool/Default.asp?region=0&l1=0&l2=0&l3=0&sub=0&v=36

Institute of Alcohol Studies (IAS). (2001). *Time for reform: Proposals for the modernisation of our licensing laws. Response from the Institute of Alcohol Studies.* London.

Jepperson, R.L. (1991) Institutions, institutional effects, and institutionalism. In: Powell, W.W. & DiMaggio, P.J. (eds.) *The new institutionalism in organizational analysis*, pp. 146-163. Chicago: University of Chicago Press

Leon, D.A. & McCambridge, J. (2006) Liver cirrhosis mortality rates in Britain from 1950 to 2002: an analysis of routine data. Lancet, 367, 52-56.

Local Alcohol Profiles for England http://www.nwph.net/alcohol/lape/Regions.htm (accessed 08/05/07)

Maguire, M., & Nettleton, H. (2003) *Reducing alcohol-related violence and disorder: an evaluation of the 'TASC' project*. Home Office Research Study 265

http://www.homeoffice.gov.uk/rds/pdfs2/hors265.pdf (accessed 16/03/07).

Marmot, M. (2004) The rising tide of alcohol. *Addiction*, 99, 1090

Mistral, W., Velleman, R., Templeton, L., Mastache, C. (2006) Local Action to Prevent Alcohol Problems: is the UK Community Alcohol Prevention Programme (UKCAPP) the best solution? *International Journal of Drug Policy*, 17, 4, 278-284

Morse, J. M. (2006). Evolving trends in qualitative research: advances in mixed-method design. *Qualitative Health Research, 15,* 583-585.

Moore, S., Perham, N. and Shepherd, J. (2006a). *A multi-agency community-based intervention to reduce excessive drinking in Cardiff City Centre final report*. Final Report to the AERC, April 2006.

Moore, S., Perham, N. and Shepherd, J. (2006b). *A multi-agency community-based intervention to reduce excessive drinking in Cardiff City Centre short report*. Final Report, April 2006.

Moore, R.S. & Holder, H.D. (2003) Issues surrounding the institutionalization of local action programmes to prevent alcohol problems. *Nordisk Alkohol & Narkotikatidskrift*, 20, 41-54. (English supplement)

'Nite Zone' Evaluation Glasgow City Centre Report (May 2006).

NHS Information Centre for Health and Social Care. (2006) *Statistics on alcohol: England, 2006*. The Information Centre, Lifestyles Statistics. (accessed 13/11/06)

http://www.ic.nhs.uk/pubs/alcoholeng2006/alcoholstatsncopyright/file

Norstrom, T. (2000). Outlet density and criminal violence in Norway, 1960-1995). *Journal of Studies on Alcohol*. 61(6):907-11.

North-West Public Health Observatory (2007) Local Alcohol Profiles for England, *http://www.nwph.net/alcohol/lape/Regions.htm*

ONS, Office for National Statistics (2001) Census 2001(accessed 22/11/06) http://www.statistics.gov.uk/census2001/pyramids/pages/00nx.asp

ONS, Office for National Statistics (2001a) Census 2001(accessed 22/11/06)

http://www.statistics.gov.uk/census2001/pyramids/pages/00hb.asp

ONS, Office for National Statistics (2005b) Census 2001(accessed 08/09/06)

http://www.statistics.gov.uk/census2001/pyramids/pages/00pt.asp

ONS, Office for National Statistics (2005c) Census 2001(accessed 08/09/06) http://neighbourhood.statistics.gov.uk/dissemination/LeadTableView.do?a=3&b=276800&c=Birmingham&d=13&e=16&g=373272&i=1001x1003x1004&m=0&enc=1&dsFamilyId=75

ONS, Office of National Statistics (2007) Trends in avoidable mortality in England and Wales, 1993-2005. *Health Statistics Quarterly*, 34. http://www.statistics.gov.uk/articles/hsq/HS34Q-Mortality.pdf (accessed 20/06/07)

Our Health, Our Care, Our Say: a new direction for community services. January 2006. Crown. The stationary Office. Also available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453 (accessed 190307).

Play Safe in Glasgow. (2005). *Exploring Alcohol and the Evening Economy, Conference Report*. 2nd February 2005, City Chambers.

Play Safe in Glasgow http://www.playsafeinglasgow.com (accessed 08/06/06)

Policy and Resources (Evening Economy and Transport Issues) Working Group. (2005). *Policy and Resources Committee's Minutes.* Glasgow, 8th June 2005.

Portman Group. (2002). *Counting the Cost: the measurement and recording of alcohol-related violence and disorder.* Social Issues Research Centre for the Portman Group, London.

Prime Minister's Strategy Unit (2000) *Alcohol Harm Reduction project Interim Analytical Report http://www.number10.gov.uk/files/pdf/SU%20interim_report2.pdf*

Prime Minister's Strategy Unit. (2004). *Alcohol harm reduction strategy for England*. London: Prime Minister's Strategy Unit

Rao, J. & Kemm, J. (2006). *Alcohol in the West Midlands, a review of alcohol and alcohol services in the West Midlands*. West Midlands Public Health Group. Also available at: http://www.go-wm.gov.uk/497745/docs/379127/409132/AlcoholintheWM

Reid, R. J., Hughey, J., & Peterson, N. A. (2003). Generalizing the alcohol outlet-assaultive violence link: evidence from a U.S. midwestern city. *Substance Use & Misuse.* 38(14):1971-82.

Room, R. (2004) Disabling the public interest: Alcohol strategies and policies for England, *Addiction* **99,** 1083–1089.

Room, R. (2006) British livers and British alcohol policy, *Lancet,* 367, 10–11.

Safer Bristol Partnership (2005). *Bristol Crime and Drugs Strategy 2005-08.*

Salem, G.W. (1978). Maintaining participation in community organisations. *Journal of Voluntary Action Research*, 7, 18-27.

Sandelowski, M. (2000). Focus on research methods. Combining qualitative and quantitative sampling, data collection, and analysis techniques in mixed-method studies. *Research in Nursing and Health, 23,* 246-255.

Scottish Executive. (2002). http://www.scotland.gov.uk/Publications/2007/02/19150222/10

Scottish Executive Social Research 2003
http://www.crimereduction.gov.uk/drugsalcohol/drugsalcohol67c.htm (accessed 08/09/06)

Scottish Executive (2005a) accessed 14/09/06
http://www.atcm.org/regions/news/info.php?category=&getlocation=Scotland&refnum=228

Scottish Executive (2005b) Statistical Bulletin, Table 3 (accessed 08/09/06) (http://www.scotland.gov.uk/Publications/2005/06/09105249/52583)

Scottish Executive, Justice Analytical Services Division. (SEJASD, 2006). Personal communication.

Scribner, R. A., MacKinnon, D. P., & Dwyer, J. H. (1994). Alcohol outlet density and motor vehicle crashes in Los Angeles County cities. *Journal of Studies on Alcohol.* 55,4, 447-53.

Scribner, R. A., MacKinnon, D. P., & Dwyer, J. H. (1995). The risk of assaultive violence and alcohol availability in Los Angeles County. *American Journal of Public Health,* 85, 335-40.

Shepherd, J.P. & Brinkley, M. (1996). The relationship between alcohol intoxication, stressors and injury in urban violence. *British Journal of Criminology*, 36, 4, 546-566.

Sivarajasingam,V., Moore, S., Shepherd, J.P. (2007) Violence in England and Wales 2006. An Accident and Emergency Perspective
http://www.cardiff.ac.uk/dentistry/research/phacr/violence

Smith, a. *et al*. (2006) Crime Statistics: an independent review **c**arried out for the Secretary of State for the Home Department (accessed 21/03/07)
http://www.homeoffice.gov.uk/rds/pdfs06/crime-statistics-independent-review-06.pdf

South East Public Health Observatory (2005) *Indications of Public Health-Lifestyle and its impact on health*. London: Association of Public Health Observatories. www.apho.org.uk/apho/viewResource.aspx?uri = http://www.phenet.org.uk/?id = 1678 (accessed 30/05/05).

Statistics Commission (2005) *Crime Statistics: user perspectives*. (accessed 04/07/07) http://www.statscom.org.uk/uploads/files/reports/crime_stats_interim_report.pdf

Strategy Unit (2003) Interim Analytical Report for the National Alcohol Harm Reduction Strategy. (accessed 13/03/07). http://www.cabinetoffice.gov.uk/strategy/downloads/files/SU%20interim_report2.pdf

Thom, B. & Bayley, M. (2007). *Multi-component programmes. An approach to prevent and reduce alcohol-related harm*. England: Joseph Rowntree Foundation.

Treno, A. J., Gruenewald, P. J., & Johnson, F. W. (2001). Alcohol availability and injury: The role of local outlet densities. [References]. *Alcoholism: Clinical and Experimental Research.* vol. 25, no. 10, p. 1471.

Treno, A. J., Grube, J. W., & Martin, S. E. (2003). Alcohol availability as a predictor of youth drinking and driving: A hierarchical analysis of survey and archival data. *Alcoholism: Clinical and Experimental Research.* vol. 27, 5, p.840.

Walker, A., Kershaw, C. & Nicholas, S. (2006) Crime in England and Wales. 2005/06 Home Office Research, Development and Statistics Directorate. www.homeoffice.gov.uk/rds (accessed 03/11/06)

Wallin, E., Lindewald, B., & Andreasson, S. (2004). Institutionalization of a community action program targeting licensed premises in Stockholm. *Evaluation Review, 28,* 396-419.

Weitzman, E. R., Folkman, A., Folkman, M. P., & Wechsler, H. (2003). The relationship of alcohol outlet density to heavy and frequent drinking and drinking-related problems among college students at eight universities. *Health & Place.* 9, 1, 1-6.

Willner, P., Hart, K., Binmore, J.,Cavendish,M., Dunphy, E., Rowe, G. & Sutherland, I. (2000) Alcohol sales to underage adolescents. Alcohol Insights, AERC: London

World Drink Trends (2005) http://www.britannica.com/eb/table?tocId=9390287 (accessed 21/07/06)

Wood, P. (2006). *Bus Marshals Launch in Bristol.* Online Press Release. http://www.bristol.gov.uk/ccm/content/press-releases/2006/may/bus-marshals-launch-in-bristol.en (accessed 16/03/07).

Zhu, L., Gorman, D. M., & Horel, S. (2004). Alcohol outlet density and violence: a geospatial analysis. *Alcohol & Alcoholism.* 39 (4):369-375.