



**Brent Alcohol Harm
Reduction Strategy
2014-2107**

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1 Forward

- 1.1 Alcohol plays an important economic and social role in Brent when used responsibly but when used to excess alcohol can have a very damaging and detrimental effect on the lives of individuals, families and the communities in which they live.
- 1.2 The Brent Alcohol Harm Reduction Strategy 2014-2017 seeks to deliver a reasonable, proportionate and measured approach to tackling alcohol related harm in the borough.
- 1.3 Brent through the Council, the Police, the CCG and health services is committed to addressing responsible alcohol consumption and to safeguarding the health, safety and wellbeing of the whole community. In particular our collective functions of community safety, licencing, public health, health and social care, education and community support are all critical to the minimisation of the harmful effects of alcohol locally and we are now well placed to harness these services and functions effectively. The success in delivering a multi-faceted Alcohol Harm Reduction Strategy will depend on a strong multi-agency partnership with contributions from key stakeholders and the engagement of local communities most affected by alcohol related harm.
- 1.4 The Brent Alcohol Harm Reduction Strategy is a framework document, born of partnership engagement which will be reviewed and modified as emerging trends and new policies impact on reducing alcohol related harm.
- 1.5 The development of a new Alcohol Harm Reduction Strategy for Brent is timely and coincides with the Alcohol Strategy for England that has been developed by the Home Office which is the government department currently responsible for alcohol policy and licencing.
- 1.6 The Central Government programme on alcohol outlines the following commitments to:
 - Overhaul the Licencing Act to give local authorities and the police stronger powers to remove licences from, or refuse to grant licences to, premises that are causing problems
 - Allowing councils and the police to permanently shut down any shop or bar that is repeatedly selling alcohol to children, doubling the maximum fine for those caught selling alcohol to minors to £20,000
 - Allowing local councils to charge more for late night licences, which will help pay for additional policing
 - Banning the sale of alcohol below cost price.
- 1.7 The Brent Alcohol Harm Reduction Strategy 2014-17 will update, refresh and build on work that is in place locally. This Strategy seeks to bring work in community safety, treatment and licencing together in a single Strategy. It

builds on previous alcohol/crime and disorder strategies and on Drug and Alcohol Action Team (DAAT) substance misuse treatment plans.

- 1.8 At a time when there are severe financial constraints on public sector finances, it is imperative that existing resources are deployed in a manner which ensures that Brent's response to tackling alcohol related harm is co-ordinated and proportionate to locally evidenced need and addresses the concerns raised by our local communities. This will form the back drop to our strategy.
- 1.9 Alongside this, the transfer of public health from the NHS to Brent Council has given new impetus to develop this Alcohol Harm Reduction Strategy and to forge strong links between public health and partners in the Police, NHS, community safety, licencing and other key bodies to address harmful alcohol misuse in the Borough. This is also important as Brent will continue to be judged on its public health outcomes, particularly its rates for alcohol related hospital admissions.

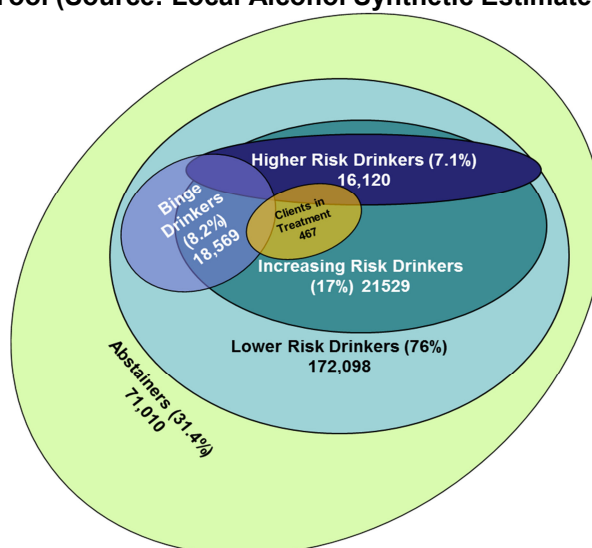
2 Brent's Alcohol Strategy Evidence Base

- 2.1 This report sets out Brent's three-year strategy for tackling alcohol misuse across the locality. The misuse of alcohol is causally related to a wide range of health problems including liver cirrhosis, heart disease, and some cancers. There are also risks to social health and well-being through increased exposure to excessive drinking, including loss of jobs, earnings and family and community dysfunction. It is also associated with a range of criminal offences including drink driving, criminal damage, a range of assaults, domestic violence as well as with many aspects of anti-social behaviour.

What are the levels of Alcohol Consumption in Brent?

- 2.2 Understanding alcohol consumption in a local area is critical to assessing the local needs for public health campaigns, treatment services and for understanding the nature and prevalence of alcohol misuse. The methodology used is based on the use of synthetic estimates generated through the Local Alcohol Profiles for England (LAPE). The profiles were first introduced in 2008 and have since been updated annually.
- 2.3 The estimation tool assesses the proportions of the local population in the categories of: alcohol abstainers, low risk drinkers, increasing risk drinkers, higher risk drinkers and binge drinkers. Brent is below the national estimates of binge drinkers (8.2%) and those at increasing risk of drinking (16.9%). The borough also has more abstainers per head of population (31.4%) and a higher number of lower risk drinkers (76.0%) than nationally. However the area of greatest concern is that Brent seems to have a higher proportion of high risk drinkers, 7.1%, compared to 6.7% nationally. What this suggests is that Brent tends to have less alcohol users as a whole but more 'higher end' alcohol misusers. The chart below sets out the profile of alcohol consumption for the borough based on the 2011-12 LAPE estimates.

Chart 1: Estimation Tool (Source: Local Alcohol Synthetic Estimates for England 12/13)

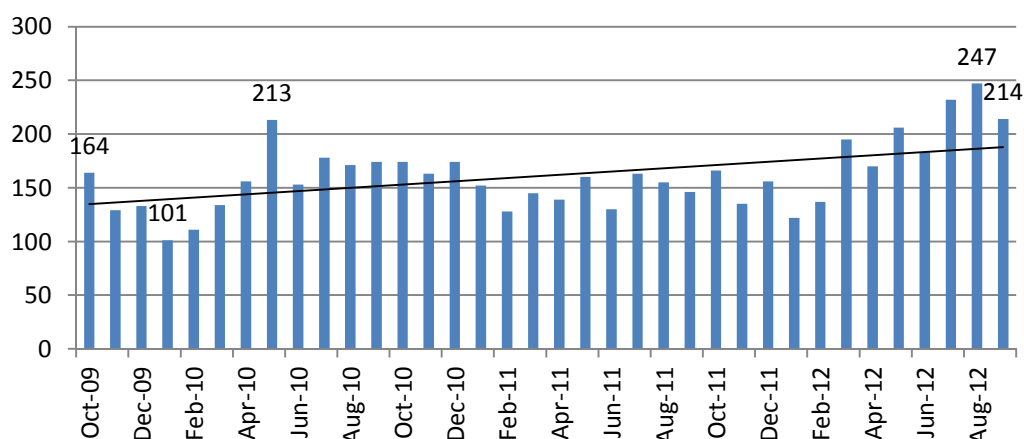


- 2.4 This diagram indicates that there are significant numbers of abstainers, 71,010, and low risk drinkers, 172,098, in Brent. Nonetheless there are large numbers of increasing risk drinkers at 21,529 and of higher risk drinkers at 16,120. However it must be stressed that alcohol is a normal part of British society, it is legal and tolerated, and that there is a dominant culture of drinking. Clearly Brent is a diverse community and key segments abstain from alcohol. Nonetheless there is a general consistency across society that people simply do not see themselves as problematic drinkers and this is reflected in the low numbers of those people in the alcohol treatment system, in Brent this is 467.

London Ambulance Callouts for Alcohol

- 2.5 One of the most severe outcomes of problematic drinking results is the need to call an ambulance either to be seen as an emergency or to be taken into hospital. The following information has been collated from the London Ambulance Service (LAS) for 'alcohol related' ambulance callouts. In the period 01/10/12 – 30/09/13 there were 5,809 alcohol related callouts to the borough. This is significantly higher than drug overdose callouts and clearly has major resource implications for the LAS. Alcohol callouts have increased quite significantly since October 2009 and the trend line in the graph reinforces this.

Chart 2: Brent LAS Alcohol Callouts Total Oct 09-Sep 12

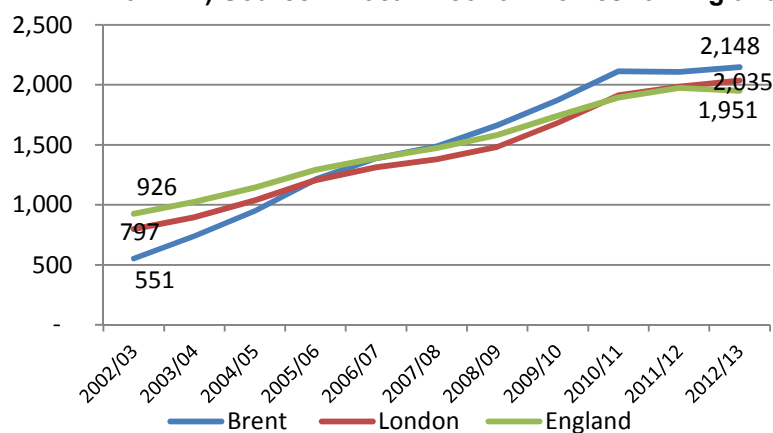


- 2.6 The major hotspots for alcohol callouts by the LAS in Brent are located in Willesden Green, Kilburn and Wembley Central, with lesser concentrations found in Kensal Green, Stonebridge, Mapesbury, Queens Park and Harlesden. Trends show that callouts steadily increase throughout the day until 9pm and then level off slightly before peaking between midnight and 2am. The profile of callouts shows that there are call outs from all age groups but that there is a trend that this is increasing with the older population. Seventy eight per cent of call outs were for men and 22% for women. Interestingly 4% of callouts are cases that were classified as violent.

Alcohol Related Hospital Admissions

- 2.7 Alcohol related hospital admissions are another strong indicator of the problems that alcohol can have on health but also demonstrate the impact this has on health services locally. The rate of alcohol related hospital admissions¹ per 100,000 people has risen sharply in Brent between 2002 and 2013. This growth has mirrored that in England and London but currently in 2013 the Brent rate is higher at 2,148 compared to London with 2,035 and England 1,951.

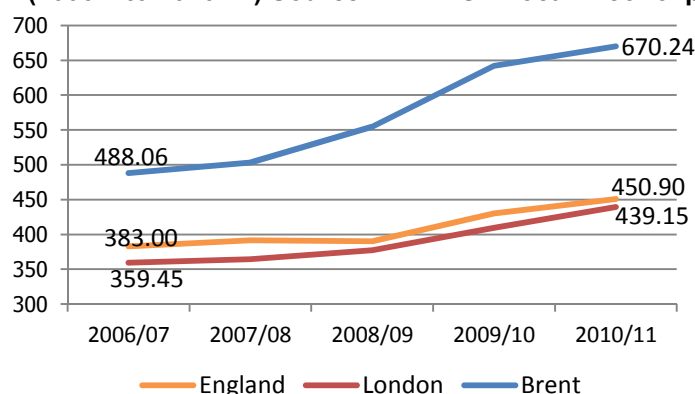
Chart 3: Rate of alcohol related hospital admissions per 100,000 population (2002/3 to 2011/12) Source: - Local Alcohol Profiles for England



¹ Alcohol related admissions are those where alcohol is a contributing factor.

- 2.8 The rates for alcohol related admissions are far higher than for alcohol specific admissions². However, for alcohol specific admissions Brent has a significantly higher growth rate of 52% over this time when compared to London (45%) and nationally (36%).

Chart 4: Rate of admissions to hospital with alcohol specific conditions per 100,000 population - (2006/7 to 2010/11) Source: NWPHO - Local Alcohol profiles for England



Alcohol Related Crime and Disorder

- 2.9 Alcohol has both a direct and indirect impact on crime and disorder in Brent. The Borough Command for Brent are fully aware of these impacts both from a crime and anti-social behaviour perspective. Therefore it sees strong potential benefits from this partnership work in terms of crime reduction opportunities, demand reduction and high harm health provision/diversion opportunities, adult safeguarding link/referrals, Integrated Offender Management pathway referrals, MARAC integration, S2S and business crime reduction initiatives.
- 2.10 In Brent there are 'hotspots' where alcohol use is visible and prominent and is associated with anti-social behaviour that increases the fear of crime for local communities. Police and Council officers have identified a number of hotspots in Harlesden and Willesden, as well as some in Neasden, Cricklewood, Kilburn, Wembley and along the Grand Union Canal footpath.
- 2.11 In terms of crimes known to the police, between 1st April 2011 and 31st October 2012 there were 851 arrests for drinking offences in Brent. Nearly three-quarters (73.5%) of arrests were as a result of a road traffic accident; and the vast majority of the remainder were drunk and disorderly charges.
- 2.12 Mapping analysis from the Met Police shows that there is correlation between where offences occur and the proximity to licenced premises. Moreover 59.4% of Anti-Social Behaviour (ASB) calls are within the vicinity of licenced premises in the borough. In addition there is a rise in ASB during evening hours which can be attributed empirically to a variety of factors, such as the concentration of pupils congregating in public areas after school, and the impact of borough night-time economy on alcohol-related disorder. This lends credence to the

² Alcohol specific hospital admissions are those where alcohol is a contributing factor in all cases, e.g. alcoholic poisoning.

influence of other factors in determining the prevalence of crime and ASB in the borough, such as the socio-economic demography of affected localities, the dynamics of gang related crime and its association with licenced premises.

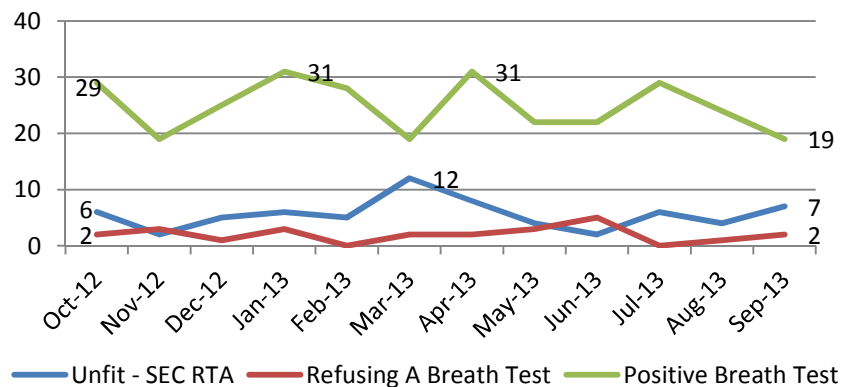
Domestic Violence

- 2.13 In Brent between 10/12 and 09/13 there were 2,196 Domestic Violence (DV) incidents recorded by the Police. Of these only 32 or 1.4% were flagged as having an alcohol related cause. However anecdotally the Police suggest that over 60% of all DV cases are where one or other party has been drinking. Based on the last rolling year period that would amount to 1,318 incidents. The Police are clear that in a majority of DV cases, alcohol has fuelled the situation.

Drink Driving

- 2.14 Drink driving is a serious crime however cases have fallen in the last 10 years as a result of repeated national drink driving campaigns. The numbers for Brent are set out in the chart below. On average there are between 20 and 30 positive breath tests per month, between 6 and 12 unfit to drive cases and 0 to 5 refusals of breath tests. Evidence from the police suggests that these cases are not necessarily always Brent residents, many are simply driving through the borough. Drink driving whilst not clearly completely addressed has diminished and this serves as testament to how other areas of behaviour and alcohol use could change and hence make our population healthier, safer and more responsible.

Chart 5: Brent Drink Driving Offences Oct 2012-Sept 2013 NSPIS



- 2.15 General alcohol related crime is set out in the tables provided through the Local Alcohol Profiles for England completed by the North West Health Observatory. This provides comparisons between Brent, London and England of rates of alcohol related crime in the context of all crime, violent crime and sexual crime. In all cases the Brent rate is above London and England rates and in the case of violent crime this gap is currently growing. However, in the case of alcohol related sexual crimes the difference is reducing. What this shows is that there is a strong case to address the impact of alcohol related crime and to ensure that local partnerships are effective in addressing this concern.

Chart 6: Alcohol Crime Estimates per 100,000 population (2007/8 to 2011/12)
Source: Local Alcohol Profiles for England

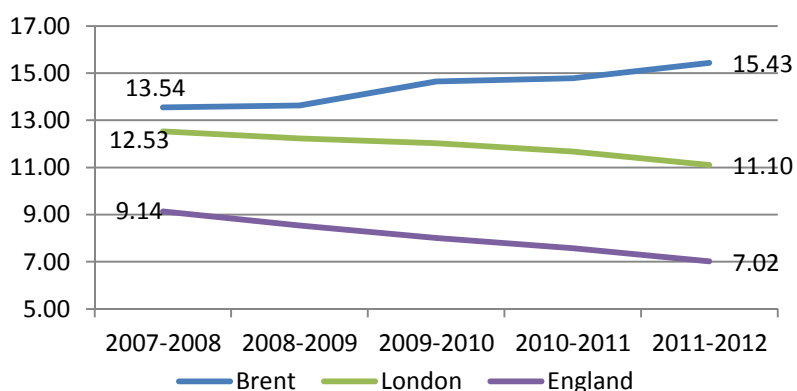


Chart 7: Alcohol Violent Crime Estimates per 100,000 population (2007/8 to 2011/12)
Source: Local Alcohol Profiles for England

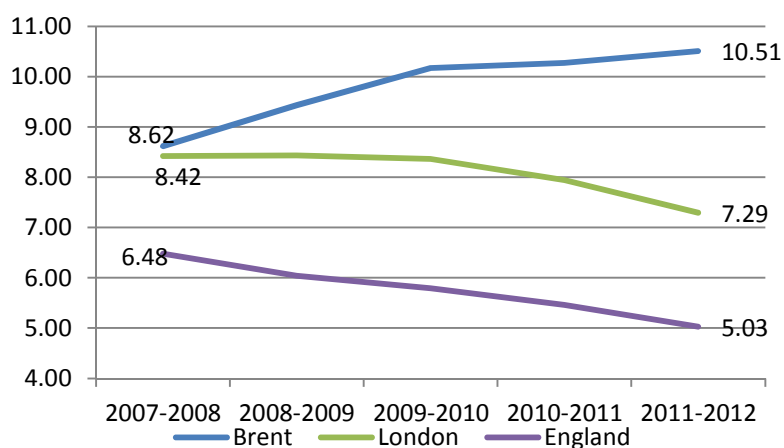
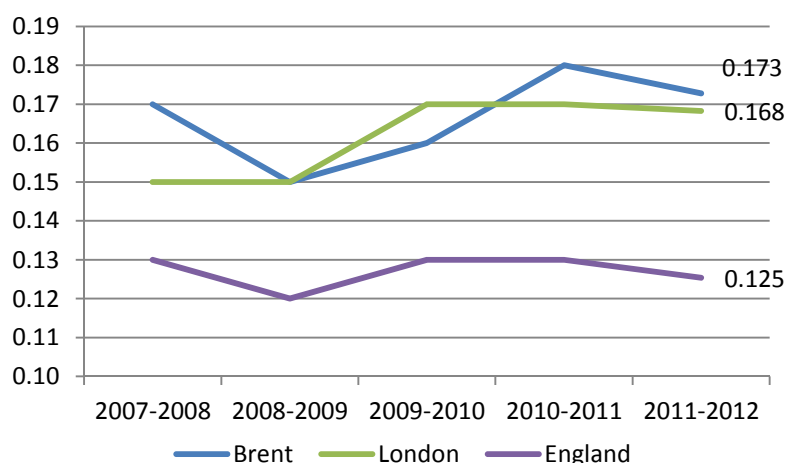


Chart 8: Alcohol Sexual Crime Estimates per 100,000 population (2007/8 to 2011/12)
Source: Local Alcohol Profiles for England



Young People and Alcohol

2.16 Under-age drinking is clearly a concern for all communities. However the level of alcohol use by young people in Brent is low. Brent is categorised by Public Health England as a neighbourhood with the least level of harm. The Institute of Alcohol Studies (IAS) estimates suggest that 36% of 15-16 year olds are

regular drinkers (5 drinks on a single occasion in the last 30 days). This would equate to 2,476 young people in Brent. Thirty per cent of this age group report this behaviour three or more times in the last 30 days. This equates to 571 young people. However in Brent there are few reported incidents of binge drinking by young people. It is not that it does not happen but there are certainly no indicators that the problem is as great as in some other outer London boroughs with night time economies and with less diverse populations.

2.17 Alcohol Harm Reduction Strategy for England (2004) estimates between 780,000 and 1.3 million children are affected by parental alcohol problems. This equates to between 8% and 13% of the under-16 population in England. Based on 59,249 under 16s in Brent (2011 census) this equates to between 4,739 and 7,702 young people affected by parental alcohol problems.

2.18 In Brent 76% of adults receiving alcohol treatment live with children, compared to a lower rate of 52% nationally.

Alcohol Supply Considerations

2.19 There are 1,145 licenced premises in Brent of which 400 are open beyond 23:00 hours and 15 are nightclubs. There is a correlation between the saturation of licenced premises and the ASB hotspots as identified in the previous Police/community safety sections.

Key Groups at Risk

2.20 Alcohol consumption and in particular harmful alcohol consumption is not the exclusive problem of any particular community or group of people. Analysis of the treatment system suggest that there is a wide range of problematic users from different genders, all ethnic groups, all faiths and religions and from a wide age range in the community. Evidence however suggests that there are some trends which highlight a greater level of problematic drinking to be found with older people, particularly those living alone, and in migrant workers, particularly from the Eastern European community. There is also a close relationship with binge drinking with 18-25 year olds and young professionals from all communities. Essentially alcohol can potentially impact negatively on a wide range of people from a health perspective and a much wider range of the community from a crime and disorder and anti-social behaviour perspective.

What are the attitudes and perceptions of Brent residents to alcohol?

2.21 In March 2012 the GLA and the Regional Public Health Group published research in to the attitudes and perceptions towards alcohol consumption in London. The information set out below describes some of the key responses from residents in Brent and where appropriate compares these to London.

2.22 This survey showed that 36% of residents responding from Brent stated that they 'never drink alcohol'. Twenty one per cent drink once a month or more, 20% drink every 1-2 weeks, 16% drink every 2-5 days and 8% drink daily. In terms of daily drinkers broken down by gender, 8.3% of Brent males drink daily compared to 10% for London, and 7.6% of Brent females drink daily compared to 5.2% in London. This suggests that there is a higher rate of daily drinkers in

the male population compared to the female, but the female population of daily drinkers is much higher than the London comparison.

2.23 The mean weekly spend for Brent is £6.25 and is lower when compared to neighbouring boroughs (Camden £16.28, Harrow £6.27, Barnet £6.55, Ealing £7.03, Hammersmith and Fulham £11.10, Kensington and Chelsea £11.94 and Westminster £15.65). The average weekly spend for daily drinkers in Brent is £18.10.

2.24 Attitudinally, 74% of respondents from Brent were concerned about levels of alcohol related crime and this concern is higher amongst infrequent and non-drinkers. Concerns over alcohol related anti-social behaviour was lower at 57%.

What does this say about service needs in the Borough?

2.25 This evidence points to the need for intervention in a range of areas. This is particularly important in terms of tackling the harmful effects of excessive and irresponsible drinking behaviour. In particular it reconfirms the need for treatment provision and for a holistic approach to raising awareness of safer drinking and in tackling barriers to accessing treatment. It is critical to note that most people simply do not see alcohol as a health issue and as such their reluctance to enter treatment is acute.

2.26 There is equally the need to address the effects of alcohol misuse both in terms of crime and anti-social behaviour. There are a range of specific initiatives and programmes which seek to address this, in terms of the control of the sale of alcohol, particularly with respect to licencing law. Particular targets are preventing the under aged sale of alcohol and irresponsible consumption by working effectively with licenced premises and venues where alcohol can be sold to the general public. There are also incidents of alcohol related crime and disorder. The level of concern felt by the public with regards to the effects of alcohol and its association with crime are significant and the public need to be reassured.

2.27 Therefore from a service and partnership perspective there needs to be coordination to address the health and wellbeing of the community, particularly from an alcohol harm reduction perspective, and to harness this with clear partnership approaches to address community safety and crime and disorder. In addition there is an important role for partners to build awareness of the harmful effects of alcohol and to build stronger more resilient approaches to promoting responsible social behaviour for individuals, communities, public agencies involved in health and community safety and the alcohol related industry in the borough.

3 Alcohol related Health services in Brent –‘from awareness to treatment’

3.1 Awareness and treatment of alcohol related harm is a continuum from basic education and alcohol awareness through to alcohol screening/testing and assessment of consumption through to full blown treatment including

psychosocial interventions for addiction, detoxification, rehabilitation and aftercare. This whole range of provision is available to differing degrees within the borough and all are important components of the menu to support the health and wellbeing of our community.

- 3.2 Alcohol awareness activity within the borough seeks to promote an awareness of the harm that alcohol can have on the physical and mental wellbeing of individuals and the impact that alcohol can have on the wider community. This activity tends to start in schools and is maintained through various local and national campaigns.
- 3.3 Brent's health check programme is managed by the Council following its transfer from the PCT. The focus of health checks is critical to support the early indication of problematic conditions and to help the participant to recognise and then address lifestyle choices to support better health and well-being. Since the transfer of this contract alcohol has now been included as a specific element of the health check assessment.
- 3.4 Alcohol is a growing component of Brent's substance misuse treatment system. Alcohol treatment in Brent is commissioned through substance misuse treatment providers locally. The National Alcohol Treatment Management System (NATMS) reports the referral and treatment pathways for clients in the borough's treatment system.
- 3.5 In 2012/13 there were 320 referrals from a wide range of referral sources into the alcohol treatment system in the borough, in 2011/12 there were 249 referrals. The highest volume of referrals came from self-referrals and referrals from family or friends accounting for 158 referrals or 49% of all referrals. The next highest was health and mental health services with 37 (12%) and community based care services with 34 (11%).
- 3.6 There were 467 people undergoing treatment in Brent in 2012/13. In total there were 600 different interventions including psychosocial interventions (40%), structured treatment (20%), in-patient detox (8%), residential rehabilitation (8%) and brief interventions (11%).
- 3.7 Treatment is care plan based and there was a limited level of in treatment transfers for clients between different service providers to procure the best possible outcome. This included transfers to specialist detox units and in some cases residential detox. Sixty eight per cent finished their treatment with a successful completion (either alcohol free or occasional use) which is a high level of positive treatment outcomes. However the profile of un-planned exits for Alcohol, at 20%, is a regression on the figure in 2011/12 of only 14%.
- 3.8 Essentially the treatment system is performing well in Brent, there are more people coming into treatment and more are completing successfully. Nonetheless more can be done to increase access to services and to help people to better recognise the impact of harmful alcohol consumption on their health and well-being.

4 The roles of the range of partners in tackling Alcohol Harm Reduction

4.1 Public Health is now part of the Council and with this there is clear opportunity to ensure that public health priorities locally are driven across the Council in all its functions. For this alcohol strategy this has meant coordination with key departments within the Council. Additionally it is also possible for public health to influence local policy and strategy to ensure the more effective delivery of local public health outcomes and to support a cross corporate approach to key priorities. Alcohol harm reduction is no different and to this end Public Health provides:

- Awareness programmes
- Campaigns, including Alcohol Awareness week
- Commissioning of treatment
- Treatment review
- Maximising treatment outcomes to support health

4.2 Brent Drugs and Alcohol Action Team (DAAT) is the central point of governance over this Alcohol Harm Reduction Strategy. The DAAT Board meets quarterly and brings together the Council (including Public Health, Adult and Children's Services, Licencing and Community Safety), Police, Probation, the NHS, third sector, and service users. The DAAT's staff team is resourced through public health, whose commissioners hold weekly meetings with treatment providers to ensure that the targets for alcohol harm reduction are adhered to and that the treatment system locally is operating effectively.

4.3 GPs provide the first point of intervention for the vast majority of people with regards to their alcohol consumption. The use of screening tests (like Audit C) are a clear way in which drinking behaviour can be monitored and this, where appropriate, instigates a referral to structured treatment. Many general practitioners are able to support people to address their alcohol misuse through identification and brief advice (IBA) with the assistance of their nursing teams. Consideration may be given to review existing GP provision and to support enhanced services within primary care to enable it to better detect, and screen for alcohol misuse.

4.4 Health Checks deliver a critical service of early intervention and diagnosis of a wide range of health conditions. The health checks programme is a strong focal point of addressing people's awareness of their health needs and supporting them into treatment.

4.5 Licencing is a critical feature of this Alcohol Harm Reduction Strategy. Access and availability of alcohol is a key component of any approach to tackling alcohol harm reduction. Licencing and its enforcement role is focused on:

- Borough wide controlled drinking zone, preventing the consumption of alcohol in public places.
- Licencing for sale and consumption of alcohol
- Restrictions of opening hours
- Enforcement of breaches of licence conditions

- Controls to address under aged sales
- Licence review, withdrawal and closure
- Management and enforcement of major events
- Working with small and large retailers including supermarkets

4.6 **The Police** have a central role in the reduction of and response to alcohol related crime and anti-social behaviour through:

- Management of the licencing application review process, setting where appropriate specific conditions of licence
- Responding to crime and disorder and anti-social behaviour
- Accounting for alcohol related crime, including violent crime
- Targeting local hot spots for street drinkers and ensuring sensitive policing of community events and festivals
- Policing major events including sporting, performance and cultural events
- Tackling child sexual exploitation
- Responding to cases of domestic violence (including alcohol related DV)
- Referring drinkers into treatment

4.7 **Community Safety** work across a wider partnership to support:

- The analysis and review of crime and disorder hotspots
- Joint initiatives to target specific establishments where anti-social behaviour and crime have occurred
- Coordinating resources through Joint Action Groups.

5 Strategic Priorities

5.1 The borough's commitment to tackle alcohol misuse coupled with the National Alcohol Strategy have been triggers for this strategy. Brent DAAT/Public Health Service working in partnership with local policing, health and social care services will build on and reaffirm a long standing drive to reduce alcohol related harm. We believe this will have direct impact on individuals, families and communities through the following aim and objectives:

5.2 **Overall Aim:** To reduce the negative impact of Alcohol Related Harm for the population of Brent

5.3 Outcome One: **A Healthier Community** - Improving alcohol awareness, brief interventions, access to treatment and positive treatment outcomes.

Objective	Measures
Increased perception of the misuse of alcohol and awareness that inform healthier choices for alcohol consumption.	<ul style="list-style-type: none"> • Improved awareness of the risk of alcohol harm and misuse • Reducing harm to health caused by alcohol • Increased awareness of alcohol use

Support for health checks and lifestyle health activity	<ul style="list-style-type: none"> • Increased access to brief interventions, alcohol awareness and treatment services • Improving prevention and Identification and Brief Advice (IBA)
Accessible alcohol screening and testing (including Audit C)	<ul style="list-style-type: none"> • Improved referral pathways into treatment • Review potential for the delivery of pre-treatment 1 day workshops
Improving access to structured treatment and recovery services	<ul style="list-style-type: none"> • Improved referrals, retention and completion of treatment • Supportive rehabilitation for those who have undergone treatment • Improved successful completions to structured alcohol treatment

5.4 Outcome Two: **A Safer Community** - tackling alcohol related crime and disorder

Objectives	Measures
A targeted response to alcohol related crime and disorder	<ul style="list-style-type: none"> • Responsiveness to and reductions in anti-social street drinking • Reductions in alcohol related violent crime • Reductions in alcohol related anti-social behaviour • Reductions in alcohol related domestic violence • Reductions in under-age sales and drinking • Further reductions in drink driving • Reduction in the hidden harm of alcohol on the lives of others • Reductions in alcohol associated domestic violence
Reassurance for communities to enable them to feel the benefit of reductions in alcohol related crime and anti-social behaviour	<ul style="list-style-type: none"> • Reduced levels of community concern with respect to alcohol crime and anti-social behaviour
Licencing works with local alcohol industry to ensure that there is appropriate regulation in environments where alcohol is consumed.	<ul style="list-style-type: none"> • Proactive enforcement of licencing conditions • Licencing reviews

Safeguarding Children, Young People and vulnerable	<ul style="list-style-type: none"> • Establish alcohol reviews through the MASH • Ensure effective referral into treatment where appropriate for young people/families to address hidden harm
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5.5 Outcome Three: **A Responsible Community** - working with communities and the alcohol related industry to tackle alcohol related harm

Objective	Measures
Increased awareness by people of the impact that their drinking has on others.	<ul style="list-style-type: none"> • Borough wide alcohol harm reduction campaign • Support local alcohol industry to actively promote sensible drinking through effective licencing and enforcement
Local communities are safeguarded through effective licencing and enforcement and planning	<ul style="list-style-type: none"> • Maintain commitment to the controlled drinking zone across the borough, targeting key hotspots when necessary • Residents benefit from the opportunity to drink responsibly in safe and social surroundings. • Effective regulation of the night time economy • Effective management and regulation of major events
Oversee and monitor alcohol harm reduction action plan by regularly reviewing partnership data, evidence and performance	<ul style="list-style-type: none"> • Improved partnership communication and understanding, re-enforcing the role of harm minimisation in relation to: <ul style="list-style-type: none"> • Community perceptions of alcohol misuse • Local service provision • Knowing/understanding the partnership messages • Establishing a strong and up to date evidence base for alcohol harm reduction including health, crime and licencing enforcement data.

