

# Alcohol: preventing harmful use in the community

Quality standard

Published: 25 March 2015

[www.nice.org.uk/guidance/qs83](https://www.nice.org.uk/guidance/qs83)



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This standard is based on PH24 and NG135.

This standard should be read in conjunction with QS11, QS22, QS65 and QS152.

## Quality statements

Statement 1 Local authorities use local crime and related trauma data to map the extent of alcohol-related problems, to inform the development or review of a statement of licensing policy.

Statement 2 Trading standards and the police identify and take action against premises that sell alcohol to people under 18.

Statement 3 Schools and colleges ensure that alcohol education is included in the curriculum.

Statement 4 Schools and colleges involve parents, carers, children and young people in initiatives to reduce alcohol use.

# Quality statement 1: Using local crime and related trauma data

## Quality statement

Local authorities use local crime and related trauma data to map the extent of alcohol-related problems, to inform the development or review of a statement of licensing policy.

## Rationale

Using local data to identify problems caused by the sale of alcohol in an area enables the development of an evidence-based, high-quality policy on responsible licensing that will help to meet the licensing objectives.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence that local crime and related trauma data are used to map the extent of alcohol-related problems to inform the development or review of a statement of licensing policy.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Local authorities** (through the licensing lead, public health team and trading standards)

work in partnership with local health and crime agencies and other responsible authorities to ensure that there are arrangements for sharing local crime and related trauma data. These data should be used to map the extent of alcohol-related problems in an area, to inform the development or review of a statement of licensing policy.

**People in the community** can be confident that information about crime and other alcohol-related problems is taken into account by local authorities when they make decisions about licensing for alcohol. This should help to make areas safer and reduce problems related to alcohol, such as crime, health problems and accidents.

## Source guidance

Alcohol-use disorders: prevention. NICE guideline PH24 (2010), recommendation 4

## Definitions of terms used in this quality statement

### Local crime and related trauma data

Data such as non-personal details from hospital emergency departments about violent incidents (time, day, date, location, type of assault and whether weapons were used), ambulance data and crime data that can be mapped alongside locations of licensed premises. [Adapted from the Home Office alcohol strategy, section 3.22 and expert opinion]

### Alcohol-related problems

Problems resulting from alcohol that may be indicated (perhaps by proxy) by local crime and related trauma data, such as crime and disorder, social issues and health harms. These include drunkenness and rowdy behaviour, assault, accidents and injuries, absence from work, financial costs, children growing up in families in which there is parental alcohol misuse, chronic health problems (mental and physical) and, in extreme circumstances, death. [Expert opinion]

### Development or review of a statement of licensing policy

Every licensing authority is required to develop and publish a statement of its licensing

policy and review it at least every 5 years. The statement of licensing policy explains the approach to licensing within the area and gives guidance to licence holders, applicants and any person who may have an interest in licence applications or review of licences. The statement of licensing policy might include a 'cumulative impact' policy. Cumulative impact policies allow licensing authorities to take into account whether a significant number of licensed premises are concentrated in 1 area and whether the evidence suggests that the licensing of more premises may affect the statutory licensing objectives and contribute to an increase in alcohol-related disorder. Individual licence applications can be refused unless the applicant can demonstrate in their operating schedule that there will be no negative cumulative impact on 1 or more of the licensing objectives. Currently (March 2015) the 4 statutory licensing objectives are: the prevention of crime and disorder, public safety, the prevention of public nuisance and the protection of children from harm. [Adapted from [NICE's guideline on alcohol-use disorders: prevention and the Home Office's revised guidance issued under section 182 of the Licensing Act 2003](#)]



# Quality statement 2: Under-age sales

## Quality statement

Trading standards and the police identify and take action against premises that sell alcohol to people under 18.

## Rationale

It is illegal to sell alcohol to anyone under 18. Reviewing licences is a key part of the Licensing Act (2003), and amendments to the Act that came into force in 2012 doubled fines for, and made it easier to shut down, businesses found to be persistently selling alcohol to people under 18. All local licensing authorities should make full use of this legislation to protect children and young people from the risks of alcohol.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

a) Evidence that trading standards and the police are identifying premises that sell alcohol to people under 18.

**Data source:** Local data collection.

b) Evidence that trading standards and the police are taking action against premises that sell alcohol to people under 18.

**Data source:** Local data collection.

## Outcome

Incidence of licensed premises found to sell alcohol to people under 18.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Trading standards and the police** work in partnership with public health teams and other responsible authorities to ensure that licensed premises are not selling alcohol to people under 18, and identify and take action against those that break the law. Partnership work can coordinate the approach, improve efficiency and enable sharing of resources.

**Public health teams** commission trading standards to carry out operations on licensed premises. They can also provide intelligence that identifies licensed premises that need to be reviewed and that supports a licence review.

**People in the community** can be sure that trading standards, the police and other agencies (such as public health teams) work together to identify and take action against businesses licensed to sell alcohol (such as pubs, nightclubs, supermarkets and local shops) that sell alcohol to children and young people under 18. This might include reviewing or withdrawing an alcohol licence, issuing fines or, in extreme cases, closing the premises. This should help to stop children and young people buying alcohol and so protect them from the risks of harmful (high-risk) alcohol use.

## Source guidance

[Alcohol-use disorders: prevention. NICE guideline PH24 \(2010\), recommendation 4](#)

## Definitions of terms used in this quality statement

### Identifying premises that sell alcohol to people under 18

Trading standards and the police work together and lead on this, but might also work in partnership with directors of public health and public health teams. In most local authority

areas the police tend to concentrate on targeting premises with 'on' licences (that is, allowing consumption of alcohol on the premises), whereas trading standards concentrate on retail outlets selling alcohol. Methods to identify premises that are selling alcohol to people under 18 might include using test purchases by 'mystery shoppers', surveillance or using shared intelligence and the history of the premises. The use of covert investigation techniques by public authorities requires Regulation of Investigatory Powers Act (RIPA) authorisations. Whether RIPA authorisations are needed for conducting test purchases will depend on the operation. [[NICE's guideline on alcohol-use disorders: prevention](#), recommendation 4, adapted by expert opinion]

## **Taking action against premises that sell alcohol to people under 18**

Formal action against premises selling alcohol to people under 18 should follow an enforcement policy and be in line with national codes of practice governing the way that age-restricted sales are enforced, for example, the [Office for Product Safety and Standards' age restricted products and services: a code of practice for regulatory delivery](#). Responsible authorities, such as public health teams, can take action by requesting reviews of licensed premises and making representations at review hearings. Public health teams can also use available data and work with other responsible authorities to support their case. Licence reviews can result in steps to address the problem (for example, modifying the conditions of the licence or removing the premises' supervisor), or suspending or revoking a licence if sales to people under 18 continue. Other actions that can be taken against premises include fines, advice and warnings, closure notices, issuing cautions and prosecution. [Expert opinion]

# Quality statement 3: Alcohol education

## Quality statement

Schools and colleges include alcohol education in the curriculum.

## Rationale

Schools and colleges have an important role to play in helping children and young people to understand the harmful consequences of alcohol and in combating harmful (high-risk) drinking. Alcohol education should be used to increase knowledge about alcohol use and its effects. Learning and teaching about alcohol should be contextualised as part of promoting positive messages and values about keeping healthy and safe. Teachers and children and young people should be able to have open discussions about alcohol in the context of wider social norms, since one-way information-giving is not as effective in engaging children and young people in the topic and in affecting attitudes, values and behaviour.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence that schools and colleges include alcohol education in the curriculum.

**Data source:** Local data collection. [Ofsted inspection reports](#) contain information on the achievement of pupils, quality of teaching, behaviour and safety of pupils, and leadership and management for all schools and colleges. Also contained within the [Health and Social Care Information Centre's Smoking, Drinking and Drug Use Among Young People in England](#).

## Outcome

Rates of absence from school or college related to alcohol.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Head teachers and school governors** include alcohol education in the curriculum. Although alcohol education is not a statutory part of the curriculum, quality statements describe best practice that goes beyond minimum statutory requirements and can be used to help organisations improve quality.

**Staff** who have the trust and respect of the children and young people in the school or college deliver alcohol education as part of the curriculum. Staff should have received appropriate training and be able to provide accurate information using appropriate techniques.

**Local authorities** advocate that schools and colleges in their area include alcohol education in the curriculum. Public health teams can offer help with education and training of staff and provide schools and colleges with information and materials for teaching.

**Children and young people in schools and colleges** learn about keeping healthy and safe, and about alcohol use and its effects. This is done by giving them the chance to talk about the issues involved. This should help them to develop the knowledge, attitudes and skills needed to support their health and wellbeing.

## Source guidance

Alcohol interventions in secondary and further education. NICE guideline NG135 (2019), recommendation 1.1.1

## Definitions of terms used in this quality statement

### Schools

All schools (including academies, free schools and alternative provision academies) and pupil referral units (see the [Department for Education's explanation of types of schools](#)) and further education and sixth-form colleges as set out under the Further and Higher Education Act 1992 (see the [Department for Education's keeping children safe in education](#)). [[NICE's guideline on alcohol interventions in secondary and further education](#)]

### Colleges

Colleges include:

- academies and city technology colleges
- further education colleges and sixth-form colleges.

[Adapted from [NICE's guideline on alcohol interventions in secondary and further education](#)]

### Alcohol education

Specific time should be allocated within the school curriculum to help children and young people to develop the knowledge, attitudes and skills needed to support their own health and wellbeing. Alcohol education should be part of the whole-school approach, tailored for different age groups and take different learning needs into account (based, for example, on individual, social and environmental factors). It should aim to encourage children not to drink, delay the age at which young people start drinking and reduce the harm it can cause among those who do drink. Alcohol education programmes should:

- increase knowledge of the potential damage alcohol use can cause – physically, mentally and socially (including the legal consequences)
- provide the opportunity to explore attitudes to – and perceptions of – alcohol use
- help develop decision-making, assertiveness, coping and verbal and non-verbal skills
- help develop self-esteem

- increase awareness of how the media, advertisements, role models and the views of parents, peers and society can influence alcohol consumption.

[NICE's guideline on alcohol interventions in secondary and further education]

## Equality and diversity considerations

It is important to take individual, social, cultural, economic and religious factors into account when delivering alcohol education, and to tailor it to the needs of the children and young people. Groups that may be at increased risk of under-age drinking and alcohol abuse, such as lesbian, gay, bisexual and transgender (LGBT) young people, should be considered.

# Quality statement 4: Schools and colleges involve parents, carers, children and young people

## Quality statement

Schools and colleges involve parents, carers, children and young people in initiatives to reduce alcohol use.

## Rationale

A school or college's approach to alcohol in the context of the curriculum and its policies, values and environment is more effective if parents, carers, children and young people are involved. This means that children and young people's views are considered and that parents and carers are included in discussions and decisions in an effort to ensure consistent messages about alcohol outside school or college.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence that schools and colleges involve parents, carers, children and young people in initiatives to reduce alcohol use.

**Data source:** Local data collection. [Ofsted inspection reports](#) contain information on the achievement of pupils, quality of teaching, behaviour and safety of pupils and leadership and management for all schools and colleges.



## What the quality statement means for different audiences

**Head teachers and school governors** ensure that they consult and involve parents, carers, children and young people in discussions and decisions about, as well as in the implementation of, initiatives to reduce alcohol use. Although alcohol education is not a statutory part of the curriculum, quality statements describe best practice that goes beyond minimum statutory requirements and can be used to help organisations improve quality.

**Parents and carers** have the chance to be involved in discussions and decisions about ideas and plans that schools and colleges have for reducing alcohol use, and in putting these ideas into practice. This means that parents and carers know about the plans and can support them at home if they choose to.

**Children and young people** are involved in discussions and decisions about ideas and plans at their school or college for reducing alcohol use. They are also involved in putting these ideas into practice. This means that they will know what is planned and are more likely to back the plans.

## Source guidance

Alcohol interventions in secondary and further education. NICE guideline NG135 (2019), recommendation 1.1.1

## Definitions of terms used in this quality statement

### Schools

All schools (including academies, free schools and alternative provision academies) and pupil referral units (see the Department for Education's explanation of types of schools) and further education and sixth-form colleges as set out under the Further and Higher Education Act 1992 (see the Department for Education's keeping children safe in education). [NICE's guideline on alcohol interventions in secondary and further education]

## Colleges

Colleges include:

- academies and city technology colleges
- further education colleges and sixth-form colleges.

[Adapted from [NICE's guideline on alcohol interventions in secondary and further education](#)]

## Involve parents, carers, children and young people

This might include consulting parents, carers, children and young people about initiatives to reduce alcohol use, gathering their opinions through discussions and involving them in decisions about, and in the implementation of, initiatives. [Adapted from [NICE's guideline on alcohol interventions in secondary and further education](#). Also see the [section on making it as easy as possible for people to get involved in NICE's guideline on community engagement](#)]

## Initiatives to reduce alcohol use

Initiatives to reduce alcohol use might include alcohol education programmes and using a 'whole-school' approach. A 'whole-school' approach should cover policy development, the school environment and the professional development of (and support for) staff. [[NICE's guideline on alcohol interventions in secondary and further education](#)]

# Update information

## Minor changes since publication

**August 2019:** Changes have been made to align this quality standard with the updated [NICE guideline on alcohol interventions in secondary and further education](#). Definitions and references have been updated for statements 3 and 4.

**November 2018:** Changes have been made to align this quality standard with the [NICE guideline on alcohol-use disorders: prevention](#). The terminology has been updated to reflect the [UK Chief Medical Officers' low risk drinking guidelines \(2016\)](#), and links have been updated throughout.

**December 2016:** Data source updated for statement 3.

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Good communication between organisations and people in

the community is essential. Information and support should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: 978-1-4731-1069-4

## Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

## Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Association of Directors of Public Health \(ADPH\)](#)
- [Royal College of Emergency Medicine](#)
- [Public Health England](#)
- [Royal College of General Practitioners \(RCGP\)](#)