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Community Alcohol Partnerships with the alcohol industry: what is their purpose and are they effective in reducing alcohol harms?

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ABSTRACT

Background Local initiatives to reduce alcohol harms are common. One UK approach, Community Alcohol Partnerships (CAPs), involves partnerships between the alcohol industry and local government, focussing on alcohol misuse and anti-social behaviour (ASB) among young people. This study aimed to assess the evidence of effectiveness of CAPs.

Methods We searched CAP websites and documents, and databases, and contacted CAPs to identify evaluations and summarize their findings. We appraised these against four methodological criteria: (i) reporting of pre–post data; (ii) use of comparison area(s); (iii) length of follow-up; and (iv) baseline comparability of comparison and intervention areas.

Results Out of 88 CAPs, we found three CAP evaluations which used controlled designs or comparison areas, and further data on 10 other CAPs. The most robust evaluations found little change in ASB, though few data were presented. While CAPs appear to affect public perceptions of ASB, this is not a measure of the effectiveness of CAPs.

Conclusions Despite industry claims, the few existing evaluations do not provide convincing evidence that CAPs are effective in reducing alcohol harms or ASB. Their main role may be as an alcohol industry corporate social responsibility measure which is intended to limit the reputational damage associated with alcohol-related ASB.

Keywords alcohol, research, young people

Introduction

Alcohol consumption is a causal factor in more than 200 disease and injury conditions.¹ The social impacts of alcohol consumption in the UK include NHS costs of £3.5 billion per year and alcohol-related crime costs £11 billion per year.² The evidence consistently shows that interventions to address alcohol harms which focus on changing the market environment, including restricting advertising, and making alcohol more expensive and less available, are the most effective approaches.³ Interventions to tackle alcohol harms limited to a locality are also in common use, though there is little evidence that these are effective.^{4,5}

Community Alcohol Partnerships

In the UK, the alcohol industry (AI) has developed, and contributes to the funding of, a form of local intervention called

Community Alcohol Partnerships (CAPs). These involve partnerships between the AI (including alcohol retailers, hereafter referred to as ‘retailers’, and licensees) and local stakeholders, including local councils, schools and the police, with a primary focus on reducing underage drinking and associated anti-social behaviour in young people (Box 1).

CAPs are mainly funded and supported through the Retail of Alcohol Standards Group (RASG) which is managed by

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the Wine and Spirits Trade Association (WSTA).⁶ The CAP programme is overseen by an eight-member Advisory Board, including (at time of writing) six members with links to the AI and/or retail sector. It includes the Chief Executive of the WSTA, the head of the alcohol-industry funded charity Addaction and retailers' representatives. The current CAP Director is a former Director of the industry-funded charity Drinkaware.⁷

Evaluation of CAPs is stated to be mandatory.⁸ WSTA documents refer to both self-evaluation using an evaluation framework developed by London Metropolitan University and to external evaluations.^{6,9}

Importance of assessing the evidence of effectiveness of CAPs

The development of CAPs by the AI is consistent with its frequently-stated position that industry should work in partnership with government and civil society bodies, arguing that such partnerships are more effective than regulation.^{10,11} CAPs were highlighted in the Government's Alcohol Strategy in 2012 as evidence of industry taking responsible action at a local level,¹² and the Local Government Association (LGA) in England and Wales has advised local authorities to consider establishing CAPs as a way of dealing with underage sales and street-drinking in their areas.¹³ CAPs also feature in the Public Health Responsibility Deal (RD) in England (as part of Pledge A7a), which is a public-private partnership involving voluntary agreements with government undertaken by businesses, including major alcohol companies and trade consortia, as well as public bodies.³ Approximately half of RD signatories (24/50 in 2013/14) cite their support of CAPs as evidence that they are meeting this RD pledge to improve public health.

A recent review concluded that there is inconclusive evidence on the effectiveness of local public-private partnerships, such as CAPs,³ though CAPs describe themselves as 'one of the most significant alcohol-industry funded initiatives

tackling underage alcohol misuse with good evidence of effectiveness'.¹⁴ Industry statements about CAPs' effectiveness focus particularly on the existence of independent evaluations.¹⁵⁻¹⁷ The CAP website gives examples of their successes: 'Examples of evaluated data includes local crime and anti-social behaviour statistics, levels of alcohol-related litter, hot-spot drinking areas, complaints and incidents reported to partner agencies, ambulance pick-ups for underage alcohol-related incidents, hospital admission for under 18s and public perception surveys.'⁸ The CAP website also states that CAPs may be cost-saving: 'Community Alcohol Partnerships are an industry-funded initiative that use existing resources available to local communities, meaning they come at no additional cost to the local authority or the police. Additional resources such as educational materials and posters are provided by industry contributions so CAPs could mean a net saving for local authorities and the police.'¹⁸

The effectiveness of CAPs is also important to establish because they are presented by industry as an alternative to measures of known greater effectiveness in reducing alcohol harms, both in the UK and at European level. For example, in the UK, the Coalition Government's decision not to implement Minimum Unit Pricing of alcohol cited CAPs as an example of industry-led activities which could be used as an alternative.¹⁹ Presentations recommending CAPs as an effective approach to reducing alcohol harms have also been made by AI representatives to the European Alcohol and Health Forum of the European Commission.²⁰

We therefore aimed to identify all CAP evaluations, to assess their evaluation methods, and summarize their findings.

Methods

We sought evaluations of all the CAPs which at time of writing were either listed on the CAP website or were mentioned in other CAP materials (e.g. annual reports). We conducted

Box 1 Community Alcohol Partnerships: an alcohol industry local area intervention

CAPs are widespread in the UK, with 88 in operation at the time of this study. The CAPs website describes them as

'partnerships between local alcohol retailers & licensees, trading standards, police, health services, education providers and other local stakeholders to tackle the problem of underage drinking and associated anti-social behaviour... The CAP model is unique in that it recognizes that retailers and licensees are part of the solution and has been shown to be more effective than traditional enforcement methods alone.' CAP activities involve 'education, enforcement, public perception*, communication, diversionary activity and evaluation'.

See: <http://www.communityalcoholpartnerships.co.uk/>

*'Public perception' activities involve communication of positive aspects of the CAPs to the public.

web searches, and searched the CAP website, Medline and Google Scholar for evaluations.

Data were extracted by two reviewers working independently (P.D. and M.Y.) and checked by two others (N.D. and M.P.). Data relating to the aims, activities, target population, partners (e.g. police and local government), outcomes and funding of each CAP were extracted. For any evaluations we found, we extracted data on the methods (study design, length of follow-up and outcome measures) and results. All CAPs were included dating from the inception of the CAP programme in 2007.

Methodological assessment

We assessed each CAP evaluation against four methodological criteria. We judged that these were the minimum criteria which would allow causal inferences about impact to be drawn: (i) reporting of quantitative data before/after the intervention; (ii) presence of a control or comparison group or area, or a comparison against relevant local trends; (iii) control for seasonality—i.e. a length of follow-up of at least 12 months (this is important because CAPs are often aimed at reducing outdoor alcohol-related incivilities (e.g. disorder), so any change in outcomes over time may be due to seasonal or other changes (e.g. school holidays)); and (iv) evidence that the comparison and intervention group were similar at baseline.

Results

CAP activities

We were able to find descriptive information for 78 of the 88 CAPs listed on the CAP website at the time of our study. In line with the stated aims of the CAP programme, CAPs appear to be focused on reducing alcohol sales, alcohol misuse and anti-social behaviour among young people. Their activities predominantly involve education and enforcement, with approximately three-quarters of CAP activities falling into these categories (Table 1). The next largest category is diversionary activities (such as providing access to sports facilities). Just over a quarter of CAPs report activities focussed on changing public perceptions of ASB (Table 1).

Table 1 Activities of CAPs

	<i>Education and/or enforcement</i>	<i>Public perception</i>	<i>Communication</i>	<i>Diversionary activities for young people</i>	<i>Evaluation stated to have been done</i>	<i>Examples of activities mentioned</i>
Number (%) of CAPs	57/78 (73.1%)	22/78 (28.3%)	13/78 (16.7%)	25/78 (32.1%)	20/78 (25.6%) of which 13 presented some form of evaluation data	Youth employment projects, youth workers, film screening, theatre workshops, gardening, art projects

CAP evaluations

The WSTA CAP progress report for 2015 states that there have been five independent evaluations of the Kent, Durham Stanley, Derry, Islington and Wigan (Hindley and Hindley Green) CAPs. By searching CAP websites, we also found some uncontrolled evaluations for a number of other CAPs, though with limited description of methods and little supporting information, making them unsuitable for drawing inferences about the effect of CAP activities. However, these are included in Table 2 for completeness. The information on this group of CAPs consists mostly of brief quantitative data (e.g. from newsletters) describing the positive effects of CAPs on ASB. Additional data on one other CAP were supplied by Community Alcohol Partnerships, the industry-funded co-ordinating body.

Three CAPs (Kent, Durham/Stanley and St. Neots) presented more detailed quantitative data before and after the initiation of the CAP, and collected, or attempted to collect, data from a control or comparison area, and then used these data as the basis of inferences about the effectiveness of the CAP. This information appears in the top section of Table 2 and can be considered to be the main evidence about the effectiveness of CAPs (Table 2).

Findings from the three more robust evaluations and methodological issues arising

Kent CAP

This CAP was evaluated in three pilot areas from March to September 2009. Offences of criminal damage reduced slightly compared to non-pilot areas. Assaults resulting in lesser injuries reduced more in pilot areas than non-pilot areas (3 versus 11%) though no other details are presented. Reductions in criminal damage were greater in the pilot areas (28 versus 22%) though the authors note that this does not compare like with like. Improvements in public perceptions of anti-social behaviour were greater in pilot areas. Findings in relation to vandalism/graffiti were mixed. Overall, given the differences between areas, and lack of statistical testing, it is difficult to

Table 2 Individual CAP Evaluations: methods and reported findings

CAP name	Measures of activity/outcome (ASB = anti-social behaviour)	(1) Control or comparison area? (2) Quantitative before/after data reported? (3) Length of follow-up (4) Evidence of baseline comparability (for controlled studies)	Quantitative results	Other Information
<i>Controlled studies (including comparisons to other areas, or regional trends)</i>				
Durham/Stamley	Attendance at Operational Management meetings; document analysis; seizure data; 'Social Norms' data; interviews with retailers and Management Group. Neighbourhood / Resident Surveys	<p>(1) Control or comparison area? ASB data compared to the rest of the country; before/after surveys are uncontrolled.</p> <p>(2) Quantitative before/after data reported? Business Survey, Neighbourhood Survey (Prior to the CAP and after six months of CAP operation)</p> <p>(3) Length of follow-up: July 2011–December 2011</p> <p>(4) Evidence of baseline comparability (for controlled studies): Sociodemographic data reported</p>	Anti-social behaviour and underage drinking: The main outcome was change in retailers' and the public perception of ASB before and 6 months after the start of the CAP. For business respondents the numbers were very small at each survey wave (ranging from $n = 2$ to $n = 14$) and the findings mixed. While the numbers perceiving underage drinking as a very big problem fell (from 5 to 0) the number perceiving it as a fairly big problem increased (from 11 to 14). The neighbourhood survey compared Pre-CAP Perceptions versus Post-CAP perceptions among the public. Eleven measures of ASB were included (e.g. whether respondents thought 'Young people drinking alcohol/being drunk in public places' was a problem). All measures decreased; numbers of respondents are unclear and there is no information about the sample. It is an opportunistic sample so it is unclear whether any of the pre sample are included in the post sample, and differences pre–post may be due to differences in sample demographics. Alcohol seizures much higher in CAP area compared to comparator area though it did not prove possible to use police incident data to analyse changes in crime and incident patterns of ASB, criminal damage and domestic violence related to alcohol	Independent evaluation report by the Social Futures Institute at Teeside University ²¹
Kent CAP (KCAP) Nov, 2008 Pilot areas— Edenbridge, Thanet, Canterbury	Test purchases by Trading Standards. Surveys of public perceptions; Police and Trading Standards data.	(1) Control or comparison area? Yes. Pilot areas (Canterbury, Thanet, Edenbridge). Non-pilot areas were used for comparison of all data	No data on young people's consumption. During the CAP (March–September 2009) CAP areas declined in criminal damage of 6% greater than non-pilot areas. CAP areas had similar decline in	University of Kent School of Social Policy and Social Research

Continued

Table 2 Continued

CAP name	Measures of activity/outcome (ASB = anti-social behaviour)	(1) Control or comparison area? (2) Quantitative before/after data reported? (3) Length of follow-up (4) Evidence of baseline comparability (for controlled studies)	Quantitative results	Other Information
Retailer Survey to gather retailers' views on KCAP and experiences		(2) Quantitative before/after data reported? April–September, 2008 data used for comparison of some parameters such as changes in type of recorded crime (3) Length of follow-up: April–September, 2009 (4) Evidence of baseline comparability (for controlled studies)	total crimes as non-pilot areas (both 16%). CAP/non-CAP areas had similar fall in violent crime (14%). CAP areas had 3–4% reduction in assaults compared with 11% in non-CAP. Public Perceptions of ASB: Greater reduction in CAP areas: 4 versus 2%. Perceptions of people drunk/rowdy in public – CAP versus non-CAP areas: 3% reduction versus 1%. Perceptions of vandalism, graffiti: CAP reduced 1%, non-CAP areas unchanged. Same for rubbish/litter, noise. Perceptions of using/dealing drugs: CAP areas reduced 2% versus no change in non-CAP Areas. Perceptions of ASB: fell in two CAP areas, rose in one CAP area, no change in non-CAP areas. Public Perceptions of Safety: CAPS: 4% improvement versus 2% in non-CAP areas. Positive change in ASB and perceptions of public safety: Pilot areas—90%; non-pilot areas—60%	
Cambridgeshire (St Neots & Cambridge) Two CAPs – St. Neots & Cambridge were evaluated together	Conducted over 5 months: analysis of existing quantitative data; interviews with partners and community members. Alcohol-related hospital admissions data could not be obtained; community perceptions from local surveys; ward-level data concerning levels of recorded crime and ASB; test purchases.	(1) Control or comparison area?: Yes, CAP areas—St. Neots & Cambridge. Comparison areas are rest of county—non- CAP areas (2) Quantitative before/after data? Data on crime & ASB prior to CAP launch (one year) and years following launch of CAPS (3) Length of follow-up: St. Neots CAP (September 2007–August 2009 (2 years)). Cambridge CAP (July 2008 to June 2009, One year)	ASB: Mixed findings: 44.4% reduction in street drinking in CAP area versus non-CAP (2.5% increase), in the most extreme contrast. On other ASB measures, changes more modest. No difference (St Neots, noise) or the situation improved more in control areas (Cambridge, littering). Alcohol-related litter significantly down in original hotspot areas. Incidents of ASB fell up to 45.8% in main hotspot areas. Confiscation campaign showed lower levels of alcohol confiscated in the CAP area compared with other districts though not controlled for size/population. Young people's alcohol consumption:	Final report submitted by Applied Research in Community Safety (ARCS) Ltd

Continued

Table 2 Continued

CAP name	Measures of activity/outcome (ASB = anti-social behaviour)	(1) Control or comparison area? (2) Quantitative before/after data reported? (3) Length of follow-up (4) Evidence of baseline comparability (for controlled studies)	Quantitative results	Other Information
Uncontrolled studies, and other non-evaluation information about CAP impacts (e.g. from newsletters or other sources) (N = 10)				
Barnsley CAP (B CAP) Penistone, Dearne	(1) Control or comparison area? Control areas not specified by name e.g. 'Other areas' (2) Quantitative before/after data reported?: NA (3) Length of follow-up: Unclear	no pre-post analysis. Anti-social behaviour indicators were examined according to ward-level data. Data were grouped for the two pilot sites: St Neots and Cambridge, compared to non-CAP areas. The data below show the increase (+) or decrease (-) in reported rates. N.B., the reported data not directly comparable due to differences in reported data periods. Criminal damage: St Neots CAP (-16.9%) versus non-CAP areas (-16.4%); Cambridge CAP (+8.5%) versus non-CAP areas (-3.2%); Violence against the person: St Neots CAP (-4.5%) versus non-CAP areas (-4.1%); Cambridge CAP (-9.8%) versus non-CAP areas (-0.6%); Noise nuisance: St Neots CAP (+5.1%) versus non-CAP areas (+5.8%); Cambridge CAP (+9.4%) versus non-CAP areas (-9.7%); Rowdy and inconsiderate behaviour: St Neots CAP (-14.0%) versus non-CAP areas (-11.6%); Cambridge CAP (-14.8%) versus non-CAP areas (+13.1%); Environmental damage/littering: St Neots CAP (-27.3%) versus non-CAP areas (-38.0%); Cambridge CAP (no change) versus non-CAP areas (-27.2%)	Very brief report available. Significant reductions in street drinking and anti-social behaviour (ASB) in both areas, no data presented. Barnsley CAP reported a 30% reduction of alcohol-related ASB compared with 7.4% in the control areas, no other information. In Dearne, reductions were matched by	

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Table 2 Continued

CAP name	Measures of activity/outcome (ASB = anti-social behaviour)	(1) Control or comparison area? (2) Quantitative before/after data reported? (3) Length of follow-up (4) Evidence of baseline comparability (for controlled studies)	Quantitative results	Other Information
Derry/Londonderry	Reduction in litter; police statistics on ASB; no. of complaints to partner agencies; alcohol-related A&E admissions for <18 s; test purchasing; resident surveys; survey of licensees	<p>(4) Evidence of baseline comparability (for controlled studies): NA</p> <p>(1) Control or comparison area? Not mentioned.</p> <p>(2) Quantitative before/after data reported? Yes, for youth referrals</p> <p>(3) Length of follow-up: 6 months for youth referrals; 12 months for alcohol litter.</p> <p>(4) Evidence of baseline comparability (for controlled studies): NA</p>	<p>improvements in residents' perceptions of the issue, over and above that seen in other areas. Alcohol awareness course showed evidence of behaviour change leading to reduced or zero consumption after the intervention (no data presented)</p> <p>Challenging Underage Drinking (CUD) evaluation analysed minutes of meetings, project DVD, litter collection statistics, reported crime statistics and residents and retailer surveys, plus 11 interviews with partners. Reductions in alcohol-related crime and disorder stated by police to have occurred over time, though very limited quantitative data are presented. Downward trend in the alcohol litter in hot spots (limited data and methods presented); retailer (<i>n</i> = 32 at wave 2) and residents (<i>n</i> = 60) survey data presented, though report notes these cannot be used for comparing before/after because of response rates; Reduction in referrals to youth diversion officers from 2010 to 2012 (<i>n</i> = 168 in 2010 versus 77 in 2012)</p> <p><i>Positive statements from partners in the interviews. Community Police Officers, youth intervention officers and Community Safety Wardens reported noticing a reduction in alcohol-related disorder in the area; plus anecdotal feedback from local residents</i></p>	Interim evaluation in one pilot area; evaluation report not available
Cleveland/Hartlepool	Test purchasing carried out	(1) None stated (2) Some limited data, no methods	Data taken from Director of Public Health's report to Safer Hartlepool Partnership. Fall in incidents of ASB;	

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Table 2 Continued

CAP name	Measures of activity/outcome (ASB = anti-social behaviour)	(1) Control or comparison area? (2) Quantitative before/after data reported? (3) Length of follow-up (4) Evidence of baseline comparability (for controlled studies)	Quantitative results	Other Information
Hindley CAP (Wigan)	Local and borough data on youths causing annoyance (YCA) where alcohol was a factor; contact cards issued where alcohol seizures made; Operational data from proxy and Staysafe operations; Pre/post-CAP survey of retailers, young people, residents; Interviews with stakeholders.	(3) ~2 years (4) Not reported (1) No (2) Yes, though samples not comparable; no response rates or survey methods (3) Unclear though some data reported at 6-month intervals after start of CAP (4) N/A. Evaluation report notes that before/after survey samples are not comparable	Between April 2012 and June 2014 incidents of anti-social behaviour related to young drinkers reduced from 19 to 34 (9–6%) in the Fens/Rossmere ward, 118 to 80 (10–7%) incidents in Manor House ward and from 61 to 53 (10–12%) in Foggy Furze (news, February 2015); good progress had been made in terms of engaging with partners and commissioning diversionary activities via the Young Grant Givers to tackle alcohol consumption by young people (February 2013)	Pre and post-CAP retailer survey ($n = 13$; partly-different samples pre and post): two-thirds ($n = 8$) of retailers felt that the CAP had definitely or probably helped to reduce attempts by under 18 s to buy alcohol. Fewer retailers reported proxy purchasing; though more calls to police for proxy purchasing. Residents survey: pre- and post-Cap survey samples very different. No clear trend; some indicators of ASB fell others rose. Young people's survey data: not analysed because of comparability issues. YCA data, and contact card data: no pattern. Under 18 alcohol-related hospital admissions: Evaluation report notes that Nothing could be drawn from this data for the evaluation
Norfolk (Great Yarmouth), April 2012		No evaluation report located, some data in newsletters. Data on Crime & disorder reports compared with the rest of the county	61% reduction in crime and disorder reports relating to street drinking compared to 25% decrease across the whole of Norfolk between 2011 and 2014 and a 36% reduction in street drinking associated CADs during their 'Reducing the Strength' campaign. No other data or evaluation report	

Continued

Table 2 Continued

CAP name	Measures of activity/outcome (ASB = anti-social behaviour)	(1) Control or comparison area? (2) Quantitative before/after data reported? (3) Length of follow-up (4) Evidence of baseline comparability (for controlled studies)	Quantitative results	Other Information
Shropshire Ludlow (L-CAP)	Views of local residents on underage drinking currently collected to provide a benchmark	(1) Control or comparison area? NA (2) Quantitative before/after data reported? Yes, ASB data (3) Length of follow-up: 1 year (4) Evidence of baseline comparability (for controlled studies)	Reduction in anti-social behaviour—broad data shows that there was a 14% reduction, compared to the previous 6 months. Improved relationship between licensees and enforcement agencies reported; percentage of licensees that either strongly agreed or tended to agree that enforcement agencies are approachable increased by ~30%. Underage sales less than in other areas of Shropshire: >65% of test purchases in the area were refused. Feedback and surveys reported an increase in alcohol seized from young people, a shift away from proxy purchasing and young people found it more difficult to obtain alcohol (no data presented)	First Year Activity Report by Devon County Council Trading Standards Services ⁴¹
Mid-Devon, 2010	Initial Activity Benchmarking Exercise Community survey carried out	(1) Control or comparison area? NA (2) Quantitative before/after data reported? Yes, before–after data of test purchase failures (3) Length of follow-up: One year (4) Evidence of baseline comparability: Survey of local retailers carried out at the start of the project	Significant drop in the number of test purchase failures from 34 to 14% for off-sales and 48 to 13% in pubs & clubs. Over the year underage sales in pubs and clubs fell by 35% • 35% of respondents either agreed, or strongly agreed, that drunken behaviour was a problem in their town/village, 29% related to under 18s drunken behaviour. No follow-up data yet	Independent evaluation by London Metropolitan University ⁴²
London (Islington)	Police public complaints, crime statistics, London Ambulance Service data. Data from Islington Council and local agencies: Park Guard data, Trading Standards test purchases, Housing data on ASB. Survey of retailers, local residents, street surveys. Interviews with Partnership members, local agencies, youth groups; data collected by agencies delivering Tesco funded CAP activities. Interviews with young people	(1) Control or comparison area? NA (2) Quantitative before/after data reported? Baseline and final evaluation compared (3) Length of follow-up 9 months pilot (May 2011–January 2012) (4) Evidence of baseline comparability (for controlled studies) No	Young people less likely to attempt to buy alcohol. Retailers and general public had a greater awareness of the law. ASB complaints reduced, also crime and accident levels. Not possible to measure change in youth alcohol consumption patterns, limited available data suggest education activities increased awareness. Proportion of resident survey respondents who felt very/fairly unsafe after dark changed little. Percentage of residents reporting	Independent evaluation by London Metropolitan University ⁴²

Continued

Table 2 Continued

CAP name	Measures of activity/outcome (ASB = anti-social behaviour)	(1) Control or comparison area? (2) Quantitative before/after data reported? (3) Length of follow-up (4) Evidence of baseline comparability (for controlled studies)	Quantitative results	Other Information
			<p>young people drinking alcohol in public places, and being drunk or rowdy in public as 'fairly' or 'very big' problem, fell from 58 to 37%. No. of young people drinking in public spaces fell from $n = 10$ to 3. No. of incidents recorded by Park Guards increased 400%. Incidents of nuisance youths doubled over the same period, likely due to a change park opening/patrolling. Hotline calls regarding youth alcohol incidents decreased from 43 to 18%. Calls to police related to youth and alcohol fell from an average of 1.13/month to 0.78/month. Number of young people accused/ suspected of alcohol-related offences fell from 17 (2010) to 13 (2011), though whole borough saw a slightly higher reduction. No. of victims of crime in CAP area dropped from 5 to 3, versus an increase by 1 in the whole borough. No. of youth alcohol-related ambulance trips halved (from 10 to 5 cases) during the CAP (April to December 2011). Successful test purchasing to minors fell from 1 to 0. Attempted alcohol purchases by minors unchanged (70 versus 69% of retailers). Young people hanging around shops which is now 'never a problem' fell from 21 (66%) retailers compared to 7 (27%) at baseline. Fighting 'never a problem' for 28 (88%) versus 11 (46%) at baseline. The percentage of respondents tending to 'agree'/'strongly agree' that public services were successfully tackling young people drinking in public increased from 24 (before) to 41% (after). 72% of retailers reported that CAP had a positive impact on under-age drinking</p>	

Continued

Table 2 Continued

CAP name	Measures of activity/outcome (ASB = anti-social behaviour)	(1) Control or comparison area? (2) Quantitative before/after data reported? (3) Length of follow-up (4) Evidence of baseline comparability (for controlled studies)	Quantitative results	Other Information
London (Tower Hamlets) (Bethnal Green & St Peters) July 2014	Test purchases; Survey; Records	Quantitative before/after data reported? (1) No (2) Some limited data, few/no methods 3. Yes, test purchase compared to previous year (3) Unclear (4) No	46% decrease in anti-social behaviour; 75% reduction in reported drunken behaviour; 82% reduction in consuming alcohol in designated public places; five schools and 1000 s of pupils engaged in alcohol education. Decrease in successful test purchases. 20% failed tested purchased to 15% failed test purchases	
Rosyth CAP, Fife		(1) No (2) Limited data, methods (3) Unclear (4) No	Narrative report; few quantitative data. Signs of reduced demand by young people and increase in awareness of the alcohol risks. Sales to under-18s reduced, although proxy purchase remains an issue. Young people drinking in the community now more aware of personal safety and some reported changes in their own drinking behaviour, including reduced consumption. Anti-social behaviour (ASB) offences have fallen in all areas of Fife between 2008 and 2011. Fewer detected ASB offences are now committed by those aged under 21 years old in all areas of Fife, although this proportion remains slightly higher in Rosyth. No evidence in Rosyth of a reduction in the supply of alcohol to young people and given the Fife-wide changes it is not possible to clearly attribute change in anti-social behaviour to the CAP	Report by 'Research for Real,' commissioned by Fife Alcohol Partnership Project ⁴³

attribute change to the CAP, though some change/improvement in public perceptions appears to have occurred.

Durham Stanley CAP

An independent evaluation²¹ used survey data on business and public perceptions as the main outcome, comparing uncontrolled pre- and post-CAP data over 6 months. It did not prove possible for the evaluators to assess effects on alcohol seizure rates. Conclusions are difficult to draw given the very small numbers surveyed (single figures in some cases) and the opportunistic sample at both time periods, with no sampling method described. The short length of follow-up does not preclude the possibility that the improvements observed were simply due to seasonality, e.g. reductions in young people drinking in public. The evaluation report itself notes that the 6 months' time span was insufficient.²¹

St. Neots CAP

St. Neots CAP is widely cited by industry sources as an example of CAPs' effectiveness.^{16,22,23} The pilot study in St Neots reported a 42% decrease in anti-social behaviour incidents between August 2007 and February 2008, a 94% decrease in instances of minors found in possession of alcohol, a 92% decrease in alcohol-related litter and improvements in public perceptions. These findings have been criticized on the grounds that the report lacks any evaluation methods and that claims are made on the basis of claims about before-and-after changes without quantification, as well as on anecdotal data.²⁴ Although the headline claim of a 42 or 45% reduction in ASB is cited as a success,²⁵ the findings are mixed, affected by seasonality bias, and in some cases incivilities (e.g. criminal damage, 'rowdy' behaviour) actually increased in CAP areas compared to non-CAP areas.

Uncontrolled evaluations

Of the uncontrolled evaluations, the most detailed was that conducted of the Islington CAP, which reported positive effects on retailers (who reported greater awareness of the law and greater confidence in dealing with underage purchasers). There is no evidence of effects on consumption and underage purchases were largely unchanged over time, based on measures of the percentages of retailers reporting purchase attempts. Given the lack of comparison/control areas, it is not clear that any changes were due to the CAP.

The rest of the CAP evaluations in Table 2 report very little data, are uncontrolled, based on small numbers and subject to seasonal biases which makes drawing inferences problematic. These points are made by some of the CAPs themselves (e.g. Rosyth²¹).

In summary, the data from the few more methodologically sound evaluations suggest that CAPs may be associated with a positive effect on local retailers, though even here the data are weak. There is no clear evidence of consistent effects on ASB, or on any other outcomes related to alcohol misuse or harm.

Discussion

Main finding of this study

This study shows that there is limited evaluation evidence available on the effectiveness of CAPs and the best of this evidence is of poor quality. Most CAPs focus on educational interventions which the wider research evidence consistently shows are likely to be ineffective.^{3,26} The three controlled evaluations of CAPs which we found are sensitive to baseline imbalances which are not controlled for in the analyses, and in some evaluations seasonality and confounding with the effects of other interventions represent plausible explanations of any reported effects. The impact of CAPs on consumption of alcohol among young people is also unclear, given that young people can buy alcohol by proxy or obtain it elsewhere, such as from home (as reported in one of the evaluations²¹). While we attempted to extract any data from evaluation reports, it should be noted that most of these are not formal research reports, and so, even where data are reported in Table 1, the reporting is generally very limited and the research methods (particularly survey and qualitative interview methods, and approaches to analyses) are often not stated. The evaluation findings should therefore be treated with considerable caution.

The evaluations do suggest that CAPs may have an effect on retailers' perceptions, and on public perceptions of various aspects of ASB. However, this is a particularly unsuitable measure of the effectiveness of CAPs, because CAP media activity is explicitly aimed at positively influencing public perceptions of both the ASB associated with alcohol, and of CAP activities, for example:

'It is important that where schemes are successful in reducing crime and anti-social behaviour in a designated area, local people feel safer as a result. The local newspaper and other local media will often be invited to act as a CAP media partner so that positive stories regarding the confiscation of alcohol or a reduction in reported crime, for example, are reported.'²⁷

Public perceptions are therefore not a robust independent measure of the effectiveness of CAPs as it is likely that CAPs set out to selectively encourage positive media coverage.

CAP activities mainly focus on reducing visible anti-social behaviour by seeking to reduce access to alcohol at source (through enforcement, and by training and advising retailers). These activities are consistent with the RD pledge A7 (a) which aims to support local partnership working. Seven CAPs are cited in RD progress reports as evidence of CAP effectiveness: Gateshead (Birtley), Brecon, Wigan/Hindley (all cited by Heineken, by the WSTA and by SHS Group Drinks Division); Dearne and Penistone, Derry and Islington CAPs (all cited by Heineken and the WSTA); the Kent CAP (cited by Shepherd Neame Ltd) and Hayling Island/Gosport CAP (cited by Southern Co-operative). As noted above, only the Kent CAP evaluation involved a control group, and this evaluation does not provide strong evidence that any change, other than a change in public perceptions, was due to the CAP.

What is already known on this topic

On this evidence, it is unlikely that CAPs have any significant effect on reducing alcohol harms in their areas. However, it may be useful to consider CAPs in the context of what is already known about other AI activities targeted at harm reduction, particularly those involving non-industry partnerships. It has been shown that the AI prefers to support local interventions focused on binge drinkers and young people; its activities focus on anti-social behaviour in the minority, rather than on alcohol consumption in the wider population; and it recommends educational interventions targeted at individuals and in defined local areas rather than (and frequently in opposition to) population-level interventions.^{26,28} These industry preferences are also reflected in the CAPs' activities. In this context, the CAPs' aims, audiences and activities which we have documented may reflect a wider industry strategy which is closely focused on underage drinking, rather than on the health of either local communities or the wider population.

This can also be seen in the CAP materials which focus on drinking in public places, as opposed to drinking at home.¹⁵ The RASG guide, e.g. repeatedly refers to 'young people drinking in public and causing a nuisance' and 'public underage drinking' and 'the supply of alcohol to under 18s for public drinking'—that is, the target appears to be, not simply 'underage drinking,' but visible underage drinking. One possible interpretation of this is that publicly visible alcohol-related ASB is a concern to industry (and is therefore a core concern of CAPs) because it poses a reputational risk. CAPs therefore direct the gaze of policy, and regulation, away from overall consumption towards the consumption in

a minority of the population. This 'reputation management' interpretation of the purpose of CAPs may explain why they have an explicit focus on changing and challenging public perceptions.

Such a concern to encourage a media focus on problematic alcohol consumption in younger rather than older people has been found in other AI activities and campaigns.^{28–31} This interpretation of CAP activities is also consistent with the conclusion of McCambridge et al. (2013) that 'companies in the tobacco and alcohol industries use corporate social responsibility (CSR) activities to hone their reputations, which in turn helps them to access and influence policy makers.'³² The recent findings of an analysis of Diageo's 'Stop Out of Control Drinking' campaign in Ireland also found that, like CAPs, it emphasizes the visible behavioural consequences of alcohol consumption, rather than the effects of alcohol on health, suggesting that its main purpose is industry reputation management.²⁸ More broadly, CAPs fit within Savell et al.'s analysis of AI preferred 'strategies and tactics' which it uses to influence policy and undermine regulation. Among these are a focus on individual responsibility, and on the (mis)behaviour of a small minority; the omission of 'health' from discussions; and misrepresentation of the evidence base.³³

Further support for our interpretation comes from the global alcohol producers' 'commitments to reduce harmful drinking' (see: <http://www.producerscommitments.org/>). These commitments ('Reducing under-age drinking'; 'Strengthening and expanding marketing codes of practice'; 'Providing consumer information and responsible product innovation'; 'Reducing drinking and driving'; and 'Enlisting the support of retailers to reduce harmful drinking') are mainly focused on limiting visible behavioural aspects of drinking, which are likely to cause the greatest reputational harms to the industry. There are no specific commitments on the less visible, longer-term harms (such as the risk of cancers, liver damage and cardiovascular disease).³⁴

What this study adds

This study shows that CAPs have close similarities to other well-documented AI 'frames' (ways of presenting and constructing the problem). The Durham CAP, e.g. has a strong focus on the role of parents and 'shifting cultural norms'. The emphasis on public perceptions and social and cultural norms bears strong resemblance to other AI-led guidance on social norms marketing.³⁵ Recommending educational approaches focusing on personal responsibility, choices and life skills (e.g. 'giving young people the knowledge and skills

to make safer choices about alcohol³⁶) also reflects a well-documented industry framing of the solution to alcohol misuse.³³ CAP education materials for schools also adopt industry framing of the issue of alcohol harms—in particular, emphasizing the role of school, peer pressure and young people's individual choices rather than the influence of alcohol marketing, for example.³⁷

The study also raises questions about the contribution which public bodies currently make to CAP activities. The case for non-industry bodies to participate in, and contribute funding to, CAPs is unclear, as the evaluations present no cost data and very little effectiveness data. Some NHS organizations do not participate in CAPs specifically because of the AI's involvement.²¹ The LGA has previously argued against subsidising the AI, claiming that that English councils are forced to do this because of the cost of processing licensing applications.³⁸ Further analysis of the costs to local government of CAPs would therefore be useful. Although as noted above, CAP publicity states that they are 'cost-saving' (presumably to the public purse, though this is not stated), and states that they come at no additional cost to the local authority or the police, it is unclear whether this is really the case, as there are, at the very least, opportunity costs to publicly-funded staff being involved in CAP activities. The Welsh Assembly has also funded four CAPs,³⁹ and the CAPs website states that CAPs often receive funding from a range of non-industry sources including local authorities and police forces (Box 2).

Limitations

The main limitation of the study is that there is little evidence on which to base conclusions about effectiveness. Despite industry claims about the success of CAPs, there are few evaluations, and no robust evidence. This indicates a pressing need for rigorous, independent evaluations of the costs and benefits of CAPs. Such evaluations need to take account of both the direct and indirect costs of CAPs to local government and other public bodies.

The study's strengths include a thorough search for all relevant evaluation data, along with the use of a clear framework for assessing data quality and potential biases.

In conclusion, there is little robust evidence that CAPs are effective from either a public health perspective or a crime reduction perspective. The existing evaluations, though methodologically limited, do not show evidence of significant or consistent change in these outcomes, despite industry claims about their effectiveness. CAPs main role may be as an industry CSR measure which is intended to limit the reputational damage associated with alcohol-related ASB.

Given these uncertainties, and the potential costs of CAPs, bodies considering whether to become involved in CAPs, or in other industry CSR activities, may find recent guidance from Alcohol Focus Scotland useful.⁴⁰ This guidance highlights the key issues to consider before engaging in partnerships with the industry, and may be particularly helpful for the police, councils, schools, health service bodies and others (Box 3).

Box 2 Description of funding relationship between CAPs, Wine and Spirit Trade Association (WSTA) and Retail of Alcohol Standards Group (RASG) from the CAP website: <http://www.communityalcoholpartnerships.co.uk/>

'The Retail of Alcohol Standards Group (RASG) was set up in 2005 by the Wine and Spirit Trade Association (WSTA) to share best practice and share common signage (Challenge 25) as part of a concerted campaign to prevent the sale of alcohol to under 18 s. RASG members have provided funding for CAP since its inception in 2007. RASG Members and CAP retail funders are: Aldi; ASDA; Association of Convenience Stores; Bargain Booze; Booker Premier; British Retail Consortium; BP; Co-op; Lidl; Marks and Spencer; Mills Group; Morrisons; Musgrave; Budgens; Londis; Nisa-Today's; One Stop Stores; Rontect; Sainsbury's; Snax 24; SPAR; Tesco; Total; Waitrose; Winemark.

In addition to funds provided by the RASG membership, the following alcohol producers have provided core funding for CAP since 2011 via the RD:

- Bacardi
- Diageo
- Heineken
- Molson Coors
- SHS Brands

Individual CAP schemes may also—and often do—receive funding from a range of other sources, e.g. local authorities and police forces.'

Box 3 Engaging with the alcohol industry: guidance from Alcohol Focus Scotland

If you are considering working in partnership with the industry (or representative group) on a project which is intended to reach out to the public or other key groups, you should consider the following:

- What is the aim of this organization in providing support to you?
- Are you aware of the publicity it may generate?
- Does this partner use such projects to steer focus away from effective measures such as price and availability to ensure that less effective measures are adopted?
- Is this organization on message with the evidence base, whole population approaches [and all other stances adopted and advocated by the Alcohol and Drugs Partnerships?]. For example, what does this organization say publically about evidence-based policies such as Minimum Unit Pricing, controlling availability (e.g. licensing) and advertising?

If you are considering inviting the industry (or representative group) to an event about alcohol, you should consider the following:

- Does this event provide access to those making decisions and forming alcohol policy?
- Will this event allow an opportunity for the organization to garner support and credibility for ineffective actions?

If you are considering using resources or materials develop by the industry, you should consider the following:

- Who has developed and/or reviewed the content of the materials? Ideally it should be an independent expert on public health.
- How is alcohol portrayed in these resources? Are the range of harms and the role alcohol plays in society accurately set out?
- Is the focus on individuals, rather than the product? The solution should be to make the environment we are living in less pro-alcohol.

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Declarations of interest

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