

Community Alcohol Partnerships (CAPs) 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 summarise 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 eighty-eight CAPs, we found three CAP evaluations which used controlled designs or comparison areas, and further data on ten 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.

[200 words]

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 has developed, and contributes to the funding of, a form of local intervention called Community Alcohol Partnerships (CAPs). These involve partnerships between the alcohol industry (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 antisocial behaviour in young people (Box 1).

CAPs are mainly funded and supported through the Retail of Alcohol Standards Group (RASG) which is managed by 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 alcohol industry 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 alcohol industry (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 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.[14]

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,[14] though CAPs describe themselves as *'one of the most significant alcohol-industry funded initiatives tackling underage alcohol misuse with good evidence of effectiveness'* .[15] Industry statements about CAPs' effectiveness focus particularly on the existence of independent evaluations. [16] [17 18] 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, hotspot 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"*.[19]

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. [20] Presentations recommending CAPs as an effective approach to reducing alcohol harms have also been made by alcohol industry representatives to the European Alcohol and Health Forum of the European Commission.[21]

We therefore aimed to identify all CAP evaluations, to assess their evaluation methods, and summarise 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 web searches, and searched the CAP website, Medline and Google Scholar for evaluations.

Data were extracted by two reviewers working independently (PD, MY) and checked by two others (ND, MP). Data relating to the aims, activities, target population, partners (e.g. police, 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 program 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 (Table 1)

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.

CAP evaluations (Table 2)

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.

Findings from the three more robust evaluations and methodological issues arising

(i) *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 antisocial 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 attribute change to the CAP, though some change/improvement in public perceptions appears to have occurred.

(ii) *Durham Stanley CAP*: An independent evaluation [22] 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 – for example, reductions in young people drinking in public. The evaluation report itself notes that the six months' time span was insufficient.[22]

(iii) *St. Neots CAP*: St. Neots CAP is widely cited by industry sources as an example of CAPs' effectiveness. [17 23 24] 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 criticised 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. [25] Although the headline claim of a 42% or 45% reduction in ASB is cited as a success,[26] 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., Rosyth [22]).

In summary, the data from the few more methodologically sound evaluations suggest that CAPs may be associated with a positive effect on local retailers. 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 27] 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 evaluations [22]). 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."[28]

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 antisocial behaviour by seeking to reduce access to alcohol at source (through enforcement, and by training and advising retailers). These activities are consistent with the Responsibility Deal 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 alcohol industry activities targeted at harm reduction, particularly those involving non-industry partnerships. It has been shown that the alcohol industry prefers to support local interventions focused on binge drinkers and young people; its activities focus on antisocial 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.[27] [29] 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.[16] The RASG guide, for example, 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 alcohol industry activities and campaigns.[30] [29 31 32] 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." [33] The recent findings of an analysis of Diageo's 'Stop Out of Control Drinking' campaign in Ireland also found that, like CAPs, it emphasises the visible behavioural consequences of alcohol consumption, rather than the effects of alcohol on health, suggesting that its main purpose is industry reputation management.[29] More broadly, CAPs fit within Savell et al.'s analysis of alcohol industry 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.[34]

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).^[35]

What this study adds

This study shows that CAPs have close similarities to other well-documented alcohol industry 'frames' (ways of presenting and constructing the problem). The Durham CAP, for example, 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 alcohol industry-led guidance on social norms marketing.^[36] 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 alcohol'^[37]) also reflects a well-documented industry framing of the solution to alcohol misuse.^[34] CAP education materials for schools also adopt industry framing of the issue of alcohol harms – in particular, emphasising the role of school, peer pressure and young people's individual choices rather than the influence of alcohol marketing, for example. ^[38]

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 organisations do not participate in CAPs specifically because of the alcohol industry's involvement.^[22] The Local Government Association (LGA) has previously argued against subsidising the alcohol industry, claiming that that English councils are forced to do this because of the cost of processing licensing applications.^[39] 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,^[40] 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 alcohol industry corporate social responsibility 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 involve either in CAPs, or in other industry CSR activities, may find recent guidance from Alcohol Focus Scotland useful.[41] 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 (See Box 3).

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Table 1: Activities of CAPs

	Education and/or enforcement	Public perception	Communication	Diversiory activities for young people	Evaluation stated to have been done	Examples of activities mentioned
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 thirteen presented some form of evaluation data	Youth employment projects, youth workers, film screening, theatre workshops, gardening, art projects

Table 2: Individual CAP Evaluations: methods and reported findings

<i>CAP name</i>	Measures of activity/outcome (ASB=antisocial 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
Controlled studies (including comparisons to other areas, or regional trends)				
Durham /Stanley	Attendance at Operational Management meetings; document analysis; seizure data; ‘Social Norms’ data; interviews with retailers and Management Group. Neighbourhood / Resident Surveys	1. Control or comparison area? ASB data compared to the rest of the country; before/after surveys are uncontrolled. 2. Quantitative before/after data reported? Business Survey, Neighbourhood Survey (Prior to the CAP and after six months of CAP operation) 3. Length of follow-up: July 2011 – Dec 2011 4. Evidence of baseline comparability (for controlled studies): Socio demographic data reported	Antisocial 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 vs Post-CAP perceptions among the public. Eleven measures of ASB were asked about (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[22]
Kent CAP (KCAP) Nov, 2008 Pilot areas – Edenbridge, Thanet, Canterbury	Test purchases by Trading Standards. Surveys of public perceptions; Police and Trading Standards data. Retailer Survey to gather retailers’ views on KCAP and experiences	1. Control or comparison area? Yes. Pilot areas (Canterbury, Thanet, Edenbridge). Non-pilot areas were used for comparison of all data 2. Quantitative before/after data reported? April- Sept, 2008 data used for comparison of some parameters such as changes in type of recorded crime 3. Length of follow-up: April – Sept, 2009 4. Evidence of baseline comparability (for controlled studies)	No data on young people’s consumption. During the CAP (March-Sept 2009) CAP areas declined in criminal damage of 6% greater than non-pilot areas. CAP areas had similar decline in 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% vs 2%. Perceptions of people drunk/rowdy in public – CAP vs non-CAP areas: 3% reduction vs 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% vs no change in non-CAP Areas. Perceptions of ASB: fell in 2 CAP areas, rose in 1 CAP area, no change in non-CAP areas. Public Perceptions of Safety: CAPS: 4% improvement vs 2% in non-CAP areas. Positive change in ASB and perceptions of public safety: Pilot areas – 90%; Non-pilot areas- 60%.	University of Kent School of Social Policy and Social Research

<p>Cambridgeshire (St Neots & Cambridge)</p> <p>Two CAPs – St. Neots & Cambridge were evaluated together</p>	<p>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.</p>	<p>1. Control or comparison area?: Yes, CAP areas – St. Neots & Cambridge. Comparison areas are rest of county - Non- CAP areas.</p> <p>2. Quantitative before/after data? Data on crime & ASB prior to CAP launch (one year) and years following launch of CAPS</p> <p>3. Length of follow-up: St. Neots CAP (Sept 2007 – August 2009 (2 years)). Cambridge CAP (July 2008 to June 2009, One year)</p> <p>4. Evidence of baseline comparability (for controlled studies)</p> <p>To establish the evidence of need for CAPs intervention baseline surveys of underage alcohol use were carried out.</p>	<p>ASB: Mixed findings: 44.4% reduction in street drinking in CAP area vs 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 hot spot 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: 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%) vs. non-CAP areas (-16.4%); Cambridge CAP (+8.5%) vs. non-CAP areas (-3.2%); Violence against the person: St Neots CAP (-4.5%) vs. non-CAP areas (-4.1%); Cambridge CAP (-9.8%) vs. non-CAP areas (-0.6%); Noise nuisance: St Neots CAP (+5.1%) vs. non-CAP areas (+5.8%); Cambridge CAP (+9.4%) vs. non-CAP areas (-9.7%); Rowdy and inconsiderate behaviour: St Neots CAP (-14.0%) vs. non-CAP areas (-11.6%); Cambridge CAP (-14.8%) vs. non-CAP areas (+13.1%); Environmental damage/littering: St Neots CAP (-27.3%) vs. non-CAP areas (-38.0%); Cambridge CAP (no change) vs. non-CAP areas (-27.2%)</p>	<p>Final report submitted by</p> <p>Applied Research in Community Safety (ARCS) Ltd</p>
<p>Uncontrolled studies, and other non-evaluation information about CAP impacts (e.g. from newsletters or other sources) (N=10)</p>				
<p><i>[Note: This lower section of the table is included for completeness; however this could be placed online instead, as supplementary material]</i></p>				
<p>Barnsley CAP (B CAP)</p> <p>Penistone, Dearne</p>		<p>1. Control or comparison area? Control areas not specified by name e.g. ‘Other areas’.</p> <p>2. Quantitative before/after data reported? : NA</p> <p>3. Length of follow-up: Unclear</p> <p>4. Evidence of baseline comparability (for controlled studies): NA</p>	<p>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 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>Derry/Londonderry</p>	<p>Reduction in litter; police statistics on ASB; no. of complaints to partner agencies; alcohol-related A&E admissions for <18s; test purchasing; resident surveys; survey of licensees</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>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 (n=32 at wave 2) and residents (n=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 2010-2012 (n=168 in 2010 vs 77 in 2012).</p> <p>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.</p>	<p>Interim evaluation in one pilot area; evaluation report not available</p>

Cleveland/ Hartlepool	Test purchasing carried out	<ol style="list-style-type: none"> 1. None stated 2. Some limited data, no methods 3. Approx 2 years 4. Not reported 	Data taken from Director of Public Health's report to Safer Hartlepool Partnership. Fall in incidents of ASB; Between April 2012 and June 2014 incidents of anti-social behaviour related to young drinkers reduced from 19 to 34 (9% to 6%) in the Fens/Rossmere ward, 118 to 80 (10% to 7%) incidents in Manor House ward and from 61 to 53(10% to 12%) in Foggy Furze (news, Feb 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)	
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.	<ol style="list-style-type: none"> 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 	<p>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 18s to buy alcohol. Fewer retailers reported proxy purchasing; though more calls to police for proxy purchasing.</p> <p>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.</p> <p>Under 18 alcohol related hospital admissions: Evaluation report notes that Nothing could be drawn from this data for the evaluation.</p>	
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 per cent reduction in street drinking associated CADs during their "Reducing the Strength" campaign. No other data or evaluation report.	
Shropshire Ludlow (L-CAP)	Views of local residents on underage drinking currently collected to provide a benchmark	<ol style="list-style-type: none"> 1. Control or comparison area? NA 2. Quantitative before/after data reported? Yes, ASB data 3. Length of follow-up: One year 4. Evidence of baseline comparability (for controlled studies) 	Reduction in anti-social behaviour – broad data shows that there was a 14 per cent reduction, compared to the previous six 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 approx 30%. Underage sales less than in other areas of Shropshire: >65 per cent 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).	

Mid-Devon, 2010	Initial Activity Benchmarking Exercise Community survey carried out	<p>1. Control or comparison area? NA</p> <p>2. Quantitative before/after data reported? Yes, before-after data of test purchase failures</p> <p>3. Length of follow-up: One year</p> <p>4. Evidence of baseline comparability Survey of local retailers carried out at the start of the project</p>	<p>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 per cent.</p> <ul style="list-style-type: none"> • 35% of respondents either agreed, or strongly agreed, that drunken behaviour was a problem in their town/village, 29% related to under 18's drunken behaviour. No follow-up data yet. 	First Year Activity Report by Devon County Council Trading Standards Services [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.	<p>1. Control or comparison area? NA</p> <p>2. Quantitative before/after data reported? Baseline and final evaluation compared</p> <p>3. Length of follow-up 9 months pilot (May 2011 – Jan 2012)</p> <p>4. Evidence of baseline comparability (for controlled studies) No</p>	<p>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. % of residents reporting 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, vs 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 zero. Attempted alcohol purchases by minors unchanged (70% vs 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%) vs 11 (46%) at baseline. The % 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>	Independent evaluation by London Metropolitan University[43]
London (Tower Hamlets) (Bethnal Green & St Peters) July 2014	Test purchases; Survey; Records	<p>Quantitative before/after data reported?</p> <p>1. No</p> <p>2. Some limited data, few/no methods</p> <p>3. Yes, test purchase compared to previous year</p> <p>3. Unclear</p> <p>4. No</p>	<p>46% decrease in anti-social behaviour; 75% reduction in reported drunken behaviour; 82% reduction in consuming alcohol in designated public places; 5 schools and 1,000s of pupils engaged in alcohol education. Decrease in successful test purchases. 20% failed tested purchased to 15% failed test purchases.</p>	

Rosyth CAP, Fife		<ul style="list-style-type: none"> 1. No 2. Limited data, methods 3. unclear 4. No 	<p>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.</p>	<p>Report by "Research for Real", commissioned by Fife Alcohol Partnership Project [44]</p>
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Box 1: Community Alcohol Partnerships: an alcohol industry local area intervention

Community Alcohol Partnerships (CAPs), are widespread in the UK, with 88 currently in operation. 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 recognises 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

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 18s. 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 Responsibility Deal:

- 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, 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 organisation 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 organisation 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 organisation 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 organisation 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.

References

1. WHO Alcohol Factsheet. Available at: <http://www.who.int/mediacentre/factsheets/fs349/en/>. Accessed 9th February 2016.
2. Jones L, Bellis M. CMO Alcohol Guidelines Review: A summary of the evidence of the health and social impacts of alcohol consumption. Centre for Public Health, Liverpool John Moores University. Available at: http://www.cph.org.uk/wp-content/uploads/2016/01/LJMU_CMO-Alcohol-Guidelines-Health-Review.pdf. 2013
3. Knai C, Petticrew M, Durand M, Eastmure E, Mays N. Are the Public Health Responsibility Deal alcohol pledges likely to improve public health? An evidence synthesis. *Addiction* 2015;**110**(8):1232-46
4. Shakeshaft A, Petrie D, Doran C, Breen C, Sanson-Fisher R. An empirical approach to selecting community-based alcohol interventions: combining research evidence, rural community views and professional opinion. *BMC Public Health* 2012;**12**: 25
5. Martineau F, Tyner E, Lorenc T, Petticrew M, Lock K. Population-level interventions to reduce alcohol-related harm: an overview of systematic reviews. *Prev Med* 2013;**57**(4):278-96
6. Wine and Spirits in the UK. A socially responsible industry. The Wine and Spirit Trade Association (WSTA). Available at: <http://www.wsta.co.uk/publications-useful-documents/93-wine-and-spirits-in-the-uk-a-socially-responsible-industry/file>. Accessed 18th March 2016.
7. List of CAPs Chair and board members. Available <http://www.communityalcoholpartnerships.co.uk/about/cap-board>. Accessed 3rd August 2015
8. CAPs what we do: <http://www.communityalcoholpartnerships.co.uk/what-we-do>. Accessed 31st July 2015.
9. CAPs evaluation framework. See: <http://www.communityalcoholpartnerships.co.uk/what-we-do/evaluation>. Accessed 18th March 2016.
10. Partnership better than legislation. *Scottish Licenced Trade News*. 11th June 2015. Available at: <http://sltn.co.uk/2015/06/11/partnership-better-than-legislation/>. Accessed 2nd August 2015.
11. Portman Group: partnership more effective than regulation. Available at: http://www.offlicencenews.co.uk/news/fullstory.php/aid/14854/Portman_Group:_partnership_more_effective_than_regulation.html. Accessed 12th February 2016.
12. The Government's Alcohol Strategy. The Stationery Office, 2012. Available at: www.official-documents.gov.uk. Accessed February 12th 2016.
13. Reducing the Strength schemes: Guidance for councils considering setting up a scheme: http://www.local.gov.uk/regulatory-services-and-licensing/-/journal_content/56/10180/6793034/ARTICLE#sthash.HDQubAeG.dpuf. Accessed 2nd August 2015.
14. Knai C, Petticrew M, Durand M, Eastmure E, Mays N. Are the Public Health Responsibility Deal alcohol pledges likely to improve public health? An evidence synthesis. *Addiction* 2015;**110**(8):1232-46
15. CAP origins <http://www.communityalcoholpartnerships.co.uk/about/origins>. Accessed 2nd August 2015.
16. Presentation by Hardish Purewal. Chair of Retail Alcohol Standards Group (RASG). Available at: ec.europa.eu/health/alcohol/docs/ev_20150518_co12_en.pdf. Accessed 3rd August 2015. .
17. Local alcohol partnerships How the alcohol industry can support local areas in creating healthier, safer high streets. Available at: http://www.portmangroup.org.uk/responsibility-programmes/landing_page/local-partnerships. Accessed 12th February 2016.

18. Supplementary written evidence to House of Commons Health Select Committee from The Portman Group (GAS 54A). Available at: <http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/132/132we08.htm>. Accessed 12th February 2016.
19. See: <http://www.communityalcoholpartnerships.co.uk/8-news/64-county-wide-community-alcohol-partnerships-cap-scheme-launches-in-durham-and-darlington>. Accessed 21st March 2013.
20. Government's response to the alcohol strategy consultation. Speech by Minister of State for Crime Prevention Jeremy Browne. 17th July 2013. Available at: <https://www.gov.uk/government/speeches/governments-response-to-the-alcohol-strategy-consultation>. Accessed 31st July 2015.
21. European Alcohol and Health Forum 16th Plenary meeting, 18th May 2015, Brussels.
22. Crow R, Hall S. Evaluation of the Stanley Community Alcohol Partnership July 2011 – December 2011. 24th February 2012. Social Futures Institute, Teeside University.
23. The Retail Alcohol Standards Group (RASG) Guide to tackling nuisance and antisocial behaviour. RASG/Wine And Spirit Trade Association. Available at: [www.wsta.co.uk/images/stories/captoolkit\(new\).pdf](http://www.wsta.co.uk/images/stories/captoolkit(new).pdf). Accessed 12th February 2016
24. Community Alcohol Partnerships: Working together against underage drinking and associated anti-social behaviour. Available at: www.wsta.co.uk/images/stories/capleafletweb.pdf. Accessed 12th February 2016.
25. McCambridge J, Hawkins B, Holden C. Industry use of evidence to influence alcohol policy: a case study of submissions to the 2008 Scottish Government Consultation. *PLOS Med* 2013;**10**(4):e1001431
26. Community Alcohol Partnerships website: St. Neots. <http://www.communityalcoholpartnerships.co.uk/case-studies/st-neots>. Accessed 12th February 2016.
27. Babor T, Caetano R, Casswell S, et al. *No ordinary commodity*: Oxford University Press, 2010.
28. Community Alcohol Partnerships: Public Perception. Available at: <http://www.communityalcoholpartnerships.co.uk/what-we-do/public-perception>. Accessed 12th February 2016.
29. Petticrew M, Fitzgerald N, Durand M, Knai C, Davoren m, Perry I. Diageo's 'Stop Out of Control Drinking' Campaign in Ireland: An Analysis. *PLOS ONE* 2016;**11**(9):e0160379
30. Alcohol in society: Diageo's approach to partnership. Presentation by Mark Baird (Diageo) Available at: www.nationalpubwatch.org.uk/markbaird_2014.pdf. Accessed 3rd August 2015.
31. Petticrew M, Fitzgerald N, Durand M, Knai C, Davoren M, Perry I. "Funded by Diageo, nobody tells us what to think": an analysis of Diageo's "Stop Out of Control Drinking" campaign in Ireland. *PLoS One* Under review
32. Global alcohol producers' commitments. <http://www.producerscommitments.org/>. Accessed 12th February 2016.
33. McCambridge J, Kypri K, Miller P, Hawkins B, Hastings G. Be aware of Drinkaware. *Addiction* 2013;**109**(4):1-6. doi:10.1111/add.12356.
34. Savell E, Fooks G, Gilmore A. How does the alcohol industry attempt to influence marketing regulations? A systematic review. *Addiction* 2015;**111**(1):18-32
35. Connor J. Alcohol consumption as a cause of cancer. *Addiction* 2016:Jul 21. doi: 10.1111/add.13477. [Epub ahead of print]
36. ICAP Blue Book: Practical Guides for Alcohol Policy and Prevention Approaches. <http://www.icap.org/PolicyTools/ICAPBlueBook/>. Accessed 3rd August 2015.
37. Community Alcohol Partnerships Winter 2012 Newsletter. Available at: <https://shropcap.files.wordpress.com/.../cap-newsletter-winter-2012.pdf>. Accessed 3rd August 2015.

38. An Introduction to Community Alcohol Partnerships - CAP. Youtube video:
<https://www.youtube.com/watch?v=BirLtHNmdk>. Accessed 3rd August 2015.
39. Councils forced to spend millions topping up drinks industry. Local Government Association press release, 15 January 2015. Available at: http://www.local.gov.uk/media-releases/-/journal_content/56/10180/6898946/NEWS#sthash.bgpYJFiZ.dpuf. Accessed 3rd August 2015.
40. Welsh Assembly Pledges £20,000 for New Community Alcohol Partnerships. Available at: <http://www.acs.org.uk/welsh-assembly-pledges-20000-for-new-community-alcohol-partnerships/>. Accessed 12th February 2016.
41. Engaging with the alcohol industry: what you need to know. Alcohol focus Scotland. Available at: www.alcohol-focus-scotland.org.uk/. Accessed 3rd August 2015.
42. Ellwood J. Mid Devon Community Alcohol Partnership: First Year Activity Report: Devon County Council Trading Standards Service, 1 December 2011.
43. Bagwell S, Witting A, Parry-Crooke G. Evaluation of the Islington Community Alcohol Project: Final Report. The Cities Institute London Metropolitan University, February 2012.
44. Sharp C, Bitel M. A multi-component programme approach to tackle alcohol-related harm in communities: Summary of Research Findings and Lessons from the Fife Alcohol Partnership Project. Research for Real, September 2012.