

# Alcohol Information Cards

Tool kit for putting together an Alcohol Information Card Scheme

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## Chapter 1

### Introduction – aims and objectives of the Initiative

#### Health Challenge Wales

1. The key themes of Health Challenge Wales have been selected because they are considered to be those issues that constitute a significant proportion of the ill health that could be avoided. Reducing alcohol and other substance misuse is one of the key themes. This initiative seeks to provide drinkers with a safe use of alcohol message, allied to additional health or public safety information.
2. Binge Drinking, officially known as Risky Single Occasion Drinking (RSOD), it has become a growing problem. In the 16 - 24 age group, 36% of men and 27% of women binge-drink at least once a week, according to the Office for National Statistics. This figure could rise in November 2005 when pubs and clubs which apply for special licenses under the new Licensing Act regime will be allowed to open for 24 hours.
3. A survey conducted in Wales by the Stroke Association also seemed to highlight a lack of understanding amongst people in Wales as to what actually constitutes binge drinking. 74% of Welsh people underestimate the recommended daily limits of alcohol for men and women, with only 22% understanding the daily limits are 3-4 units for men and 2-3 units for women. When asked how much alcohol is drunk on an average night, 52% of respondents stated that they drank four or more alcoholic drinks - six units. This constitutes binge drinking which could lead to serious health problems. However, when asked if they ever binge drink, only 21% of respondents considered themselves to be a binge drinker<sup>i</sup>.
4. Binge drinking is a major contributor to criminal and antisocial behaviour. In 41% of 'contact crime' the victim said the offender had been drinking. This included 32% of incidents of domestic violence, 17% of muggings, 53% of assaults by a stranger and 45% of assaults by an acquaintance<sup>ii</sup>. Violence is now a leading cause of facial injury in Britain with a recent survey estimating that 125,000 people out of a total of half a million incur the injury in violent circumstances. In 61% of these cases either the victim or assailant had been drinking alcohol<sup>iii</sup>. Research undertaken in Cardiff and Bristol Accident and Emergency departments provides clear evidence of the 'increased vulnerability of binge drinkers to injury', particularly to assault<sup>iv</sup>. An HEA survey (1996) found that one in five men admitted to having an argument after drinking in the previous year and more than one third had witnessed a fight between people who had been drinking. Among 16-24 year olds 42% of men and 25% of women said they had had an argument after drinking and almost seven out of ten had witnessed a fight after people had been drinking. A Home Office report recorded that in 1995 19,789 people in England and Wales were found guilty of offences of drunkenness, and police formally cautioned a further 22,809<sup>v</sup>.
5. Binge drinkers are also more likely to be involved in road traffic accidents, both as vehicle drivers and as pedestrians. The DETR estimated that in 1997 nearly 2% of drivers/riders breathalysed following road accidents failed the test with 4.45 of male drivers/riders aged 20-24 failing the test. Over a third of pedestrians killed in

road accidents had more alcohol in their blood stream than the legal drink drive limit<sup>vi</sup>.

6. Home Office figures suggest that dealing with binge drinking is costing the UK £20 billion a year.<sup>vii</sup> This figure does not include lost productivity to industry from time taken from work by binge drinkers and further does not take account of rises in insurance premiums to take account of rising road traffic accidents caused by drivers under the influence of alcohol or other substances.
7. Reducing alcohol and other substance misuse is a key theme of Health Challenge Wales. This initiative targets young drinkers and seeks to advise drinkers on the safe use of alcohol and additionally to provide them with further health and personal safety messages. In doing so it addresses the key theme of Health Challenge Wales, as well as addressing issues of community safety and personal wellbeing.

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<sup>i</sup> The Stroke Association Survey. 19-22 November 2004

<sup>ii</sup> *The 1996 British crime survey England and Wales*, Home Office statistical bulletin, Issue 19/96

<sup>iii</sup> Deehan, A, (1999), *Alcohol and crime: taking stock*, Home Office

<sup>iv</sup> Shepherd J & Briskly M, (1996), *The relationship between alcohol intoxication, stresses and injury in urban violence*, Brit.J, criminal. Nol.36, no.4 pp546-566

<sup>v</sup> As 3 above.

<sup>vi</sup> DETR, (1999), *Road Accidents Great Britain 1998*, London

<sup>vii</sup> Home Office, 24<sup>th</sup> March 2005

## Chapter 2

### Alcohol Information Card – Pre-considerations to running an Initiative

#### 1. Initial considerations

Initial considerations for this project have to be addressed, including;

- What is the target group?
- Will the outcome have the desired outcome,
- How can the target group be reached?
- Who are the key partners in the initiative?
- How will the initiative be evaluated?
- Will the initiative deliver value for money?

#### 2. Target Group

As noted in chapter 1 the group most likely to be binge drinkers are 16-24 year olds this including both male and female drinkers. This age group will usually binge drink in groups in areas where night clubs and pubs are close together and groups can move between premises. It is worthy of note that this age group is also the group in which Sexually Transmitted Infection rates are rising most quickly<sup>viii</sup>, and that excessive consumption of alcohol one of the factors that lies behind adoption of unsafe sexual practices.

It is therefore suggested that for maximum impact this initiative should be targeted at male and female drinkers in the 16-24 year old age range.

#### 3. Achieving the desired outcome

It is clear from the evidence discussed in Chapter 1 of this tool kit that a large proportion of the population does not understand what safe levels of alcohol are, and further does not understand the concept of a unit of alcohol. There is consistent underestimation of the amount of alcohol consumed and a failure to appreciate the effect that this alcohol can have on the health of the drinker.

The primary outcome for this initiative is to promulgate information about safe drinking practices to drinkers, to raise their awareness and to assist them in adopting safer alcohol use patterns.

The initiative also seeks to provide information health or community safety messages to drinkers. Such messages can be based around safe sex, may be informative in providing addresses of STI clinics or may be of personal safety value – i.e. telephone numbers of licensed taxi drivers.

#### 4. Reaching the Target Group

The target group that have been selected can be reached by visiting the premises at which they are likely to be drinking, and by interaction face to face. The interaction is limited to the handing over of an Alcohol Information Card and providing such as advice as may be requested, if any.

The target group can also be reached by placing the Alcohol Information Card with third parties who will come into contact with them in premises where they are likely to be drinking, such as bar staff and door staff. Such third parties are not traditionally engaged in promoting health protection messages, having a different relationship with drinkers, but are ideally placed to distribute the Alcohol Information Cards.

Most local authorities will have local knowledge as to which licensed premises in their administrative areas are frequented by a clientele likely to be made up of the target group. This will include pubs and clubs popular with and catering for hen and stag parties. Such premises will include theme pubs and clubs as well as students' union bars and similar. These premises should be identified as the first to be targeted in this initiative.

Alcohol Information cards can also be placed in local authority and Local Health Board premises where they can be self selected. Selection is not likely to be restricted to the target group, hence the Information presented on the card will reach a wider group than that to which the initiative was initially addressed, which is to the benefit of the initiative.

## **5. Who are the key partners in the initiative?**

Key partners in this initiative are the local authority environmental health department (licensing and health promotion/and commercial teams), local authority children's and young persons services staff, the National Public Health Services for Wales, the Local Health Board and the Community Safety Partnership.

Prior to the initiative being commenced further key partners are local licencees, their bar staff and door staff, who will be asked to hand out the cards to drinkers using their premises.

Other partners may include the local authority Public Relations Department and local media, for promulgation of messages regarding the initiative and awareness raising, and local students unions or youth groups who may wish to be engaged by promoting the Alcohol Information Cards within their own community.

## **6. How will the initiative be evaluated?**

It is suggested that the initiative should be evaluated by pre-and post initiative comparisons of base line figures relating to levels of public awareness about alcohol and its effects and the practice of safe drinking, which will demonstrate whether the information contained on the Alcohol Information Cards has been understood.

The initiative should also be evaluated by comparing data relating to admissions to Accident and Emergency departments which are alcohol related pre- and post initiative, which figures are held by National Health Trusts, and further by comparison of pre-and post initiative alcohol related calls taken by the Ambulance Service which figures are also logged.

Comparison of the public knowledge figures as discussed in the first paragraph of this section can be used to demonstrate the effectiveness of the initiative in raising public awareness if the issues contained on the Alcohol Awareness Card, comparison of the Accident and Emergency admission figures and the Ambulance Service figures can be

sued as a measure of the effectiveness of the initiative in contributing to changing the behaviour of drinkers.

## **7. Will the initiative deliver value for money?**

As noted in Chapter 1 of this tool kit, the cost of dealing with binge drinking in the UK in 2004 was £20 billion. It is not in any way suggested that this initiative addresses all of the issues that flow from binge drinking. It does however encourage safer personal behaviour and in doing so seeks to reduce alcohol related crime and disorder.

The suggested initiative is inexpensive to run. The pilot project cost £4,000. This purchased 8,000 Alcohol Information Cards. The cards to be handed out free of charge in the pubs and clubs to the target group can be delivered by licensing staff and commercial services in the course of their routine visits, negating additional costs in that regard. Clearly longer and more sophisticated campaigns promoting more than one message on a number of different cards will incur additional costs.

Depending on the non-alcohol message to be promoted there may be possibilities to secure commercial sponsorship for the cards – e.g. condom manufacturers may wish to support a card that promotes a safe sex message etc, however care should be taken to ensure that the primary message relating to safe use of alcohol is not lost.

Given the huge expenditure incurred in dealing with the effects of binge drinking and the fact that this is a very cheap and effective intervention it is suggested that the Alcohol Information Card scheme represents very good value for money.

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<sup>viii</sup> Public Health Laboratory Service(2001) *Provisional English and Welsh KC50 Data for 2000*. London :PHLS

## Chapter 3

### Alcohol Information Cards

#### The Scheme

Distribution of free credit card sized cards printed with messages relating to the safe use of alcohol and also containing health or personal safety information, to a target group defined as those most likely to be engaged in binge drinking and the consequent antisocial behaviour and personal risk taking that attaches to intoxication.

#### Preliminary steps

1. The first step to be taken in this project is the establishment of a multidisciplinary task group to take the project forward. This group, it is suggested will include the Licensing staff, Environmental Health Practitioners from the commercial services team and staff from the Children and Young Peoples Services Team of the local authority, staff from the National Public Health Service for Wales, the local Health Board and the Community Safety Partnership. The police, through their community policing arm may also wish to be involved.
2. In order to ensure that the project can be properly evaluated it is necessary that survey data in respect of public knowledge and awareness of alcohol and the issues surrounding it, such as what constitutes as measure of alcohol and how much can an individual safely drink is carried out. The answers to the same survey questions before and after the running of the initiative can be compared when the initiative is evaluated. The survey questions used in the pilot project are shown as [Appendix 1](#). The questions can be tailored to suit local needs and to ensure that the additional health and personal safety information carried on the cards targets areas where knowledge is limited.
3. There are a number of decisions to be made by the task group prior to the commencement of the initiative.
  1. The target group – in the pilot project targeted 16- 35 year old drinkers
  2. The premises at which the initiative is to be run
  3. The health message/s to be promoted
  4. The amount of preparation work to be done with licensees and their staff
  5. The commencement date and the period over which the initiative is to be run.

Selection of the premises at which the initiative will be run will be determined by selection of the target group. It is likely that the local authority Licensing Section will have this information available to them.

4. Selection of the type of card to be used will have to be determined. The card used in the pilot project was credit card sized. Cards of this size and shape are common, as similar cards are issued by banks, transport companies and by other premises such as Video Hire Shops and libraries. The card will also fit easily into wallets and purses and is therefore user friendly.

Alcohol Information messages to be used and the number of different messages to be promoted will be a matter for local decision. The message to be promoted

should be simple and capable of being easily understood. The use of graphics is encouraged for ease of understanding, and complicated words or concepts should be avoided. It is also suggested that bright colours should be used, to ensure that the cards are noticeable. A number of different colours can be used, each colour carrying a different message, which may have the effect of causing the target group to seek out the cards to collect the whole set. The safe uses of alcohol messages used in the pilot project are shown as [Appendix 2](#).

The additional information to be carried on the cards must also be considered and agreed. In the pilot project a number of local cards were produced, each bearing a list of telephone numbers of licensed taxis local to the area. This was to try to ensure that drinkers could get home in safety at the end of the evening. Other messages could include safe sex messages, details of local STI and Family Planning Clinics, the availability of smoking cessation services or drug or alcohol support groups. Again, this will be a decision to be made locally to meet and address local needs.

### **Launching the Alcohol Information Cards.**

5. Prior to the launch it is important to ensure that the premises where cards will be available have sufficient number of cards to meet anticipated need. The cards should be made available at the premises from an agreed date, which will be the launch date for the initiative, and will be handed out by staff at the premises on and from that date.
6. The maximum impact can be achieved by launching the Alcohol Information Cards on an agreed date with high profile event and ensuring that there is as much media coverage of the launch event as possible. This will ensure that drinkers in the target group are aware of the cards and will not be taken by surprise should they be given one. It may also have the effect of causing individuals to seek out the cards, either for themselves or for their friends or family members. The local authority portfolio holder should be invited to the event, as should other relevant individuals to ensure that the importance of the initiative is recognised.
7. In order to judge the success or otherwise of the scheme the comparative evaluation work suggested in Chapter 2 of this tool kit should be undertaken on a regular basis. Where the intervention is to be short term only it is suggested that a simple before and after comparison can be done, however where the intervention is longer term it is suggested that the comparative evaluation should be done on regular and fixed basis, for example prior to each years budget round, so that decision about continuing with the initiative can be made on an informed basis.

### **Maintaining the Initiative**

8. In order to keep the scheme fresh new cards carrying new designs and new messages can be launched. Each new launch should be publicised in the same manner as the initial launch to raise awareness of the issues covered on the cards and to maintain interest in the scheme. Consideration can be given to themed cards, e.g. cards with health messages relating to Christmas can be

launched prior to the Christmas season, and cards with messages relating to summer can be launched at the start of the holiday season.

9. The pilot scheme encouraged engagement with the scheme by running a competition linked to the Alcohol Awareness Scheme. Prizes of one month free membership of the local authority leisure centre or one months free access to the outdoor parts of the Millennium Coastal Path or free access to the Pembrey Country Park were available to young persons that presented specially colour coded cards to the Council's Customer Service Centres. The special cards were placed at random in batches of cards distributed to young people during visits to licensed premises, pubs, clubs and night-spots. The prizes promoted physical activity to promote fitness and reduce obesity, one of the other key themes of Health Challenge Wales.

## Appendix 1

### 1. Email to all staff at Carmarthenshire County Council

-----Original Message-----

**From:** Philip Davies  
**Sent:** 30 August 2005 10:18  
**To:** All Staff  
**Subject:** Open this if you are 18 - 35

Thanks,

I need your help in answering 3 simple questions about safer drinking. Just send me a simple reply by e.mail giving your yes or no answers.

1. Do you know what a "unit" of alcohol is ?
2. Do you know how much time is taken by your body to process "1 unit" of alcohol ?
3. Do you know the limit of "units" of alcohol for a day or a week ?

The answers are :-

<< File: Questions .doc >>

Philip Davies  
Head of Public Protection  
01267 228706

### 2. Sample of questionnaire used in street interviews of young people 16 – 35. years of age.

Carmarthenshire County Council is carrying out a short health and public safety survey on young people and alcohol. I need your help in answering 3 simple questions about safer drinking.

1. Do you know what a "unit" of alcohol is ?
2. Do you know how much time is taken by your body to process "1 unit" of alcohol ?
3. Do you know the limit of "units" of alcohol for a day or a week ?

Note :-

All young people surveyed must be given the answers :-

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### Answers :

1. 1 unit of alcohol is ½ pint or 1 measure of spirits or 1 small glass of wine.
2. It takes 1 hour to clear 1 unit of alcohol from your body.
3. The daily limit for a woman is 2 – 3 units of alcohol and for a man, 3 – 4 units of alcohol  
The weekly limit for a woman is 14 units of alcohol and for a man, 21 units of alcohol

## **Appendix 2**

### **Message 1.**

1 unit of alcohol is  $\frac{1}{2}$  pint or 1 measure of spirits or 1 small glass of wine.

### **Message 2.**

It takes 1 hour to clear 1 unit of alcohol from your body.

### **Message 3.**

The daily limit for a woman is 2 – 3 units of alcohol and for a man, 3 – 4 units of alcohol  
The weekly limit for a woman is 14 units of alcohol and for a man, 21 units of alcohol.