## Investigating local policy drivers for alcohol harm prevention: a comparative case study of two local authorities in England

John D Mooney, John Holmes, Alan Brennan, Petra S Meier, Matt Hickman, Karen Lock

## Abstract

Background The recent transfer of public health teams to local authorities in England offers opportunities for new policy approaches to tackling alcohol harm. The new responsible authority status of directors of public health, for example with regard to licensing applications, raises the prospect of reducing excessive alcohol consumption through local availability measures. Local authorities are also responsible for the commissioning of community-based treatment services. We used a case study approach to identify the major drivers and characteristics of local alcohol policies and services in two contrasting local authorities.

Methods The many sources used were semi-structured interviews with key informants, including two in public health, two in licensing and trading standards, one in the police, and one information specialist; documentary analysis, including two alcohol strategies; two statements of licensing policy; and field observation (attending a licensing committee hearing). Focusing on alcohol harm prevention programmes and their underlying objectives, we used storyboards and constant comparative methods to describe and explain differences in the alcohol policy landscape between the two local authorities. Ethics approval was obtained from the University of Sheffield Ethics Committee.

Findings Substantial differences in the stated priorities of alcohol harm prevention strategies were shown in the contrasting policy responses of the two local authorities. Concern about how best to reduce high rates of alcohol-related hospital admissions in local authority 1 led to an emphasis on health-service approaches, such as screening and brief intervention, whereas a public disorder focus in local authority 2 resulted in policies aimed at reducing availability through licensing measures. Perceived tensions were apparent for local authority 1 between maintaining a supportive environment for local businesses at a time of economic recession and introducing policy measures with a regulatory focus. Field observations highlighted the underlying importance of well-functioning working relationships between licensees and all responsible authorities, for achieving acceptable implementation plans for novel policies. Resource constraints and a lack of clear policy champions were also barriers to more preventive measures in local authority 1.

Interpretation Devolved responsibility for alcohol harm prevention clearly presents the potential for local authorities to tailor policies closely to their identified population needs. The exercising of responsible authority status in reducing availability through licensing approaches is best achieved however when fully integrated into the full spectrum of alcohol harm reduction activities, from prevention through to treatment-based interventions.

Funding JDM's post is fully funded by the National Institute for Health Research School for Public Health Research School-wide Programme on Alcohol.

## Contributors

JDM helped to finalise the protocol in the closing stages of funding approval, codesigned semi-structured interviews, conducted interviews, sourced documents, and completed preliminary analysis. JH helped to draft and finalise the protocol, advised on study design and interpretation, and provided feedback on abstract text. AB was the coproject lead for the overall programme, had substantial input into drafting the project design and protocol, and supervised the work progress. MH cowrote the overall study design and grant application. KL was the coproject lead for the overall programme, had substantial input into drafting the project design and protocol. PSM was the Sheffield alcohol research group lead, and had advisory input into the study design and interpretation.

## **Declaration of interests**

We declare no competing interests.

Published Online November 19, 2014

University of Sheffield, Sheffield, UK (J D Mooney MPH, J Holmes PhD, A Brennan PhD, Prof P S Meier PhD); University of Bristol, Bristol, UK (M Hickman PhD); and London School of Hygiene & Tropical Medicine, London, UK (K Lock PhD)

Correspondence to: Mr John D Mooney, University of Sheffield, School of Health and Related Research, Regent Court, 30 Regent Street, Sheffield S1 4DA, UK j.d.mooney@sheffield.ac.uk