



The Cheshire and Merseyside Alcohol Inquiry



Acknowledgements

Thank you to the members of the Citizens' Jury, who placed their trust in the process and us as facilitators. This diverse, inspiring group of local people came together week after week to share their opinions and experiences with each other and us in the hope that their efforts, openness and commitment might make a difference to their own communities.

About the authors

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About Shared Future

We are a community interest company working across the UK. Our aim is to provide an excellent service that makes a difference to communities and individuals and works towards a fairer, more equal society. Our mission is to move those we engage with towards greater individual and collective authority and autonomy, by supporting their ability to act wisely, confidently and in community with others. Since setting up Shared Future in 2009, we've built a team of experienced practitioners with a diverse range of skills. We work together on worthwhile and stimulating projects that reflect our personal values.

www.sharedfuturecic.org.uk

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Foreword: David Parr and Julie Webster



We all have an alcohol story. We all have a relationship with alcohol. What is your relationship with alcohol? Is it positive or negative? Does your relationship with alcohol impact on others as well as yourself?

This work seeks to explore our relationship with alcohol, to help us better understand it and consider how we might change it!

Why do we need to do this? Why is it important?

There is clear evidence alcohol misuse has a major impact on many aspects of our life, our physical and mental health, our safety and the safety of others, our economy, our leisure activities, how we celebrate. Even the popular 'soaps' many of us watch on TV have a pub at the heart of their story lines.

This work offers us an opportunity to listen to a cross-section of our community about their relationship with alcohol. We would like to thank

those who took part for their time and their candid and personal reflections. Thank you.

You may recognise aspects of your relationship with alcohol in their experiences or your relationship may be different.

The purpose of this work is to open an honest debate on alcohol misuse and what action we could take to improve our individual and collective relationship with alcohol. It also provides real evidence, from real people to supplement and support the extensive scientific and clinical research on how alcohol impacts our day to day lives and those we interact with.

This body of evidence will be our toolkit to engage with decision-makers, locally and nationally, to help them better understand the scientific, clinical and human impact of alcohol on society and to take informed and intelligent decisions on our current and future relationship with alcohol.

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Introduction

Between February and March 2020, thirty-five randomly selected residents from across Cheshire and Merseyside were recruited to take part in the Cheshire and Merseyside Alcohol Inquiry.

The thirty-five were recruited through the delivery of six thousand letters across the region. The profile of the Inquiry membership reflected the diversity of the local population and can be seen as a mini version of Cheshire and Merseyside.

The group met for twenty-four hours of deliberation over the course of four Saturdays to answer the question ***‘what can we all do to make it easier for people to have a healthier relationship with alcohol?’***

The Inquiry members worked hard to listen to each other and to share experiences and opinions. Challenging each other and learning from each other.

To help them, with their task, the jury received presentations from 12 ‘commentators’ (similar to expert witnesses in a legal jury), who they questioned or cross examined.

In order to ensure the process was robust, an Oversight Panel was formed to agree the recruitment methodology, the overarching question and the identity of the commentators. This panel met parallel to the jury and was made up of a selection of key local stakeholders.

The Citizens’ Inquiry is an example of a deliberative process, similar to a Citizens’ Assembly, but smaller. It was commissioned by Champs Public Health Collaborative and designed and facilitated by the social enterprise Shared Future.

This report explains the process followed and in their own words the conclusion of the Inquiry in the form of twenty-one recommendations.



Background

Central to any vision for addressing the problem of alcohol harm must be the opinions of local residents. In recognition of this nine local authorities in the Cheshire and Merseyside area through Champs Public Health Collaborative, in early 2020, established the Cheshire and Merseyside Alcohol Inquiry.

What is a Citizens' Inquiry?

All too often the role of the citizen is at best relegated to that of the respondent, responding to a narrowly framed set of options decided upon by others. Such an approach fails to recognise the ability of citizens, when given time, space and information, to be able to reach sensible and often bold policy suggestions.

Deliberation is at the centre of the Citizens' Inquiry or Jury process and is crucial to its success.

'Deliberation includes exchanges between two or more people around a common topic with back and forth reactions to each other's views, puzzling over an issue to work something out collectively, the sharing of reactions, trying to understand the position of others, a willingness to be persuaded by another's position.'

There is the possibility of disagreement, conflict, argument and discussion of that disagreement. Ideally all this discussion should lead to a consensual resolution or of conclusion to the question being explored' (Davies et al 2006).

There are many different types of processes that put such a definition of deliberation at the heart of attempts to bring citizens together to make recommendations on a particular topic.

The best-known of these are Citizens' Juries and Citizens' Assemblies, both examples of mini publics. The Citizens' Jury is smaller in number than a Citizens' Assembly.

The Cheshire and Merseyside Alcohol Inquiry attempted to put citizens at the centre of designing a response to the problem of alcohol harm. Thirty-five randomly selected residents from across the region were recruited to answer the question

"what can we all do to make it easier for people to have a healthier relationship with alcohol?"



Over four Saturdays between February and March, participants heard from a range of 'external commentators' or witnesses as well as sharing opinions, experiences and ideas with each other. During the sessions, participants had the opportunity to question the commentators, to deliberate, challenge each other and ultimately reach a set of recommendations. The process was led by a team of independent facilitators with extensive experience in Citizens' Jury facilitation from the social enterprise Shared Future (a Community Interest Company).

In the recruitment letter the process organisers made the following commitment:

'The recommendations will be used to guide the future work of the Champs Public Health Collaborative and the wider health system, including the NHS. Recommendations will be presented to all the participating Councils and a range of other local organisations. The plan is to hold an event for all the different organisations to talk through the recommendations the Inquiry comes up with. While we can't guarantee recommendations will be implemented, we are

committed to carefully considering and responding to them'.

Oversight Panel

In keeping with best practice for deliberative processes such as this, a project Oversight Panel was recruited to work parallel to the jury. The oversight panel made up of a diversity of local stakeholders checked to make sure that the process followed was fair and unbiased. The Oversight Panel in turn was supported by a small project team who worked on the day-to-day organisation of the process.

The role of the Oversight Panel was to:

1. Ensure that the project design is fair and rigorous,
2. Agree upon and monitor the process of citizen recruitment
3. Suggest topics to be considered by citizens in the Inquiry
4. Identify 'commentators'/'witnesses' best able to present on these topics
5. Push for implementation of the Jury's recommendations.



Who attended the oversight panel meetings?

The following people attended at least one oversight panel meeting:

Adam Major: Champs Programme Manager, Cheshire & Merseyside Health & Care Partnership.

David Parr OBE: Chief Executive, Halton Borough Council.

Edna Boampong: Interim Associate Director of Communications and Engagement

Gary Wootten Hitch Marketing,

Hannah Sharp: Champs Project Support.

Ian Canning: Strategic Lead: Tobacco Control, Alcohol & Drugs/Head of Neighbourhood Management – Public Health Department, Liverpool City Council ,

Jayne McFadyen: Shared Future

Jenny Willis: Shared Future,

Jude Hackett: Hitch Marketing

Julie Webster: Director for Health and Wellbeing, Wirral Council.

Pete Bryant: Shared Future.

The Question

Part of the role of the oversight panel was to decide upon the overarching question which the Inquiry would consider. The panel decided upon

“What can we all do to make it easier for people to have a healthier relationship with alcohol?”

Members of the oversight panel favoured this broad question over more targeted wording in the hope that it would enable participants to consider a wide range of issues.

Members of the Jury: Recruitment

Most deliberative processes such as Citizens’ Juries and Citizens’ Assemblies use a process of ‘near random selection’ to recruit participants. In keeping with good practice we used a form of ‘stratified random sampling’ whereby the population is divided into a number of separate social groups. A random sample is then drawn from each group.

The oversight panel agreed that the profile of the 35 people selected should reflect local diversity in terms of gender, age, ethnicity, disability, geography and how deprived or not the neighbourhood is in which people live.

Shared Future worked with the [Sortition Foundation](#) (an independent, not-for-profit organisation that promotes the use of stratified, random selection in decision-making) to design the recruitment process.

Statistics from the census and other local demographic data supplied by CHAMPS were used to calculate the numbers of people needed to produce a profile of participants that broadly reflects the diversity of the population in the region.

In January, six thousand households across the region received a recruitment letter explaining the Alcohol Inquiry and inviting those who are interested to either complete a very simple online form or use a free-phone number to register their interest. The Sortition Foundation randomly



selected the six thousand addresses from the Royal Mail's address database. The letters were sent to a selection of different geographies across Cheshire and Merseyside.

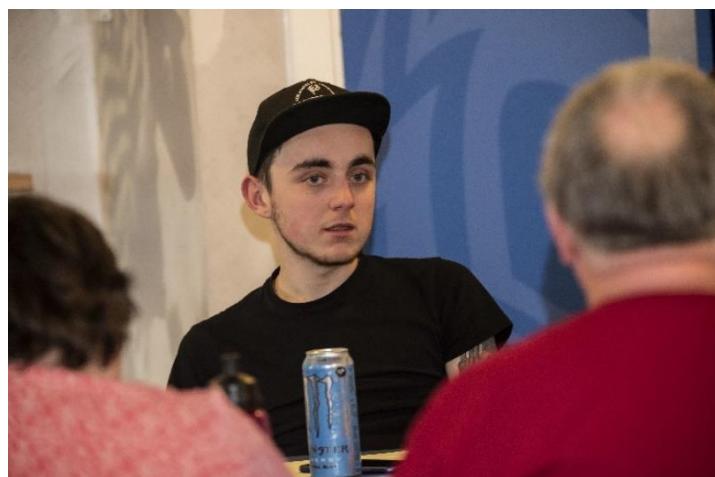
213 people applied to join the jury. 35 people were selected by the Sortition Foundation based on the agreed target profile. In session 1, 2 and 3 thirty-three people attended and in session 4, thirty-four people attended. Average attendance over the four sessions was thirty-three.

In keeping with similar processes each member of the Inquiry was paid to attend. A £100 gift voucher per day was paid to each participant.

There was also a budget available for participants to claim travel expenses or any support needs (e.g. childcare or other support costs).

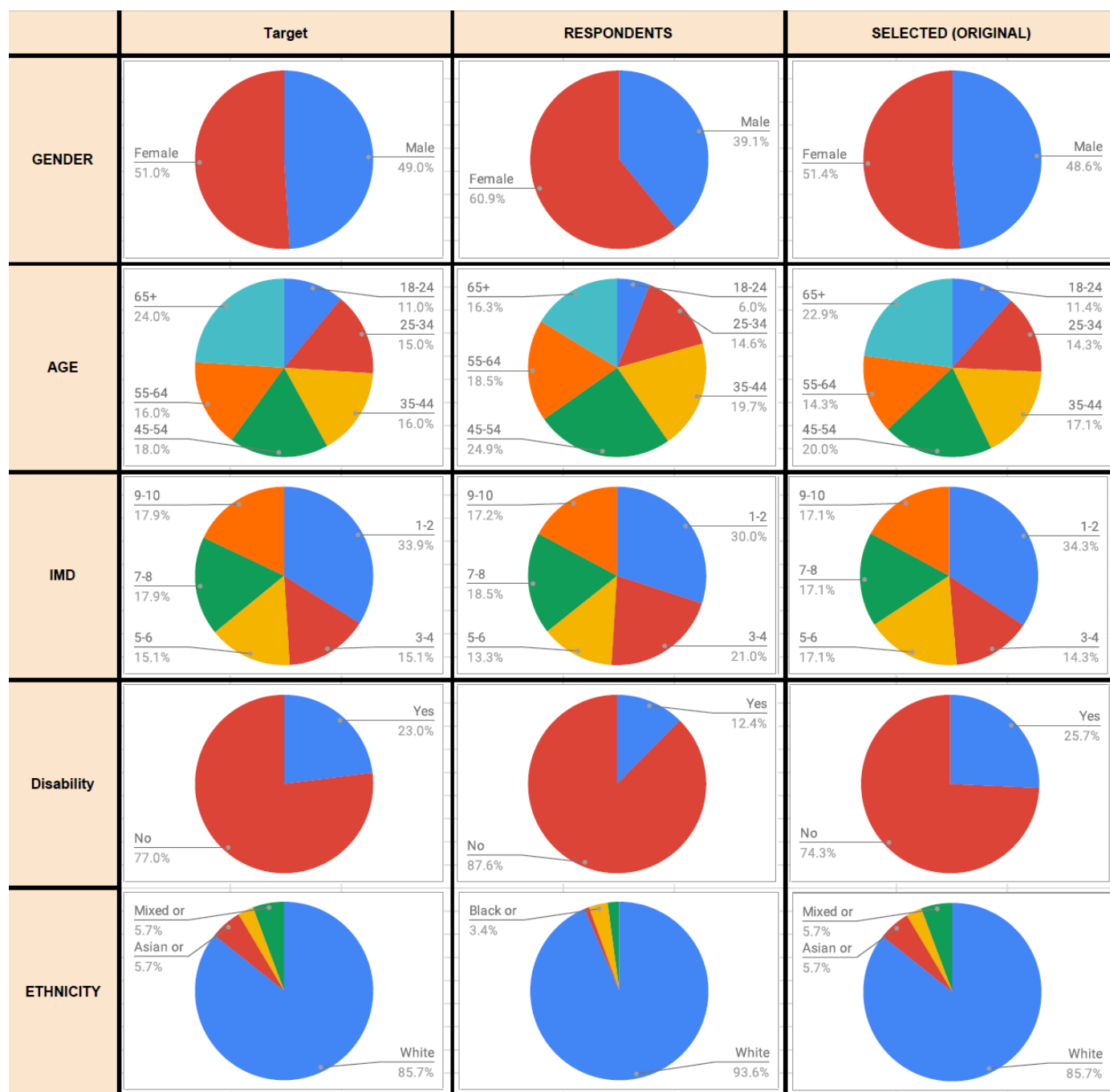
In order to ensure that the profile of Jury participants reflected the different levels of deprivation experienced across neighbourhoods in the Cheshire and Merseyside area, the indices of deprivation were used to help select the participants. Participants were recruited across 10 different categories of multiple deprivation.

A full breakdown of the final stratification is shown on the next page.



Stratification profile: The tables on this page show in the first column the percentage breakdowns of the wider population according to age, ethnicity etc. (wherever possible based on local statistics),

in the second column the percentage breakdown of those that applied to join the Inquiry and in the third column statistics for those who were invited to attend the first session.



Commentators

Another key feature of deliberative processes such as the Citizens' Jury is the 'commentator' or 'expert witness'. Their role is to offer participants a particular perspective or perspectives on the issue before being cross-examined by the Inquiry. It is through this aspect that the Citizens' Jury model draws most heavily from the features of the legalistic jury. The identity of the commentators was decided upon by members of the oversight panel.

Each commentator was briefed in advance of their appearance at the jury. They were given the following guidance:

1. It is essential that you use clear, simple, easy to understand language. We are all guilty of slipping into professional language (acronyms, jargon etc) but this is something that we must avoid if we want people to get the most out of the session.
2. We use a red card system where people are encouraged to show the red card if they are having difficulty understanding what is being said! Try to make your talk as stimulating as possible. You may want to show some pictures, but this is not essential. Lengthy PowerPoint presentations with lots of text should be avoided - we would much rather people do not use these.
3. After you have made your presentation (usually 15 minutes) we will ask you to leave the room

to allow participants the space to talk with each other about their learning. We will ask them to think of any questions they would like to ask you. They will do this for about 25 minutes.

4. You will then be asked back into the room and asked the questions identified during the previous activity. Participants will decide if the questions are asked by the facilitators or by themselves. This should last approximately 30 minutes.
5. We will then once again ask you to leave the room, at this point you are free to leave. During this slot participants are asked to reflect on their learning. We have found in the past that this helps ensure that the conclusions that they reach are their own and that they feel ownership over any actions that they decide upon.

It was stressed to the commentators that this format is flexible and that it may change in response to the needs of the jury members.

A record of the questions asked during the commentator sessions is included in appendix 2. Please note that in some of the later commentator sessions small group conversations with commentators meant it was often difficult to record the questions asked.

We prefer to use the term 'commentator' rather than 'expert witness' in recognition of the fact that as local residents, all members of the jury can be described as experts. They have their own unique and valuable expertise.



The Sessions

Early in the process, and in conjunction with the oversight panel, the following broad structure for the jury was agreed:

Session 1: Welcome, setting the scene and an introduction to policy responses

Session 2: Availability and advertising, licensing and practical steps to reduce alcohol harm (support and treatment).

Session 3: personal experiences of alcohol harm, pricing, policing, practical steps to reduce alcohol harm (support and treatment).

Session 4: Reflection and recommendation writing

Oversight panel members were invited to make suggestions for who may be best placed to act as commentators for these sessions. Potential commentators on a long list were then approached to check their availability.

The sessions were facilitated by a combination of Jenny Willis, Nick Beddow, Amanda Preece and Peter Bryant of Shared Future.

All sessions were held in the Halliwell Jones Stadium in Warrington. This facility was identified by the oversight panel due to its central location and its suitable access.

Executive Halton Borough Council & Chair of Oversight Group. An informal 'getting to know you' activity was followed by the first commentator slot. Sir Ian Gilmore (Professor of Hepatology, Chair of the Alcohol Health Alliance and special adviser on alcohol to the Royal College of Physicians and Julie Webster director of health and well-being, Wirral Council sets the context. Their presentation summarised both the dangers of alcohol harm and the positive sides to alcohol consumption before describing the situation nationally, in Cheshire and Merseyside level and the implications for individuals and communities in this region.

After the question and answer session, participants were then divided into small groups to take part in a problem tree activity designed to encourage deeper thinking around the topic. Three groups worked on large tree shapes hung in different parts of the room.

Each group was asked to consider the problem 'alcohol harm', written on the trunk of the tree. Participants were invited to consider what the root causes of the problem may be. These were written on the roots on post it notes.

Each group was encouraged to dig deeper and consider what factors may lay at the bottom of the

Session 1:Welcome

The first session (Saturday 15th of February 10 a.m. – 4 pm) gave Inquiry members an opportunity to better understand the process and to start to get to know each other.

The day started with a welcome, introduction and question and answer session with the commissioner, David Parr, Chief



roots. Plenty of time was allocated during the session for participants to ask questions about the process and what lay ahead.

In the final session of the day the second commentator slot was with Professor Harry Sumnall, Public Health Institute, Liverpool John Moores University. The Professor summarised policy responses to alcohol harm.

Session 2:

In the second session of the Inquiry (Saturday 22nd of February 10 a.m. – 4 pm), the inquiry members heard from a number of commentators under two broad themes, firstly licensing and secondly practical steps to reduce alcohol harm – support and treatment.

Commentator slot 1: Licensing:

Simon Lyon: Health Improvement Development Officer – Public Health, Warrington Borough Council.

Commentator slot 2: Practical steps to reduce alcohol harm – support and treatment:

Ema Wilkes, Chief Executive Officer of [NEO Community](#)

Stacey Goulding, St Helen's Footstep Service

Helen Connor, Family Worker Young Addaction Sefton.

Lisa Corless, The Brink, Liverpool

Ariella Williams: [Change Grow Live](#)

Session 3:

In the third session of the Inquiry, participants heard from a number of commentators using a similar format to the previous sessions:

Commentator slot 1: Personal experiences of alcohol harm:

Paul Carter: father of Nicola Carter.

Commentator slot 2: Pricing

Professor Harry Sumnall, Public Health Institute, Liverpool John Moores University.

Commentator slot 3: Policing

Chief Inspector Andy Creer: Liverpool community police team.

Commentator slot 2: Practical steps to reduce alcohol harm – support and treatment (continued):

Mel Bowen: [The Spider project](#).

Session 4: Recommendation writing:

In session 3, members of the jury were asked to go into small groups and to write down themes or ideas for draft recommendations. Participants made notes on paper as the facilitators toured the groups to support them.

Session 4 was the last meeting of the Inquiry. A day of deliberation and recommendation writing.

To start the day participants took part in a 'speed dating' activity. Jury members sat in two rows of chairs, each person facing one other. All the people sat in row A were asked to talk to the person opposite them, uninterrupted, for 1.5 minutes about what they felt would make the most



difference and so should be included within the recommendations. Row B was then asked to do the same. After the next 1.5 minutes, all in row A shifted one place to the right, so that all participants faced a new jury member. This activity gave participants a chance to articulate, without interruption, their personal priorities. It also gave everyone an opportunity to spend time with others who up until this point they may not have had the opportunity to spend time with.

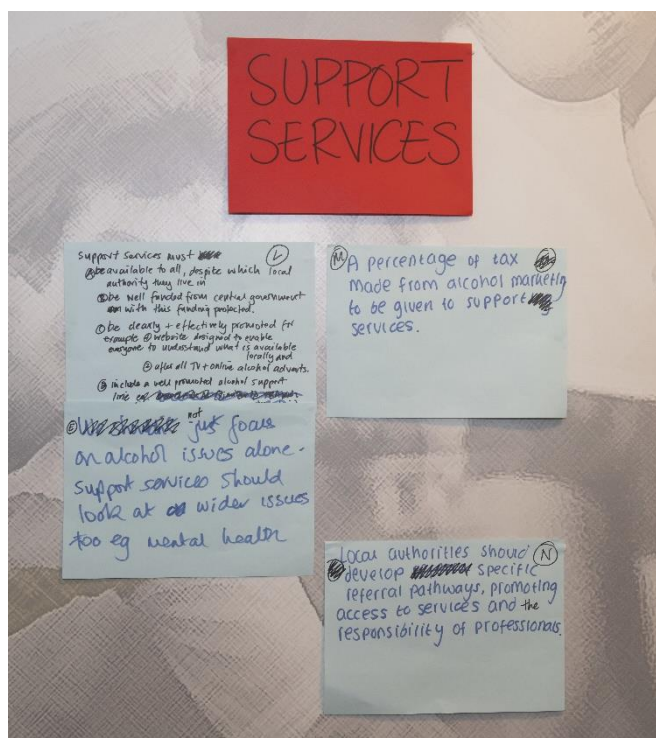
Prior to the start of session 4, the facilitators took all the ideas for recommendations generated in the previous session and identified themes under which all the ideas could fall. These were then presented back to jury members to check if they were happy with the attempted classification. It was stressed that new themes could be added at any time during the day.

Participants were then asked to decide which themed table they would like to go to – ‘*where does your interest particularly lie?*’ Once in the themed group, jury members were invited to sort through the information under the theme and start to write recommendations.

- Support services.
- Pricing.
- Alcohol industry.
- Licensing.
- Advertising.
- Awareness.
- Others.



At each table participants discussed the draft recommendations already produced. New people were encouraged to make suggestions to edit any of the recommendations.



As draft recommendations emerged participants were asked to consider whether or not some may be merged.

The draft recommendations were displayed around the workshop space and participants were asked to read them and check that they understood what each one meant. Facilitators then read all of the

recommendations out. Anonymous voting slips were given to each jury member and participants instructed to vote for the top ten recommendations (ranked) they felt best addressed the jury's question

“what can we all do to make it easier for people to have a healthier relationship with alcohol”

During this large group discussion some difference started to emerge within the group as to what role the alcohol industry should have in responding to the problem of alcohol harm either through funding or influencing a response. One of the facilitators worked with a number of participants during the lunch break to produce a statement that could be put to the group for further discussion/approval. The statement is included at the end of the recommendations as is a unanimously agreed position from the group on next steps for the inquiry and its recommendations



Recommendations

Each recommendation was given an identifying letter before each was voted upon. The table lists the results, from the most popular down.	Votes	Rank	Number of people who voted for the recommendation	Number of times participants said NO to a recommendation
A: An independent body should be formed which should fund national and local educational and support organisations. This should be funded exclusively by a ring-fenced levy on the alcohol industry.	176	1 st =	23	2
S: School curriculum: alcohol awareness as part of the school curriculum from year 7. Prevention and intervention before it becomes a problem (an ongoing programme). We should have 'lifestyles', as a core subject in the national curriculum, with specialist teachers who have received training so it becomes as important as every other subject (future proofing the country).	176	1 st =	26	1
M: A percentage of tax made from alcohol marketing to be given to support services.	149	3 rd	23	1
L: Support services must: <ul style="list-style-type: none"> a) Be available to all, despite which local authority people live in. b) Be well funded from central government with this funding protected. c) Be clearly and effectively promoted for example i) a website designed to enable everyone to understand what is available locally and ii) after all TV and online alcohol adverts. d) Include a well promoted alcohol support line. e) Not just focus on alcohol issues alone. Support services should look at wider issues to for example mental health. 	140	4 th	19	1
C: Soft drinks are an important alternative to alcohol in pubs. However, the price must be reduced and they should be promoted more to make them 'cool'.	106	5 th	17	2
O: Local authorities and government should do more to make the public more aware of the potential dangers of alcohol e.g. <ul style="list-style-type: none"> a) Public campaign network for all boroughs. b) More public speakers on real life situations (e.g. Paul Carter); shock value, reality, personal, relatable. c) Replay alcohol related police body cam footage to offenders to raise awareness. 	94	6 th	20	0
N: Local authorities should develop specific referral pathways, promoting access to services and the responsibility of professionals	93	7 th	16	0
D: Minimum unit pricing should be implemented as a way of reducing the consumption of low price, strong alcoholic drinks (e.g. White Lightning). This should initially be set at 50p with the potential to go up (or down) depending on results which should be reviewed after five years	92	8 th	15	2
R: There should be alcohol awareness/resources and classes GPs can refer to using social prescription	82	9 th	17	0

B: The alcohol industry should not be able to fund politicians or political parties	79	10 th	14	2
P: Posters not just in doctors but in more places informing of the dangers to health, the cost (including impact on NHS costs) statistics and figures and support telephone numbers or websites. Is alcohol at the top of your shopping list?	75	11 th	14	0
K: Enforce the law, so that people who are drunk or under 18 years old cannot be served e.g. more rigorous training for licensees.	73	12 th	17	1
H: Late-night levy (a tax on establishments open between 11 PM and 5 AM should be compulsory or at least encouraged. Currently it is up to the local authority	72	13 th	14	2
Q: 'Ask AI' campaign: alcohol campaign through social media, television, newspapers, magazines and GP services to reduce the stigma around alcohol: <ul style="list-style-type: none"> • Support for family and friends affected by someone taking alcohol. • Effects of alcohol. • Stats and figures. • Target all generations including parents. 	67	14 th	15	0
J: Return to more strict opening times as pre-2004 (closing in the afternoon for 3 PM, opening again for 5:30 till 11 PM)	63	15 th	16	7
G: Introduce the fifth licensing objective for public health so that licences for the sale of alcohol can be refused if it is felt it can negatively affect the health of the local population	59	16 th	11	2
I: Ban the sale of retail alcohol after midnight (e.g. supermarkets or off-licences).	57	17 th	14	4
F: Sports sponsorship by alcohol is a problem. It should be banned by government as is the case for tobacco.	55	18 th	14	4
E: all alcohol and alcohol advertising should be restricted to one area of a store	40	19 th	7	4
U: The NHS could benefit from income raised by fining people who are admitted to hospital due to alcohol misuse	37	20 th	8	12
T: Government should look at how other cultures limit alcohol misuse/deal with alcohol issues and spreading the message	29	21 st	9	0

Jury Statements

We are concerned about the efforts of the alcohol industry to influence what action is taken to address the problem of alcohol harm. This must be addressed. There must be further research to identify how to effectively reduce the influence of the industry. (28 people agreed this statement).

We request that key stakeholders should respond to our recommendations face-to-face in five months' time (all participants present at session 4 agreed this statement)

Appendix 1: Evaluation

Participants were asked to complete a brief questionnaire at the end of the last session. Here are some of the findings:

1. How do you feel about having taken part in the sessions?

Participants were asked to offer a score between one (*I wish I'd never signed up for it*) to five (*I really enjoyed it and feel it's been very worthwhile*).

32 people completed the evaluation forms.

72% scored five and 22% scored four.

2 people created their own score i.e. 3.5 and 4.5 (each of these people represented 3% of the total score).

None of the participants scored three or less.

Participants offered the following responses when asked **'why did you choose the number selected above?'**

- I enjoyed it but did find it stressful at times.
- Open, well-informed group of intelligent individuals, proving that some good can come out of listening to others who might not have the same opinions.
- Learned a lot of others opinions.
- It was good to meet a broad spectrum of people and hear their views on the subject of alcohol.
- Thoroughly enjoyed the course and learned a lot to take away with.
- I'm taking away lots of information about problems people are suffering that I never realised about. Surprised how many social/self-help groups are battling away to help lots of people.
- I have found the sessions really interesting. Opened my eyes to a few things and caused me to reflect. Realise how essential change is for society.
- The course was presented in a professional but friendly manner, all questions were listened to and queries answered.
- Some good bits of information but felt minimum unit price was forced/ pushed too much.
- I've enjoyed participating, being a thought leader on the final day and listening to the

opinions of others.

- As well as giving my views I've learnt a lot, that there are issues which need to be addressed to make us have a healthy relationship with alcohol.
- Has given an idea of the complex problems surrounding alcohol. Shows how many institutions are out there that do help those that suffer but also highlighted how much more needed to be done.
- Really interesting issue and process. I do think minimum unit price has been at the root of it which is a shame as we heard and talked a lot about other measures and policies but still think it's a good way to consult.
- Enjoyed it? Yes. Worthwhile? Not really.
- I came in not thinking what it would be like but the atmosphere has been very constructive and I have learnt a lot of new information.
- It was interesting and informative and I learned a lot from speakers and other members of the consultation group. On the negative side it is hard to see how our views will influence decision-making processes.
- I enjoyed listening to other people's views without necessarily agreeing with them.
- I have enjoyed the events, the group was a good mix of different people and have learnt about many things and had the opportunity to listen to wide ranging ideas and views.
- I have found the sessions very informative and eye-opening. I am glad I have attended the sessions – very thought-provoking!
- As someone who was very sceptical about what was going to be said about alcohol abuse, the fact that I have learned so much about the services that are available has changed my whole view on this.
- It has been informative and interesting. Everyone is passionate for change.
- Really opened my eyes to the scale of the problem of alcohol abuse. Very interesting to learn of others experiences.
- It was educational.
- I have thoroughly enjoyed the discussions and learning, gaining more understanding of

the topics and issues surrounding alcohol. This has given me an empowering feeling to make a difference, but I am sceptical as to the difference this group will make. We are a small drop in the ocean.

- I have enjoyed the sessions; I am much more educated about alcohol now and have met some lovely people.
- Because I enjoyed it and have learnt a lot more than expected.
- I enjoyed it, I had a laugh, feel like I could now make a difference to someone's life if needed.
- It's a topic that is close to home. I welcomed discussions and listening to differing points of views!
- I have enjoyed learning different people's views and have gained more knowledge on minimum unit price which I didn't know.
- Was very informative and made you think about the different areas that need to be changed.
- Enjoyed speakers/group sessions – challenged preconceived ideas.

2. What did you like most about the process?

- Access to sources and experts which are not normally available to the general public.
- Good atmosphere.
- A very nice mix of ages/experiences. The organisers made us welcome from the start.
- Speaking to people from other areas.
- The discussions and interactions with the group. Very interesting also to listen to the various speakers.
- The format and layout of the course flowed nicely.
- The commentators not lecturing us, they spoke as on the same level. Sitting in informal groups. Ironing out by discussion.
- Meeting people/the topics discussed, the food.
- Openness of the people who participated, everyone's opinion mattered.
- Vouchers/different types of learning.
- The opportunity to talk about an issue which is not talked about.
- The small group discussions which would feed into the bigger group.
- Various talks given, insight by those who work with the problem. The market sessions.

- Being paid for time is really helpful and important to ensure a good spread of types joining in. But also, the facilitators and organisation has been really welcoming and relaxed.
- I was interested to see how the process would be achieved and what methods would be employed/how things were conducted.
- The chance for my opinions and thoughts to influence things in my community and maybe even the country.
- Prof Harry. Facilitators were good. Make up of group was very diverse and most people were very passionate and given the opportunity to share an interesting range of views.
- The different commentators giving their experiences was very informative, especially the man who lost his daughter. Very tragic but very brave.
- The speakers and then our group discussions, raising questions which were then answered.
- The different speakers made the sessions interesting and provided me with information I was not previously aware of.
- The fact that although from all walks of life the views were all positive and with the same objectives.
- Visitors – discussions. Options to ask questions to professionals. Very real.
- Variety of subject matter. Breakout sessions and some really interesting speakers.
- The organisation.
- Different points of views from others. The commentators. The ability to reflect upon issues. Being pushed to think about things I would have never thought about. Meeting new people.
- It was interesting to hear different people's experiences.
- Learning about the effects it has on people and meeting everyone.
- The group – really nice people. The venue was also really nice. Well done to Halliwell Jones Stadium for the free feminine products and tackling period poverty.
- Meeting other people, relaxed atmosphere, food and a good incentive (vouchers). Nick and Jane lovely people, very approachable. Great venue too.

- Hearing other people's views and having the professional come in to give talks.
- Every person was given a chance to voice their opinions and not taken over by the few.
- Meeting people from various geographical areas – people with different views.

3. What could have made the process better?

- More structure during discussions, the tendency for one party to talk over another hindered the process.
- Less emphasis on public speaking as this is limiting to those less confident.
- Input from the drinks industry.
- More people who are directly affected, i.e. alcoholics or recovered people.
- The inclusion of a representative from the alcohol industry.
- More time on reflections and results analysis.
- 10 AM till 4 PM is long enough. Although more time would have helped.
- Will we see your final report? That will make it better.
- Less minimum unit price.
- Involvement from the drinks industry to promote the positives and the need to see it as not being a minimum unit price Trojan horse.
- Given more research about the data in the area so we have questions to ask.
- Human nature, but missed something is being said/people got sidelined by people talking at the back, talking over each other. Ground rules!!
- Less of a one-sided argument/ speakers/ presentations. It did become repetitive; three weeks would maybe have been a better time period.
- Having different commentators visit from different sides of arguments. Ironclad facts that the way they were obtained cannot be questioned.
- Less focus on minimum unit pricing given the title of the inquiry this should have been a minor incidental issue. Representation from the alcohol industry – the selection of

speakers didn't lead to a perception of balance which was counter-productive.

- Don't know. I thought the balance was just about right.
- I think every effort was made to make the process fit with expectations and was altered after feedback so I can't think of anything that is really needed to improve the process.
- I would have liked a bit more time to have considered what to vote for on the final day.
- If more time could have been allocated to all subjects this would have been more knowledgeable.
- More personal experiences. Hearing opinions of council leaders.
- Introduction of prep including questions to think about before first session and after each day.
- More personal details from people who have been there.
- Better selection of food. Fish was a bit brave in such a big group.
- More power points – more colour instead of just listening to people speak. The days should be held on days when the rugby players are here.
- Not sure how this could be managed. The same opinionated people were given too much airtime, group discussions were usually about them also. More representatives from Liverpool and less affluent areas would have been better and different discussions maybe? Too much emphasis on minimum alcohol pricing.
- Have people who are affected by the use of alcohol abuse come in. It would have been good to have the more come in.
- Slightly shorter questions from each team or teams as sometimes it seems we were rushed at the end.
- Face-to-face/musical chairs opening on day four not as successful as hoped. Voting priority list – difficult to confine to 10 and then rank order

Appendix 2: Commentator Sessions

The following is a list of questions asked at the commentator sessions, demonstrating the depth and range of information considered before the making of the recommendations.

Session 1

Sir Ian Gilmore: Professor of Hepatology, Chair of the Alcohol Health Alliance and special adviser on alcohol to the Royal College of Physicians and Julie Webster Director of Health and Well-being, Wirral Council:

1. Is there a link between alcohol consumption and mental health?
2. If there was a limit of 21 for drinking without also apply at home/with meals out etc?
3. How can we help children who are impacted by alcohol?
4. As a GP, how many of your patients with alcohol harm issues have other health and social factors affecting them?
5. How widely publicised is access to health support for alcohol abusers?
6. Have this government considered putting a minimum unit price on alcohol?
7. Is there any limit on local off-licence selling times?
8. Could reducing the price of soft drinks help with reducing alcohol consumption when people are out?
9. What are the main reasons why people want to drink?
10. Why are alcohol limits for driving different across the borders?
11. What is the percentage increase in night-time economy budget in city centres due to alcohol?

12. If alcohol is too expensive are people switching to something else instead for example drugs?
13. Can you tell us a bit more about what you are seeing with young people drinking less and older people drinking more and what are the age groups?
14. What influence has big business got in making regulations about alcohol and what is their incentive for reduction?
15. Differences between northern Europe and Mediterranean, should we try and emulate them?
16. Where are the stats to back up difference in different European countries – not sure there are less problems?
17. If we reduce it to below 14 units per week won't people just ignore it, it will become farcical?

Professor Harry Sumnall, Public Health Institute, Liverpool John Moores University:

1. Would raising minimum price mean people do other things instead e.g. skunk?
2. Why isn't the drink-driving limit zero?
3. Could politicians use communities as an excuse for doing things that suit them?
4. Could there be an increase in local council tax in areas where there is increased alcohol abuse to fund health/police etc?
5. Minimum unit price in Scotland – has the problem been displaced – high drug use for example in Glasgow?
6. Are you looking at advertising on social media?

7. Doesn't making alcohol expensive just push people to cheaper drugs or cutting back on food etc. to pay for it?
8. Is there a way to reward rather than penalised people?
9. What statistics are there that prove we don't have a good relationship with alcohol?
10. Could pubs be forced to put up posters/messages on the impact of drinking too much (health/financial information and help line numbers)?
11. Has legalising cannabis been considered as a way to reduce alcohol harm?
12. Pricing: is there a danger that some people, if alcohol is too expensive, will choose alcohol over food?
13. Could breathalysers automatically be fitted in pubs/cars?
14. Could the drinks industry be stopped from forcing supermarkets to do special deals on alcohol?
15. How could we normalise people talking about problems with alcohol?
16. How does your work link in with wider causes in society which lead people to turn to alcohol?
17. What evidence is there to show what reduces alcohol use in the more affluent parts of society?
18. Is it realistic for any strategic plans to be implemented given the cuts? What can you do to increase funding? Is there a will by the drinks industry to curb consumption?
19. The French are often cited as having a (positive) relationship with alcohol – do the stats back this up?

Session 2

Simon Lyon: Health Improvement Development Officer – Public Health, Warrington Borough Council and Chief Inspector Andy Creer: Liverpool community police team.

1. How can more bars in a given area affect the amount someone drinks, (since you can only be in one bar at a time)?
2. Why can't you have stricter licensing rules and more clout, using ring fenced government revenue from tax?
3. We feel like there is very little you can do, is it really that hopeless?
4. Is the licensing 2003, is that the Portman group?
5. Is there a cap on the number of times a single establishment licence can be revoked e.g. three strikes and you're out?
6. What is the reporting process for the public?
7. Can you tell us a bit more about different zones for closing times, when people just go from one zone to another?
8. Could there be a mechanism to encourage a mixed offer to have food and non-alcohol equal attention?
9. What more could be done to enforce regulations (without paying more council tax!)?
10. Could there be a minimum distance between off-licences?
11. Could it point out that calories in alcohol don't actually have any nutritional benefits?
12. Could there be an opportunity to create a better directive?
13. What exactly is the role of the Portman group and how much power does it have?
14. Would any or better-quality education

make any difference in schools?

15. How can you police things like recyclable bags within say things like 'It's a gin day'?
16. What is the definition of the dangerous drinking level with regard to the 25% figure mentioned?
17. What's going to happen when we leave the EU with reference to European standards?
18. What steps could be taken to change the attitude/promotion of alcohol on YouTube and social media influencers?
19. In your opinion would it be more effective to restrict the advertising of alcohol or to advertise the dangers more?
20. Why is negative advertising no longer done? (Plenty of tobacco advertising)?
21. You talked about 25% of the population being hazardous or harmful drinkers, what does that mean?
22. Could you clarify the rule about advertising and 25% of audience?
23. Are advertisers fined if they are found to have gone against guidelines?
24. Does the size of the company influence whether they get a licence or not?
25. Have you ever taken enforcement action on any of the major supermarkets?
26. If the national average is 1 to 3 licences per km. Warrington is 3.2. How many licences have been refused (percentage-wise) against how many have been approved?
27. How do we change the relationship with sport and alcohol?
28. What makes the most revenue selling alcohol? e.g. bars/supermarkets

Session 3

Paul Carter: father of Nicola Carter:

1. Is there anyone in near or distant family who has the same problem? (Genetic link?)
2. What was she drinking? Would minimum unit price have made a difference?
3. Do you think at the root of the problem was shame not the alcohol? Alcohol a crutch?
4. Do you think stricter laws would have helped less licensed premises? Less availability?
5. Did Nicola have any counselling or support for confidence or self-esteem issues?
6. To help yourself you need to love yourself, find yourself. Somewhere along the line did she lose her love for herself?
7. Do you think she had some underlying mental health issues? Not wanting to admit problems due to the stigma?
8. Do you think better education programs would have a positive impact – school, college, university?
9. Did you go and seek support and get support for you and your wife? Was it easy to access information?
10. How old was Nicola when you realised she really had a problem?

Questions the Jury would like to ask the alcohol industry

1. What do they spend their money on to help improve responsible drinking?
2. Why aren't you doing more to save struggling pubs?
3. Would minimum unit price stop free bars for employees in the alcohol industry?

4. What hope is there of any regulation when they've got a subsidised bar in the House of Commons?
5. Wouldn't minimum unit price raise prices? Why wouldn't you be happy with this?
6. What is the industry's view on a minimum unit price?
7. A tiny percentage of profits spent on education and the majority on sports etc. therefore is Drink Aware a hoax?
8. Is anyone gathering statistics from little corner shops? How can minimum unit price be policed at that level?
9. Scotland as heroin capital of Europe – so although reduced alcohol harm through minimum unit price, health still suffers?
10. In terms of evidence about alcohol being more of a problem in poorer areas isn't that because it's hidden in more affluent areas?

Professor Harry Sumnall, Public Health Institute, Liverpool John Moores University:

1. Are retailers going to make more money?
2. Has there been research to investigate if people transfer to other types of abuse for example drugs, gambling and was it taken into account at Sheffield?
3. How reliable are your statistics from Sheffield University?
4. Who funds the University's research?
5. How do prices change in different areas? How do you work out policy to take into account the variation?
6. What proportion of alcohol that is consumed is beer?
7. Has there been an increase in home-made alcohol in areas where minimum unit price has been introduced?
11. Why do women have a lower limit?
12. Does it stigmatise low income families? What might help in areas of higher income?
13. If the minimum unit price is increased will that not have a market knock-on higher priced drinks?
14. Is it something that is actually going to happen?
15. Who determines the minimum unit price and could it be different in different countries?
16. Is there any minimum price in England at all?
17. How can we have confidence in the statistics for example; less deaths, NHS money saved?
18. Is there an increase in crime/theft of alcohol in Scotland because the price of alcohol has increased?

Appendix 3: Survey 2021 responses

Following the COVID-19 pandemic, participants from the Cheshire and Merseyside Citizens’ Inquiry on Alcohol Harm in 2020 were contacted again in November 2021. They were asked to review the draft report and give their thoughts on whether their views have changed since the pandemic. The results of this new survey are given below.

Respondents

Responses were received from 16 of the 35 Citizens’ Inquiry participants.

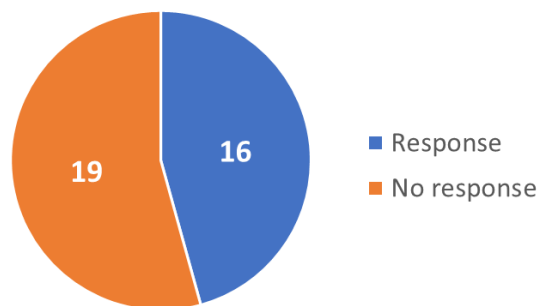


Figure 1. Number of participants who responded to the 2021 survey.

Impact of the pandemic

25% of respondents said their view on "what can we all do to make it easier for people to have a healthier relationship with alcohol?" has changed since the COVID-19 pandemic.

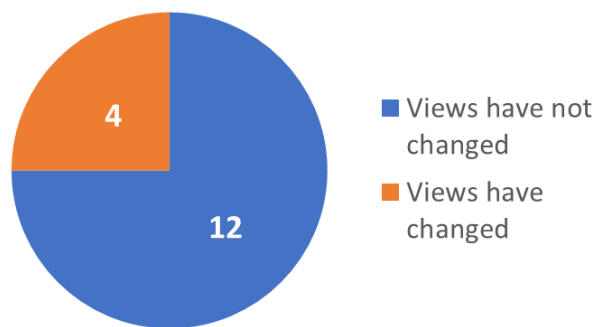


Figure 2. Number of participants who said their views have changed since the COVID-19 pandemic.

Of those 4 respondents:

- 2 indicated explicitly that they felt the need for action has increased due to the pandemic.
- 1 indicated pressures of isolation, loneliness and demands for home

schooling leading to increased alcohol consumption.

- 1 did not feel that increasing the price of alcohol helps.

Table 1 details their anonymised responses on how their views have changed.

Further comments on the Report

Further comments on the draft report were received from 7 respondents and key themes are described below.

Positives:

- Five of the respondents felt the report captures the process, atmosphere of the sessions and viewpoints of the participants well.
- Well laid out and easy to read.

Negatives:

- One respondent expressed strong feelings of disappointed and frustration. They felt as though the experience was a waste of their time, adding that the process was biased towards getting support for minimum unit pricing (MUP) rather than taking in the actual views of the group.

Suggestions:

- Further discussion needed on the impact of the COVID-19 pandemic on alcohol consumption.
- Review the wording of the questions in Appendix 2 to check they make sense. The respondent who asked session 2, question 1 (page 21) asked for it to be reworded to "how can more bars in a given area affect the amount someone drinks, since you can only be in one bar at a time?"

Future Involvement

All 16 respondents agreed to staying involved in the project, receiving updates and for their contact information to be held by the Champs Public Health Collaborative regarding this project.

Table 1 – How respondents' views have changed since the pandemic

No.	Response
1	I think they've gotten harsher, and more hands-on action is necessary.
2	I would assume that during the pandemic and the issue of isolation, especially if you have limited support and communication with others, due to the increase of someone's [loneliness] and how some people would and are feeling, alcohol may be used as a tool for coping. Also parents who have home schooled through the pandemic, they may have an extra glass of alcohol due to the daily stress of home schooling. I was still working in my school and home schooling, [it] was tough and would occasionally tell myself, I deserve a gin tonight, where as I would only drink occasionally.
3	I feel it is extremely important to take this forward, even more so as more people have been using alcohol to cope throughout the pandemic.
4	I don't think increasing the price of alcohol helps.

Cheshire and Merseyside Alcohol Inquiry 2020

