Alcohol licensing and public health
Opportunities and challenges

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Alcohol Research UK
Alcohol licensing and public health: opportunities and challenges

1) Describe current state of affairs in UK

2) Consider underlying conceptual issues

Key question

Can the worlds of licensing and public health speak to one another?
Licensing Act 2003 (England and Wales)

Four licensing objectives:
Prevention of crime and disorder
Public safety
Prevention of public nuisance
Protection of children from harm

Responsible authorities
Police, fire service, health and safety, environmental health, planning, children’s services
Local licensing authority
Local health authority (currently PCT, probably DPH in future)
Licensing (Scotland) Act 2005

Fifth licensing objective: ‘Protecting and improving public health’

Overprovision
Requirement for statement on ‘overprovision’ in Statement of Licensing Policy

In E+W licensing authorities can establish ‘cumulative impact areas’ within jurisdictions
The Government’s Alcohol Strategy

We will … launch a consultation on a new health-related objective for alcohol licensing related specifically to cumulative impact.”
Licensing boards struggle to understand / implement PH objective

AFS sought legal guidance and convened expert group

Edinburgh: amended SLP to declare whole area overprovided with off-sales outlets

April 2012: Edinburgh refuse Sainsburys Local (South Bridge) a licence
Health as Responsible Authority

Involvement ‘patchy’

Reliant on active / interested individuals

Lack of guidance / support / time

Limited impact where applied
Data gathering
Two challenges:

Practical:
Training, support, time allocation, understanding of process, logistics – in context of PH moving to local authorities...

Conceptual:
Public health (especially regarding alcohol) sees the population
Licensing sees the street
Health always part of alcohol policy and discourse

... but licensing (historically) ‘sees’:

- Crime and disorder
- Trade regulation
- Economic impacts

Central Control Board (1918)
Public health perspective / ‘population model’

Increased overall consumption = increased harm
State responsible for reducing consumption
Key levers: pricing, availability, marketing
Alcohol ‘no ordinary commodity’
Outlet density increases consumption...

Consumption increases health harms...

Public health promotion requires licensing action to reduce the number of outlets
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Key challenges

1) Establishing communications
2) Identifying and collecting data
3) Defining the evidence base
4) Linking macro indicators to microgeographies
Macro data – micro geographies
Key challenges

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5) Reconceptualising density
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Key challenges

1) Establishing communications
2) Identifying and collecting data
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4) Linking macro indicators to microgeographies
5) Reconceptualising density
6) “Will it stand up in court?”
'It’s going to be interesting to see how [the public health objective] translates into reality. I’m not sure how practically you can attribute – particularly with representations, if they’re going to go down that line – you could ever attribute a decrease in health to a particular bar, and that’s something that I’m just waiting to see how that’s going to translate into reality.'

Head of Licensing (medium-sized UK city)
Learning from Scotland:

NB: ‘Protecting and improving public health’
Overprovision a different model

Statement of licensing policy is critical

Data gathering critical – but who takes lead?

Support for health authorities – who to provide this?

Strong partnerships (ADPs often leading on this)

Focus on supermarkets

Industry pushback (not fully tested in court)