

Alcohol licensing in England and Wales: is it fit for purpose?

What's the problem?

Alcohol is an established part of life for many people in the UK. While some people choose not to drink, for most adults alcohol plays a role in both the routines of life and the marking of celebrations.

We are drinking much more than we used to, however. For each drinker, we are now drinking twice as much alcohol as we did in the 1950s – and our relationship with alcohol costs our economy at least £21 billion each year.^{4,5} This is in costs to the NHS, the police, social services, the criminal justice system, employers and local businesses across the country. As a result, we are seeing:

- > over 1 million alcohol-related hospital admissions per year, 28% more than in 2009⁶
- > a fourfold increase in liver death rates over the past 30 years, with the majority of these deaths resulting from alcohol-related liver disease⁷
- > high levels of alcohol-related crime and anti-social behaviour, with almost half of violent crime associated with alcohol.⁸

Those who suffer most are often the most vulnerable groups in our communities: people in areas of high deprivation are 45% more likely to die from alcohol-related causes.⁹

61% of UK residents surveyed by YouGov think our relationship with alcohol is unhealthy.¹⁰

Alcohol licensing: key facts and figures

- > Licensing is essentially permissive, meaning that licence applications must be granted unless very specific criteria for rejection are met – this means nearly 97% of alcohol licence applications are granted.^{1,2}
- > There are over 760,000 alcohol licences in place in the UK.²
- > Only 0.1% of licences are reviewed each year, and less than a third of these reviews result in licences being revoked or suspended.²
- > In 1974, 90% of beer consumed in the UK was sold in pubs and other 'on trade' premises – by 2011 this figure was just 52%, reflecting the rise in cheap alcohol sold in off licences.³
- > It is estimated that the administration of the licensing system costs each council between £40,000 and £2 million each year.¹

‘The current Licensing Act leaves the police very little room for manoeuvre... communities and police are left frustrated and feel powerless.’

Police Officer, Durham Constabulary

Why does licensing matter?

Done well, licensing could be an effective way to support the well-being of local people, local communities and local economies. It could be a powerful tool that enables businesses to sell alcohol responsibly and people to enjoy consuming it safely.

However in its current form, alcohol licensing has been concerned primarily with crime, disorder and trade regulation, rather than with the well-being of people and the sustainability of town centre economies. Our alcohol licensing system does not enable local authorities to take a strategic view of the total availability of alcohol in their area, thus hindering their efforts to promote the health and well-being of local people and nurture a diverse local economy.¹

At the heart of the current licensing system is a presumption to approve licence applications. These can be rejected only where a local authority can demonstrate clear evidence that links a specific locality or licensed premises to crime, public nuisance, public safety issues, or harm to children.

This link is extremely difficult to prove because the adverse social consequences of alcohol misuse tend to be seen in hospital A&E departments, town centre streets, and family homes – rather than in the premises where alcohol is consumed. Moreover, this system misses the fact that a single licensed premises is rarely the cause of such problems. It is the widespread availability of alcohol, along with its increasing affordability, which is linked to increased

consumption and an associated increase in incidences of alcohol-related harm suffered by families and communities nationwide.¹¹

In the rare cases where licence applications are refused, local authorities can incur significant costs and reputational risks due to appeals, particularly when well-resourced larger retailers are involved. This means that the risks of refusing a licence application or revoking an existing licence can seem to outweigh the potential benefits to the local community, particularly when local authorities are also facing the dual challenges of unprecedented funding pressures and struggling town centre economies.

‘It [is] hard to take licences away from those who supply the alcohol that fuels disorder and damages health. This is particularly the case with new off licences, where the impact and harm normally occurs away from the premises.’

Local Authority
Licensing Officer

What about local authorities’ new licensing powers?

The 2003 Licensing Act and the 2011 Police Reform and Social Responsibility Act introduced new measures intended to give local authorities more flexibility and power to tackle alcohol-related crime and disorder:

- > **Late night levies:** enable local authorities to levy an additional annual fee on businesses that sell alcohol late at night, during any specific period between midnight and 6am.
- > **Early morning restriction orders:** enable local authorities to restrict sales of alcohol in the whole or a part of their areas for any specified period between midnight and 6am.
- > **Cumulative impact zones:** enable local authorities to consider the impact of large numbers of alcohol retailers concentrated in a particular area.

In theory, these measures restore greater power to local authorities and their licensing panels by allowing them to supplement national licensing laws with voluntary local schemes. In practice however, these measures are limited to specific crime and disorder issues associated with late-night drinking in town centres. This is undeniably a much-needed focus for crime prevention and community safety, but it does not give local areas any power to address the detrimental impact that alcohol can have on the health and well-being of local residents and communities. Licensing laws offer no opportunity for councils or health bodies to oppose a licence application on health grounds.¹

‘Harm to the individual health of chronic drinkers has never been within the scope of the Licensing Act, meaning that it will never be a suitable tool to control the increasingly widespread availability of low-cost alcohol.’ Local Authority Licensing Officer

What’s the solution?

We need a licensing system that listens to local communities and protects people’s health and well-being. This means more power should be given to local people and local authorities to take into consideration the total number of premises selling alcohol and the impact of this provision on the health and well-being of the local population.

We need a fundamental review of the licensing system. Our licensing regime urgently needs rebalancing so that local licensing panels are empowered to support the health and well-being of local people.

41% of local residents surveyed in North East England say that there are too many places selling alcohol in the local area, with a further 57% saying that there are already enough places selling alcohol in their area.¹²

Our recommendations for action

1 Conduct a comprehensive review of licensing legislation and guidance

The presumption to approve licence applications means that local communities’ health and well-being takes second place to the interests of alcohol retailers.

We believe that this system is simply not fit for purpose. A systematic review of licensing legislation and guidance is urgently needed. We need a reformed national licensing framework, with joined-up input from across government departments, which empowers local communities to promote the well-being of local people.

2 Introduce a public health licensing objective

Currently, the law places strict limitations on public health experts’ scope to influence local licensing decisions. They cannot raise concerns about the total availability of alcohol in their community, and any such concerns cannot be considered by the licensing panel unless they relate to one of the four current ‘licensing objectives’:

- > the prevention of crime and disorder
- > public safety
- > the prevention of public nuisance
- > the protection of children from harm.

This means that broader concerns about local public health – such as higher-than-average local rates of alcohol-related liver disease for example – cannot be taken into account when local authorities are making decisions about alcohol licences.

We believe that this disempowers directors of public health and undermines their ability to promote the health and well-being of their local communities. Public health and well-being must be introduced as a core licensing objective.

3 Localise alcohol licensing fees

Currently, individual local authorities must incur the costs involved in alcohol licensing. Although licence applicants pay a fee, this charge is set nationally even though the actual cost of administering a licence varies significantly across different areas and is often considerably higher than the nationally-set fee. As a result, councils are forced to compensate for an estimated annual deficit of £17million in costs due to administering the licensing system as a whole.¹

This means that the cost of alcohol licensing is effectively subsidised by council tax payers and other local authority services.

We believe that this situation is unacceptable, and we believe that alcohol licensing should be ‘cost neutral’ if it is to be fair to council tax payers. Licensing fees should be set locally and retained locally so that councils fully recover their costs.¹³

4 Improve recording and sharing of information about problem retailers

The current system means that licences can be refused or revoked only if local public services link a specific alcohol retailer to crime, public nuisance, public safety issues,

or harm to children. This link is extremely difficult to prove because information about alcohol-related harm does not always include details of the licensed premises involved. In addition, problems such as alcohol-related violence often happen in town centre streets and family homes rather than in the premises where alcohol is consumed or purchased, making these links even harder to identify.

Some local areas are trying to overcome this challenge through better sharing of information about alcohol-related harm, making it easier to take tough action on the bars, clubs, pubs and off licences which sell alcohol to people involved in alcohol-related violence or injury. The sharing of A&E data to tackle alcohol-related violence has been trialled extensively in Cardiff, and the ‘Cardiff Model’ is amongst the most developed examples of improved information-sharing. In this model, patients admitted to A&E following alcohol-related violence and injury are asked where they procured their last drink. This information is shared with the police and other local services to build up a detailed picture of problem retailers.

We believe that local public services must be supported to improve information-sharing about alcohol-related harm. Accurate intelligence about irresponsible retailers is essential to tackling problematic alcohol sales and alcohol harm in local communities.

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References

- 1 Local Government Association. *Rewiring public services: rewiring licensing*. London: LGA, 2014.
- 2 Department of Health. *Alcohol and late night refreshment licensing England and Wales 31 March 2013*. London: DH, 2013.
- 3 *British Beer and Pub Association. Statistical handbook*. London: BBPA, 2011.
- 4 Alcohol Concern. *Making alcohol a health priority*. London: AC, 2011.
- 5 Home Office. *The Government's Alcohol Strategy*. London: HO, 2012.
- 6 *Public Health England. Local alcohol profiles for England*. London: PHE, 2014.
- 7 Jewell J, Sheron N. Trends in European liver death rates: implications for alcohol policy. *Clin Med* 2010;10(3):259–63.
- 8 Home Office. *Crime survey for England and Wales, 2011/12*. London: HO, 2012.
- 9 Department of Health, 2007. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_075219.pdf [Accessed 11 July 2014]
- 10 University of Stirling. *Health First: An evidence-based alcohol strategy for the UK*. Sterling: University of Stirling, 2012.
- 11 Local Government Association. *Public health and alcohol licensing in England*. London: LGA, 2013.
- 12 Balance North East. *Public perceptions survey 2013*. North East England: BNE, 2013.
- 13 Home Office. *Public consultation on locally-set licence fees*. London: HO, 2014. (In press).

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About the Alcohol Health Alliance UK

The Alcohol Health Alliance (AHA) is a coalition of more than 40 organisations who share an interest in reducing the damage caused to health by alcohol misuse in the UK. Our members include medical bodies, charities and alcohol health campaigners. For further information and/or to set up a meeting with an AHA representative, please contact us:

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