



Increasing powers to reject licences to sell alcohol: Impacts on availability, sales and behavioural outcomes from a novel natural experiment evaluation

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ARTICLE INFO

Keywords:

Alcohol policy
Time-series analysis
Licensing policy

ABSTRACT

Excessive alcohol consumption leads to negative health and social impacts at individual and population levels. Interventions that aim to limit the density of alcohol retail premises (including cumulative impact policies (CIPs)) have been associated with decreases in alcohol-related crime and alcohol-related hospital admissions. We evaluated the quantitative impact of introducing a new alcohol licensing policy that included a comprehensive Cumulative Impact Policy (CIP) enforced in seven Cumulative Impact Zones (CIZs) in one English Local Authority in 2013. We used time series analysis to assess immediate and longer term impacts on licensing decisions and intermediate outcomes, including spatial and temporal alcohol availability, crime, alcohol-related ambulance call-outs and on-licence alcohol retail sales across the Local Authority and in CIZs and non-CIZs during the period 2008 to 2016. We found no impact on licence application rates but post-intervention applications involved fewer trading hours. Application approvals declined initially but not over the longer term. Longer term, small reductions in units of alcohol sold in bars (-2060 , 95% confidence interval (CI) = -3033 , -1087) were observed in areas with more intensive licensing policies ('Cumulative Impact Zones' (CIZs)). Significant initial declines in overall crime rates (CIZs = -12.2% , 95% CI = -18.0% , -6.1% ; non-CIZs = -8.0% , 95% CI = -14.0% , -1.6%) were only partially reversed by small, longer term increases. Ambulance callout rates did not change significantly. The intervention was partially successful but a more intensive and sustained implementation may be necessary for longer term benefits.

1. Introduction

Alcohol accounts for 5.1% of the global burden of disease and 5.9% of deaths worldwide (World Health Organization, 2014). Excessive alcohol consumption is associated with negative economic and social impacts, including increasing crime, anti-social behaviour and alcohol-related hospital admissions (World Health Organization, 2014; Anderson et al., 2012; HM Government, 2012; Holmes et al., 2014; Meier, 2010). Population level approaches to reduce alcohol availability include modifying economic availability (i.e. taxation), temporal availability (i.e. modify premises' trading times) and spatial availability (i.e. reduce alcohol outlet density) (World Health Organization, 2014; Anderson et al., 2009; Fone et al., 2012; Humphreys and Eisner, 2014; Maclennan et al., 2013; Purshouse et al., 2010; Stockwell and Chikritzhs, 2009).

The mechanisms for modifying alcohol availability differ by jurisdiction but many countries implement some form of licensing system – often regulated at a regional or local level, and often differentiating

between licences to sell alcohol for on-premise and for off-premise consumption (in the UK, called 'on-licences' and 'off-licences') (Maclennan et al., 2013; Alcohol Concern, 2014; Egan et al., 2016; Nicholls, 2012). For many of the world's high alcohol consuming populations, including countries in Europe, Australasia and North America, licensing is an important lever for reducing alcohol availability (World Health Organization, 2014; Hadfield, 2011). There is evidence that reduced availability leads to reductions in consumption and harm (Anderson et al., 2012; Martineau et al., 2013; Sherk et al., 2018). Licensing restrictions have increasingly attracted public health interest for preventing alcohol harms at a populations level.

Regulating alcohol availability in urban areas is particularly important because the world is rapidly urbanising (United Nations Department of Economic and Social Affairs Population Division, 2014). Major cities often include multiple localities that serve as destinations for the Night Time Economy where consumers come from further afield, but also accommodate large residential populations who are adversely affected by crime and health issues linked to high levels of

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<https://doi.org/10.1016/j.ypmed.2018.09.010>

Received 21 April 2018; Received in revised form 16 August 2018; Accepted 11 September 2018

Available online 13 September 2018

0091-7435/ © 2018 Published by Elsevier Inc.

alcohol availability (Islington Licensing Team, 2012). If the Licensing system can be used to reduce alcohol availability and harms in London, this should be of interest to alcohol regulators in cities facing similar challenges, both in the UK and elsewhere.

In London, powers to control local alcohol supply and consumption are established by the English Licensing Act 2003 (Stationery Office Ltd, 2003). Local ‘Licensing Authorities’ publish a Statement of Licensing Policy (SLP) every 5 years to show how they plan to meet statutory objectives focused on crime prevention, public safety, public nuisance prevention, and child protection. These SLPs allow discretion with respect to how Licensing Authorities pursue these objectives, taking account of local contexts and priorities.

Licensing Authorities also have discretion to identify sub-areas within their local boundaries (‘Cumulative Impact Zones’ (CIZs)) that will receive more intensive policies (‘Cumulative Impact Policies’ (CIPs)). CIZs can be created where adverse effects of excess alcohol availability can be demonstrated, with the objective to modify spatial and temporal alcohol availability. CIPs place a greater burden of proof on alcohol licence applicants, requiring them to demonstrate why an application does not undermine its licensing objectives. This puts local authorities in a stronger position to reject or modify a licence application in CIZs (Egan et al., 2016). Previous research at the local level in England found that the introduction of a CIP did not decrease successful licence applications (Sharpe et al., 2017) but qualitative research has found that some implementers use the powers to modify applications to bring them in line with local policy objectives – for example by approving particular types of premise and seeking reduced hours of alcohol trade (Egan et al., 2016).

A national study focusing on local licensing policies included CIPs and licence application rejections as markers of intervention intensity. The study found that more intense local licensing policies were associated with reductions in alcohol-related hospital admissions and violent and sexual crimes, but not anti-social behaviour (de Vocht et al., 2016; de Vocht et al., 2017a; de Vocht et al., 2017b). This research was based on analysis of associations between national datasets and more recently time series analysis using synthetic controls (de Vocht et al., 2017b). However, these studies were not designed to evaluate *how* CIPs might have affected the number and types of licenced premises, changes in temporal alcohol availability, and alcohol sales; nor to differentiate between CIZs and non-CIZs when assessing how these changes effect intermediate behavioural outcomes, such as crime and ambulance call-outs.

CIPs are introduced by local authorities within SLPs that summarise all their different alcohol licensing policy objectives, not just those related to cumulative alcohol impacts. This can lead to two levels of policy change taking place concurrently: one set of changes implemented across the whole area, whilst additional CIP requirements are implemented in sub-areas identified as CIZs (Egan et al., 2016).

In this paper we present the results of an impact evaluation of a new alcohol licensing policy in an area of London that has one of the highest densities of pubs, bars, clubs and off-licences in the UK and second highest in London. Alcohol consumption has been identified as a major factor behind crime and disorder in the area with consequences to victims, businesses and local communities. The population suffers from high levels of alcohol-related ill health and premature deaths (London Borough of Islington and NHS North Central London, Annual Public Health Report 2012, 2012). The focus of the new SLP was on implementing an extensive CIP across one local government area and adopting new guidelines of earlier closing times for on and off-licence premises. This paper aims to understand how, and to what extent, the new SLP (including CIP; SLP-CIP) affected alcohol licensing decisions, and how this impacted on temporal, economic and spatial alcohol availability and alcohol-related harms (Figs. S1 and S2, Appendix 1 and 2).

2. Methods

2.1. Design overview

We used interrupted time series analysis to evaluate the impact of introducing the new SLP-CIP on outputs (i.e. licensing decisions; times of alcohol sales permitted by licences) and intermediate behaviour outcomes (i.e. crime, alcohol related ambulance call-outs and on-licence retail sales). We assessed immediate impacts (i.e. step change at the start of the policy in 2013) and impacts over time (i.e. slope change comparing trends before and after the introduction of SLP-CIP). We examined impacts on all outputs and intermediate behaviour outcomes separately for CIZs and non-CIZs and impacts on intermediate behaviour outcomes of the less permissive SLP-CIP across the whole Local Authority. Seasonality and serial autocorrelation were examined and accounted for, where appropriate.

2.2. Setting and intervention

In January 2013, a new Licensing Policy implemented a SLP-CIP, which introduced 7 CIZs across the area (Fig. S1, Appendix 1). The new policy also adopted a borough-wide guideline framework of closing times for businesses applying for new and variation alcohol licences as follows: (i) off-licences - 11 pm; (ii) night clubs - 1 am Sunday to Thursday, 2 am Friday and Saturday; (iii) restaurants, cafes and bars - 11 pm Sunday to Thursday, midnight Friday and Saturday; (iv) hot food and drink from takeaways - midnight Sunday to Thursday, 1 am Friday and Saturday; (v) 24 h sales of alcohol to hotel residents (Table S2b). The SLP-CIP aimed to change the alcohol environment (both day and night) by promoting safe and well managed retail premises, reducing off-licence sales and reducing hours of alcohol sales (Islington Licensing Team, 2012). This more comprehensive 2013 area-wide policy was implemented following a successful 2011 pilot of one small CIZ introduced in a small area with high concentration of nightclubs at the Local Authority boundary.

2.3. Data

Longitudinal data were obtained on licensing decisions (2008–2016), on-licence sales data (2010–2016), crime (2011–2016) and ambulance service incidents (2008–2016). Details of the datasets are available in Appendix 1. We used UK grid coordinate references and latitude and longitude to assign each premise and each variable to either CIZs or non-CIZs.

Licensing variables include (i) number of applications, (ii) decisions on applications and (iii) trading hours. To evaluate the impact on spatial availability of alcohol we used a combined measure of granted licence applications. We calculated proportion of applications granted (‘licence approval rates’) for total applications and separately for on- and off-licence applications. We studied the impact of SLP-CIP on temporal availability using average weekly trading hours of all granted applications based on opening and closing times of premises. We also calculated the proportion of all granted applications with a closing time on or after midnight on Friday and Saturday (‘late closing’).

Intermediate behaviour outcomes included alcohol related ambulance call-outs using London Ambulance Service data, and overall crime and anti-social behaviour rates using Home Office and open source police data (data.police.uk. ASB Incidents, Crime and Outcomes, 2016; Safestats, Intelligence Unit, and Greater London Authority, 2017). We calculated crime and alcohol related ambulance call-out rates using mid-year population estimates at Local Authority level. We examined the impact of SLP-CIP on economic availability using on-licence retail sales data (from pubs and bars) to examine effects on alcohol sales, units and quantity of alcohol sold. Data were available for participating premises separately for CIZs and non-CIZs (see Appendix 1 for further details).

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