



Examining local processes when applying a cumulative impact policy to address harms of alcohol outlet density



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ABSTRACT

One approach to addressing the negative health and social harms of excessive drinking has been to attempt to limit alcohol availability in areas of high outlet density. The Licensing Act (2003) enables English local authorities the power to implement a Cumulative Impact Policy (CIP) in order to tackle alcohol challenges. More than 100 English local authorities have implemented a CIP in one or more designated areas. We examined local licence decision-making in the context of implementing CIPs. Specifically, we explored the activities involved in alcohol licensing in one London local authority in order to explicate how local decision-making processes regarding alcohol outlet density occur. Institutional ethnographic research revealed that CIPs were contested on multiple grounds within the statutory licensing process of a local authority with this policy in place. CIPs are an example of multi-level governance in which national and local interests, legal powers and alcohol licensing priorities interface. Public health priorities can be advanced in the delivery of CIPs, but those priorities can at times be diluted by those of other stakeholders, both public sector and commercial.

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1. Introduction

The availability of alcohol is an important determinant of alcohol consumption and alcohol-related harms (Ayuka et al., 2014; Stockwell and Gruenewald, 2004). A body of research now exists supporting the association between restrictions in alcohol availability and reductions in hospital admissions and the health harms of alcohol over-consumption (Babor et al., 2010; Martineau et al., 2013). This includes restrictions of *economic availability* (e.g., by raising the minimum unit price of alcohol (MUP); Booth et al., 2008), *physical availability* (e.g., by reducing the spatial density of alcohol outlets; Campbell et al., 2009), and *temporal availability* (e.g., by reducing hours of sales; Popova et al., 2009). Evaluations have found that interventions that seek to restrict alcohol availability can reduce health and social harms but the evidence of effectiveness varies by context, intervention, and study methods (Gmel et al., 2015; de Vocht et al., 2016).

Worldwide attention has been placed on the potential public health benefits of policies that affect the economic availability of alcohol (Babor et al., 2010). However, a lack of English Government support for MUP policies, and the legal challenges faced in the European Courts by Scottish MUP proposals, mean that local government licensing of alcohol outlets represents an important lever for

modifying alcohol availability in the UK (Nicholls, 2012). One approach has been to implement local government policies that aim to limit on- and/or off- premise alcohol outlet density (Campbell et al., 2009; Gruenewald and Remer, 2006; Livingston et al., 2007; Martineau et al., 2013). On-premise locations may include bars, clubs, sporting facilities, and restaurants while off-premise locations include businesses such as grocery stores, convenience stores, and off licences. In some cases, premises hold both an on- and off- premise alcohol licence (e.g., a restaurant or bar that allows off-sales).

The Licensing Act (2003) enables English local authorities the power to implement Cumulative Impact Policies (CIPs) in order to strengthen licensing powers and limit the unwanted growth of alcohol outlet density. Under section 182 of the Act, revised guidance on cumulative impact for licensing authorities has been issued (Home Office, 2015; Woodhouse, 2015). Local authorities can implement a CIP by designating boundaries within their borough as cumulative impact zones (CIZs) if adverse social effects of alcohol market saturation can be demonstrated. More than 100 of 326 lower tier local authorities (LTLAs) or districts in England have implemented a CIP in one or more designated areas, resulting in at least 208 CIZs as of 2014 (Morris, 2015).¹

¹ In England, there are a total of 326 (LTLAs) or districts: 32 London boroughs, 36 metropolitan districts, 201 non-metropolitan districts, 55 unitary authorities, as well as the City of London and Isles of Scilly. As of 2014, there were 209 CIPs being implemented by 103 LTLAs (Morris, 2015).

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The CIP intervention creates a rebuttable presumption that applications for new alcohol sales licences or modifications of existing licences (e.g., extending opening hours) will be refused where it can be demonstrated that adding a new on or off licence will have negative social outcomes in violation of the licensing objectives (Home Office, 2015; Woodhouse, 2015). The four licensing objectives in England are: (1) *The prevention of crime and disorder*; (2) *Public safety*; (3) *The prevention of public nuisance* and (4) *The protection of children from harm*. It is worth noting that public health is *not* an explicit licensing objective in England as it is in Scotland (Scottish Executive, 2007).

Martineau et al. (2013) have argued that public health interest in CIPs rests partly in the perceived need to find deliverable means of restricting availability in the (current) absence of national-level policies such as MUP. In addition, the statutory guidance states that the case for a CIP can be supported on public health grounds, thus providing a formal route for Public Health authorities to work with and influence local licensing policy. CIPs may therefore help to address a more general dilemma that public health practitioners have a responsibility to protect the public from alcohol related harms but have limited powers to influence availability. This *responsibility without authority* is not confined to the UK (Martineau et al., 2013). For example Babor et al. (2010) have highlighted how the decentralisation of decision-making affecting alcohol availability has the effect of diluting or excluding the influence of public health at international, national and local levels. CIPs can therefore be considered an exemplar of how the global call for 'Health in all Policies' (World Health Organization, 2010; Ollila, 2012) can play out locally over the issue of alcohol availability. However, CIPs are discretionary: local authorities do not need to adopt them and those who do adopt can tailor the policy to local contexts. Hence the degree to which CIPs prioritise health relative to other alcohol related concerns both in the aims and the delivery of the policy—if *health and health inequities are a concern at all*—is the product of local decision-making processes.

A key gap that has been identified within the scientific literature on the social and public health consequences of alcohol outlet density is the lack of empirical research which explicates "how local decisions are made regarding policies affecting alcohol beverage outlet density or the consequences of such policy changes" (Campbell, 2009: 567). In this article we use an ethnographic approach to help understand the everyday, local world of alcohol policy from the standpoint of diverse actors involved in the work of alcohol licensing in a UK London Borough. The qualitative data we present in this article explores the actualities of local decision-making on regulation of alcohol retail density to gain insights into how CIPs can work, who the process favours, what concerns drive the process, and where public health concerns fit. From this we aimed to learn more about the potential of CIPs as a 'public health' as well as a 'licensing' intervention.

2. Methods

In this study we explored such decision-making processes with an approach informed by the sociological research tradition of institutional ethnography (IE). Developed by sociologist Dorothy Smith (1987, 1990, 1999, 2005, 2006), IE is a research approach that allows for a consideration of complex processes of social co-ordination across multiple local sites such as hospitals, schools, community organizations and government agencies (Eastwood, 2013; Mykhalovskiy and McCoy, 2002; Rankin, 2003; Smith, 2004, 2006). Institutional ethnographers use qualitative data including interviews and ethnographic observation to understand issues of access and local administrative processes within and across institutions (DeVault and McCoy, 2002). This research tradition

helps to reveal the ways in which particular institutional processes (e.g., granting a new or modified alcohol licence at the local level) are shaped by particular discourses and texts (e.g., CIPs, the Licensing Act (2003)). For example, as Campbell and Gregor (2002) explain: "texts and their activation constitute definite forms of social relations between the people involved. Mapping those relations allows analysts to identify how things are organized, how people's lives are ruled" (173).

As part of this program of research we conducted interviews with 24 participants. This included 14 semi-structured individual interviews and three small group interviews (with a total of ten participants). Research participants were purposively selected to include a diverse sample who spoke from the standpoint of their everyday work (e.g., licensing officers, councillors, police, trade) and had familiarity with local government implementation of CIPs in three English local authorities (two neighbouring authorities within London and one local authority outside of London). Potential research participants were first identified by our research partners working in local government. These participants were contacted by email to provide an explanation of the study and invite them for an interview. Additional participants were identified through a review of key policy documents, publically available licensing applications, and when attending licensing meetings in London. To protect confidentiality in what are relatively small policy areas, we have included generic job titles only, and removed all local identifying detail from quoted extracts. In addition to interviews across multiple local government areas, we conducted documentary analysis of key texts (e.g., licensing applications, representations made to the licensing committees by police, the local authority and residents etc.). All qualitative data collection took place over a nine-month period between April–December 2014.

We observed 21 alcohol licensing meetings in 2 neighbouring London Local Authority Boroughs that had implemented CIPs. Single licensing meetings reviewed between 1 and 5 applications for alcohol sales licences and typically lasted 2–2.5 h. These ethnographic observations are the primary data source for this analysis. In addition to formal interviews noted above, attending meetings gave opportunities for informal discussions with attendees regarding the licensing process and local concerns with alcohol availability. Licensing meetings provided us with entry into the everyday, text-mediated relations of implementing and contesting CIPs. By "text-mediated" we mean to highlight the ways in which local work practices were coordinated by statutory documents such as licensing applications and Home Office regulations. These texts served to direct sequences of action and inform the kinds of work carried out in the context of meetings including decisions to grant alcohol licences.

Consistent with this sociological tradition, we were concerned with examining "translocal relations of large-scale coordination" (McCoy, 2006: 110–111) and ultimately exploring how alcohol policies impact the health and social lives of people at the local level. IE has had limited application in public health sciences despite obvious applicability to understanding processes of multi-level institutional regulation (Grace et al., 2014). We have applied aspects of this methodological approach to this case study of CIPs to make visible not only what the intervention is intended to achieve, but what policy implementation looks like in everyday practice. This use of institutional ethnography within the realm of policy implementation builds on related transnational applications of this critical research strategy in the area of public health laws and HIV/AIDS governance (Grace, 2013; 2015) as well as related ethnographic research on legal decision-making process (Hawkins, 2002).

This study was conducted as part of a larger program of research examining local alcohol policies in different settings across England. Using an inductive approach, we developed local case

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