

## **ExILEnS: Exploring the Impact of alcohol Licensing in England and Scotland.**

Starting in April 2017, this study will examine whether and how local public health engagement in alcohol licensing, operates through the local licensing regime to affect alcohol-related harms. We aim to generate detailed, policy-relevant evidence that can be acted on locally, and inform potential national legislative changes and international licensing regimes.

### **BACKGROUND:**

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In England and Scotland, LOCAL COUNCIL LICENSING AUTHORITIES regulate the sale of alcohol. Statutory objectives of the alcohol licensing system are to prevent crime, disorder and public nuisance, promote public safety, protect children from harm and in Scotland only, to protect and improve public health.

Since 2011 (England) and 2009 (Scotland), local PUBLIC HEALTH TEAMS (PHTs, including alcohol and drug partnerships and public health departments in Scotland) are designated as 'Responsible Authorities' for licensing. Subsequently, many, but not all, PHTs have become proactive in engaging with alcohol licensing, e.g. collating and using local data on availability and harms to:

- help councils decide if the number of premises in a specific area is causing problems
- make representations against licence applications
- help develop licensing conditions for individual premises
- involve local communities in licensing issues

Both PHTs ENGAGEMENT IN ALCOHOL LICENSING, and LICENSING AUTHORITIES' activities commensurate with public health goals, vary between local authorities by both 'intensity' and type (1,2,4,61). Little is known about if, or how, implementing these activities actually influences licensing policy and decisions, as well as health or crime outcomes as shown in the diagram below. Better evidence is needed for PHTs to decide whether and how best to engage with licensing, and for licensing authorities to understand what elements of licensing lead to, or have the potential to reduce, alcohol-related harms.

AIM: To critically assess PUBLIC HEALTH ENGAGEMENT IN ALCOHOL LICENSING in England and Scotland from 2012 to 2018, explore processes and mechanisms of change, compare areas with differing types and intensity of engagement in terms of licensing activities, costs, benefits and impacts on alcohol-related harms.

SETTINGS & CONTROLS: 20 high PHT activity intervention areas and 20 low/no PHT activity matched control areas, 12 of each in England; 8 of each in Scotland.

PRIMARY OUTCOMES: Alcohol-related hospital admissions; A&E attendances; Cost-effectiveness, theory of change, and acceptability of the intervention to public health and licensing teams. SECONDARY OUTCOMES: Crime rates; Alcohol-related mortality; Health inequalities; Licensing policies and decisions.

### **RESEARCH QUESTIONS:**

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PRIMARY: Does intensive PUBLIC ENGAGEMENT IN ALCOHOL LICENSING reduce alcohol-related harms, in local authorities where such activity exists, compared with authorities with low levels of, or no, such activity?

SECONDARY: What are the costs and cost-savings, mechanisms of action, and impact on health inequalities of PUBLIC HEALTH ENGAGEMENT IN LICENSING? How do engagement, processes, acceptability, and outcomes vary between Scotland (where a public health objective for licensing exists) and England; and from PHTs and licensing perspectives?

### **DESIGN:**

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Mixed methods natural experiment with four Work Packages (WPs):

- WP1 INTERVENTION SCOPING & PROCESS EVALUATION: Documentary analysis, scoping and in-depth interviews with 40 PHTs (20 intervention & 20 control) to examine intervention activity and intensity, mechanisms of change, acceptability and processes involved.

- WP2 ALCOHOL HARMS EVALUATION: Use longitudinal growth models and time series analyses to evaluate the impact of high and low levels of activity on alcohol-related harms using routine (secondary) data from baseline 2009 to 2018.
- WP3 WIDER IMPACT, COSTS, & DISTRIBUTION OF EFFECTS: Evaluate intervention costs, estimated NHS cost savings, and health gains using the Sheffield Alcohol Policy Model. Estimate impact on alcohol consumption, potential impact on health inequalities (gender/socioeconomic).
- WP4 IMPACT: Refine and revise hypothesised theory of change. Organise stakeholder workshop with PHTs to discuss interim findings, a final theory of change, and a dissemination strategy. Synthesise all findings and recommendations.

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## PLAIN ENGLISH SUMMARY:

Our AIM is to find out what PHTs have been doing and whether their actions have had any impact on these alcohol-related harms, and if this activity is worth the cost and effort. OUR PLAN OF WORK: To answer these questions we will divide our work into four packages:

- 1) CURRENT ACTIVITY: Identify and engage the most active PHTs by speaking to national organisations who help them – these are ‘intervention areas’.
  - a) Gather a wide range of information about what PHTs are doing (or not doing) to engage with alcohol licensing authorities, as well as records of licences applied for, granted, refused etc. from 2012 to 2018.
  - b) Ask public health and licensing practitioners about how acceptable these activities are, how they make a difference, what are the challenges? (By visiting, interviewing them and looking at paperwork)
- 2) CHANGES IN HARMS: Match intervention areas with teams from similar areas where nothing or very little has been done in relation to these activities – these are ‘comparison’ areas. Gather existing information on alcohol-related harms and crime rates from 2009 to 2018 in both the ‘intervention’ and ‘comparison’ areas. Analyse whether any changes in harms or crime rates are related to the level of activity of PHTs, specific aspects of the local licensing system, and any differences between Scotland and England.
- 3) COSTS & BENEFITS: Estimate the value of this kind of PHT activity by comparing the costs of the activities with the savings from any health harms or crimes avoided, and the impact on inequalities between different groups in society. Estimate whether or not this kind of activity may have other impacts, such as on alcohol consumption or deaths in the longer term.
- 4) IMPACT: Pull together all the information, in consultation with local areas, to examine the ways in which the PHT’s licensing activity might have an effect, and to make recommendations about future activity, policy, and research on this topic.

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## FUNDING & TEAM:

This project is funded by the National Institute for Health Research [Public Health Research programme] (project number 15/129/11)

Our team includes researchers from 6 institutions and a former senior licensing professional. Together we have experience of researching alcohol licensing using a variety of methods, an in-depth understanding of the licensing system in Scotland and England, excellent links with local PHTs and extensive experience of conducting similar research with local authorities.

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**Independent Advisory Group:** Prof. Eileen Kaner, Newcastle University (Chair); Maria Smolar, Public Health England; Jon Foster, Institute for Alcohol Studies; Alison Douglas, Alcohol Focus Scotland; Colin Sumpter (NHS Forth Valley, formerly of Islington Council); Vittal Katikireddi (Glasgow University); Kypros Kypri (Newcastle University, Australia); Jamie Pearce (Edinburgh University); (others TBC).