

A Guide to Public Health and Alcohol Licensing in Wales

Working together to prevent alcohol related harm



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Authors

Josef Prygodzicz, Senior Health Promotion Specialist, Cardiff and Vale Public Health Team, Public Health Wales.

Jackie Williams, Senior Health Promotion Specialist, Aneurin Bevan Gwent Public Health Team, Public Health Wales.

Sue Wing, Principal Public Health Practitioner, Public Health Wales

Acknowledgements

With advice and guidance from:

Ashley Gould, Consultant in Public Health, Public Health Wales.

Claire Fauvel, Public Health Practitioner (Substance Misuse), Abertawe Bro Morgannwg Public Health Team, Public Health Wales.

Cheryl Williams, Principal Health Promotion Specialist, Cardiff & Vale Public Health Team, Public Health Wales.

Diane Gibbons, Principal Public Health Specialist, Cwm Taf Local Public Health Team, Public Health Wales.

Rhys Sinnett, Principal Public Health Officer, Hywel Dda Public Health Team, Public Health Wales.

Case study and sample letter contributions from:

Cardiff and Vale Public Health Team

Caerphilly Licensing Team, Caerphilly Borough Council

Alastair Dearling, Principal Licensing Officer, Newport City

Dr Gill Richardson, Executive Director of Public Health, Aneurin Bevan University Health Board

Dr Julia Lewis, Gwent Specialist Substance Misuse Service Consultant Addiction Psychiatrist and Aneurin Bevan University Health Board Clinical Lead for Addiction Services

Dr Sally Jones, Consultant in Emergency Medicine, Aneurin Bevan University Health Board

Linda O’Gorman, Principal Licensing Officer, Monmouthshire County Council

Background

Local Health Boards (LHB) in Wales have been one of the named responsible authorities on alcohol licensing since the 2003 Licensing Act was amended in 2012. The role of reviewing licensing applications and developing objections often falls under the remit of the Directors of Public Health. As such, this area of work is often delegated to members of Local Public Health Teams (LPHTs).

In 2015 a national Public Health Wales Alcohol Licensing Group was formed out of the identified need to share experience and best practice between public health professionals working on alcohol licensing within the seven Local Public Health Teams across Wales. This guidance was developed by this group to support public health professionals across Wales establish a process that allows them to quickly, easily and effectively respond to alcohol licensing applications. It seeks to:

- Outline the licensing process in the UK and explain the role of Local Health Boards (LHBs) as Responsible Authorities on alcohol licensing
- Explore the role of licensing in improving public health
- Share learning about the issues to consider when engaging with the licensing process
- Provide practical guidance and advice to support LHBs to effectively respond to licensing applications

The information within this guidance aims to help inform the development of local action on alcohol licensing for Local Health Boards across Wales. As priorities and needs will differ across health boards, it is advised that this guide be used as a starting point. Practitioners leading on alcohol licensing within Local Health Boards should consider local strategic priorities whilst implementing the guidance.



PART 1

Licensing and Public Health

The role of licensing in reducing harm from alcohol

Public Health Wales has identified alcohol misuse as a priority area for preventative action¹.

Reducing the availability of alcohol is identified by the World Health Organisation as one of the 'best buys' for preventing alcohol related harm. There is compelling evidence to suggest that it is an effective and cost effective approach to reducing alcohol consumption, harm and cost².

The use of the licensing process to regulate of the number and location of outlets selling alcohol is, therefore, a key element of prevention strategies. The active involvement of the health sector is important to maximise the public health impact of licensing decisions.

In Scotland, the 'protection and promotion of public health' has been a fifth licensing objective since 2011. A review of the policy in 2014⁵ identified increased engagement, strengthened working relationships and increased use of health evidence in licensing policy development. The introduction of a new objective has, of course, not been without challenges. It was noted, for example, that varying interpretations by licensing board members sometimes resulted in licensing policy outcomes that did not reflect the public health evidence presented.

In England and Wales public health is not currently included as a licensing objective of the Licensing Act. In recent years, there have been a number of calls for licensing legislation to provide increased powers to address the public health impact of alcohol consumption and to include public health as a fifth licensing objective^{3,4}.

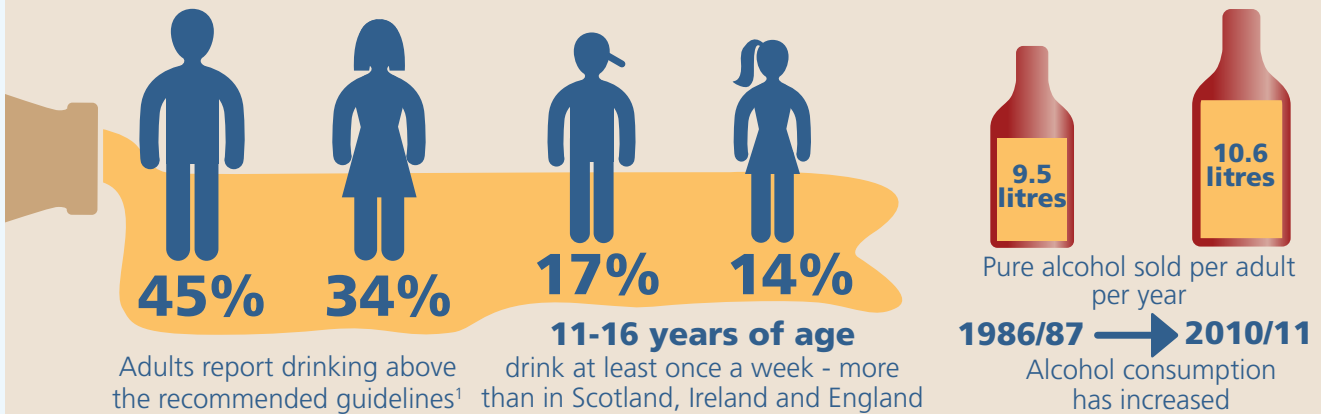
Although the protection and promotion of Public Health is not currently a fifth licensing objective in Wales, as a responsible authority it is still possible for a Local Health Board to influence licensing decisions and work with partners to promote the responsible sale of alcohol.

- 1 Public Health Wales (2016). Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales, http://www.wales.nhs.uk/sitesplus/documents/888/PHW%20Making%20a%20difference%20ES%28Web_2%29.pdf
- 2 World Health Organisation (2014) Global status report on alcohol and health 2014. (http://www.who.int/substance_abuse/publications/global_alcohol_report/msb_gsr_2014_1.pdf)
- 3 Alcohol Health Alliance (2013) Health First: an evidence-based alcohol strategy for the UK. University of Stirling <http://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf>)
- 4 All Party Parliamentary Group on Alcohol Misuse Manifesto, 2015
- 5 Mahon & Nicholls (2014) Using licensing to protect public health: From evidence to practice. Alcohol Research UK http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0114.pdf

Addressing Alcohol Misuse in Wales



Alcohol remains a major threat to public health in Wales



Alcohol remains a major cause of death and ill health with high costs to the individual, the health system, the society and economy in Wales

Health impact

Alcohol is associated with

- more than **200** types of **chronic disease, accidents and injuries**
- 1,500** deaths per year = **1** in **20** of all deaths
- Alcohol hurts the poorest the most**

Cost to overall economy

- Heavy drinking increases the **risk of unemployment and absences** from work
- 800,000** working days per year lost due to absences
- 1 million** working days lost due to **job loss or reduced employment opportunities**

Societal impact for Wales

Alcohol is associated with

- more than **6000** cases of domestic violence each year
- more than **£1 billion** cost of harm to society each year

Cost to NHS Wales

- £70 – £73 million** in 2008/09
- £35 - £37 million** emergency department attendances in 2008/09

1 Accurate as per latest data collection 2015 (Welsh Health Survey 2016) using 1995 alcohol guidelines (proposed new guidelines in 2016). Measured as men drinking more than 4 units and women drinking more than 3 units on at least one day in the past week.

The Solutions

Addressing Alcohol Misuse in Wales

Brief advice in primary care is **cost-effective**


Every **£1** spent on **motivational interviewing** and supportive networks for alcohol dependence returns **£5** to the public sector





'Best buys' which could reduce consumption, harm and costs if fully enforced are¹

1 unit = 50p (MUP) Introducing a **minimum unit price (MUP)** of 50 pence/unit of alcohol²

Wales would save:




53 deaths and **1,400 hospital admissions** per year with greatest impact in **deprived communities** and amongst **heavier drinkers**




£882 million over 20 years from **reduced health harm, crime** and **workplace absence**

For each year of good life restored, Wales would save:



Limiting availability (outlet density, hours and days of sale)




£385 - £1,000







Better control of advertising

£700 - £770

A combined strategy



brief advice + **random breath-testing** (enforce drink-driving laws) + **reduced access** + **better control of advertising** + **increased price**

could save 10 to 20% of the alcohol burden on the individual, society and the economy

¹ "Best buys" recommended by WHO with compelling evidence of cost-effectiveness, feasibility, low-cost and appropriate to implement within the constraints of the local health system. ² Based on 2014 prices

Note: This infographic is part of the 'Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales' report. The methods and sources of information are available in the 'Supporting Evidence' document on the Public Health Wales website. Where possible, latest figures for Wales are presented. Where unavailable, figures for Wales have been estimated from the latest UK/England/other data on unadjusted per capita basis.

Legislation and the role of Local Health Boards

The role of the Licensing Act 2003 is to regulate the sale and supply of alcohol in the UK. The 2003 Act superseded the previous incarnation introduced in 1964. The latest statutory guidance to be issued under section 182 of the Licensing Act 2003 and laid in Parliament is available on the GOV.uk website⁶.

The role of Local Health Boards

In 2012, a major addition to the 2003 Act was the introduction of Directors of Public Health (DPH) in England and Local Health Boards (LHB) in Wales as Responsible Authorities for the purpose of licensing decision making along with:

- Area Police Force
- Local Fire and Rescue
- Local relevant Licensing Authority
- Local enforcement agency for the Health and Safety at Work etc Act 1974
- Environmental health authority
- Planning authority
- Body responsible for the protection of children from harm
- Local trading standards
- Any other licensing authority in whose area part of the premise is situated

Under the 2003 Act, responsible authorities must be satisfied that a existing and prospective licensed premises promotes the four licensing objectives of:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm

Any objections to applications from responsible authorities must be made under the criteria of the four licensing objectives, and evidence must be provided as to how the application fails to demonstrate fulfilling the criteria.

The revised guidance under section 182 issued by the Home Office in March 2015 states that within their roles as responsible authorities on alcohol licensing, LHBs should:

*"...have sufficient knowledge of the licensing policy and health issues in order to be able to fulfil this function. If they wish to make representations, the DPH or LHB will need to decide how to best gather and coordinate evidence from other bodies exercising health functions in the area, such as emergency departments and ambulance services."*⁸

"an opportunity rather than an obligation"

*"Health bodies receive copies of all licence applications as a requirement of the Act but don't have to make a representation in relation to each application. Health bodies can also make representations about local licensing policies and cumulative impact policies at the relevant times."*⁷

⁶ <https://www.gov.uk/government/publications/explanatory-memorandum-revised-guidance-issued-under-s-182-of-licensing-act-2003>

⁷ Home Office (2014) Additional Guidance for health bodies on exercising functions under the Licensing Act 2003. <https://www.gov.uk/government/publications/additional-guidance-for-health-bodies-on-exercising-functions>

⁸ <https://www.gov.uk/government/publications/explanatory-memorandum-revised-guidance-issued-under-s-182-of-licensing-act-2003>

The licensing process provides LHBs with the opportunity to reduce alcohol related harm by influencing the availability of alcohol within their area. Health data and information can be used alone or to supplement information presented by other responsible authorities to inform licensing decisions and the conditions attached to them. It can also help inform work with retailers and other partners to promote responsible alcohol sales. Health or public health is not currently a licensing objective with Wales and it is not possible for decisions to be made by licensing committees based solely on a health argument. It is still possible, however, to use the existing licensing objectives to frame arguments using health data and evidence, local strategic frameworks and public health principles.

LHBs as responsible authorities can have a leading role in objecting to licenses, or a supporting role to other responsible authorities making representations. It is important to recognise that creating a sufficiently robust and specific representation that will influence individual licensing decisions can be challenging and time consuming. There are, however, wider benefits in developing relationships and data that can be used to influence enforcement action, informal negotiations with license holders and decisions about the development and implementation of Statements of Licensing Policy and Cumulative Impact Policies.

Statements of Licensing Policy

Section 5 of the 2003 Licensing Act requires a licensing authority to publish a licensing policy statement on their websites setting out how they intend to run and enforce the licensing process in their area. These policies must be reviewed at least once every five years.

Cumulative Impact Policies

Cumulative Impact Policies (CIPs) are tools for licensing authorities to utilise in order to limit the growth of licensed premises in areas of concern. They provide the opportunity for a more strategically managed approach to the quantity of alcohol licensed premises within an identified area. CIPs are currently set out in guidance only and are not part of legislation.

Licensing authorities set out the details of CIPs within the Licensing Policy Statement, and may work in partnership with other responsible authorities to identify areas of concern and develop the detail of the CIP. There is usually a period of consultation on proposed CIPs before they are finalised by licensing authorities.

CIPs may only be applied to a license application when a relevant representation has been made by a responsible authority or interested party, that expresses concern for the potential cumulative impact of the license application in question. They are not used to automatically cover all applications within an identified CIP area.



PART 2

Practical guide
for practitioners

Getting prepared

1. Get to know the legal context and local alcohol priorities. Some key areas of knowledge to develop include:

- Knowledge of local health needs and priorities. Knowledge of local strategies, national policies and wider local alcohol work. Understand the needs and expectations of local alcohol leads
- Knowledge of the Licensing Act 2003 and the application of the four licensing objectives detailed within the Act. Familiarity with the Home Office Section 182 guidance is essential in providing a clear expectation of how the legislation should operate in practice
- Knowledge and familiarity with the local Statement of Licensing Policy which details the intended approach within the local authority area towards all issues relating to alcohol licensing. This may also include details of any other policies that need to be taken into account (including Cumulative Impact Policies for example)
- An understanding of the health data available and the limits attached to it. This will help when providing the data as evidence to support objections and also allow for preparation of defence when questioned about its value
- Knowledge and understanding of a range of licensing conditions that can be applied to granted licenses
- An understanding of the evidence base

2. Develop your contacts and experience:

- Get to know key partners, particularly the organisation that takes the lead on alcohol licensing in the local area (often the area Police force or the Local Authority). It is important to build relationships and trust as well as a mutual understanding of strategic priorities, approaches and the added value that each partner brings to the process
- Attend a licensing subcommittee meeting prior to making the first representation. This will provide experience and an understanding of how the subcommittee operates within the local area as well as understanding the process of submitting information and making representations at hearings
- Attend a licensing visit initiated by a fellow responsible authority such as local authority licensing, police licensing, trading standards or a joint licensing review. This can provide useful experience on the practical issues facing responsible authorities.

Collecting Data and Evidence

It is important that responses to licensing applications are supported by relevant data and evidence. The evidence presented to the licensing committee must be relevant to the licensing objectives and the specific application or premises. It may be possible to work with the finance departments to estimate the costs of alcohol-related violence locally. Routinely collected health data, such as emergency department visits or in-patient admissions, provides a 'direct' and 'acute' measure of the burden of alcohol related incidents on health and health services. There can, however, be issues with the quality and completeness of this data and it can be particularly difficult to identify the specific location of the incident and whether it is alcohol related.

It is possible to make assumptions about the location of the incident based on where the patient presents (the nearest emergency department) or where they live. Similarly an assumption that the incident is alcohol related can be based on the age of the patient (18–35), the time of the incident (6pm–6am) or the diagnosis coding of emergency in patient admissions (S, T, V, W, X, Y, Z code in any position in the diagnosis fields). These assumptions, however, compromise the accuracy of the data and if presented as evidence would be subject to legal challenge.

There are ways that routine data collection systems can be enhanced to ensure that the data collected is better suited to this purpose. Enhancing the systems used to collect, analyse and share data is likely to require additional resources. Experience from within Wales and elsewhere suggests that this information is a useful addition to evidence submitted by other partners and that it is particularly useful for informing and targeting preventative action.

Emergency Unit Data

The quality of the data routinely captured in Emergency Units varies considerably and influencing this can be challenging. There may be an opportunity to establish a system where the location of alcohol related incidents is captured routinely at Emergency Units. This can be achieved by reception staff routinely capturing the information of the location of incidents when alcohol is part of the reason for a person presenting at the Emergency Unit.

It is particularly helpful if this data is routinely analysed and logged in such a way to be able to analyse trends and identify problematic areas or premises. This information can then be provided as evidence at hearings or reviews of licenses to highlight the number of alcohol related incidents taking place at premises.

Last Drink data

Similarly, when intoxicated patients present at Emergency Units, there is an opportunity for reception staff to capture the location of where they consumed their last drink. *Last Drink data* can be used to add a layer of understanding of how various premises operate within the night time economy. It can be deduced that an intoxicated patient presenting at an Emergency Unit was likely to already to be intoxicated before consuming their last drink. If this data is monitored regularly, there is potential to identify trends of premises regularly serving people alcohol when they are already intoxicated.

Although *Last Drink data* can be scrutinised by legal representatives, and it should not be used as a main focus of an argument, it does provide an indication of how premises approach serving alcohol to already intoxicated people, which can support a wider objection to the granting of a license.

Data sharing agreements

By developing data sharing agreements between responsible authorities (including LHBs and Area Police Forces), there is an opportunity to cross reference data to ensure that all alcohol related incidents are captured within areas. This will provide a clear overview of premises operating within night time economies.

An example of the benefit of this is if a patient presents at an Emergency Unit intoxicated after being served a last drink at a premises. As this would not have been recorded as an alcohol

related crime, the Area Police Force may not otherwise have known of this intelligence, but by sharing the information, the LHB contributes to the data gathered on the overall alcohol related activity of the premises.

There is evidence that information sharing partnerships can have a significant impact on immediate health outcomes such as violence.

“An information sharing partnership between health services, police, and local government in Cardiff, Wales, altered policing and other strategies to prevent violence based on information collected from patients treated in emergency departments after injury sustained in violence. This intervention led to a significant reduction in violent injury and was associated with an increase in police recording of minor assaults in Cardiff compared with similar cities in England and Wales where this intervention was not implemented. The A&E data provided through the partnership has been used by the City of Cardiff Council to develop the city’s licensing policy.

Information sharing and use were associated with a substantial and significant reduction in hospital admissions related to violence. In Cardiff City rates fell from seven to five a month per 100 000 population compared with an increase from five to eight in comparison cities (adjusted incidence rate ratio 0.58, 95% confidence interval 0.49 to 0.69). Average rate

of woundings recorded by the police changed from 54 to 82 a month per 100 000 population in Cardiff compared with an increase from 54 to 114 in comparison cities (adjusted incidence rate ratio 0.68, 0.61 to 0.75). There was a significant increase in less serious assaults recorded by the police, from 15 to 20 a month per 100 000 population in Cardiff compared with a decrease from 42 to 33 in comparison cities (adjusted incidence rate ratio 1.38, 1.13 to 1.70).

The graphs of rates of violence in the supporting material suggest that, after a period of about two years in which rates in the intervention city and comparison cities diverged, steady state was reached and differential rates were maintained thereafter. This suggests that effectiveness increased as the partners learned how to process data efficiently and to deliver prevention based on the combined data and that this learning became embedded in practice.”⁹

9 Excerpt from – NICE Shared learning Database (2015). The effectiveness of anonymised information sharing and use in health service police and local government partnership for preventing violence related injury <https://www.nice.org.uk/sharedlearning/the-effectiveness-of-anonymised-information-sharing-and-use-in-health-service-police-and-local-government-partnership-for-preventing-violence-related-injury>

Managing applications

The following section outlines a quick and easy step by step guide to assist LHBs in the process of making an objection to an application. It has been designed with consideration to each part of the licensing legislation and process and aims to provide an evidence based and effective way for LHBs to identify opportunities to object to applications.

Step 1 – criteria for identifying and sifting

It is unlikely that LHBs will choose to submit responses to every license application. Premises with existing licenses are required to submit applications for all changes (including cosmetic changes to the interior of the building), so it is unlikely that every application will bring the opportunity to object. In order to save time and maximise efficiency, it is advisable for LHBs to devise their own set of criteria as to what is important for them locally and how the licensing process can be utilised to achieve identified outcomes.

Each application details what the applicant seeks through the license. It will cover:

- Hours of operation
- If it is an on or off license trade (or both)
- Details of length of license (ongoing license or temporary / fixed term duration)
- The location
- If food is served
- If music (live or recorded) will be played
- If adult entertainment will be available
- If sports matches will be shown at the premises
- If films will be shown at the premises

Whilst much of the information will provide context to the application, some of the detail may be surplus to requirement. The key pieces of information with each application will be the hours and days that a licensee is seeking to sell alcohol and whether the application is for on premises or off premises sales or both. This information will dictate whether or not the LHB should consider an objection, or if an application does not require further comment.

A potential method of assessing whether to consider making an objection could be to use a traffic light system. The following is a set of criteria based on a traffic light system developed by The Safe Sociable London Partnership ⁽³⁾. The **RED** criteria contain examples of information from an application that may (depending on the identified needs of each area) warrant consideration of objection following the initial scan of the information received. The **GREEN** criteria contain examples of information from an application that would suggest no further investigation is required.

RED

- Any application within a Cumulative Impact Policy area
- High volume or 'vertical drinking' establishments
- Night Clubs
- Premises that have been identified as problematic seeking to extend opening hours
- Premises under review by other responsible authorities
- Any application for hours after midnight or before 8am

GREEN

- Restaurants before midnight
- Food venue before midnight
- Theatre bars before midnight
- Temporary Event Notices (TENs): LHBs do not have a remit to respond to these

Step 2 – scanning and data gathering

When an application has been identified as **RED** and the LHB is considering an objection, it is necessary to:

- Identify the specific concerns relating to the application
- Establish the evidence that would support an objection and a representation at a licensing hearing
- Examine the available data relating to the licensed premises (eg numbers of attendance at an EU from the premises, last drink data from the premises)

If suitable data is identified to develop an evidence base to object to an application, then a representation should be considered. If there is insufficient data to object to an application, then discussions should be held with other responsible authorities to find out if LHB representation could add support to their objection.

Framing the argument

At licensing hearings, responsible authorities have the opportunity to provide local evidence to licensing committees who make decisions on the outcomes of licensing applications.

The 2003 Licensing Act stipulates that all representations and objections against license applications must be related to one or more of the four licensing objectives. The licensing committee may scrutinise the relevance of the evidence to the objectives outlined in the Act. Full guidance can be found within the amended Section 182 Guidance.¹⁰

It may be useful to include evidence about the availability and affordability of alcohol and its known impact on population health and wellbeing, however, any objection to an alcohol license must be based on one of the 4 licensing objectives. The following are examples of how an objection could be framed under each of the four licensing objectives:

The prevention of crime and disorder:

LHBs may object to a new license application within a certain area or a variation to an existing license, based on a high number of recorded alcohol related crimes (eg assaults) within an area or within an existing licensed premise.

Public safety:

The Local Health Board may frame an argument around evidence that the premises is linked to cases of alcohol poisoning, drink driving or violence and advocate for harm reduction measures such as the use of plastic glasses.

The prevention of public nuisance:

LHBs could frame an objection against extended opening hours on existing licensed premises, or object to a new application, by providing support to arguments based on prevention of public nuisance. This could be done by supporting other responsible authorities on noise pollution by providing evidence on health impacts of sleep deprivation for example.

The protection of children from harm:

LHBs may have evidence on rates of domestic violence towards children within a geographical area as a result of alcohol consumption that could be used in an objection to an application by an off license to extend its opening hours, based on a potential increase of domestic violence towards children. LHBs may also obtain information about the sale of alcohol to underage persons and raise concerns to a licensing committee about the health implications of this. Public Health Wales publishes an annual report on substance misuse which includes information on parental substance misuse, school exclusions for drugs and alcohol and foetal alcohol syndrome.¹¹ Sample letters outlining the harms to children and young people can be found on pages 25 to 36.

Summary

These examples demonstrate that although there is not a specific health objective within the licensing framework, there is a health dimension to each of the existing objectives and therefore the potential for LHBs to find an angle to object on each of them. The previous examples highlight just some potential opportunities for LHBs to be involved in objecting to license applications and are not an exhaustive list. It is possible for LHBs as responsible authorities to have a leading role in objecting to licenses, or a supporting role to other responsible authorities making representations.

¹⁰ <https://www.gov.uk/government/publications/amended-guidance-issued-under-section-182-of-the-licensing-act-2003>

¹¹ Emmerson & Smith (2016) Piecing the Puzzle: the annual profile for substance misuse. Public Health Wales



PART 3 Toolkit

Evidence

The social, financial and health impacts of alcohol consumption

'Alcohol misuse is already one of the most serious public health challenges in Wales' (Chief Medical Officer for Wales, 2010)

- The misuse of alcohol is associated with significant health, social and economic costs to individuals, families, communities, workplaces, organisations and society as a whole.
- Alcohol is a major cause of death and illness in Wales with around 1,500 deaths attributable to alcohol each year (1 in 20 of all deaths).¹²
- The impact of alcohol on health creates enormous pressures on our health systems. Every week, hospitals in Wales handle as many as 1,000 admissions related to alcohol, increasing strains on already stretched services.¹ In 2015/16 in Wales there were 53,957 hospital admissions related to alcohol.¹³
- A study in 2010 estimated that in 2008/09 the cost of excess alcohol to the NHS in Wales was between £69.9 million and £73.3 million.¹⁴
- The Office for National Statistics (ONS) survey found almost one in seven adults (14%) in Wales had drunk 14 units or more in a single day – higher than England (8%) and Scotland (13%).¹⁵
- It is recognised that surveys underestimate alcohol consumption. Comparison with UK alcohol sales data suggests that the drinking reported in surveys only represents 60% of the total amount of alcohol sold.¹
- In a survey over half those questioned (59.7% of adults aged 18 years and older) in Wales had experienced at least one harm from someone else's drinking in the last 12 months. Nationally, this is estimated to be equivalent to 1,460,151 people.¹⁶

The impact of outlet density

Excess alcohol consumption causes harmful effects to health and also leads to violence. Research by Fone et al (2016) into the patterns of alcohol availability and alcohol related harm over time in Wales found that changes leading to the increased availability of alcohol were related to an increase in alcohol-related harm, such as excessive alcohol consumption, hospital admissions and violent crimes.

Researchers measured alcohol availability by taking the average of the distances between all households and all licensed alcohol premises within a small geographical area. The link between this measure of alcohol availability and anonymised data from the Welsh Health Survey, hospital records and the police was then analysed.

The results show that changes in alcohol availability over time were related to changes in alcohol related harm. The study found that patterns of harm were not the same across Wales, more deprived local authority areas had higher levels of poorer health caused by alcohol and more violent crime.¹⁷

12 Gartner et al (2014). Alcohol and health in Wales. Public Health Wales NHS Trust

13 Emmerson & Smith (2016) Piecing the Puzzle: the annual profile for substance misuse. Public Health Wales

14 Phillips et al (2010). Assessing the costs to the NHS associated with alcohol and obesity in Wales. Welsh Assembly Government

15 ONS (2016) Adult drinking habits in Great Britain:2014.

<https://www.ons.gov.uk/releases/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain2014>

16 Quigg et al, 2016. Alcohol's Harms to Others: the harms from other people's alcohol consumption in Wales. CPH. Accessed online: <http://www.cph.org.uk/wp-content/uploads/2016/09/PHW-Harms-to-Others-Report-E7.pdf> 17/11/2016

17 Fone D et al (2016) Change in alcohol outlet density and alcohol-related harm to population health (CHALICE): a comprehensive record-linked database study in Wales. Public Health Research Volume: 4 Issue: 3 <http://www.journalslibrary.nihr.ac.uk/phr/volume-4/issue-3#plain-english-summary>

The long term impact of adverse childhood experiences (ACES).

Results from the first Welsh Adverse Childhood Experience (ACE) study in 2015¹⁸ demonstrate the long term impact of parental alcohol misuse and other alcohol related negative experiences such as abuse, domestic violence and having a family member in prison.

The study found that show that suffering four or more harmful experiences in childhood increases the chances of committing violence against another person in adulthood by 15 times. Adults with four or more adverse childhood experiences are four times more likely be a high risk drinker highlighting a destructive cycle of harm.

Alcohol's harms to others report

There is a growing recognition of the negative impact that an individual's drinking can have on the people around them. This includes sleep disturbance, relationship problems, property damage and injury. The need to focus action on reducing these wider harms is identified in the World Health Organisation's global strategy to reduce the harmful use of alcohol.¹⁹ In 2015 a study by Liverpool John Moores University, in collaboration with Public Health Wales, found that almost 60% of adults in Wales had experienced at least one harm from someone else's drinking in the last 12 months.²⁰

18 Public Health Wales (2015) Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population [http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)

19 World Health Organisation. 2014. Global Strategy to Reduce the harmful use of alcohol. Geneva, Switzerland, World Health Organisation

20 Quigg et al, 2016. Alcohol's Harms to Others: the harms from other people's alcohol consumption in Wales. CPH. Accessed online: <http://www.cph.org.uk/wp-content/uploads/2016/09/PHW-Harms-to-Others-Report-E7.pdf> 17/11/2016

Adverse Childhood Experiences (ACEs) in Wales

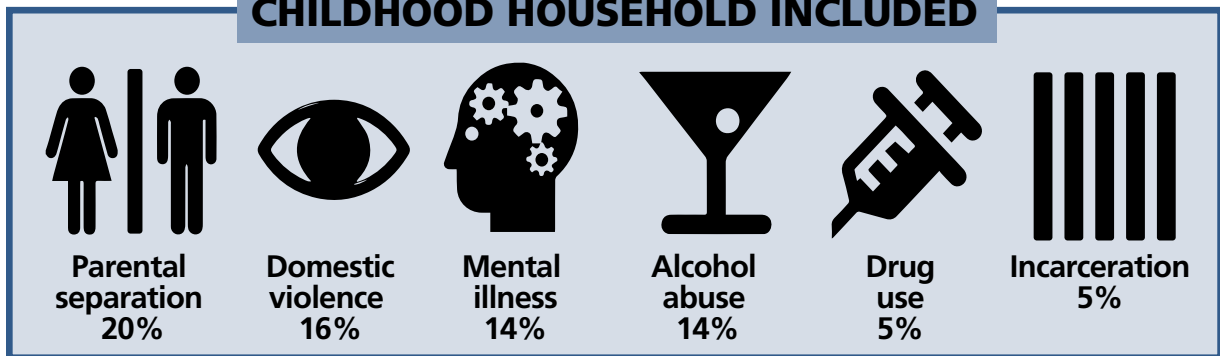
ACEs are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence).

How many adults in Wales have been exposed to each ACE?

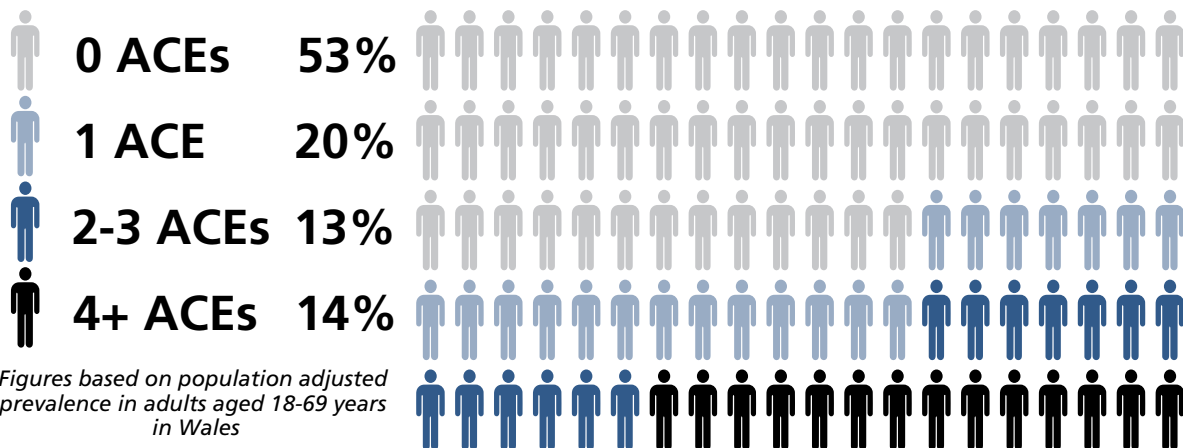
CHILD MALTREATMENT



CHILDHOOD HOUSEHOLD INCLUDED



For every 100 adults in Wales 47 have suffered at least one ACE during their childhood and 14 have suffered 4 or more.



Alcohol's Harm to Others (H2O) in Wales



















Alcohol's harms to others are the harms caused to an individual as a result of another person's alcohol consumption.



59.7%

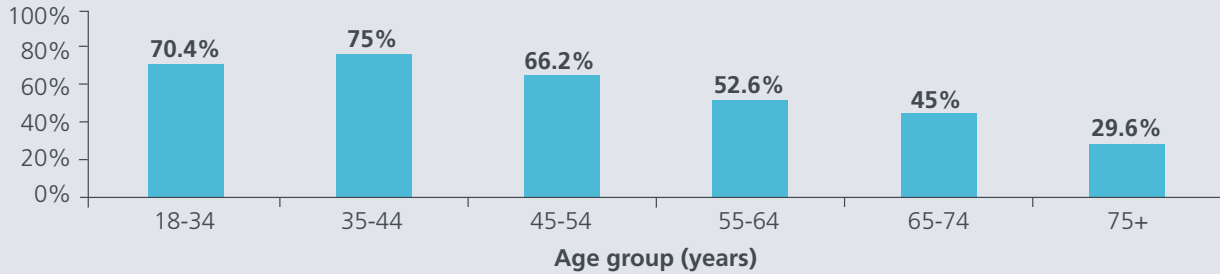
of adults in Wales were estimated to have experienced at least one harm from someone else's drinking in the last 12 months, equating to over 1.4 million Welsh adults^a.

Harms suffered by individuals in the last 12 months due to other people's drinking:

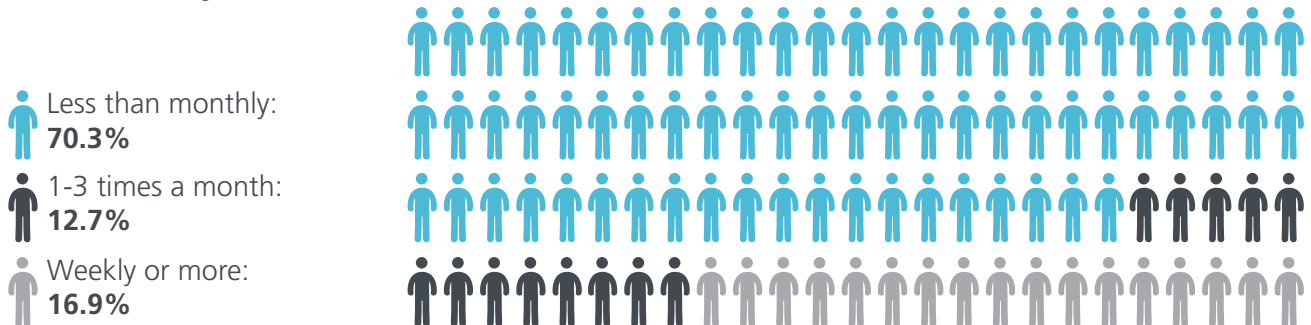
 Had to contact police 10.8%	 Had property damaged 10.8%	 Been physically assaulted 5.5%
 Felt physically threatened 17.7%	 Been accidentally injured 6.5%	 Been concerned about harm to a child 5.4%
 Money spent on alcohol that would have been spent elsewhere 8.3%	 Cared for someone with a long term condition caused by alcohol 6.2%	 Been emotionally hurt or neglected 17.3%
 Felt anxious 29.2%	 Ended contact with someone 15.5%	 Felt let down 19.2%
 Had a serious argument 20.3%	 Felt forced or pressured into sex or something sexual 1.8%	 Personally drank alcohol to cope 6.2%
 Moved residence 3.5%	 Had sleep disrupted 29.0%	 Been put at risk when someone was drink driving 2.6%

^a Based on 2013 population adjusted prevalence in adults aged 18 years and older in Wales.

Individuals in younger age groups were more likely to report experiencing harms from other people's drinking

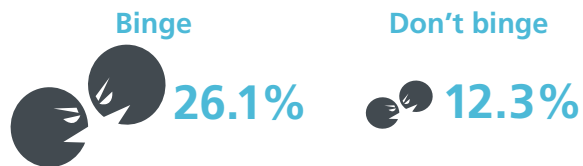


Of those experiencing any harm in the last 12 months, 16.9% reported doing so on at least a weekly basis^b.



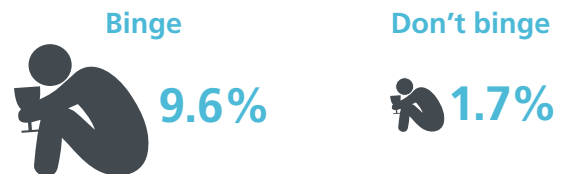
Alcohol Fuelled Argument

Regular binge drinkers^c were more likely to have serious arguments which they believed were due to other people's drinking.

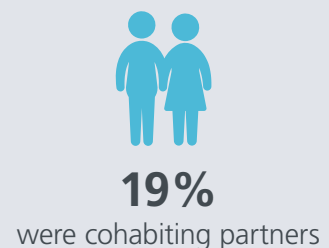
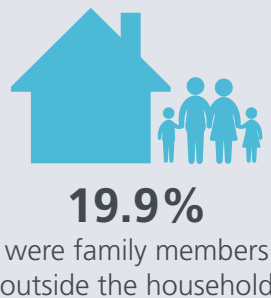
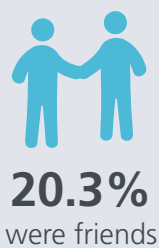


Drink Alcohol to Cope

People who drank alcohol to cope with problems caused by another person's drinking were more likely to be regular binge drinkers^d.



Most often, those causing the harm were known to those experiencing the harm^b:



^b Average values across 18 types of harm explored in the study. Unadjusted figures.

^c Drank six or more alcoholic drinks on one occasion at least monthly in the last 12 months.

^d The relationship between personal alcohol consumption and experiencing harms from others' drinking is likely to vary by harm type. For example, binge drinking was associated with increased risks of the harm drinking to cope but this could be because individuals' binge drinking is a result of (not a cause of) drinking to cope with the consequences of another person's alcohol consumption.

Why does licensing matter?

- Opening hours and density of alcohol sales outlets influence alcohol consumption, drinking patterns and damage due to alcohol²⁴.
- It has been concluded that restricting the availability of alcohol is an effective way of reducing alcohol related harm.
- The number of alcohol outlets is strongly related to alcohol related hospital admissions²⁵.
- There is a significant link between the density of 'pubs and clubs' and numbers of assaults²⁶ and also to crime rates in general²⁷.
- Reducing alcohol availability and access is key to preventing alcohol related problems in the community²⁸.
- Extensions to opening hours are most often used by problem drinkers to increase their access to alcohol²⁹.
- Increasing the density of alcohol outlets increases competition, usually leading to lower prices and increased alcohol consumption³⁰.
- Marginalised drinkers are most affected by changes in alcohol availability¹⁴.

Sample letters and templates

The following templates and paperwork have been developed and shared by partners in Gwent and Cardiff. You may adapt them to meet local needs although it is worth bearing in mind that the repeated use of standard letters and phrases can reduce their impact with licensing committees and may make the preparation of arguments for the legal challenge of decisions easier.

24 Popova S et al (2009) Hours and days of sale and density of alcohol outlets: impacts on alcohol consumption and damage: a systematic review. *Alcohol & Alcoholism*. 44, pp. 500 – 16.

25 Tatlow et al (2000) The relationship between the geographic density of alcohol outlets and alcohol-related hospital admissions in San Diego County. *Journal of Community Health*, 25 (1), pp. 79–88.

26 Gouvis Roman et al (2008) Alcohol Outlets as Attractors of Violence and Disorder: A Closer look at the Neighbourhood Environment. Available at: http://www.urban.org/UploadedPDF/411663_alcohol_outlets.pdf [Accessed 23rd April 2013].

27 Gruenewald et al (2006) Regulating Availability: How access to alcohol affects drinking and problems in youth and adults. *The Journal of the National Institute on Alcohol Abuse and Alcoholism*. 24 (2), pp. 258–267. Available at: <http://pubs.niaaa.nih.gov/publications/arh342/248-256.htm> [Accessed 5th June 2013]

28 Gorman and Horel (2005) Drug 'hot-spots', alcohol availability and violence. *Drug and Alcohol Review*. 24, pp. 507–513. Available at: <http://onlinelibrary.wiley.com/doi/10.1080/09595230500292946/abstract> [Accessed 5th June 2013]

29 McLaughlin et al (1992) and Smith (1986)

30 Livingston et al (2007) Changing the density of alcohol outlets to reduce alcohol-related problems. *Drug and Alcohol Review*, 26 (5) pp. 557–566.

Sample letter to support a Review Application under Licensing Act 2003
Licensing Objective Protecting Children from Harm

**(LHB) Department of Accident & Emergency
Consultant in Emergency Medicine**

NAME OF PREMISES

Dear

Re: Alcohol Intoxication in Young People

As a Consultant in Emergency Medicine all too often I have to deal with the adverse effects from alcohol, both in patients with acute intoxication and the health problems arising from the chronic misuse of alcohol.

Of particular concern are the increasing numbers of very young people presenting to our services.

Having read the attached Review application under Licensing Act 2003 by XXXX (enter the Responsible Authority initiating the review), I lend my support to serious consideration of preventing premises which have been proven to sell alcohol to underage people.

Amend following paragraphs as locally appropriate: Children as young as XX years have presented in our hospital/s following an episode of heavy alcohol consumption. Blood alcohol levels as high as XXXX have been found. This level represents more than XX (double) the drink driving limit of 800 mg/l. At such levels an alcohol naive individual would be significantly impaired. You would expect them to be confused, drowsy, disorientated and unsteady on their feet. There may be associated vomiting, dizziness and they may experience double vision. This would place the individual at risk of injury from accident and assault including possible sexual assault.

Whilst higher levels of intoxication would rapidly lead to a greater loss of consciousness, loss of protective airway reflexes and respiratory depression putting the individual at risk of coma, cardiovascular collapse and death.

Many of these young people appear to obtaining their alcohol from licensed premises.

Surely this is one area where we can act to prevent harm.

Yours faithfully

Consultant in Emergency Medicine

**Gwent Specialist Substance Misuse Service
Consultant Addiction Psychiatrist &
(LHB) Clinical Lead for Addiction Services**

NAME OF PREMISES

Dear

Re: Application by XXX (lead Responsible Authority) under Section 51 of the Licensing Act 2003 for a Review of a Premises Licence in respect of XXX (premise name)

I have been asked to provide evidence to support the above application for a premise review as a consequence of the concerning levels of underage sales resulting in alcohol intoxication by several adolescents after purchasing alcohol at the XXX (premise name).

Then introduce role and capacity to provide evidence e.g. I am a (Consultant in Addiction Psychiatry) and (have a special interest in alcohol misuse disorders and in particular the effects of alcohol on the brain).

Excessive consumption of alcohol in adults has both acute health effects and, if use chronic, longer term complications. The complicating factor in adolescents is the ongoing development of both the liver and brain. The former affects the body's ability to 'metabolise' the alcohol (i.e. change it from a toxic chemical to a less toxic one that is more easily excreted) and the latter affects the way in which control over consumption is managed.

Alcohol is not metabolised in adolescents in the same way as in adults. The liver is not as effective in converting alcohol into its less harmful cousin and so the toxic form hangs around longer than in an adult. In addition adolescents generally have lower body mass than adults which in turn leads to higher blood alcohol concentrations because of a lower circulatory volume.

Two parts of the brain are involved in our control of risk taking behaviour. The first is the striatum which is the 'pleasure centre' and demands immediate satisfaction of cravings. The other is the prefrontal cortex and this operates as the sensible controlling part of the brain that keeps the striatum in check. In adolescents the connections from the striatum to the prefrontal cortex are well developed so that the pleasure centre can make demands to be gratified. However, the connections back from the prefrontal cortex to the striatum are not fully developed until the early 20s and so there is less ability to control the pleasure centre. This breakdown in communication between the two areas of the brain is more likely when adolescents are engaged in risk taking activity (such as drinking) in a peer group.

As a result, adolescents, regardless of how much knowledge they may have about the harms of drinking, cannot make sensible decisions about drinking when with a group of friends engaged in that activity. Control is therefore by restriction of supply, hence the licensing rules we have in the UK.

The acute harms of intoxication occur after a binge of drinking. Alcohol is a suppressant. It acts by enhancing the effects of a chemical messenger in the brain called gamma-aminobutyric acid (GABA). GABA is a major inhibitory chemical. Stimulate the system a bit and you feel sleepy and reaction times are slowed. Stimulate it a lot and you lose consciousness and stop breathing. These risks are greater after an episode of heavy alcohol consumption.

However, due to the lowered metabolic rates of alcohol in adolescents, adult binge levels produce much higher blood alcohol concentrations and are therefore much more likely to lead to serious complications. In one study (Donovan, 2009) a standard adult binge produced blood alcohol concentrations ranging from 137 to 310 mg/dL in boys and from 191 to 310 mg/dL in girls, levels that can result in coma and respiratory problems in children and early adolescents.

The supply of alcohol to adolescents therefore clearly puts them at acute physical risk not just to their health as outlined above but also, due to the disinhibiting effect of alcohol, at risk of violence, unprotected sex and accidents. As mentioned above adolescents are developmentally unable to make sensible decisions about drinking particularly when with a peer group and as a result control of supply is vital in ensuring their safety.

Yours faithfully

Consultant Addiction Psychiatrist
LHB Clinical Lead for Addiction Services

Sample letter to support a Review Application under Licensing Act 2003

Licensing Objective Protecting Children from Harm

EXECUTIVE DIRECTOR OF PUBLIC HEALTH (LHB)

NAME OF PREMISES

Dear

RE: Supporting an Application by XX (Responsible Authority) under Section 51 of the Licensing Act 2003 for a Review of a Premises Licence in respect of XXX (Premise)

XX (LHB), acting in its capacity as a 'Responsible Authority' under the provisions of the Licensing Act 2003, wishes to make representations in respect of an application by XX (Responsible Authority) for a review of XX (Premise).

The review paperwork indicates that the premise has sold alcohol to a number of minors (under 18 years old). (Add if appropriate: LHB has evidence that attendance of minors at their Emergency Departments have been directly linked to alcohol sold by these premises). This clearly undermines the Licensing Objectives of Protecting Children from Harm; as such we support the application for a review.

Section 11.27 of Home Office Guidance issued under Section 182 of the Licensing Act 2003 stipulates that the illegal purchase and consumption of alcohol by minors which impacts on the health, educational attainment, employment prospects and propensity for crime of young people should be treated particularly seriously.

Harm to children and young people from alcohol

Comprehensive reviews have clearly highlighted that the consumption of alcohol by children and young people is linked with significant harm¹. The wide range of these potential harms is outlined by the Chief Medical Officer for Wales² and includes (see Appendix A):

- A range of developmental problems
- Increased risk taking behaviour
- Inappropriate sexual activity
- Violence

1 Donaldson, L. Department of Health (2009) Guidance on the consumption of alcohol by children and young people. [Online] London: DH Available at <http://www.cph.org.uk/wp-content/uploads/2013/09/Guidance-on-the-consumption-of-alcohol-by-children-and-young-people.pdf> [Accessed 20 January 2015]

2 Jewell, T. Welsh Assembly Government (2010) You, your child and alcohol: Guidance on the consumption of alcohol by children and young people. [Online] Cardiff: WAG

Evidence demonstrates that young people are more vulnerable than adults to the adverse effects of alcohol due to a range of physical and psycho-social factors . In addition, the number of our children and young people who drink alcohol at a particularly young age and through binge drinking in an unsupervised manner is especially concerning, as it puts them at particular risk of harm. The Chief Medical Officer for Wales has outlined these harms³:

1. There is evidence that young people may suffer high levels of harm if they begin drinking in parks, streets, and other unsupervised settings.
2. Young women who binge drink are more likely to have experienced regretted sex as well as forced, or attempted forced, sex. Alcohol use before sexual activity can result in condoms being used incorrectly or not used at all.
3. In the longer-term young people who binge drink in adolescence:
 - are more likely to be binge drinkers as adults
 - have an increased risk of developing alcohol dependence in young adulthood
 - are more likely to engage in drug use and experience dependence, be involved in crime, and achieve lower educational attainment as adults.
4. There is evidence that significant changes in brain structure accompany heavy drinking in adolescence, which may affect brain function during adulthood.
5. There is evidence to indicate that children who begin drinking at a young age will drink more frequently and in greater quantities than those who delay drinking and therefore experience greater harm, including:
 - vulnerability to alcohol misuse in later adolescence (which appears to be greatest among those who begin drinking before the age of 13)
 - increased health risks, including alcohol-related injuries, involvement in violence and suicidal thoughts and attempts (particularly those who begin to drink before the age of 14).

This overwhelming evidence has led to the recommendation by the UK Chief Medical Officer that an alcohol-free childhood is the healthiest and best option for all⁴.

3 Newbury-Birch D, Gilvarry E, McArdle P, Stewart S, et al (2009). The impact of alcohol consumption on young people: Systematic Review of Published Reviews.[Online] Available at: <http://dera.ioe.ac.uk/11355/1/DCSF-RR067.pdf>. [Accessed 3 March 2015]

4 Donaldson, L. Department of Health (2009) Guidance on the consumption of alcohol by children and young people. [Online] London: DH Available at <http://www.cph.org.uk/wp-content/uploads/2013/09/Guidance-on-the-consumption-of-alcohol-by-children-and-young-people.pdf> [Accessed 20 January 2015]

Evidence of harm to children and young people in XX (LHB area)

Add if available: There is evidence from local hospital data that XX Emergency Departments regularly see children and young people affected by alcohol. (Add if data available: An audit conducted in XX highlighted that the majority of young people attending XX Emergency Departments are from XX Local Authority Area – see Appendix XX).

Add if data available – XX LHB – has evidence that attendances at local Emergency Departments by minors has been directly linked to alcohol sold by these premises. The levels of blood alcohol concentration that warrant a child attending an Emergency Department are also likely to result in significant impairment, with consequences including: unsteadiness, a reduced level of consciousness, confusion and disorientation, vomiting, dizziness and double vision. Besides the health risks, this level of impairment would leave such a child at risk of injury from accident, violence and possible sexual assault (see Appendix C: attached letter of support from Clinical Director of Emergency Medicine, LHB). Children and young people are developmentally unable to make sensible decisions about drinking alcohol, particularly when with a peer group and as a result control of supply is vital in ensuring their safety (see Appendix D: attached letter of support from Consultant Addiction Psychiatrist, LHB).

This is in keeping with evidence from XX (Responsible Authority leading the review) that clearly indicates that the **above premise is providing alcohol illegally to a number of young people**. The selling of alcohol to children and young people by this premise places the children of XX (name Local Authority) at risk of a wide range of potential short and long-term harms and clearly undermines the Licensing Objective of Protecting Children from Harm.

The evidence is overwhelming as to why we should be protecting children and young people from drinking alcohol in excess quantities and at a young age. It is therefore imperative that every effort is made to prevent the sale of alcohol to children and young people and protect them from harm.

Yours faithfully

Executive Director of Public Health (Consultant) LHB

Appendix A:

Summary of the Guidance on the Consumption of Alcohol by Children and Young People: You, Your Child and Alcohol (Chief Medical Officer for Wales, 2010). This Guidance outlines the potential harms for children and young people drinking alcohol which include:

- **Developmental problems** Heavy drinking in young people can affect brain functions related to motivation, reasoning and other processes. Heavy drinking during adolescence may also affect normal brain functioning during adulthood. Young people who drink heavily may experience adverse effects on liver, bone, growth and hormones.
- **Increased risk taking behaviour** Beginning to drink in the early teens is associated with increased health risks, including alcohol-related injuries, involvement in violence, and suicidal thoughts and attempts. Drinking at an early age is also associated with having more sexual partners, pregnancy, using drugs, employment problems, and risky driving behaviours.
- **Inappropriate sexual activity** Teenagers who use alcohol are more likely to have had unplanned sexual intercourse and contracted sexually transmitted diseases. There is evidence that young women who binge drink are more likely to have experienced sex that they subsequently regretted, forced sex, or attempted forced sex, and that the risk of emotional and physical harm and unwanted pregnancies increases.
- **Violence** Young people who drink frequently or binge drink are more likely to be involved in fights, to be injured fighting, to commit violent offences including sexual offences and to carry weapons.

Appendix B: Table/graph demonstrating admissions due to intoxication in LHB hospitals

Appendix C: Evidence from Clinical Director of Emergency Medicine

Appendix D: Evidence from Consultant Addiction Psychiatrist/Clinical Director Adult and Specialist Mental Health Services

DATE

Re: License premises review hearing under Licensing Act 2003.**NAME OF PREMISES**

Dear,

In accordance with Cardiff and Vale University Health Board's role as a responsible authority I can confirm that we have concerns regarding the license for:

NAME OF PREMISES

The Health Board's concerns are based on the impact of the venue's activity on public safety.

The Health Board believes that there is evidence of the premises operating irresponsibly by being in breach of a condition of the license relating to the serving of alcohol in non glass vessels.

Following an incident that took place at the venue in the early hours of **DATE** a total of **X** people presented at the Emergency Unit at the University Hospital Wales with injuries related to the impact of glass vessels sold from within the premises. Injuries to the face from glass vessels often result in admittance to hospital with a need for maxillofacial surgery. Individual cases of this kind are estimated to cost the NHS around £2,000 in treatment costs for the patient alone. The costs accrue when taking into consideration the ambulance transfers and staffing costs (e.g. receptionists, nurses, surgeons). This incident alone is estimated to have cost Cardiff and Vale University Health Board up to the region of £12,000, and is a direct result of the breach of the license condition. The Health Board believes that this incident is reflective of an irresponsible approach to implementing the licensing conditions, and the licensing activity posed significant threat to public safety on the night in question. The Health Board believes that without further conditions and close work with South Wales Police the premises, through its licensed activity, has the potential to pose further risk to public safety in the future.

The Health Board also raises significant concern with the nature of licensable activity within the premises. There is evidence of sales of full bottles of champagne and full bottles of spirits, potentially for the consumption of individuals or a small number of people. International evidence highlights that alcohol related harm in a population is linked to the increased availability of alcohol. The Health Board believes that such uncontrolled and unregulated sales increases the risk of over consumption of alcohol and alcohol related harm. This could be in the form of incidences of violence as detailed above, harm due to intoxication, or longer term alcohol related illness.

The location of the premise is an additional concern to the Health Board, being in the Saturation Policy area of Cardiff City Centre, right at the centre of the thriving night time economy. The Health Board believes that the irresponsible sales of large amounts of alcohol within the premise significantly increases the risk of incidents taking place in the City Centre and has the potential to lead to a further increase in activity at the Emergency Unit and Alcohol Treatment Centre.

Once again, the Health Board believes that without further conditions and close work with South Wales Police to address issues of sales of large quantities of alcohol in one serving (such as those detailed above), the premises, through its licensed activity has the potential to pose further risk to public safety in the future.

The Health Board would like these points to be taken into consideration by the Licensing Committee. We support any action to implement further conditions on the license along with further support of South Wales Police to work with the premises to avoid any future negative impact on public safety.

In summary, the Health Board would like to see the following actions implemented at the premises:

- Use of polycarbonate vessels only, no glass vessels to be used
- No sales of large bottles of alcohol for consumption

If there are any queries regarding this response please contact me on the details provided below.

Yours sincerely

Dear

In accordance with the Health Board's role as a responsible authority I can confirm we have received the following licensing application:- xxxxxxxxxxxxxx

Of particular concern as part of this licensing application request is the potential impact on Public safety. The premises fall within a saturation zone. Data from the Emergency Department identifies XX patients attended the Alcohol Treatment Centre (time period) having reported having their last drink at XX premises. This application has the potential to negatively influence public safety by increasing the risk of accidents and injuries and other immediate harm that can result from alcohol consumption (such as unconsciousness or alcohol poisoning).

Include relevant data on A&E attendances, ambulance journeys and hospital admissions following alcohol-related accidents, fights, glassings, other injuries and alcohol poisoning.

Cardiff and Vale Health Board proposes the following conditions are attached to the license, if not already in place:

- require the use of plastic vessels to be used from 23:00 hours each night when the premises are open beyond 03:00 hours. This will mean that the supply of drinks from the premises after 23:00 hours shall not be in glass and there will be sufficient glass collectors engaged on (or outside areas) the premises to help remove the glass from the public area promptly.
- require limits on floor space allocated to alcohol
- requirement for calming measures, such as provision of late night refreshments on the premises, or provision of a 'wind down' period (days and timings)
- restrictions on the type or strength of alcohol sold, such as no alcohol above 6.5 per cent ABV or no single bottles of spirits may be sold
- there shall be no irresponsible drinks promotions that encourage binge drinking
- the responsible person shall ensure that free tap water is provided on request to customers where it is reasonable available
- the responsible person shall ensure that where any of the following alcohol drinks are sold or supplied for consumption on the premises (other than alcoholic drinks sold or supplied having been made up in advance ready for sale or supply in a securely closed container) it is available to customers in the following measures –
 - beer or cider: ½ pint
 - gin, rum, vodka or whisky: 25ml or 35ml; and
 - still wine in a glass: 125ml; and
 - customers are made aware of the availability of these measures.

Further information is attached to emphasise the impact that alcohol misuse has on Cardiff and Vale, and also Wales. If there are any queries regarding this response please contact myself.

Dear

In accordance with the Health Board's role as a responsible authority I can confirm we have received the following application for a license of:- NAME of premises.

Of particular concern as part of this licensed premise is the potential impact on public safety, as the premises is within a saturation zone. Data from the Emergency Department identifies XX patients attended the Alcohol Treatment Centre (time period) having reported having their last drink at XX premises within the saturation zone.

In addition, data from the Emergency Department identifies XX patients attended the Emergency Unit as a result of violent incidents recorded as taking place near the premise. This application has the potential to negatively influence public safety by increasing the risk of accidents and injuries and other immediate harm that can result from alcohol consumption (such as unconsciousness or alcohol poisoning).

Example – specifically relating to saturation zones. Density/vicinity

An increase in hours of supply of alcohol is anticipated to maintain or potentially increase the number of incidents occurring at the venue, resulting in a further increase in activity/data reported at the Emergency Department as a result.

Cardiff and Vale Health Board will continue to monitor the activity and data collected relating to this premises and if the anticipated concerns arise, we will request a review of the license.

If there are any queries regarding this response please contact me on the details provided below.

Yours sincerely

Dear

In accordance with the Health Board's role as a responsible authority I can confirm we have received the following application for a review of:- NAME of premises.

Of particular concern as part of this licensed premise is the potential impact on public safety. Data from the Emergency Department identifies XX patients attended the Alcohol Treatment Centre (time period) having reported having their last drink at or near XX premises.

In addition, data from the Emergency Department identifies XX patients attended the Emergency Unit as a result of violent incidents recorded as taking place at the premise (and XX near the premise). This application has the potential to negatively influence public safety by increasing the risk of accidents and injuries and other immediate harm that can result from alcohol consumption (such as unconsciousness or alcohol poisoning).

Example – supporting evidence specifically relating to review application (e.g. hours of supply). An increase in hours of supply of alcohol is anticipated to maintain or potentially increase the number of incidents occurring at the venue, resulting in a further increase in activity/data reported at the Emergency Department as a result.

Cardiff and Vale Health Board will continue to monitor the activity and data collected relating to this premises and if the anticipated concerns arise, we will request a review of the license.

If there are any queries regarding this response please contact me on the details provided below.

Yours sincerely

Example – evidence summary from Cardiff & Vale Local public Health Team

In Cardiff and Vale...

- Cardiff and Vale has higher levels of alcohol misuse than Wales in general.
- 43.7% of adults report drinking alcohol above the recommended alcohol limits on at least one day in the previous week²¹.
- Men drink above the guidelines more often than women, with the 45–54 year olds drinking over the guidelines the most²².
- 26.1% of adults in Cardiff and the Vale report that they binge drink²¹.
- Binge drinking in Cardiff and Vale is on or above the national average, and is likely to be centred on hotspots such as Cardiff City Centre.
- Alcohol related hospital admissions in Cardiff and Vale, for males and females, are slightly lower than the Wales average²³, but this trend is rising.
- Alcohol related violent crime is lower in the Vale of Glamorgan than the across all-Wales average but, this may be due to under reporting of these crimes.
- Crime in Cardiff is above the national average and while the residencies of the offenders are unknown (many may be from other areas) the impact on Cardiff's services is considerable.

21 Welsh Government (2012) Welsh Health Survey: Local authority and Local Health Board results, 2010 and 2011. Available at: <http://wales.gov.uk/topics/statistics/theme/health/health-survey/results/?lang=en> [Accessed 23rd April 2013]

22 Welsh Government (2012) Welsh Health Survey 2011. Available at: <http://wales.gov.uk/topics/statistics/headlines/health2012/120919/?lang=en> [Accessed 23rd April 2013]

23 Gartner et al (2009) A profile of alcohol and health in Wales. Cardiff: Wales Centre for Health. Available at: [http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/85c50756737f79ac80256f2700534ea3/0400558233b1c95c802576ea00407a33/\\$FILE/Alcohol%20and%20health%20in%20Wales_WebFinal_E.pdf](http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/85c50756737f79ac80256f2700534ea3/0400558233b1c95c802576ea00407a33/$FILE/Alcohol%20and%20health%20in%20Wales_WebFinal_E.pdf) [Accessed 23rd April 2013]



PART 4 Case Studies

Case Studies

The following are a series of case studies where public health professionals have taken action to influence the licensing process and promote the responsible sale of alcohol.

1. Opposition to large vertical drinking establishment in Cardiff

An application was submitted to the responsible authorities in Cardiff for a 1,200 capacity vertical drinking establishment within a Cumulative Impact Policy area. The applicant held a chain of premises across the UK. The nature of the application was to take over the existing license held by the previous establishment and introduce three bars under one license.

The Health Board held concerns over the size of the predominantly vertical drinking establishment within a Saturation Zone, and the potential cumulative impact of the premises on public safety. South Wales Police and Cardiff City Council were other Responsible Authorities objecting to the application.

The application was taken straight to a review hearing of the Cardiff Council Licensing Committee. The Health Board supported the lead argument of South Wales Police and made representation based on Public Safety. The Health Board expressed concerns over an

additional large premises being introduced into a Saturation Zone in a city centre that already had the most licensed premises in the UK within a square mile of the city centre. The Health Board objected to the nature of the alcohol consumption promoted by the premises, which included steins of 5% German lager, 'Party Keg' predetermined drinks deals, and a 'Passport' for people to have stamped for beers from around the world, which was interpreted as an incentive to consume more alcohol. The Health Board presented information on the extent of alcohol related illness in the area, and figures related to alcohol attendance at the Emergency Unit and Alcohol Treatment Centre. Figures were estimated on the financial impact of alcohol in the area, and it was argued that Cardiff could not afford another premises that contributed to this cost to Public Safety.

The application was denied on the initial hearing, but following a second hearing, the application was granted.

2. Review of license in Cardiff following a spate of violent related incidents

A review of an existing license of a Bar / club in city centre occurred following a spate of glass related violent incidents. The premises was situated within the Cumulative Impacted Policy area of the city centre.

The Health Board held concerns over the nature of the violent incidents at the premises over a number of weeks, which culminated in six people attending the Emergency Unit for glass related incidents in a single night.

The premises were taken to a license hearing following concerns by South Wales Police and the Health Board. The Health Board liaised with the Police to decipher the nature of the incidents. It was discovered that many of the incidents were related to the clientele attending the premises from outside of the city, and the spate of incidents were thought to be gang related and did not warrant a full review of the license. The Health Board provided supporting information on the estimated costs of 'glassing' incidents to

the NHS, and provided estimations of the spate of incidents at the premises. The Police provided information to the Health Board on the sales of large quantities of alcohol in the form of bottles of champagne sold to single customers. The Health Board raised concerns over the nature of excessive alcohol use at the premises along with the use of glass vessels.

The Health Board supported the Police in its decision to impose additional conditions on the license of:

- Use of polycarbonate vessels only, and no glass vessels to be used
- No sales of large bottles of alcohol for consumption

The premises accepted the additional conditions without further dispute. The Police and the Health Board continued to observe the practice of the premises over the ensuing months. The license was later revoked due to a continuation of violent incidents at the premises.

3. Partnership meetings with premises in Cardiff to reduce levels of intoxication

Final meetings were arranged with a 2,500 capacity night club in the city centre that largely attracted 18–25 year olds. The aim was to provide the premises with a final opportunity to reduce levels of intoxication and violent incidents at the premises before a full review of the license was undertaken.

The Health Board held concerns over the high levels of intoxication of customers at the premises, as evident from the high numbers of customers attending the Alcohol Treatment Centre. Of particular concern was the option to purchase pre-paid drinks packages before entering the premises. The Health Board also held concerns over the nature of violent incidents at the premises over a number of weeks, and therefore the licensing objective of public safety.

Following a spate of incidents involving drinking vessels at the premises, the Health Board and South Wales Police held meetings with the manager and owners of the premises to review the licensable activity and practice within the venue. Initially it was agreed that

the drinking vessels causing the injuries (bottom-heavy non glass vessels with pointed edges) would be removed and replaced with problem free polycarbonate vessels. The Health Board took the opportunity to express concerns over the extent of customers from the premises attending the Alcohol Treatment Centre. The figure was over double that of the next most 'problematic' premises in the city, and the Health Board along with the Police, insisted that actions be put in place to work towards improving the situation. Specifically, these were: to increase staffing levels of VIP booth areas, in order to monitor more closely levels of consumption; provide monthly training for staff on intoxication; make the whole premises glass free; introduce a breathalyser for door staff to use on suspected intoxicated customers; remove or significantly amend the option of prepaid drinks packages.

The premises agreed to implement the recommendations and following concerns of the Health Board self imposed major restrictions on pre-paid drinks packages.

4. Review and Prosecution of local newsagent in Newport

Initial responsible authority partner concerns regarding this business were related to sale of alcohol to children and young people and the need to prevent alcohol related harm. Concerns were confirmed by a vigilant and concerned member of the Royal Gwent Hospital Emergency Department (ED) who treated a 12 year old child with alcohol intoxication as a result of purchasing alcohol from this premises. Additional evidence highlighted that the Licensee had been regularly selling alcohol and tobacco to children and young people (typically between the ages of 12–15 years). ABUHB supported Newport Trading Standards and Gwent Police's review of the Premises, by making a representation. As well as ABUHB ED data, evidence highlighting

the potential negative consequences of alcohol misuse on young people was produced in ABUHBs representation.

Newport Licensing Authority stated that without ABUHB ED data and supporting health evidence it is unlikely the case would have been successful. Alongside the revocation of the alcohol licence the ED data was used to convict the owner of the newsagent for selling alcohol to under 18s. This took place on the 12/10/15 and the owner received £11,000 fine/costs. The owner of the newsagent also had his Personal Licence revoked ensuring he is unable to authorise the sale of alcohol in Wales and England in the future.

5. Proposed nightclub review in Newport

ABUHB ED data supported proposed proceedings against a problematic premise in Newport. The data from ED clearly supported the Police and Licensing Authority view that the management of the premises was not controlling the premises in line with the four licensing objectives. A review was proposed to remove the management of the premises (Designated Premises Supervisor) using ED and Gwent Police data and evidence of breaches of Licence conditions.

However, before the review took place the licence holder surrendered the Premises Licence after this comprehensive evidence was presented to him at a meeting. Evidence included ED data demonstrating that in the previous 12 months ten people had presented to ED from this premises. Though initially this may appear a relatively low figure, the premises was only open on a Friday and Saturday night and had a limited capacity. In contrast, a similar type of premises within the city centre only had two persons presenting to ED for treatment after reporting drinking there.

6. Use of ED data to identify and support problematic premises

ABUHB ED data has been useful in providing intelligence to assist Responsible Authorities in identifying potential problematic premises. Where ED data demonstrates a "spike" of presentations from a named premises it triggers an early intervention through a site visit by Gwent Police Licensing Officers and Licensing Authority staff. This enables partners to raise early concerns and give advice to the premises before the situation

worsens. These premises will be discussed at the relevant local Responsible Authority/Problematic Premises meeting attended by the Responsible Authorities.

As partners now have access to 12 months of ED data, general trends are starting to emerge, which will assist in forward planning of resources for peak times, for example Christmas, Halloween etc.

7. Aneurin Bevan University Health Board (ABUHB) Emergency Department (ED) data used to support Cumulative Impact Areas in Monmouthshire and Newport

ABUHB ED data was used to revise Monmouthshire and Newport City Council Cumulative Impact Areas in Chepstow Town centre and Newport City centre.

The cumulative impact of the number, type and density of premises in defined areas, such as the city centre, may lead to those areas becoming saturated with premises of a certain type, making them a focal point for large groups of people leading to severe or chronic problems of public nuisance and anti-social behaviour. In such circumstances, and

providing it is satisfied with the evidence to support the decision, the licensing authority may consider the adoption of a cumulative impact policy which would enable the refusal of a new premises license within a defined area or areas.

Despite the ABUHB ED data being relatively crude it was useful in supporting evidence from other Responsible Authorities which proposed Cumulative Impact areas in Monmouthshire and Newport.

8. Review of a licensed bar, Blackwood, Caerphilly.

In 2015 Caerphilly Borough Council Licensing Committee considered representations to revoke the premises licence of a licensed bar, Blackwood. The Premises itself was an extremely problematic premises, situated within the small town of Blackwood, Caerphilly and contributing to a range of harms.

A Police Warrant was executed on the premises due to intelligence of drug dealing and underage drinking taking place at the premise. At time of the warrant, 30 underage persons were found within the location of the nightclub.

To support the license review ABUHB provided comprehensive evidence on the potential negative effects of alcohol on young people, supported by

ABUHB ED data that demonstrated the number of children and young people who had presented to the service from this bar in Caerphilly whilst intoxicated. This evidence was considered by the Licensing Committee alongside evidence from the Gwent Police, Local Authority Pollution Control and other Responsible Authorities. As a result the Licensing Committee determined to revoke the Premises Licence.

It is worthy of note that in the six months since the revocation of this license the number of ED admissions from this town decreased by between 60% and 70%.

9. Review of local store, Blackwood, Caerphilly

The Premises Licence issued in respect of this local store was reviewed. This review was sought by Caerphilly Trading Standards Team due to numerous intelligence reports being received regarding sale of alcohol to minors. A test purchase operation was undertaken by the Authority and within one hour the shop had sold six litres of cider, a bottle of vodka, ten bottles of lager and a bottle of wine to minors.

ABUHB supported the review of the premises by partners, and made a written and verbal representation to the Licensing Hearing using the licensing objective 'The Protection of Children from Harm'. The representation highlighted the evidence linking the potential

harms to children and young people from alcohol, and was supported by ABUHB ED attendance data of minors from Caerphilly.

After hearing the evidence, it was the determination of the Licensing Committee to revoke the premises licence. The Licence holder was also convicted for the sale of alcohol and also cigarettes to minors for which he was fined and ordered to pay costs of £2198. The holder of the Premises Licence exercised his right of appeal against the decision of the Licensing Committee and the case was heard by Her Majesty's Courts Service Cwmbran Magistrates. The magistrates upheld the decision of the Licensing Committee and dismissed the appeal.

10. Other uses of the ED data by Gwent Police & Licensing Authorities

The ABUHB ED data has highlighted 'Hot Spot' areas and premises, identifying serious incidents resulting in ED admission. Gwent Police closely monitor the ED data, and use it to undertake proactive engagement with premises that feature in the Gwent Police intelligence reports. ED data therefore assists in identifying problematic premises, allowing action to be taken before issues escalate and can help provide the impetus for premises to make changes through developing an action plan or supporting Responsible

Authorities to request a review. Early intervention have hopefully reduced more serious incidents which result in hospital admissions taking place.

With the redevelopment of Newport City centre a number of new premises have applied for an alcohol licence. Having a Cumulative Impact Area in Newport City Centre (supported by ED data) has meant tighter restrictions (such as earlier closing hours) have been imposed on premises granted licenses.

References

1 Home Office (2013). Amended Guidance issued under Section 182 of the Licensing Act 2003. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209526/1167-A_Licensing_Act_2003_2_.pdf pg 61, paragraph 9.20.

2 Observatory Report

3 The Safe Sociable London Partnership document