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Public health engagement in alcohol premises licensing in England & Scotland: a mixed-methods, natural experiment evaluation (ExLEnS)

Dr. Andrea Mohan on behalf of the ExLEnS Team

amohan001@dundee.ac.uk



Alcohol harms and alcohol availability

- Alcohol-specific deaths are on the rise in the UK: 9641 deaths registered in 2021 (7.4 % higher than 2020 and 27.4% higher than 2019)
- Alcohol harms are socially patterned, making alcohol a key driver and reflection of health inequalities
- WHO: **“Restriction of availability has been assessed as a highly cost-effective best-buy intervention... Countries are recommended to regulate... to reduce the hours of sale (a highly cost-effective measure) and density of outlets”**
- The UK has very high numbers (density) of alcohol outlets by international standards



Regulating the availability of alcohol through licensing –in Scotland and in England/Wales

- UK system of local authority premises licensing - you **need a premises licence** to legally sell alcohol
- Legislation heralding major reforms was enacted in 2003 for England and Wales (Parliament of the United Kingdom, 2003) and 2005 for Scotland (Scottish Parliament, 2005), and later supplemented
- In this new era, **decisions to grant, amend or refuse licence applications are guided by statutory ‘licensing objectives’ in both regimes:**
 - preventing crime and disorder
 - promoting public safety
 - preventing public nuisance
 - protecting children (and young people) from harm
 - protecting and improving public health (in Scotland only)



Role of Public Health in the Licensing Systems in England/Wales, and Scotland

- A licensing committee (or 'Board' in Scotland) made up of **elected members of the local government** decides on applications for a licence to sell alcohol
- In both systems, there is a **presumption that such licences will be granted unless an objection is raised**
- The new licensing regimes introduced (2003 in England; 2005 in Scotland) gave **public health representatives a statutory role**, leading to their engagement in the system



Gaps in evidence

- Several quantitative studies have examined the outcomes of the system – finding that more intensive licensing regimes may reduce harm (see de Vocht et al., various)
- Many qualitative studies have explored public health roles and other stakeholders' experiences (see Reynolds et al.; Egan et al.; Somerville; Fitzgerald et al.; various)
- No previous studies have examined quantitatively whether the efforts of public health teams make a sufficient difference to the licensing systems to change harms outcomes. Is all of this effort worthwhile?
- No previous studies comparing public health practices and experiences as they engage in licensing in Scotland and England
- Some key differences in the systems that have not been examined in detail – what can we learn from the differences?



ExLEnS Exploring the impact of alcohol premises licensing in England and Scotland

Aims:

- To critically assess public health engagement in alcohol premises licensing from 2012 to 2018
- To assess whether the intensity of public health team activity (assessed via **a new measure**) is related to alcohol-related harms over time.
- To explore how public health team activity might influence licensing

• Team

- Niamh Fitzgerald, Stirling (PI)
- Matt Egan, LSHTM
- Rachel O'Donnell, Stirling
- Richard Purves, Stirling
- James Nicholls, Stirling
- Andrea Mohan, Dundee
- Nason Maani, LSHTM/Edinburgh
- Frank de Vocht, Bristol
- Cheryl McQuire, Bristol
- Colin Angus, Sheffield
- Maddy Henney, Sheffield
- Niamh Shortt, Edinburgh
- Linda Bauld, Edinburgh
- Tim Nichols (practitioner)
- Laura Mahon, Alcohol Focus Scotland

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About the study

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Methodology

STUDY PROTOCOL

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Exploring the impact of public health teams on alcohol premises licensing in England and Scotland (ExILEnS): protocol for a mixed methods natural experiment evaluation

Niamh Fitzgerald^{1*} , Matt Egan², Frank de Vocht³, Colin Angus⁴, James Nicholls⁵, Niamh Shortt⁶, Tim Nichols⁷, Nason Maani Hessari⁸, Cheryl McQuire³, Richard Purves⁹, Nathan Critchlow⁹, Andrea Mohan⁹, Laura Mahon¹⁰, Colin Sumpter⁹ and Linda Bauld¹

Abstract

Background: Recent regulatory changes in the system by which premises are licensed to sell alcohol, have given health representatives a formal role in the process in England and Scotland. The degree to which local public health teams engage with this process varies by locality in both nations, which have different licensing regimes. This study aims to critically assess the impact on alcohol-related harms - and mechanisms - of public health stakeholders' engagement in alcohol premises licensing from 2012 to 2018, comparing local areas with differing types and intensities of engagement, and examining practice in Scotland and England.

[Protocol Paper](#)
[Fitzgerald et al.](#)
[BMC Medical](#)
[Research](#)
[Methodology](#)

Methods summary



Recruited 20 'higher activity' and 20 'lower activity' public health teams (PHTs) in terms of their engagement in alcohol licensing (28 in England)



Systematically developed a structured tool to measure the intensity of 19 subcategories of relevant PHT activity.



Used structured interviews & documentation analysis to analyse each PHTs activity over 6 years, to generate an overall activity score for each 6 month period.



Conducted 53 in-depth interviews to understand what was done & why, and how it was perceived by other stakeholders.



We examined whether intensity of PHT effort is associated with any change in health and crime outcomes over 10 years.

Part 1: Measuring Public Health Team Activity



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Measuring how PH stakeholders seek to influence alcohol premises licensing in England and Scotland: the Public Health engagement In Alcohol Licensing (PHIAL) measure

Niamh Fitzgerald , BSc(Pharm), PhD., [Andrea Mohan](#) , BSc, MPhil, MPH, PhD, [Nason Maani](#) , BSc, MSc, PhD, [Richard Purves](#) , BSc (Hons), MSc, PhD, [Frank de Vocht](#) , BSc, MSc, PhD, [Show All...](#)
[+ Affiliations](#)

Corresponding author: Niamh Fitzgerald, niamh.fitzgerald@stir.ac.uk, +44 1786 467362.

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Abstract PDF

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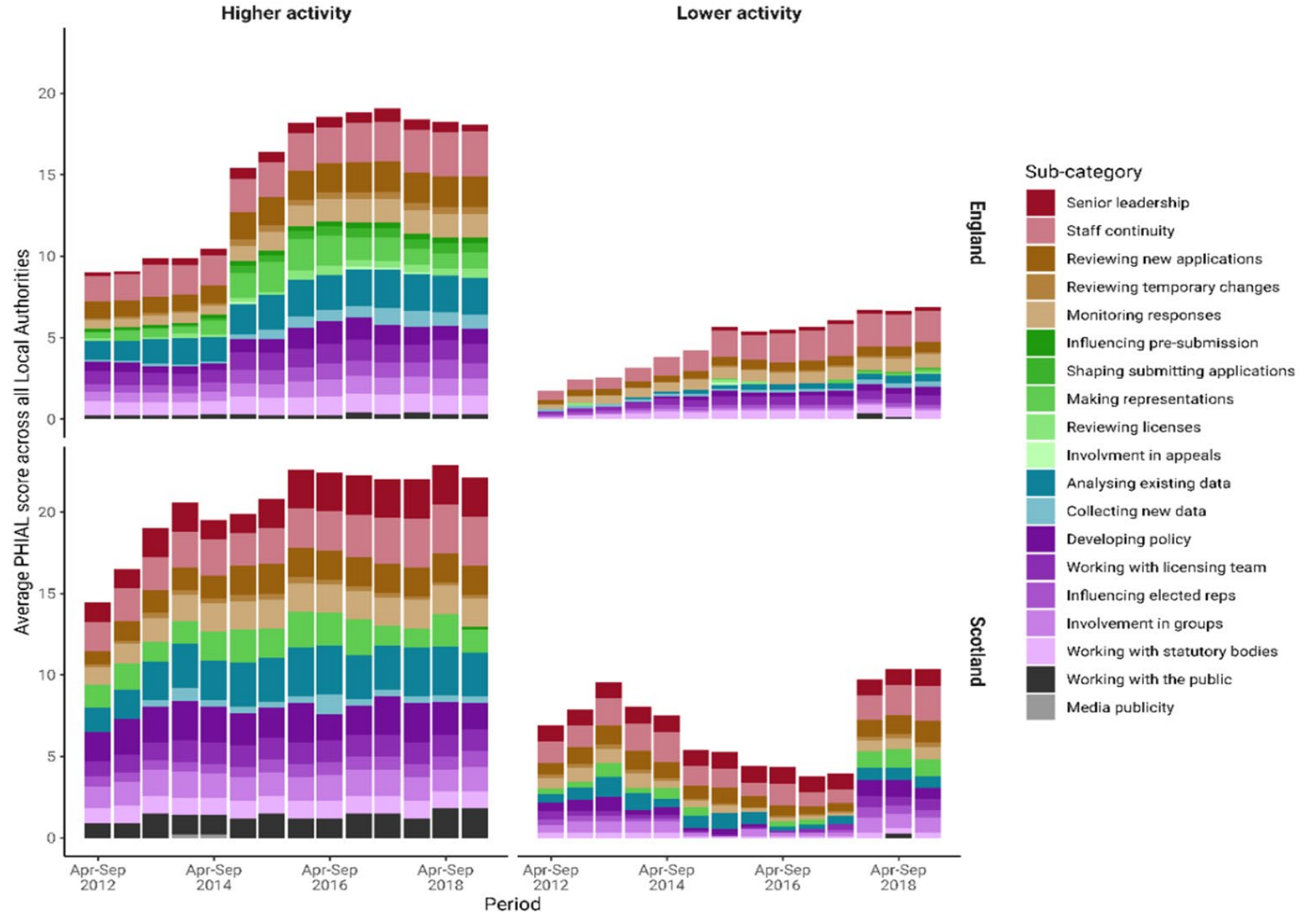
[PHIAL Measure, Fitzgerald et al., JSAD, Oct 2022](#)

19 activity types spread across these 6 overarching categories

1. Staffing for PHT activity to influence local alcohol licensing	Staffing of PHT activity to influence local alcohol licensing.
2. Reviewing alcohol licensing applications:	Engaging in an activity or process to decide whether to take action in relation to individual alcohol licensing applications.
3. Influencing & responding to individual licence applications	Engaging in any activity to influence the submission, type, content or outcome of alcohol licensing applications (excluding that covered elsewhere).
4. Use of Routine or Bespoke Data on Alcohol Licensing and Alcohol-Related Harms.	Collection, collation, analysis, or other use of data (other than specified elsewhere) to inform, or use in support of, PHT activity to influence local alcohol licensing
5. Influencing local stakeholders or licensing policy	Any activity to influence licensing policy or people, or other stakeholders (other than the public).
6. Engagement or involvement of the public	Any activity to engage or involve the public in relation to alcohol licensing including the use of media.



PHIAL scores for each individual activity type over time averaged for PHTs in the four PHT groups shown



Part 2: Impact of public health engagement on harms outcomes

Articles

Impact of public health team engagement in alcohol licensing on health and crime outcomes in England and Scotland: A comparative timeseries study between 2012 and 2019



Frank de Vocht,^{a,b,c} Cheryl McQuire,^{a,b} Claire Ferraro,^a Philippa Williams,^a Madeleine Henney,^d Colin Angus,^{d,e} Matt Egan,^f Andrea Mohan,^g Richard Purves,^h Nason Maani,^{i,j} Niamh Shortt,^{j,e} Laura Mahon,^{e,h,k} Gemma Crompton,^k Rachel O'Donnell,^h James Nicholls,^h Linda Bauld,^{e,l} and Niamh Fitzgerald^{e,h,*}

^aPopulation Health Sciences, Bristol Medical School, University of Bristol, UK

^bNIHR School for Public Health Research, UK

^cNIHR Applied Research Collaboration West, UK

^dSchool of Health and Related Research, University of Sheffield, UK

^eSPECTRUM Consortium, UK

^fDepartment of Public Health, Environments and Society, London School of Hygiene & Tropical Medicine, UK

^gSchool of Health Sciences, University of Dundee, UK

^hInstitute for Social Marketing & Health, University of Stirling, UK

ⁱBoston University School of Public Health, USA

^jSchool of GeoSciences, University of Edinburgh, UK

^kAlcohol Focus Scotland, UK

^lUsher Institute, University of Edinburgh, UK

Summary

Background Public health teams (PHTs) in England and Scotland engage to varying degrees in local alcohol licensing systems to try to reduce alcohol-related harms. No previous quantitative evidence is available on the effectiveness of this engagement. We aimed to quantify the effects of PHT engagement in alcohol licensing on selected health and crime outcomes.

Methods 39 PHTs in England ($n = 27$) and Scotland ($n = 12$) were recruited (of 40 contacted) for diversity in licensing engagement level and region, with higher activity areas matched to lower activity areas. Each PHT's engagement in licensing for each 6 month period from April 2012 to March 2019 was quantified using a new measure (PHIAL) devel-

The Lancet Regional Health - Europe

2022;20: 100450

Published online 30 June 2022

<https://doi.org/10.1016/j.lanepe.2022.100450>

[De Vocht et al.](#)
[Lancet Regional Health \(Europe\), June 2022](#)

Was the intensity of public health engagement in alcohol licensing associated with changes in alcohol-related harms?

Null findings

- No clear evidence of any associations between the primary exposure metric (18-month average PHIAL score) and the public health or crime outcomes examined
- No clear evidence of any associations between cumulative PHIAL scores or change in PHIAL score and any outcomes
- No significant associations in England or Scotland when analysed separately or between outcomes
- No clear evidence that allocating PHT resources to engaging in alcohol licensing was associated with downstream reductions in alcohol-related health harms or crimes, in the short-term or over a 7-year follow-up period
- What does this mean?



Possible explanations

- Maybe PHTs did not materially influence licensing, perhaps having no effect or merely reinforcing what would have happened anyway in the system
- Alcohol outlet density in the UK is high by international standards, and even the strongest licensing policies could not legally reduce outlet numbers, but merely contain them at current levels
- The systems for assessing or addressing outlet density (CIZs/OP areas) are not equipped to take account of remote sales, online and via apps
- In-depth interviews found that some PHTs had a long-term focus on culture change
- (Very?) long-term engagement with licensing may be needed to generate a measurable impact on harms (perhaps by leading to legal changes)



Part 3: Differences between Scotland and England

- Generally higher levels of activity in Scotland especially from 2012 to 2014
- A step-change increase in activity in English PHTs from 2014 onwards
- Higher levels of activity in Scotland around efforts to input to local licensing policies
- Greater levels of involvement of senior leaders (e.g. Directors of Public Health) in Scotland
- Greater diversity of activities around responding to licence applications in England, with English PHTs being more likely to have sought to influence licence applications pre-submission, attempted to shape submitted applications, or been involved in licence reviews
- More frequent involvement of PHTs in Scotland in making or leading objections/representations
- More activity in Scotland around initiatives to involve communities in efforts to influence licensing



Part 4: Mechanisms of impact of alcohol availability interventions on harms

How public health teams navigate their different roles in alcohol premises licensing: ExILEnS multistakeholder interview findings

Rachel O'Donnell ¹, Andrea Mohan ², Richard Purves ¹, Nason Maani ^{3 4}, Matt Egan ³, Niamh Fitzgerald ^{1 4}

Southampton (UK): National Institute for Health and Care Research; 2022 Aug. [Public Health Research](#).

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Excerpt

Background: In England and Scotland, local governments regulate the sale of alcohol by awarding licences to premises to permit the sale of alcohol for consumption on or off the premises, under certain conditions; without such a licence, alcohol cannot be legally sold. In recent years, many local public health teams have become proactive in engaging with alcohol licensing, encouraging licensing authorities to act in ways intended to improve population health.

[O'Donnell et al.](#)
[Public Health](#)
[Research, August](#)
[2022](#)



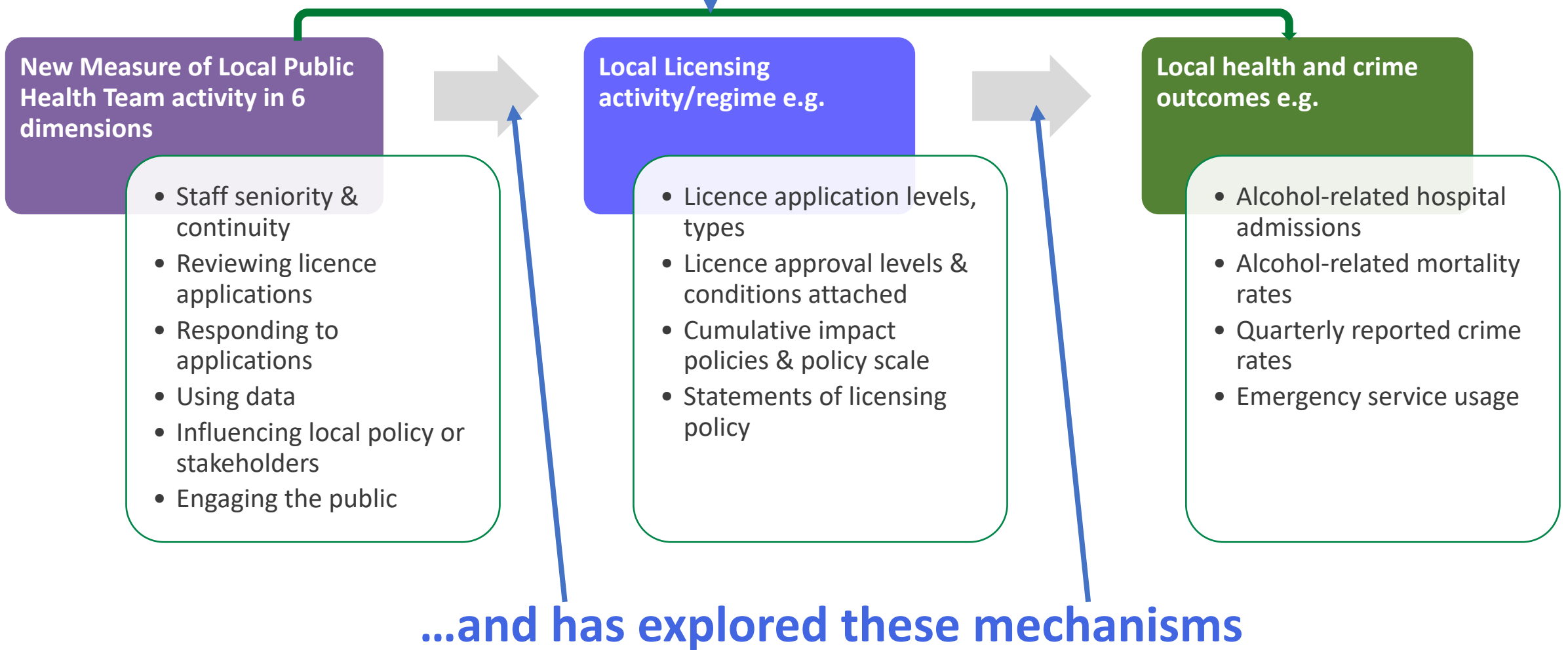
Mechanisms of impact of alcohol availability interventions on harms

Stakeholders found it challenging to articulate the ways in which availability interventions might impact on alcohol-related consumption

- ACCESS: Shaping consumption through **ease/convenience** of access to alcohol
- VISIBILITY: Shaping consumption and/or consumption norms through visibility of alcohol (including via **drinking cues** and **normalisation** of drinking)
- PREMISES AND AREA-LEVEL NORMS: Shaping norms of consumption or behaviour at premises or area-level, through **premises type** and **operation**
- AFFORDABILITY: Shaping consumption through **pricing** including **affordability of high strength/low-cost alcohol**
- MANAGEMENT OF THE NIGHT-TIME ECONOMY: **shaping harms** through manipulating the late-night environment (via staggered closing times)



ExLEnShas measured the link between PHT activity & harms...



Conclusions

- No clear evidence of public health involvement on public health or crime outcomes
- Several differences in approaches used between English & Scottish PHTS

Our findings raise several questions regarding the role of public health in alcohol premises licensing:

- What difference does the approach taken by public health actors make to public health outcomes?
 - There is a lot of evidence regarding interventions to restrict the availability of alcohol reduce consumption and related harms, but limited evidence for the effectiveness of responsible retailing approaches
 - The extent to which controlling (not reducing) availability would lead to longer-term culture change and reduce consumption/harms remains unclear
- To what extent can public health action ever make a significant difference to longer-term health outcomes through efforts to contain licence numbers?



Recommendations for policy & research

- A **strategic national approach** in England and in Scotland to managing the availability of alcohol – with a national licensing database
- A **public health objective** for alcohol licensing should be introduced in England
- Public health teams should **continue to engage** with local alcohol premises licensing systems to continue to inform local & national policy
- Policymakers should review, trial if necessary, and implement **policy options for the regulation and restriction of remote sales of alcohol nationally**
- Further research needed on the market for/growth in **online/app-based sales** and **24-hour availability** (England), and options for future regulation





Thank you. Questions?

