

Measurable effects of local alcohol licensing policies on population health in England

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Abstract

Background English alcohol policy is implemented at local government level, leading to variations in how it is put into practice. We evaluated whether differences in the presence or absence of cumulative impact zones and the intensity of licensing enforcement both aimed at regulating the availability of alcohol and modifying the drinking environment were associated with harm as measured by alcohol-related hospital admissions. Methods Premises licensing data were obtained at lower tier local authority (LTLA) level from the Home Office Alcohol and Late Night Refreshment Licensing data for 2007-2012, and LTLAs were coded as passive, low, medium or highly active based on whether they made use of cumulative impact areas and/or whether any licences for new premises were declined. These data were linked to 2009-2015 alcohol-related hospital admission and alcohol-related crime rates obtained from the Local Alcohol Profiles for England. Population size and deprivation data were obtained from the Office of National Statistics. Changes in directly age-standardised rates of people admitted to hospital with alcohol-related conditions were analysed using hierarchical growth modelling. Results Stronger reductions in alcohol-related admission rates were observed in areas with more intense alcohol licensing policies, indicating an 'exposure-response' association, in the 2007-2015 period. Local areas with the most intensive licensing policies had an additional 5% reduction ($p=0.006$) in 2015 compared with what would have been expected had these local areas had no active licensing policy in place. Conclusions

Local licensing policies appear to be associated with a reduction in alcohol-related hospital admissions in areas with more intense licensing policies.

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