

## **A consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour (November 2012)**

The Government's alcohol strategy consultation commenced 28/11/2012:  
<http://www.homeoffice.gov.uk/media-centre/news/alcohol-consultation-launched>

Consultation puts forward proposals and questions on five key areas set out in the Government's Alcohol Strategy ('the Strategy'), published on 23 March 2012:

- the price level and mechanisms for a minimum unit price for alcohol;
- introducing a ban on multi-buy promotions in the off-trade (see glossary);
- reviewing the mandatory licensing conditions;
- introducing health as a licensing objective for cumulative impact; and
- reducing the burden of regulation on responsible businesses.

Aims of initiatives are to:

- Tackle irresponsibly priced alcohol
- Tackle alcohol-related harms
- Free up responsible business

Consultation responses sought from: everyone who will be affected by these measures, including: members of the public who consume alcohol; those who live close to licensed premises; those who own or work in pubs, clubs, supermarkets and shops; criminal justice agencies; the police; local health bodies; licensing authorities and trade associations representing those who produce and sell alcohol.

The consultation runs for 10 weeks until 06 February 2013

### **EXTRACT: Health as a licensing objective for Cumulative impact policies**

8.1 We want to ensure that licensing authorities are able to take alcohol-related health harms into consideration when making decisions about cumulative impact policies (CIPs) which can be used to manage problems linked to the density of premises in specific areas. We consider that a new health-related objective for alcohol licensing related specifically to cumulative impact is the best way to achieve this.

8.2 Evidence shows that there is a relationship between the increased density of premises and alcohol consumption and also between density and harm.<sup>20</sup> The evidence suggests that limiting the density of premises can be an effective tool in reducing harm (see section B and Annex A of the relevant impact assessment published alongside this consultation on the Home Office website [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)). At the moment local areas can only take data linked to existing licensing objectives (that is usually crime and disorder, and public safety) into account when making decisions about cumulative impact and so cannot fully consider the full range of alcohol-related harms in their area (such as data on liver disease or alcohol-related deaths).

8.3 Cumulative impact can be considered by licensing authorities when developing their statements of licensing policy. A CIP can be introduced and included in this policy on the basis of any one or more of the four existing

licensing objectives when problems are linked to the impact of a significant number of licensed premises concentrated in a specific area. The current process for CIPs is set out in paragraphs 13.19 - 13.38 of the amended guidance issued under section 182 of the 2003 Act. The guidance can be found on the Home Office website: [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk).

8.4 A CIP introduces a rebuttable presumption that all new licence applications and variations in that area will normally be refused if the licensing authority receives a relevant representation stating that the application will add to the cumulative impact. However each application must still be considered on its own merits and the licensing authority may still grant the application if it is satisfied that the application will not contribute to the cumulative impact.

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8.5 We are proposing that licensing authorities will be able to take evidence of alcohol-related health harm into account in deciding whether to introduce a CIP and the extent of that CIP. This would be a discretionary power and not an obligation. We expect that those areas with the highest levels of alcohol-related health harm, or fast rising levels of harm from alcohol, will be most likely to use this power. It will allow local health bodies to fully contribute to local decision making and mean licensing authorities can restrict the number of licensed premises in the local area on the basis of robust local evidence.

8.6 CIPs are already being used successfully by many licensing authorities to promote the existing licensing objectives. Unlike evidence currently used to support the introduction of CIPs, such as data on crime and disorder incidents, health evidence is population based (for example linked to a broader area rather than individual streets), and consideration needs to be given to how this could be incorporated within the CIP process. We want to learn from the experiences of interested parties and explore how health information could best be used in developing such policies to enable local health harms to be reduced. We will be seeking, gathering and using additional input from licensing authorities, those with experience of health data, and other practitioners on the technical details of this proposal through individual meetings and technical consultation groups.

### **Consultation Question 13:**

What sources of evidence on alcohol-related health harm could be used to support the introduction of a cumulative impact policy (CIP) if it were possible for a CIP to include consideration of health?

### **Consultation Question 14:**

Do you think any aspects of the current cumulative impact policy process would need to be amended to allow consideration of data on alcohol-related health harms?

### **Consultation Question 15:**

What impact do you think allowing consideration of data on alcohol-related health harms when introducing a cumulative impact policy would have if it were used in your local area? Please provide evidence to support your response.