The measurable impact of local alcohol licensing policies on population health in England; focussing on the southwest.

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Background

- Alcohol policy in England is largely determined at local government level.
- An important policy area is that of regulating the physical availability of alcohol and modifying the commercial drinking environment
  - for example through alcohol licensing policies including cumulative impact zones
- Differences between local authorities in priorities around how best to reduce the effects of alcohol consumption have led to variability in local composition of alcohol control policies and interventions.
Methods

- Linked at Local Authority Unit level for 2009-2015:
  - Age-adjusted alcohol-related hospital admissions (narrow definition) from LAPE
  - Indicator data from PHE Health Profiles and ONS
  - Alcohol and late night refreshment licensing data (Home Office)

- **Policy and enforcement intensity score** coded as:
  - PASSIVE
  - MEDIUM: cumulative impact zones or new licence applications successfully challenged
  - HIGH: both

- **Cumulative exposure** was calculated by adding up annual 2007-12 policy and enforcement intensity scores and stratification in 4 strata (passive, low, medium and high) based on quartiles of distribution

- Changes in directly age-standardised rates of people admitted to hospital with alcohol-related conditions in 2009-2015 analysed:
  - hierarchical growth models
  - adjusted for seasonality, population size, deprivation, and alcohol-related crime rate
Cumulative exposure
Results - overall

- Data obtained for all 326 lower tier local authority areas in England
- 319 also provided licensing activity data
- Exposure-response association of -2% (95% CI -3 to -2) annually (p=0.006) was observed
- Accounting for other population changes, this equated to a modest (in 2015 compared to had these areas not had active policies in place):
  - additional 5% reduction
  - or about eight unique admissions per 100,000 people
Results - overall

![Graph showing annual average age-adjusted alcohol-related HES rate from 2009/10 to 2015(Q1) for different levels of alcohol consumption: None, Low, Medium, High. The graph compares measured and modelled data.](image-url)
Results – 4 cities

Bristol

Plymouth

Exeter

Bournemouth
Result - Rural

North Devon

East Devon

Mid Devon

West Devon
Results – The North

- Swindon: Low
- Gloucester: Middle
- Cheltenham: Passive
- Stroud: Middle

Results – The South

- **Torbay**: Middle
- **Torridge**: Passive
- **Weymouth and Portland**: Passive

Graphs show the age-adjusted alcohol-related HES rate over quarters (2007-2015) for different regions.
Conclusions

i. Exposure-response association of -2% (95% CI -3 to -2) annually (p=0.006) was observed

ii. Despite the fairly modest average effect, the intensity of alcohol licensing policies is related to measurable health gain

iii. Although these analyses do not directly prove causality, they add to the available evidence about the effectiveness of alcohol licensing policies in England

iv. Most Southwest areas fall in the passive-middle cumulative exposure category
Thank you. Any questions?

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