

Appendix A – Comments Received from West Sussex Public Health Team

From:

Sent: 25 September 2018 16:40

To: Licensing <Licensing@ Crawley.gov.uk>

Cc:

Subject: Public Health contribution to Crawley licensing policy

I have reviewed the Crawley licensing policy and would like to suggest the following amendments:

My comments are highlighted in **yellow**

3.3 **End of the sentence missing**

The Council intends to encourage mixed usage of licensed premises to encourage older sections of the community. We will also encourage and support licensed premises that have a

3.15 **Worth listing responsible authorities?**

It is also expected that applicants will seek the views of the key responsible authorities, before formally submitting applications and having completed drafts of their own operating schedules (after considering the effect on the four licensing objectives). For example, on matters relating to crime and disorder, the police and local authority community safety officers, and local community groups, might be consulted and on matters relating to noise, local environmental health officers might be consulted. Further information will be provided on the Council's website.

h) **Local Health Authority change to:**

Public Health Licensing, Director of Public Health, c/o Public Health Licensing, West Sussex County Council, 1st Floor, The Grange, County Hall Campus, Chichester PO19 1QT

E-mail: PublicHealth.Licensing@westsussex.gov.uk

I have recently reviewed the Worthing Borough and Adur District licensing policies, which both include a chapter on alcohol and health. In case this is something that CBC would like to consider, I have attached the wording used in the Worthing and Adur policies, but have included data specific to Crawley.

I would be very happy to discuss this further and/or make any amendments to this section.

Best wishes,

ALCOHOL & HEALTH

The Police Reform & Social Responsibility Act 2011 amended the Licensing Act 2003 to make Directors of Public Health a Responsible Authority giving health bodies a greater say in Licensing issues so that they are automatically notified about new premises applications, can make representations and even apply for reviews of licences.

In West Sussex, this function is undertaken by the West Sussex County Council (WSCC) Public Health Lead for Substance Misuse, on behalf of the Director of Public Health. However, the government stopped short, in England at least, of making health a licensing objective. Any representation made by the Public Health Directorate must be relevant to the existing statutory licensing objectives.

The council recognises that the entertainment and alcohol industry contributes to the borough by providing a variety of opportunities for entertainment and relaxation as well as employment & career opportunities. The council is dedicated to providing support for cultural activities, live music and public houses serving the community. It wants businesses to thrive and residents and visitors to be able to enjoy the facilities that Crawley's licensed businesses offer.

It is, however, mindful of the potential health issues that alcohol misuse can generate. For this reason the Licensing Authority will seek to promote high standards of management in licensed premises to ensure businesses operate responsibly and exercise their 'duty of care' for the health of their customers. Problem premises will be controlled, while those that seek to operate responsibly will not be subject to unreasonable restrictions.

Alcohol is one of the three biggest lifestyle risk factors for disease and death in the UK, after smoking and obesity. In England, alcohol misuse is the biggest risk factor attributable to early mortality, ill health and disability for those aged 15 to 49 years.

Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver; and depression.

Binge drinking can lead to injuries, anti-social behaviour and other societal harm.

Harmful alcohol consumption not only impacts on individuals, but also on their families and communities, as well as society as a whole. The annual cost of alcohol-related harm in England is estimated to be £21 billion pounds, including £11 billion in crime and disorder, £7 billion in lost productivity through unemployment and sickness, and a burden of £3.5 billion to the NHS.

There is no 'safe' level of alcohol consumption; therefore anyone who drinks is increasing their risk of harm to some extent.

In January 2016 the UK Chief Medical Officers issued revised guidance on alcohol consumption:

- Men and women are advised not to regularly drink more than 14 units a week.

- Spread your drinking over three days or more if you drink as much as 14 units a week.
- If you want to cut down how much you're drinking, a good way to help achieve this is to have several drink-free days each week.

The guidance also includes advice for single occasion drinking episodes. In order to keep risks to a low level, adults are advised to:

- limit the total amount of alcohol you drink on any single occasion
- drink more slowly, drinking with food, and alternating with water
- plan ahead to avoid problems e.g. by making sure you can get home safely or that you have people you trust with you¹.

Pregnant women are advised that:

- If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
- Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk².

For most alcohol-related diseases and injuries, there is a clear relationship between the volume of alcohol consumed and the risk of a given harm; as the amount of alcohol increases, so does the risk of harm³.

The increase in risk for alcohol-related medical conditions (such as cancer, high blood pressure, cirrhosis of the liver and depression) is greatest among people drinking at harmful levels (i.e. in excess of 35 units per week). However, even increasing-risk drinkers (those regularly exceeding the lower risk guidelines) are at significantly increased risk of these conditions.

In 2009, the Chief Medical Officer for England published guidance on the consumption of alcohol by children and young people. The guidance advised that an alcohol-free childhood is the healthiest and best option. However, if children drink alcohol, it should not be until at least the age of 15 years.

If young people aged 15 to 17 years consume alcohol, it should always be with the guidance of a parent or carer or in a supervised environment⁴.

¹ Department of Health. (2016). UK Chief Medical Officers' Low Risk Drinking Guidelines. P.6. Available online at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf

² Department of Health. (2016). UK Chief Medical Officers' Low Risk Drinking Guidelines. P.8. Available online at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf

³ Public Health England. (2016). The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review. P.15. Available online at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf

⁴ Chief Medical Officer for England. (2009). Guidance on the consumption of alcohol by children and young people. P.i Available online at:
http://webarchive.nationalarchives.gov.uk/20130104153257/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110256.pdf

How is alcohol harm measured?

There are a number of measures for alcohol related harm. The Local Alcohol Profiles for England provide information for local government, health organisations, commissioners and other agencies to monitor the impact of alcohol on local communities and to monitor the services and initiatives that have been put in place to prevent and reduce the harmful impact of alcohol. The data is predominantly available at upper-tier local authority level, with some indicators available at the level of Clinical Commissioning Group or lower tier local authority.

Key indicators include alcohol-related hospital admissions and alcohol-related mortality.

What does this currently look like?

In West Sussex:

- It is estimated that 23.7% of adults (18+) are drinking above the lower risk limits
- It is believed that there are 6,967 adults with an alcohol dependency in the county.
- Data suggests that 2710 children live with an adult with alcohol dependency.

In Crawley:

- The rate of alcohol-related harm hospital stays is 518 per 100,000 population, better than the average for England. This represents 517 stays per year.
- The rate of alcohol-specific hospital stays among those under 18 is 33.0 per 100,000 population. This represents 26 stays per year.
- The estimated rate of alcohol-related deaths in Crawley for 2016 is 51.3 per 100,000 population. This equates to 45 deaths in 2016.

The Council supports the national drive to encourage sensible drinking through initiatives and legislation, including minimum pricing. It values the important role that parents, carers and others have in providing good role models for children and young people to develop sensible drinking habits.

The Government's Alcohol Harm Reduction Strategy identified addressing sensible drinking and alcohol harm as a key priority, particularly with regard to increasing trends in levels of harm and health service use linked to alcohol. Whilst Alcohol Concern's publication, 'One on Every Corner', looked at the link between increasing off-licence density, and the harm done to children by underage drinking. The evidence around alcohol outlet density and alcohol harm has recently been added to with the publication of a study in 2018. The key findings were:

- A higher density of on-trade outlets is associated with higher hospital admissions for conditions wholly attributable to alcohol.
- A higher density of licensed convenience stores is also associated with higher hospital admissions for conditions wholly attributable to alcohol.

- The relationship between outlet density and hospital admissions is largely the same for men and women, though appears more pronounced for older people.
- The overall relationship between outlet density and hospital admissions appears to be the same in deprived areas and affluent areas⁵.

The Council recognises the need for greater partnership working to combat the negative impact of alcohol and will work with its partner agencies and the local trade to jointly promote the sensible drinking message.

Whilst public health is not a licensing objective, there is much that the WSCC Public Health directorate can contribute to local licensing decisions. The Director of Public Health is a Responsible Authority and in West Sussex this function is undertaken on the DPH's behalf by the Public Health Lead for Substance Misuse.

The WSCC Public Health Directorate may have access to data that is not always available to other Responsible Authorities, for example data relating to the local population and their alcohol-related health needs; evidence of alcohol-related harm; areas in which there are vulnerable groups who may be at higher risk of alcohol-related harm. The WSCC Public Health Directorate may also develop or collate qualitative evidence from the local area, to add to the quantitative data available.

⁵ Maheswaran, R., Green, M.A., Strong, M., Brindley, P., Angus, C. and Holmes, J. (2018). Alcohol outlet density and alcohol- related hospital admissions in England: a geographical analysis. Available online at: http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0155.pdf Accessed 31/08/2018.