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Rachel Loosemore
Licensing Officer
City and County of Swansea
Civic Centre
Swansea
SA1 3SN

Direct Line: 01792 940910

8 June 2018

Dear Ms Loosemore

Re: Consultation on Draft Policy Review Licensing Act 2003

Thank you for the opportunity to contribute to the consultation process for the review of the Licensing Policy for Swansea dated 18 May 2018.

This document outlines a number of comments for your consideration and where appropriate inclusion within the revised Policy for the City & County of Swansea.

Section 5 - Consultation

Since April 2012, the Police Reform and Social Responsibility Act 2011 amended the Licensing Act 2003 so that Local Health Boards (Wales) became a responsible authority. Hence we are pleased to see reference to the fact that evidence from Abertawe Bro Morgannwg University Health Board (ABM UHB) will be considered in relation to alcohol related harm as part of the development of the policy and determination of applications under the Act.

However, we would suggest that there could be a clearer narrative within the Policy regarding the roles of any responsible authority, including the Health Board, which would provide context and necessary background for the lay reader. If acceptable we would suggest wording along the lines of that provided in Appendix 1.

Section 6 – Cumulative Impact and Special Policy

We are particularly pleased to see support within the Policy for retention of the existing Cumulative Impact Special Saturation Policy for the following areas:

- Wind Street and the surrounding area as defined
- The Kingsway and the surrounding area as defined
- High Street and College Street as defined

In addition to the data provided from South Wales Police contained within the document, we support this based on the recognition by the World Health Organisation that reducing the availability of alcohol (outlet density, hours and days of sale) is one of the 'best buys' for preventing alcohol related harm. There is compelling evidence to suggest that it is an effective and cost effective approach to reducing alcohol consumption, harm and cost. The use of the licensing process to regulate the number, location and hours of outlets selling alcohol is, therefore, a key element of prevention strategies.



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Current estimates are that 19% of adults in Swansea report weekly alcohol consumption above the 14 unit guidelines¹. This is likely to be an underestimate given that it is a self-reported measure. Restricting availability and access are effective ways to preventing alcohol related problems related to excessive drinking for individuals and the community².

Harm to health, mortality and hospital admissions

Alcohol use is in the top ten risk factors in Wales for years of healthy life lost to illness, disability or early death and years of life lived with a disability³. Every week in Wales there are 29 deaths; around 1 in 20 of all deaths, as a result of alcohol⁴.

In Swansea, there were 55 deaths per year for each 100,000 of the population attributable to alcohol in 2014-2016⁵. This is higher than the Welsh average and the 5th highest local authority in Wales. There is great variation by gender as there were 32 deaths per year for each 100,000 population for females and 82 deaths per year for each 100,000 population for males. A study in 2010 estimated health service costs of alcohol related chronic disease and acute incidents are between £70 - £85 million each year⁶.

Locally, hospital admission data shows that there were 1,739 admission episodes per 100,000 population per year⁷ for alcohol-attributable conditions, either as the primary diagnosis (main reason) or an external cause (e.g. injuries) as a secondary diagnosis. The percentage of adults drinking above guidelines is consistently higher in less deprived areas however alcohol mortality rates are higher in the most deprived areas⁸. The number of alcohol outlets is strongly related to alcohol related hospital admissions⁹.

Section 7 – Licensing Hours

There is currently limited reference in the Policy to the role the licensing process plays in regulating access and availability through the number, location and hours of outlets selling alcohol which is a key element of prevention strategies, known to reduce alcohol consumption, harm and costs. We would welcome this being made more explicit in the Policy.

Section 8 – Children

We are pleased to see the explicit recognition of the need to consider limitations required under the Licensing Policy to protect children from harm to children. We would welcome a strengthening of the rationale for this given that a Welsh survey found that over half (59.7% of adults aged 18 and older) had experienced at least one harm from someone

¹ National Survey for Wales 2016/2017

² Public Health Wales (2017) A guide to Public Health and Alcohol Licensing in Wales.

³ Alcohol use contributed to 44,097 Disability-Adjusted Life Years (DALYs), all persons, all ages, Wales 2016. From Public Health Wales (2018) Health and its Determinants in Wales Informing Strategic Planning Report.

⁴ Public Health Wales (2014) Alcohol and Health in Wales 2014.

⁵ Number of deaths and European age-standardised mortality rates per 100,000 population based on date of registration 3 year average, available from available from Health Maps Wales

<https://www.healthmapswales.wales.nhs.uk/IAS/dataviews/view?viewId=147>

⁶ Public Health Wales (2014) Alcohol and Health in Wales 2014.

⁷ Alcohol-Attributable Broad Measure for Hospital Admissions (European Age-Standardised Rate), Persons All Ages - 3yr rolling average | Local Authority | FY 14/15 - 16/17, available from Health Maps Wales

<https://www.healthmapswales.wales.nhs.uk/IAS/dataviews/view?viewId=147>

⁸ From Public Health Wales (2018) Health and its Determinants in Wales Informing Strategic Planning Report.

⁹ Tatlow et al, cited in Public Health Wales (2017) A guide to Public Health and Alcohol Licensing in Wales.



else's drinking in the last 12 months¹⁰. This included for example anxiety, sleep disruption, physical assault, concern about harm to a child, neglect.

Individuals in younger age groups were more likely to report experiencing harms from other people's drinking. A recently published study has found that children living with an adult who had an alcohol-related hospital admission had a 13% increased risk of emergency admissions for injuries and a 14% increased risk of emergency admissions for victimisations¹¹

Section 9 – Integrating Strategies

To ensure a consistent approach we suggest that there should be recognition of the impact of alcohol use and misuse on the health and well being of individuals and communities in Swansea and this extends to its role as a factor within a safe and regulated Night Time Economy.

Alcohol is a major preventable cause of death and illness and is associated with chronic disease, mental health conditions, accidents and injuries. The impact of alcohol on our health creates enormous pressures on our health systems.

In addition to the health impact, the social harms of alcohol use are numerous including crime, violence, and anti-social behaviour, injury, domestic violence and family breakdown, work and financial problems, and widening inequalities in our population; these often lead to further health harms and costs to Health Board and society. These clearly relate to the four licensing objectives. Therefore recognition of these points within the Policy would be welcomed. We feel that in this context reference could also be made to the policy landscape in Wales such as *Working Together to Reduce Harm - the Substance Misuse Strategy for Wales 2008-2018*¹².

In particular we would welcome reference to the NICE Guidance (2010) *Alcohol use disorders – preventing the development of hazardous and harmful drinking*¹³ which provides a number of recommendations and suggests that licensing departments need to take into account the links between the availability of alcohol and also alcohol related harm. The recommendations detailed are based on stringent evaluation of current evidence and cost effectiveness as well as consultation with a wide range of experts and stakeholders. We note that most of the recommendations are present in the draft statement of policy and we suggest that in the final version of the document, this NICE guidance is referred to and the various measures that the guidance recommends are strongly supported.

We believe this, along with some of the data and evidence outlined above, should therefore be included in the revised Policy document which would further strengthen the document from its current iteration.

Section 20 – Contact Point for Licensing

We note the inclusion of ABM UHB within this section. However, we would suggest that it should also be noted that the Health Board is a Responsible Authority and that some

¹⁰ Quigg et al (2016). Alcohol's Harm to Others: the harms from other people's alcohol consumption in Wales.

¹¹ Paranjothy et al (2018) Risk of emergency hospital admissions in children associated with mental disorders and alcohol misuse in the household: an electronic birth cohort study. The Lancet Public Health Open Access.

¹² Welsh Government, 2008

¹³ Available at <http://guidance.nice.org.uk/PH24>

additional wording is provided to help explain to lay readers the nature of this role. We also note that the current contact details are incorrect and suggest that the following are used instead:

Abertawe Bro Morgannwg University Health Board
Executive Director of Public Health
1 Talbot Gateway
Port Talbot
SA12 7BR
Tel: 01639 683386

Final remarks

Whilst we recognise that public health is not a separate licensing objective any local licensing policy provides the opportunity to support a population based approach to reducing alcohol related harm through supporting the four licensing objectives. In particular, a robust policy is not only able to protect people who may be at risk of drinking at damaging levels, harming others as a result of their drinking (particularly the vulnerable including children) but it may also be instrumental in creating an environment that supports lower risk drinking.

Yours sincerely

Jennifer Davies
Consultant in Public Health



Appendix 1

Local Health Board Role

From April 2012, the Police Reform and Social Responsibility Act 2011 amended the Licensing Act 2003 so that Local Health Boards (Wales) and Primary Care Trusts (England) become a responsible authority. In Swansea the Local Health Board function is undertaken by Abertawe Bro Morgannwg University Health Board (UHB)

The Licensing Authority recognises the impact of alcohol misuse on the population of Swansea and local services. It is hoped that through the implementation of this Licensing Policy, the promotion of the four Licensing Objectives will in turn have a positive effect on preventing alcohol misuse in the area. For example, by taking into consideration any information presented by the UHB on the effects of alcohol use on health; the data on alcohol use within the Swansea area; and the evidence of availability and affordability on increased alcohol consumption, the Licensing Authority will be mindful of the impact of its decisions on the prevention of alcohol misuse in the area. It is however recognised that any positive impact will be as a coincidence of the licensing authority conducting its licensing function and not based on public health as an objective

The UHB may wish to make representation in the following circumstances

- New applications
- In applications for Review or Variation when:
 - An existing licensed premise, which is perceived not to be promoting the licensing objectives, or;
 - An existing licensed premise, where there is information to suggest non-compliance with the existing premise license
 - Proposed changes in licensable activities could have a detrimental effect on one or more of the licensing objectives
- The premise is situated within a 'cumulative impact special saturation policy' area, where the UHB believes that there will be an adverse effect on any of the licensing objectives