

Tighter local alcohol licensing curbs linked to fewer drink-related hospital admissions

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Tighter local alcohol licensing curbs are linked to fewer drink-related hospital admissions in these areas, reveals research published online in the *Journal of Epidemiology & Community Health*.

In areas with the most restrictive licensing policies, annual drink-related admissions were 2% lower than would have been expected if no active policies had been in place, the findings show.

Alcohol misuse costs the NHS in England alone an estimated £3.5 billion every year. But that excludes the additional annual costs of drink-fuelled crime of £11 billion, and a further £7.3 billion in lost productivity.

The proportion of regular drinkers has fallen since 2005. But around a third of women and more than four out of 10 men exceed recommended weekly alcohol limits, while regular drinking is become more common among middle aged and older adults.

The researchers assessed the alcohol licensing policies and responses to alcohol licensing applications made to 326 [local authorities](#) (councils) between 2007-8 and 2011-12.

Council licensing policies allow for the creation of designated cumulative impact zones, or CIZ for short. These aim to regulate the number of new alcohol outlets in areas where the addition of more would undermine crime prevention and public safety, create a public nuisance or potentially expose children to harm.

The research team generated a 'cumulative licensing intensity score' for each council, based on whether they deployed CIZ and/or whether they refused to grant licenses for new premises. The score was divided into four categories: no activity; low; medium; and high.

In 2007-8, 118 out of 319 (37%) local councils

operated some form of active alcohol licensing policy, one in five of which also included CIZ for new premises.

The cumulative intensity licensing score was classified as medium or high in around a third (35%) of councils; 43% were classified as no activity; while 21% were classified as low.

By 2014, a further 63 councils had adopted active alcohol licensing policies.

The researchers also looked at the number of drink-related [hospital admissions](#), standardised for age, in each of the local areas from 2009 up to the first quarter of 2015.

After taking account of influential factors, such as deprivation and drink-fuelled crime, the analysis showed that the intensity of alcohol licensing policies was associated with a reduction in drink-related hospital admissions between 2009 and 2015.

The largest effects were seen in those local authority areas operating the most comprehensive policies.

Drink-related hospital admissions fell by an average of 0.6% every year in those local authorities with a medium score—twice as large as the fall in the average admission rate between 2009 and 2015 in those local authorities without an active alcohol policy.

In the local authorities classified as high, drink-related hospital admissions fell by 2% every year, or around 8 fewer drink-related admissions per 100,000 of the population in 2015, compared with what would have been expected in the absence of any active policy.

The researchers emphasise that this is an observational study, so no firm conclusions can be

drawn about cause and effect. And they point out that the findings could also be the result of other additional alcohol policies, such as late night levies, or alcohol screening, which they did not investigate.

But they conclude: "These analyses contribute to the available evidence on the effectiveness of population level alcohol licensing policies specifically for England, and are the first to demonstrate that the intensity with which selected alcohol licensing policies are implemented and scrutinised is related to measurable reductions in alcohol attributable hospital admissions."

More information: Measurable effects of local alcohol licensing policies on population health in England, [DOI: 10.1136/jech-2015-206040](https://doi.org/10.1136/jech-2015-206040)

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