

## **Representation from James Mallion, on behalf of Public Health**

To quote Mr Mallion:

“There is a growing body of evidence which demonstrates that the availability of alcohol contributes to increased levels of alcohol related harm. It therefore follows that alcohol available to be purchased and then immediately consumed either prior to or when driving a motor vehicle, or indeed by passengers within the vehicle, is likely to increase the risk of harm (Anderson, 2009).

There is extensive research highlighting that there is a direct link between density of licensed premises and alcohol related harm in the surrounding environment (Livingston, 2011); (Richardson, 2014). This evidence suggests that the density and prevalence of alcohol retail outlets influences alcohol-related harms including: creating greater physical availability of alcohol within a local area; reducing the prices of alcohol products due to localised competition; and increasing the visibility of alcohol availability in the local area.”

“Overall, we have assessed this LSOA within which this premises is located, as having relatively low levels of alcohol-related harm compared to other parts of the borough for both health and crime, however nearby areas do experience much higher levels of harm. The wider alcohol related harms experienced by people across Tameside should be considered as well as the evidence suggesting that further increasing the density of licensed premises can increase alcohol related harms in general”

Mr Mallion refers to/has supplied 11 documents:

1. Anderson, P. and others (2009), *‘Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol’*.
2. Bryden, A. and others (2012), *‘A systematic review of the influence of community level social factors on alcohol use’*.
3. Gruenewald, P.J. and others (2006), *‘Ecological models of alcohol outlets and violent assaults: crime potential and geo-spatial analysis’*. (Not supplied).
4. Livingston, M. and others (2007), *‘Changing the density of alcohol outlets to reduce alcohol-related problems’*.
5. Livingston, M. (2011), *‘A longitudinal analysis of alcohol outlet density and assault’*.
6. Livingston, M. (2011), *‘Alcohol Density and Harm: Comparing the Impacts on Violence and Chronic Harms’*. (Not supplied).
7. Pasch, K.E. and others (2008), *‘Alcohol outlets and youth alcohol use: exposure in suburban areas’*.
8. Pereira, G. and others (2013), *‘Access to Alcohol Outlets, Alcohol Consumption and Mental Health’*.
9. Richardson, E.A. and others (2015), *‘Is local alcohol outlet density related to alcohol-related morbidity and mortality in Scottish cities?’*.
10. Theall, K.P. and others (2009), *‘The neighbourhood alcohol environment and alcohol-related morbidity’*.

11. Begun, A.L. and Clapp, J.D. (2016), *'Reducing and preventing alcohol misuse and its consequences: A Grand Challenge for social work'*. (Supplied but not referenced).

**1. Anderson, P. and others, 'Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol'**

This article is by various authors including one who is associated with the World Health Organisation (D Chisholm PHD).

The article finds that regulations can be effective in reducing alcohol related harm and legislation can reduce drink driving.

A proposed policy is taxation, being a cost-effective method to implement with substantial health benefits.

The article suggests there should be a global treaty on alcohol.

**2. Bryden, A. and others, 'A systematic review of the influence of community level social factors on alcohol use'**

This review looked at 48 studies from 1973 to 2011. The studies used were:

- One from Amazonian villages in Bolivia
- 33 in the US
- Three in Canada
- Three in the UK

The study found inconclusive results on the influence on alcohol use of social economic factors such as deprivation, poverty, income and unemployment. Similarly, inclusive findings were found for the influence of social disorder and crime on alcohol uses. These findings reflect the varied outcome and exposure methods used and the broader limitations with the evidence bases.

**3. Gruenewald, P.J. and others, 'Ecological models of alcohol outlets and violent assaults: crime potential and geo-spatial analysis'**

Referenced but not supplied.

**4. Livingston M. and others, 'Changing the density of alcohol outlets to reduce alcohol-related problems'**

This study is from Melbourne, Australia but examines multiple studies in various countries.

Until 1981, British licensing rules provided for the suppression of licences deemed to be surplus to an area, with compensation to the owners.

Studies have shown mixed results. There are more bars and off licences in deprived areas but there is more alcohol consumption in more privileged areas.

Most studies relate to Nordic countries where alcohol is restricted in availability.

The studies examine what happens if a village in Finland opens an off licence where previously there were none and what happens is laws are changed to allow supermarkets to sell beer. In Norway, there is little impact when outlet density is changed.

Restrictions result in an increase in illegal alcohol and no change in consumption levels.

The privatisation of alcohol sales in five US states showed no substantial change in beer/spirit sales.

The discussion of whether alcohol density effects violence has mixed and inconsistent results. The density of bars in neighbouring regions is associated with violence.

The theoretical foundations of outlet density studies have not yet been fully developed. A substantial number of cross-sectional studies have examined the relationship between outlet density and a variety of alcohol related problems. Recent studies which have examined the link between outlet density, drink driving, and motor vehicle accidents have generally found positive relationships, although other studies show no such relationship. In 1992 after civil unrest in Los Angeles there was a suggestion of a link between alcohol density and an increase in gonorrhoea.

The article identifies a major weakness in studies, being that the underlying assumption is that every outlet within a licence category is equivalent. For example, a small bar is equal to a sprawling nightclub and a small off licence is equal to a hypermarket.

The article concludes that in areas where the number of alcohol outlets is already relatively dense, small changes in density are unlikely to affect alcohol consumption or the rate of chronic health problems.

### **5. Livingston, M., 'A Longitudinal Analysis of Alcohol Outlet Density and Assault'**

This article looks at three types of outlets between the years of 1996 and 2005:

- Hotel/pub;
- Packaged liquor; and
- On-premises.

There is a small body of evidence which suggests a significant link between the density of alcohol outlets in an area and the area's rate of domestic violence.

An early study in New Jersey found a positive relationship between total alcohol density and police recorded rates of domestic violence, but this relationship was no longer evident once socio-demographic control variables (e.g. social disadvantage etc.) were allowed for.

These findings suggest that the geographical relationship between alcohol outlet density and domestic violence is due to a common relationship with other socio-demographic factors.

While there are a growing number of cross-sectional studies suggesting that alcohol outlet density is related to domestic violence, there remains a need for an assessment of this relationship over time.

The article recommends a change to the liquor licensing policy in Victoria Australia.

#### **6. Livingston, M., 'Alcohol Density and Harm: Comparing the Impacts on Violence and Chronic Harms'**

Referenced but not supplied

#### **7. Pasch K.E. and others, 'Alcohol outlets and youth alcohol use: exposure in suburban areas'**

This article focuses upon Minnesota and how exposure to alcohol outlets around homes and schools influences alcohol use amongst 242 high school students.

The results found no relationship between alcohol outlet exposure, using a measure of both distance to and density around students' homes and schools, and alcohol use. Alcohol outlet exposure may not influence alcohol use among mostly white middle class and suburban youth.

The literature suggests that young adolescents primarily obtain access to alcohol from their parents.

#### **8. Pereira, G. and others, 'Access to Alcohol Outlets, Alcohol Consumption and Mental Health'**

This article comprised a study of 6837 adults in Perth, Western Australia for the period of 2006-2009.

The article finds there is a small association between residential exposure to liquor stores and harmful consumption of alcohol and gives some support for a moderate sized effect on hospital contacts for anxiety, stress and depression.

The article highlights the importance of policy approaches that limit the number of liquor stores and the geographic density of outlets as a means to improve mental health and reduce other alcohol related harm.

Further research is needed to test and better understand these pathways.

#### **9. Richardson, E.A. and others, 'Is local alcohol outlet density related to alcohol-related morbidity and mortality in Scottish cities?'**

This article is from the University of Glasgow and states that there is a misplaced focus on the night-time economy.

It recommends support for MUP.

The article recognises limitations including a failure to distinguish between different types of outlets and that people are not static.

The article states that there is little evidence that the public health licensing objective is being used frequently.

#### **10. Theall, K.P. and others, 'The neighbourhood alcohol environment and alcohol-related morbidity'**

This article was produced by US Universities and looks at the relationship between neighbourhood alcohol outlet density and health outcomes to determine the relationship between morbidity and alcohol consumption, and to explore the relationship between more density and observed racial and ethnic differences in morbidity.

There is an accepted limitation as the article does not distinguish the influence of different types of outlets e.g. a liquor store versus a grocery store.

The article states that alcohol availability may have an influence on individuals according to race or ethnicity, but additional research is needed.

#### **11. Begun, A.L. and Clapp, J.D., 'Reducing and preventing alcohol misuse and its consequences: A Grand Challenge for social work'**

Supplied but not referenced.

This is an article from Ohio State University

The article states that models that integrate pharmacological motivational or cognitive/behavioural therapies with biometric monitoring and "smart technology" might prove effective but they will require new training for professionals, reimbursement models and case management systems.

Large scale data mining efforts with human services data development of culturally sensitive measurement and intervention, and applying epigenetic research to risk assessment, are important, innovative steps in moving alcohol misuse prevention and treatment forward.