



## Licensing Committee

11 November 2019

<b>Title</b>	<b>Proposed adoption of the Licensing Policy 2020-2025</b>
<b>Report of</b>	Commissioning Director for Environment
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	<b>Annex 1</b> – Proposed revised policy <b>Appendix 2</b> – Summary of responses to the Consultation
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### Summary

The Licensing Act 2003 places a responsibility on all licensing authorities to publish a licensing policy every 5 years. The Council, being a licensing authority, has a current policy which came into effect from January 2015. This report relates to the outcome of the recent consultation in relation to a new policy to take effect in January 2020.

### Officers Recommendations

1. For the proposed policy in Appendix 1 to be approved by the Committee
2. That the Committee recommend that this policy be adopted at the next full meeting of the Council

#### 1. WHY THIS REPORT IS NEEDED

- 1.1 Pursuant to the Licensing Act 2003 ('the Act'), the Council is the licensing authority with responsibility for issuing licences under the Act for licensable activities in the Borough.
- 1.2 In accordance with the Act, the Council must prepare, consult on and publish a Licensing Policy which it proposes to have regard to when exercising relevant functions.
- 1.3 The proposed new policy is attached at Appendix 1. This policy must be reviewed at least every 5 years. The policy was last reviewed in January 2015 therefore it must be reviewed before January 2020.
- 1.4 A consultation was undertaken on whether to adopt the Council's draft statement of licensing policy from 19<sup>th</sup> August 2019 until 11<sup>th</sup> October 2019. Information on this consultation can be found in paragraph 5.8. Two responses were received and can be found in Appendix 2. Amendments have been made to the draft policy as a result of the responses received. This is outlined in Appendix 2.
- 1.5 Following consideration of the responses in Appendix 2 it is recommended that the Licensing Committee adopt that proposed licensing policy.
- 1.6 This policy must be kept under review by the licensing authority and may be changed at any time after adoption (after further consultation), and must be renewed at intervals of not less than five years.

## **2 REASONS FOR RECOMMENDATIONS**

- 2.1 The local authority is required, under the Licensing Act 2003, to prepare and publish a statement of policy in relation to the exercise of its functions under the Act. This policy must be reviewed at least every 5 years therefore the policy must be reviewed before January 2020.

## **3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 The Committee could consider not consulting on the proposed policy, however the legislation states that the policy must be reviewed and consulted on before the 5 year period ends. This is January 2020 therefore there is no legal alternative.

## **4 POST DECISION IMPLEMENTATION**

- 4.1 The Committee are being asked to recommend that the Policy be adopted at the next meeting of the full Council to come into effect in January 2020.

## **5 IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

5.1.1 This review of licensing policy supports the corporate priority of “Safe and strong communities where people get along”.

5.1.2 The approach taken by the Licensing Authority in relation to applications fully supports objectives contained within the corporate plan. In particular it promotes delivering “quality services and striving to continually improve the standard of services”

## **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 Administration and enforcement of the Licensing Act will be carried out by the Licensing team, together with support from Legal Services and from Governance Services. The cost of the administration and enforcement of the legislation will be offset by income received within this service. There are no further cost implications in reviewing the licensing policy.

5.2.2 Fees are kept under constant review to ensure that they accurately reflect recovery of costs incurred in administration of the licence process and compliance checks.

## **5.3 Social Value**

5.3.1 The Licensing policy supports all three pillars of social value. It helps support the local economy and economic growth by encouraging well run, compliant businesses to the Borough. By strongly upholding the licensing objectives the policy positively impacts on the environment and contributes to a vibrant and healthy community.

## **5.4 Legal and Constitutional References**

5.4.1 Pursuant to s.5 of the Licensing Act 2003, the licensing authority is required to determine its licensing policy in regard to the exercise of its licensing functions and publish the policy every 5 years from the date of publication of the previous licensing policy.

5.4.2 Before publishing the policy, the licensing authority must consult the following:

- (a) The chief officer of Police for the Barnet area
- (b) The fire and rescue authority
- (c) Barnet’s Director of Public Health
- (d) Licence holders of premises licences
- (e) Holders of club premises certificates
- (f) Personal licence holders and
- (g) Businesses and residents within the London Borough of Barnet

5.4.3 Under the Licensing Act there are four statutory objectives to be met through licensing:

- (1) Protection Children from harm
- (2) Prevention of nuisance
- (3) Public Safety

#### (4) Prevention of crime and disorder

A good policy ensures that these objectives are promoted by the London Borough of Barnet.

- 5.4.4 Section 5A of the Licensing Act 2003 states the Council as the licensing authority may publish a Cumulative Impact Assessment (“CIA”) and sets out the information required by that section. This may allow the licensing authority to help to limit the number or types of licence applications granted in areas where there is evidence to show that the number or density of licenced premises in the area is having a cumulative impact and leading to problems which are undermining the licensing objectives.
- 5.4.5 Article 7 – Committees, Forums, Working Groups and Partnerships, of the Council’s Constitution states that the Licensing Committee is responsible for, “all policy matters relating to licensing with licencing hearings concerning all licencing matters delegated to sub-committees.”
- 5.4.6 Article 2 of the Council’s Constitution defines a key decision as one which will result in the Council incurring expenditure or savings of £500,000 or more, or is significant in terms of its effects on communities living or working in an area comprising two or more Wards.

### **5.5 Risk Management**

- 5.5.1 It is important that the London Borough of Barnet adopts a robust and accountable regulatory regime in relation to all Licensing. It needs to ensure that the risk of non-compliance and the regulatory burden to both the Local authority and to the trade is minimised.

### **5.6 Equalities and Diversity**

- 5.6.1 The Council has a legal obligation under section 149 of the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination and to promote equality of opportunity and good relations between persons of different groups.
- 5.6.2 When considering applications, only issues provided for in the relevant legislation, in addition to the authority’s policy will be taken into account. This will ensure a consistent approach is adopted. Under the terms of the policy, every application will be considered on its own merits.

### **5.7 Corporate Parenting**

- 5.7.1 Not relevant to this report.

### **5.8 Consultation and Engagement**

- 5.8.1 The consultation document was sent to the all responsible authorities. It was also sent to councillors.
- 5.8.2 The consultation was also be published on London Borough of Barnet's online website and on the Engage Barnet portal.
- 5.8.3 A selection of licence holders were contacted in writing in relation to the proposed changes
- 5.8.4 All replies received have been taken into account

## 5.9 **Insight**

- 5.9.1 Not relevant to this report.

## 6 **BACKGROUND PAPERS**

Statutory Guidance issued under section 182 Licensing Act 2003 (April 2018)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/705588/Revised\\_guidance\\_issued\\_under\\_section\\_182\\_of\\_the\\_Licensing\\_Act\\_2003\\_April\\_2018\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/705588/Revised_guidance_issued_under_section_182_of_the_Licensing_Act_2003_April_2018_.pdf)

Licensing Act 2003

## Appendix 1 Proposed Licensing Policy

## Appendix 2 Consultation responses

Consultee	Support/Does not support	Further Comments
Responsible Authority - Police	Support	N/A
Responsible Authority - LFB	Support	Requested
Licensed premises in Burnt Oak	Support	Feels they are a responsible retailer and this will protect the area from irresponsible retailers.
Responsible Authority - Licensing	Support	N/A
Responsible Authority – Public Health	Support	See below.  Changes have been made where appropriate to the policy and are highlighted in yellow in the draft policy in Appendix 1
Responsible Authority – Noise Nuisance	Support	N/A

### **Consultation Response by Public Health to the draft Barnet Draft Statement of Licensing Policy (SLP)** **by Linda Somerville, Public Health Strategist October 2019**

The Public Health team welcome the review of the Barnet Statement of Licensing Policy (SLP) as per the legal requirement to complete a review every five year or more frequently if felt necessary. The new draft version is a reasonably short document providing information to potential licensing applicants relating to how the licensing authority in Barnet will operate.

Below are some specific comments relating to the draft document that was circulated with the point number location given to enable location of the text that each comment relates to.

Point 1.8 – Whilst the document the Mayor’s plan: A vision for London does focus on the Night Time Economy and a vision of London as a 24-hour city, there is a comment in 7.6.6 stating that “There are many benefits to promoting night-time

economic activity such as generating jobs, improving income from leisure and tourism, providing opportunities for social interaction, and making town centres safer by increasing activity and passive surveillance. Managing issues such as transport, servicing, increased noise, crime, anti-social behaviour, perceptions of safety, the quality of the street environment, and the potential negative effects on the health and wellbeing of Londoners, will require specific approaches tailored to the night-time environment, activities and related behaviour. Boroughs are encouraged to consider appropriate management strategies and mitigation measures to reduce negative impacts on the quality of life of local residents, workers and night-time economy customers, particularly in areas with high concentrations of licensed premises". (Source: [https://www.london.gov.uk/sites/default/files/draft\\_london\\_plan\\_-\\_consolidated\\_changes\\_version\\_-\\_clean\\_july\\_2019.pdf](https://www.london.gov.uk/sites/default/files/draft_london_plan_-_consolidated_changes_version_-_clean_july_2019.pdf)).

As part of the new draft SLP Public health would suggest that greater emphasis is placed on the potential negative impact that alcohol can have on local areas, especially in areas where there are already high numbers of on and off premises selling alcohol.

Point 3.1 in the draft SLP states that there was a wide consultation before the SLP was finalised but in the draft, there is no mention of the Responsible Authorities who can input into licensing decisions. As the SLP is a document that members of the public may look at, Public Health would suggest that a list of all Responsible Authorities and their contact details are included in the SLP. This information will assist members of the public to identify which groups they can potentially contact if they have concerns and would like to input into licensing decisions. Relatedly in Point 4.2 of the draft it is stated that residents should be made aware that they can contact their local councillor for support in relation to submitting a representation and/or calling for a review. Residents would most likely not feel confident in making a representation, in their own right and may need guidance and support from either the licensing authority or another Responsible Authority. If the names and contact details of the Responsible Authorities are listed in the SLP, this will assist.

Point 5.2 states that national analysis of alcohol sales data (sales in the on and off trade) has shown a positive association at local authority level between off-trade sales and alcohol-specific hospital admissions. Public health could add further information on this research if required (please see Appendix 1 below).

In Point 5.3 on Cumulative Impact Zones (CIZ) it states that reducing availability, affordability and attractiveness are some of the most effective ways to reduce alcohol harm and related crime. The CIZ may reduce availability (in the longer-term future as the existing licenses are already in place) but the CIZ will not affect the affordability or the attractiveness of alcohol. Public Health would suggest that this

sentence is altered to include information about a CIZ only impacting on new license applications and that measures to reduce affordability of alcohol can realistically only be achieved through national policy changes.

Point 5.5 on CIZ's, refers to data sources and includes alcohol specific hospital admissions for under 18's. As the number of alcohol specific hospital admissions for under 18s is likely to be extremely low, Public Health would recommend that this measure is changed to alcohol specific hospital admissions for all ages. There is also mention of statistics on alcohol related emergency attendances and hospital admissions. Public Health can supply this data if requested but the data would be on alcohol related hospital admissions (under either a narrow or broad measure). The terms of narrow and broad were introduced to replace alcohol related hospital admissions acute and chronic.

In Point 5.7 relating to the proposed CIZ. Public Health would suggest that text is added to the draft SLP explaining that a 'rebuttal presumption' will be applied to every application in a CIZ unless it can be demonstrated that the granting will not negatively impact on the licensing objectives (Source: Poppleston Allen, 2019).

Similarly, under Point 5.13 in the draft SLP it states that "The Licensing Authority recognises though, that where no relevant representations are made in relation to an application in a cumulative impact area, the application must be granted in terms consistent with the applicants operating schedule". Public Health suggest that this point is reviewed as a CIZ creates a 'rebuttal presumption' and this point currently appears to be slightly contradictory of the rebuttal presumption. Under the CIZ it is important to say that all applications will be denied unless the application can demonstrate that they will not add to the existing cumulative impact of alcohol in the CIZ area.

Point 5.15 in the draft SLP states "It therefore also recognises that, within the Cumulative Impact Policy areas, it may be able to approve licences that are unlikely to add significantly to the existing problems, and will consider the circumstances of each individual application on its merits". Public health suggest that this statement is reviewed for similar reasons to point 5.13 above. In addition, to avoid confusion perhaps the use of the words of 'add significantly' could be reviewed as this may lead to an appeal in a Magistrates Court.

The draft SLP mentions Public Places Protection Orders (Point 8.6) and as there are already PPPO's in place, Public Health suggest that further details of these areas are included in the SLP so that members of the public and potential applicants are aware of the location of these orders.



During Point 10 the health considerations of licensing are mentioned. Public Health recommend that additional information on health and alcohol related harm is included either in this section within the draft SLP and/or in an Appendix at the end of the document (please see below for suggested text).

In Point 15.1 in the draft SLP it states that “The Licensing Authority supports partnership with other regulatory bodies in respect of enforcing the provisions of the Act. This will be reflected in the nature and the extent of the working arrangements agreed between those bodies and the Licensing Authority, and on the need for efficient deployment of staff and avoidance of duplication of role. In particular, special arrangements will be maintained with the Police and other responsible authorities to achieve those ends”. As Public Health is not a regulatory body but is a Responsible Authority, we suggest that consideration is given to changing this text from ‘regulatory bodies’ to ‘supports partnership with other responsible authorities’.

Under Point 15.5 in the draft, it is stated that “The Licensing Authority has enforcement protocols with the police and will develop them with the other responsible authorities to provide for the most effective methods of monitoring and enforcing compliance with licensing requirements”. Public Health suggest that a PH representative participates in the development of enforcement protocols and any other forum where all Responsible Authorities meet.

As previously mentioned Public Health would suggest that additional information is included in Barnet’s draft SLP relating to alcohol and harm. Below is suggested text for inclusion either in the Public Health section of the draft SLP or for an Appendix. The inclusion of alcohol related harm information, mirrors the approach adopted within Islington’s Statement of Licensing Policy 2018-2022.

## **ALCOHOL RELATED HARM IN BARNET**

Alcohol plays an important and positive role in social and family life and contributes to both employment and economic development in Barnet. These positive benefits of alcohol should be balanced with the negative impact that excessive alcohol use can have, including detrimental effects on health and wellbeing.

### **Drinking levels**

The Chief Medical Officer’s guidelines<sup>1</sup> for both men and women are that:

- To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis
- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/602132/Communicating\\_2016\\_CMO\\_guidelines\\_Mar\\_17.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/602132/Communicating_2016_CMO_guidelines_Mar_17.pdf)

- The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.
- If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.

Regularly drinking more alcohol than the recommended daily limit can damage health. Excessive alcohol consumption is associated with over 60 medical disorders. For instance, alcohol has been identified as a causative factor in the following conditions:

- Mouth, throat, stomach, bowel, liver and breast cancer
- Cirrhosis of the liver
- Heart disease
- Depression
- Stroke
- Pancreatitis
- Liver disease

Barnet currently experiences less alcohol related problems than regional and national averages, however this does not mean that there are no alcohol related problems in Barnet as:

- 64, 036 (21%) of residents are consuming alcohol at amounts that represents a level of increasing and/or higher risk to their health (based on a population size of 304, 937)<sup>2</sup>.
- 1,348 hospital admissions by Barnet residents were caused specifically by alcohol in 2017/18.
- 6,182 hospital admissions by Barnet residents were caused by conditions relating to alcohol in 2017/18.
- Three Public Spaces Protection Orders (PSPOs) are in place in Burnt Oak, Edgware Town Centre and Childs Hill, with additional PSPO's being consulted upon, which aim to prevent anti-social behaviour related to alcohol use in public places.

Alcohol is estimated to have contributed to 133 deaths in Barnet (this includes deaths in which alcohol is wholly responsible and those where it has played a lesser role) and during 2015-17, 40 people died directly because of alcohol consumption in the borough.

Given the issues relating to alcohol-related harm in Barnet, a proactive and collaborative approach is required to reduce the detrimental health impacts of alcohol.

## **AVAILABILITY OF ALCOHOL**

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<sup>2</sup> Greater London Authority (ONS Mid-Year Population Estimates - Custom Age Tables), NHS Digital (Health Survey for England 2017: Adult health related behaviours)

There is national and international evidence that availability of alcohol is linked to increasing alcohol consumption and alcohol related harm<sup>3</sup>. Reducing the density of licensed premises and reducing permitted hours of sale can reduce violence and other alcohol-related harm. Evidence indicates that increasing numbers of outlets or extended hours of sale potentially increases the competitive pressures on existing outlets, which may result in price reductions that tend to lead to increased levels of consumption<sup>4</sup>. This is supported by an evidence review completed by Public Health England (PHE) in 2016 which suggested that a higher density of off-premises alcohol outlets may be associated with increases in deaths, rates of admission to hospital because of assault or alcohol-related disease, and domestic violence. Higher density of other types of licensed premises may also be associated with increases in admission to hospital because of assault or alcohol-related disease.

A study from Scotland<sup>5</sup> identified that alcohol-related hospitalisations of those under the legal minimum drinking age were also related to off-site outlet densities. The study suggested the local impact of off-license sales of alcohol is much higher as people tend to use off licenses that are close to the place they consume alcohol, such as home. This emphasises the importance of addressing off-license sales in harm reduction and licensing work.

Research studies have looked at the impact of changing licensing hours on alcohol related hospital admissions. For instance, a retrospective analysis<sup>6</sup> of admissions to St Thomas' Hospital in London showed a 5.1% increase in alcohol-related attendances, 0.9% increase in alcohol related assault, 2.5% increase in alcohol related injury and 1.9% increase in alcohol-related admissions.

## **BINGE DRINKING AND PRELOADING**

It is not only the amount of alcohol consumed that increases the risk of harm, but also the amount consumed in one sitting. Binge drinking, which refers to a pattern of drinking in which a person consumes a lot of alcohol in one sitting (defined as drinking more than 6 units), can cause acute intoxication and lead to acute, short-term problems. Short term risks are the immediate risks of harm, injury and accident (sometimes fatal) linked to drinking a large amount of alcohol on one occasion, which often leads to drunkenness. They include head injuries, fractures and other injuries, facial injuries and scarring, alcohol poisoning and accidents.

The risks of injury to a person who has been drinking recently have been found to rise between two and five times when 5-7 units are drunk in a 3-6-hour period<sup>7</sup>.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/733108/alcohol\\_public\\_health\\_burden\\_evidence\\_review\\_update\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf)

<sup>4</sup> Popova S, Giesbrecht N, Bekmuradov D, and Patra J. Hours and Days of Sale and Density of Alcohol Outlets: Impacts on Alcohol Consumption and Damage: A Systematic Review. *Alcohol & Alcoholism* 2009;44(5):500–516

<sup>5</sup> Richardson, EA., Hill, SE, Michell, R, Pearce, J and Shortt, NK. Is local alcohol outlet density related to alcohol-related morbidity and mortality in Scottish cities? *Health and Place*, 2015; 33, 172- 180

<sup>6</sup> Newton A, Sarker SJ, Pahal GS, van den Bergh E, Young C. Impact of the new UK licensing law on emergency hospital attendances: a cohort study. *Emerg Med J.* 2007.;24(8):532–4

<sup>7</sup> Hughes K, Anderson Z, Morleo M, Bellis MA. Alcohol, nightlife and violence: the relative contributions of drinking before and during nights out to negative health and criminal justice outcomes. *Addiction.* 2008 Jan;103(1):60-5.

Most common in younger age groups, binge drinking is often associated with 'pre-loading'. Preloading is a term that relates to people, particularly young people, drinking alcohol at home or in streets before going on to pubs and clubs. It has been associated with higher overall alcohol consumption and a greater likelihood of being involved in a violent incident. People pre-load on alcohol because it's much cheaper to buy in the supermarket or other off licence than in a pub or bar. More people are now drinking at home, and over 70% of all alcohol in England is now purchased through the off trade<sup>8</sup>. For instance, it was estimated in 2012 that 6.4 litres of alcohol per person were consumed off-trade compared to 3.2 litres on-trade<sup>12</sup>. This highlights the importance of considering the impact of the off-licence trade within local licensing policy.

Later closing hours of licensed premises and cheap off-licensed alcohol create problems for the on-trade sector because customers can attend premises intoxicated from drinking at home. It is against the law to serve alcohol to those who are intoxicated, but research in the UK shows this law is routinely broken. A study conducted in Liverpool in 2013 found that 84% of alcohol purchase attempts by pseudo-intoxicated actors in pubs, bars and nightclubs were successful (i.e. alcohol was sold to the actor)<sup>9</sup>.

Multi-component programmes are the best approach to addressing issues relating to preloading. These aim to reduce alcohol-related harm in drinking environments by co-ordinating and strengthening local preventative activity. If effective, they can help reduce costs to health services, criminal justice agencies and other public services. These typically include efforts to mobilise communities, such as media campaigns and community forums, supporting and working with licensed premises such as server training and voluntary schemes to avoid easy access to cheap alcohol from off-licences (such as through reduced the strength campaigns and not selling single cans and bottles) and increased enforcement activity, such as targeted visits and training.

## **STREET DRINKING**

Street drinkers (including those who are homeless and those who are vulnerably housed) are likely to be a subset of a wider group of change resistant drinkers who are particularly vulnerable. Their drinking is likely to be having a significant impact on their health as well as causing a range of problems in the local community. A small number of street drinkers can incur significant costs: crime and anti-social behaviour on the street but also associated costs such as hospital visits, repeated 999 calls and the opportunity costs of resources used to target their needs. Alcohol Concern's Blue Light<sup>10</sup> project estimated that the average annual cost of a high risk, change resistant drinker is around £35,000 including health, criminal justice and anti-social behaviour costs.

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<sup>8</sup> Health Committee - The Government's Alcohol Strategy. Written evidence from the Association of Licensed Multiple Retailers (GAS 65). May 2012.

<sup>9</sup> Hughes, K, Bellis, MA, Leckenby, N, Quigg, Z, Hardcastle, K, Sharples, O, Llewellyn, D (2014) Does legislation to prevent alcohol sales to drunk individuals work? Measuring the propensity for night-time sales to drunks in a UK city. JECH Online First

<sup>10</sup> Alcohol Concern. Alcohol Concern's Blue Light Project Working with change resistant drinkers, 2014

Street drinkers depend on a local supply of alcohol. They tend not to buy large quantities for fear that it will be confiscated, or that they will be targeted by other drinkers. Therefore, most need to be near. According to ThamesReach<sup>11</sup>, which works with rough sleepers in London, “super-strength drinks have become one of the biggest causes of premature death of homeless people in the UK”, with their data indicating that super-strength drinks are doing more damage than both heroin and crack cocaine, with 78% of the deaths in ThamesReach hostels are attributed to high strength alcohol.

In guidance from Police and Crime Commissioners<sup>12</sup> it is suggested that a multi-component approach is needed to tackle street drinking, which includes a multi-agency group, alcohol services which provide outreach and supports change resistant drinkers and appropriate legal powers aimed at individuals. This needs to be supported by a retail environment which discourages street drinking. Initiatives designed to tackle the problems associated with street drinking have removed the sale of low-priced, high strength alcohol products, through voluntary agreements with local retailers. Such schemes have resulted in a reduction in crime and anti-social behaviour.

Cumulative Impact Zones can also support areas particularly affected by street drinking<sup>13</sup>. Using policies not ‘aimed’ at the night-time economy but instead targeting off-licences and late-night refreshment in areas with significant health inequality and many hostels. This can include can marking initiatives to identify where cans used by street drinkers came from and having targeted patrols from the police in areas where there are concerns. Such measures can have a significant impact on alcohol related crime and anti-social behaviour.

## **Alcohol related violence**

Studies have shown that intoxication can lead to violent behaviour in those predisposed to aggression and it has been suggested that consumption leads to weakened inhibitions and relaxed normative behaviour (i.e. perceived allowance of aggression). This can result in an increased risk of alcohol-related violence inside and around drinking premises. For example, Livingston et al<sup>14</sup> found that all types of license were significantly associated with admissions to hospitals because of assault. The largest effect size was for off-licences (0.54), with smaller effect sizes for general (0.13) and on-premises licences (0.06).

Glassing related violence is another important issue that can be addressed through licensing. A “glassing” is a physical attack using glassware as a weapon. These attacks especially affect bars and clubs, where glassware is the principal weapon in licensed premises related violence. It is estimated that 80,000 glass and

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<sup>11</sup> Thames Reach. Calls for high-strength cider duty increase. Available from: < <http://www.thamesreach.org.uk/news-and-views/calls-for-high-strength-cider-duty-increase/>, 2017

<sup>12</sup> National Consortium of Police and Crime Commissioners (2016) Tackling Street Drinking: Guidance on Best Practice. <http://www.apccs.police.uk/wp-content/uploads/2013/11/Tackling-Street-Drinking-PCC-Guidance-on-Best-Practice.pdf>

<sup>13</sup> Livingston M, Chikritzhs T, Room R. Changing the density of alcohol outlets to reduce alcohol-related problems. *Drug Alcohol Rev.* 2007;26(5):557–66

<sup>14</sup> Ibid

bottle attacks occur in the UK each year, accounting for 4% of violent crime<sup>15</sup>. These attacks, fuelled by alcohol, put a huge strain on NHS resources.

Research undertaken by the University of Bristol estimated that bar glassware accounted for 10% of assault injuries in A&E departments<sup>16</sup>. The Licensing Act 2003 enables licensing authorities to require glassware to be replaced by safer alternatives in individual licensed premises where a problem has been identified and representations have been made. The impact of such action has been found to be positive. For instance, in Lancashire, a study into the differences between annealed glass, and polycarbonates found that there were no glass breakages in the venues with polycarbonates<sup>17</sup>. Surveys suggest that patrons were happy to use polycarbonates, and that this did not affect sales in licensed premises. Glasgow City Council in addition, banned glassware from all venues holding an Entertainment Licence within the city's centre during the hours after midnight. Drinks had to be served in toughened glass or other recognised safety products. No conventional glass bottles, whether open or sealed could be given to customers. Overall patrons responded positively, with people feeling safer in these venues, and venues that took up plastic were found to incur less injury risk<sup>18</sup>.

## Children and alcohol

CMO guidelines<sup>19</sup> state that an alcohol-free childhood is the healthiest and best option. However, if children drink alcohol underage, 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 environment. Parents and young people should be aware that drinking, even at age 15 or older, can be hazardous to health and that not drinking is the healthiest option for young people.

If someone is under 18, it's against the law:

- to sell them alcohol
- For them to buy or try to buy alcohol
- For an adult to buy or try to buy alcohol for them
- For them to drink alcohol in licensed premises (e.g. a pub or restaurant)

In a survey of Young People completed by the Office of National Statistics (ONS) in 2016, it was concluded that 44% of 11 to 15-year-old school pupils had ever had an alcoholic drink<sup>20</sup>. National data suggests a steady decline in the proportion of young people who had drunk alcohol. In Barnet, a crude estimate of the Estimate

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<sup>15</sup> Kershaw C, Nicholas S, Walker A. (2008) Crime in England and Wales 2007/08. Findings from the British Crime Survey and police recorded crime. London, Home Office

<sup>16</sup> DH. Safe. Sensible. Social. The next steps in the National Alcohol Strategy.

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_075219.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_075219.pdf), 2007

<sup>17</sup> Anderson Z, Whelan G., Hughes K, Bellis M. Evaluation of the Lancashire polycarbonate glass pilot project. Lancashire Constabulary. Liverpool JMU Centre for Public Health, 2009

<sup>18</sup> A Forsyth. Banning glassware from nightclubs in Glasgow (Scotland): Observed impacts, compliance and patron's views. Alcohol & Alcoholism, 2017; Vol. 43, No.1 p 111-117.

<sup>19</sup> Chief Medical Office. UK Chief Medical Officers' Low Risk Drinking Guidelines 2016,

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/545937/UK\\_CMOs\\_report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf) (accessed May 2017), 2016

<sup>20</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2016>

of the number of 11-15-year olds who drank alcohol within the past week in Barnet is 2434 young people<sup>21</sup>.

Consideration also needs to be given to the harm alcohol causes to people other than the person who is drinking, sometimes referred to as 'social harm' or 'passive drinking'. Children of parents misusing alcohol may experience severe emotional distress, physical abuse and violence as well as a general lack of care, support and protection.

Children and young people experience significant harm because of alcohol. The number of young people (under 18 years) admitted to hospital in Barnet because of alcohol between 2015/16 and 2016/17 was 55 – there would have been more who were taken to A&E but not admitted.

## **BEST PRACTICE**

Barnet strongly promotes working in partnership with licensed premises and the adoption of high standards of management at all premises. We recognise that many licensees are supportive of the need to address the harms issues relating to excessive alcohol use and suggest the following actions should be considered:

- Restrict "special offers" like: cheap shots; 'Happy Hours' and Buy One Get One Free. This slows down consumption, the rate at which blood alcohol concentrations increase and the peak levels reached by drinkers. Rapidly ascending and high blood alcohol concentrations are shown to be associated with violence and uninhibited behaviour.
- Align pricing with Alcohol by Volume (ABV) where possible, and ensure that non-alcoholic drinks are kept much cheaper.
- Increase seating for customers to reduce more intensive drinking.
- Reduce the volume of music as loud music can increase alcohol consumption.
- Actively promote designated driver schemes where a driver is offered discounted or free non-alcoholic drinks.
- Make food available in late night venues.
- Start the sale of alcohol later in the day and not align it purely with opening hours.
- No advertisements for alcohol in the shop windows or on the shop floor.
- Storing alcohol behind the shop counter.
- Cans of alcohol should not be sold singly.
- No beer or cider over 5.5% ABV should be sold.

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<sup>21</sup> <https://www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/barnet-substance-misuse-needs-assessments>

- No alcopops should be sold where they could attract under age purchasers.