Dear Luke,

Thank you for the opportunity to review the current Cambridge City Licensing Cumulative Impact Policy ahead of Cambridge City Council launching the formal consultation.

As you will be aware, since April 2013, Directors of Public Health (DPH) have been included as Responsible Authorities under the Licensing Act 2003. Although the protection of public health is not a discrete licensing objective, it can be pertinent to each of the licensing objectives. The role of the DPH is to help promote the health and wellbeing of the local populations they serve. Promotion of the licencing objectives, which collectively seek to protect the quality of life for those who live and work in the vicinity of licensed premises and those who socialise in licensed premises is an important contribution to this.

The impact of alcohol on health and wellbeing of Cambridge residents:
Public Health England's evidence of review of the impact of alcohol and the effectiveness of alcohol control policies(1) states that alcohol is now the leading risk factor for ill-health, premature death and disability in people aged between 15 and 49, the fifth leading risk factor for ill-health across all age groups. Alcohol is known to be a cause of over 200 health conditions and has a number of social negative impacts, including loss of earnings or unemployment, family or relationship problems and problems with the law. Many of these harms affect both the drinker and those around them, including families, friends and strangers. These harmful effects place considerable economic burden on the government and health system, and individuals affected; the Cabinet Office estimate placed the economic costs of alcohol in England at around £21 billion in 2012.

The link between alcohol outlet density and alcohol-related harms:
Cambridge is a world renowned city and a centre for tourism, commerce and study with a global reach. Over recent years the hospitality and entertainment industry has continued to thrive and whilst this brings jobs and opportunities it also brings its own challenges and has impacts on the local community. There are a total of 624 licensed premises in Cambridge of which over half 321 fall in the small area of the CIZ zones. A considerable body of research examines the relationship between alcohol outlet density (AOD) and alcohol-related harms.

A PHE evidence review in 2016 found "levels of public violence and disorder are associated with the number of pubs and clubs concentrated in an area". There was also found to be a strong relationship between AOD and social disorder. The evidence review considered 44 studies internationally and found AOD was linked to consumption and harm.

(1) Public Health England, 2016. The Public Health Burden of Alcohol and the Effectiveness and Cost- Effectiveness of Alcohol Control Policies – an evidence review.
(2) National Institute for Health and Care Excellence, 2010. Public Health Guideline (PH24) – Alcohol-use disorders: prevention & National Institute for Health and Care Excellence, 2014. Evidence update 54 – a summary of selected new evidence relevant to NICE public health guidance 24

Appendix C

The need to for CIP areas in Cambridge

Public health are in support of the continued CIP and zones in Cambridge in line with the following objectives:

(i) Protection of crime and disorder.

There is a high density of premises selling alcohol in Cambridge and the majority of them concentrated in the CIZ Zones. There is strong evidence for a relationship between AOD and problems associated with social disorder (1) which affects the health and wellbeing of a local population.

(ii) Public safety:

Alcohol-related hospital admissions are a very significant issue in Cambridge with many of the associated public health indicators being worse in Cambridge than the England average. This demonstrates that alcohol is affecting the health and safety of Cambridge residents. The table below illustrates this clearly.

Alcohol related indicators for which Cambridge is RAG-rated RED compared to England

Indicator	Period	Rate per 100,000*	
		Cambridge	England
Alcohol episodes for alcohol-related conditions (broad) (Persons)	2018/19	2,761.0	2,367.0
Alcohol episodes for alcohol-related conditions (broad) (male)	2018/19	3,779.0	3,246.0
Alcohol episodes for alcohol-related conditions (broad) (female)	2018/19	1,873.0	1,608.0
Alcohol episodes for mental and behavioural disorders due to use of alcohol (broad) (Persons)	2018/19	596.0	412.0
Alcohol episodes for mental and behavioural disorders due to use of alcohol (broad) (male)	2018/19	881.0	596.0
Alcohol episodes for mental and behavioural disorders due to use of alcohol (broad) (female)	2018/19	318.0	237.0
Alcohol episodes for alcoholic liver disease (broad) (persons)	2018/19	213.0	131.2
Alcohol episodes for alcoholic liver disease (broad) (male)	2018/19	306.2	182.1
Alcohol episodes for alcoholic liver disease (broad) (female)	2018/19	123.9	83.3
Alcohol episodes for alcohol-related conditions (narrow) (Persons)	2018/19	846.0	664.0
Alcohol episodes for alcohol-related conditions (narrow) (male)	2018/19	1,099.0	851.0
Alcohol episodes for alcohol-related conditions (narrow) (female)	2018/19	609.0	494.0
Alcohol episodes for mental and behavioural disorders due to use of alcohol (narrow) (Persons)	2018/19	150.2	75.6
Alcohol episodes for mental and behavioural disorders due to use of alcohol (narrow) (male)	2018/19	231.2	106.1
Alcohol episodes for mental and behavioural disorders due to use of alcohol (narrow) (female)	2018/19	69.2	46.1
Admission episodes for intentional self-poisoning by and exposure to alcohol (narrow) (persons)	2018/19	75.6	49.1
Admission episodes for intentional self-poisoning by and exposure to alcohol (narrow) (female)	2018/19	97.9	56.6
Alcohol episodes for alcohol-related conditions (narrow) - Under 40s (persons)	2018/19	401.0	315.0
Alcohol episodes for alcohol-related conditions (narrow) - Under 40s (females)	2018/19	407.0	262.0
Alcohol episodes for alcohol-related conditions (narrow) - 40-64yrs (persons)	2018/19	1,251.0	929.0
Alcohol episodes for alcohol-related conditions (narrow) - 40-64yrs (males)	2018/19	1,671.0	1,149.0
Alcohol episodes for alcohol-related conditions (narrow) - Over 65s (persons)	2018/19	1,222.0	1,049.0
Alcohol episodes for alcohol-related conditions (narrow) - Over 65s (males)	2018/19	1,800.0	1,501.0
Alcohol episodes for alcohol-specific conditions (Persons)	2018/19	923.0	626.0
Alcohol episodes for alcohol-specific conditions (male)	2018/19	1,298.0	869.0
Alcohol episodes for alcohol-specific conditions (female)	2018/19	562.0	397.0

(1) Public Health England, 2016. The Public Health Burden of Alcohol and the Effectiveness and Cost- Effectiveness of Alcohol Control Policies – an evidence review.
(2) National Institute for Health and Care Excellence, 2010. Public Health Guideline (PH24) – Alcohol-use disorders: prevention & National Institute for Health and Care Excellence, 2014. Evidence update 54 – a summary of selected new evidence relevant to NICE public health guidance 24

Out of the 26 Public Health measures in England for alcohol related hospital admissions, the latest available figures show that Cambridge is statistically significantly worse than England on every single measure. Of particular concern are:

- Alcohol disorders for mental and behavioural disorders for all persons but males in particular
- Alcohol related liver disease
- Intentional self-poisoning by exposure to alcohol

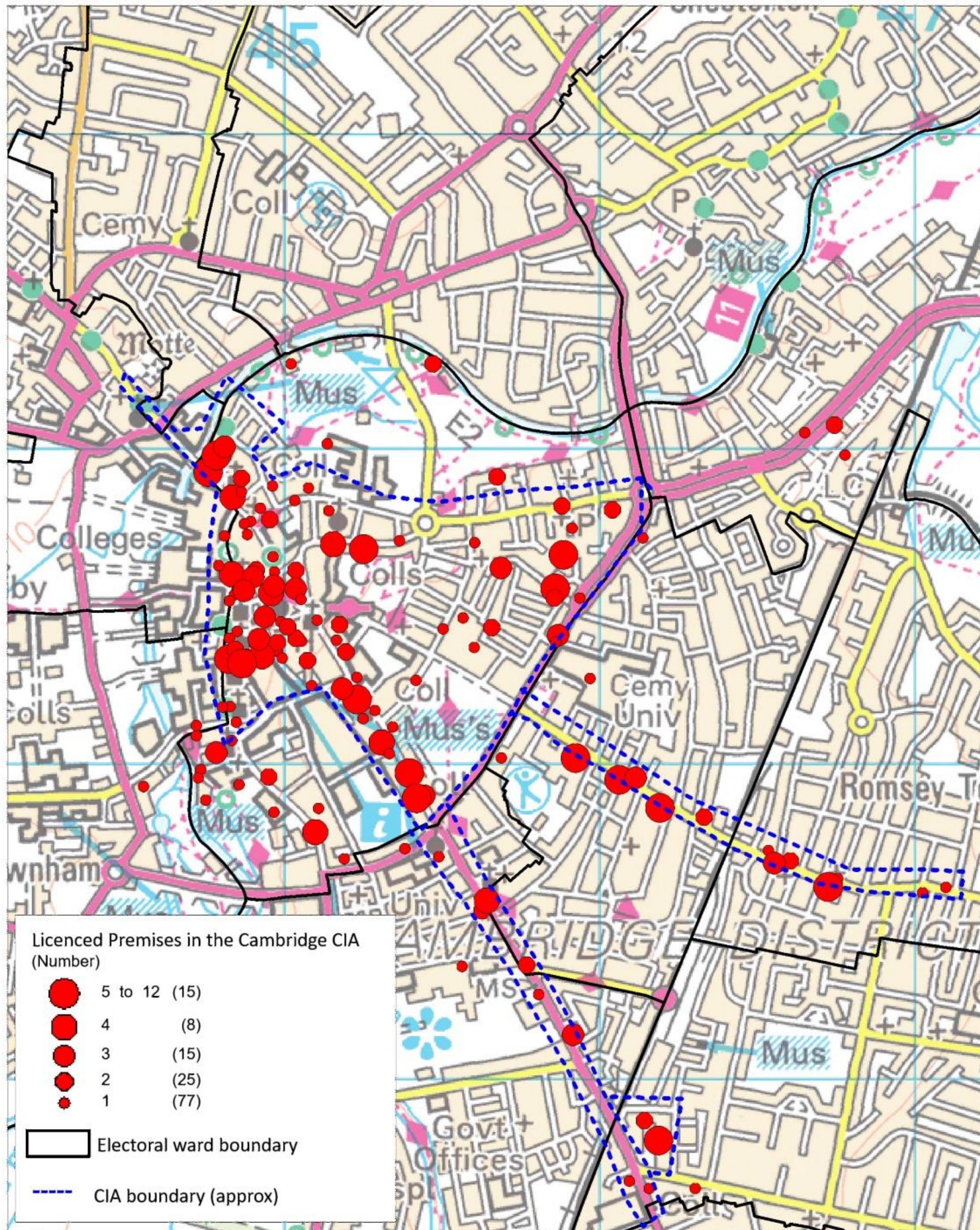
This data shows that the health impacts of alcohol in Cambridge cover a broad spectrum of issues. Self-poisoning indicates a large amount of alcohol has been consumed on one occasion e.g. a binge drinking session which is affecting both males and females and leading to hospital admissions. While alcohol related liver disease indicates a prolonged expose to alcohol misuse leading to organ impairment/failure on the body. As Director of Public Health I am very concerned about these outcomes for residents and visitors to Cambridge.

(iii) The protection of children from harm:

Children and young people are more vulnerable to alcohol related harm. Families may be affected by alcohol in a variety of ways including violence, financial problems, absenteeism from school and disrupted relationships, and there is a strong relationship between alcohol misuse and child maltreatment (1). A number of studies have identified that higher levels of AOD are associated with greater alcohol related consumption and alcohol-related harm, including those that affect children, such as violence. See diagram below showing the concentration of premises in Cambridge.

(1) Public Health England, 2016. The Public Health Burden of Alcohol and the Effectiveness and Cost- Effectiveness of Alcohol Control Policies – an evidence review.
(2) National Institute for Health and Care Excellence, 2010. Public Health Guideline (PH24) – Alcohol-use disorders: prevention & National Institute for Health and Care Excellence, 2014. Evidence update 54 – a summary of selected new evidence relevant to NICE public health guidance 24

Licenced premises in the Cambridge City Alcohol Cumulative Impact Area (CIA) by postcode. June 2020



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(1) Public Health England, 2016. The Public Health Burden of Alcohol and the Effectiveness and Cost- Effectiveness of Alcohol Control Policies – an evidence review.
(2) National Institute for Health and Care Excellence, 2010. Public Health Guideline (PH24) – Alcohol-use disorders: prevention & National Institute for Health and Care Excellence, 2014. Evidence update 54 – a summary of selected new evidence relevant to NICE public health guidance 24

The National Institute for Health and Care Excellence (NICE) public health guideline on the prevention of alcohol-use disorders(2), concludes that reducing the number of outlets selling it in a given area and the days and hours when it can be sold, is an effective way of reducing alcohol-related harm. The guidelines recommend that a cumulative impact policy should be used where an area is saturated with licensed premises and the evidence suggests that additional premises may affect the licensing objectives. Such is the concentration of premises in Cambridge existing centre and most crucially in the current CIZ Zones (shown in the jagged lines) that the map above has needed to label premises in clusters. Fifteen of the red dots represent areas where there are between 5 and 12 premises. In total there are 321 licensed premises in the current CIZ zones.

Given the health impacts across all the 26 hospital admission measures which are all statistically significantly worse than the England average, and the fact that the majority of premises are concentrated in the current CIZ zones. As Director of Public Health I would like to support the continuation of the current CIZ arrangements in place.

Summary:

Alcohol can have significant negative health, social and economic impacts on communities, many of which are heightened in areas of high alcohol outlet density, such as Cambridge. In addition, there are health inequalities associated with alcohol-related harm, with Cambridge receiving statistically higher hospital admission across all measures than the English average. Area experiencing greater levels of harms. In line with the licensing objectives outline above, I therefore support the continuation of the Cumulative Impact Policy in Cambridge and the zones as currently in place.

(1) Public Health England, 2016. The Public Health Burden of Alcohol and the Effectiveness and Cost- Effectiveness of Alcohol Control Policies – an evidence review.
(2) National Institute for Health and Care Excellence, 2010. Public Health Guideline (PH24) – Alcohol-use disorders: prevention & National Institute for Health and Care Excellence, 2014. Evidence update 54 – a summary of selected new evidence relevant to NICE public health guidance 24