

We represent the views of the Buckinghamshire County Council Health Overview and Scrutiny Committee. Between November 2012 – March 2013 we undertook a review on the subject of Reducing Alcohol Misuse. As part of this we looked at the role of licensing which included these Home Office Alcohol Strategy proposals. To inform our views we held an evidence session with representatives from Chiltern, South Bucks and Wycombe District Council licensing teams, and received a written statement from Aylesbury Vale.

We consider that the proposed health objective for cumulative impact policies represents a missed opportunity, and that the Home Office should reconsider introducing health as new objective alongside the existing four statutory licensing objectives, as is the case in Scotland. The current proposal reflects a preoccupation with on-sale premises and the social disorder some generate in town centres, rather than a genuine effort to improve public health.

90,000 Buckinghamshire residents drink at levels which is at risk to their health and locally this is estimated to cost the NHS £26m per year. Alcohol is freely available and the majority of it is bought at off-sales premises and consumed at home. Minimum unit pricing and (providing retailers don't find ways to circumvent the rules) the ban on multi-buy promotions will help, but will not influence a significant proportion of the population who can afford to pay more or who's type of drink will not see much change in cost.

Despite alcohol misuse being a significant local issue, Buckinghamshire is not considered to have many high densities of alcohol premises. We think it is wrong for the licensing process not to take account of the health impacts of alcohol in the absence of a concentration of premises. This is particularly so given the large volumes of alcohol which are sold by supermarkets at very competitive prices.

An out of town supermarket selling large volumes of alcohol at competitive prices, and at prices much lower than on-trade premises, has no less impact on the local population's health than a concentration of town centre pubs and off-licenses. Restricting the public health objective to cumulative impact policies will therefore limit the influence local authorities can have over major retailers of alcohol, and the partnership working that could otherwise be encouraged to improve local public health.

Local licensing authorities should be free to use local health evidence alongside economic and social considerations in setting and enforcing their policies. The current proposals, as is the case with existing policy, will restrict their ability to do so.

Alcohol misuse is a public health issue for most local authorities, and it seems counter intuitive to limit their influence over the source of the problem. In Buckinghamshire it is unlikely a public health objective would be used to reduce the number of premises locally. Instead the aim would most likely be to encourage certain types of premises which would be less likely to encourage irresponsible drinking behaviour, and encourage more responsible retailing and partnership working to address alcohol misuse.

Given the clear links between alcohol consumption and health harms, it does not make sense that those providing the product to the population are not required to take some responsibility and play a role in reducing those health harms caused by excess consumption. By introducing public health as a fifth licensing objective for all premises, they would have to offer conditions and demonstrate how they would promote healthier drinking habits and not encourage excess consumption.

We urge the Home Office, alongside colleagues from the Department of Health, to reconsider their position on health as a fifth statutory licensing objective.