

School for Public Health Research

1.	Project reference:	Final report date:	
	SPHR-LSH-PES-CIZ	6 th March 2017	
2.	Project title:		
	Evaluating the impact of a Cumulative Impact Zone Policy to reduce alcohol-related harms in Islington Local Authority		
3.	Lead investigators on project:		
	Karen Lock, Professor of Public Health, London School of Hygiene and Tropical Medicine		
	Other NIHR School collaborators (name, School for Primary Care/Social Care Research) on project:		
	N/A		
	Names and roles of others involved in project (e.g. include fixed term contract researchers and external collaborators / partners):		
<p>Matt Egan, LSHTM Triantafyllos Pliakas, LSHTM Sarah Milton, LSHTM (Claire Thompson, LSHTM – maternity cover) (Daniel Grace- LSHTM moved) (Elizabeth McGill, LSHTM)</p> <p>Jan Hart, Director of Public Protection, Islington Council, London. Janice Gibbons, Licensing Manager, Islington Council, London. Charlotte Ashton, Assistant Director of Public Health, and Joint Public Health Alcohol Lead, Camden and Islington Councils, London.</p>			
4.	Project start date:	Project end date:	Duration:
	1 st May, 2014	31 st October, 2016	30 months
5.	Project objectives originally outlined in proposal:		
	<p>Following introduction of a Cumulative Impact Policy by the London Borough of Islington in 2013, an evaluation was conducted by the School for Public Health Research team at the London School of Hygiene and Tropical Medicine (http://sphr.lshtm.ac.uk).</p> <p>The aim of the evaluation was to understand how, and to what extent, the Cumulative Impact Policy had affected alcohol licencing decisions, alcohol availability and alcohol-related harms (including crime and health), in order to inform the review of Licencing Policy in the London Borough of Islington (2017-2022).</p> <p><i>Specific research objectives:</i></p> <ol style="list-style-type: none"> To improve the validity of routine administrative data on alcohol-related harms and licensed premises selling alcohol in Islington in order to prospectively collect CIZ output and outcome indicator data. To use the above datasets to perform interrupted time series analyses to measure the 		



	<p>effect of CIZ implementation on process and outcome indicators.</p> <ol style="list-style-type: none"> 3. To conduct primary quantitative research into the patterns of alcohol consumption and related harms across Islington, and in different groups 4. To conduct primary qualitative research with local authority officers, on- and off-sales license holders, and population groups in Islington to understand how and why alcohol-related harms occur. 5. To conduct primary qualitative research and surveys with local authority officers, on- and off-sales license holders, and population groups to evaluate the process and effect of implementation of CIZs. 6. To replicate routine data analysis and collect new qualitative data in order to improve our understanding of contextual influences on alcohol-related harms, and understand the boundary effects of CIZs.
6.	<p>Briefly describe and explain the reason(s) for any changes to the project originally outlined in proposal:</p> <p>We extended the end date of the project so that we could continue the quantitative data collection and extend the time period included in the time series analysis.</p>
7.	<p>Brief summary of methods, findings against objectives, and conclusions (2-4 pages max):</p> <p>A: Quantitative evaluation of the CIP using time series analysis (objectives 1,2, 3 and 6)</p> <p><u>Methods:</u></p> <p>We examined the impact of the introduction of the new cumulative impact zones across Islington in January 2013 on a range of outcomes including:</p> <ul style="list-style-type: none"> • number of alcohol license applications submitted, • rates of successful alcohol license applications, i.e. those for which a license was granted ('<i>success rates</i>'), • duration and times of alcohol sales permitted by licenses, • rates of overall crime and anti-social behaviour (ASB), • alcohol related ambulance call outs • retail alcohol sales (limited to a sample of on-licence sales only, predominantly comprising pubs and bars). <p>We used a time series approach to assess both the immediate impacts (i.e. short term changes at the time of CIP introduction) and impacts over the longer term (i.e. a relative change comparing trends before and after the introduction of CIP - from 2008 to 2016) in CIZ and non CIZ.</p> <p><u>Results:</u></p> <p><i>Licensing applications</i></p> <p>The introduction of CIP in Islington has not led to any significant changes in the total number of alcohol licenses submitted in the long term. Nor did introduction of the CIP displace licence applications from CIZ to non CIZ. Our ITS analysis indicated that the immediate impact of CIP introduction on rates of successful licence applications was a statistically significant drop in success rates in both CIZ (-28.55%, 95% CIs: -39.68 to -15.36) and non CIZ (-24.03%, 95% CIs: -41.90 to -0.65). This was followed by statistically significant longer term increases in success rates in both CIZ and non-CIZ areas.</p> <p>This indicates that CIP has not been a barrier to gaining a licence to sell alcohol in Islington and suggests successful businesses have been able to adapt to comply with the current Licencing Strategy requirements.</p> <p><i>Trading times</i></p> <p>Findings on trading and closing times are consistent with the current licencing policy objectives that aims to reduce temporal alcohol availability by removing 24hr licencing, reducing after midnight opening and reducing early trading.</p> <p>There were statistically significant longer term decreases observed in the average weekly duration of trading hours after CIP introduction, with the reductions in trading hours post CIP being more pronounced in on-license applications and in non CIZ.</p>

The rates of licence applications with earlier closing times (ie closing times before midnight on Friday and Saturday nights) increased before 2013, but showed a statistically significant decrease after CIP introduction in CIZ only. This could be explained by market saturation for later night licenses before CIP was introduced and the fact that newer licenses would have to be agreed on shorter opening times consistent with the new Licencing Strategy.

Crime data

Between December 2010 and April 2016 there were a total of 194,003 crime incidents recorded in Islington, of which 52,754 were anti-social behavior incidents. Rates of total crime and anti social behaviour decreased overall between 2011 and 2016. Following CIP introduction, the evaluation found a significant short term decrease in overall crime rates in both CIZ and non CIZ (but no immediate change in anti social behaviour rates). Comparing trends before and after CIP introduction, total crime and anti social behaviour declined at a slower rate after CIP introduction.

Alcohol-related ambulance call-outs

Between April 2008 and March 2016 there were a total of 20,250 alcohol-related ambulance call-outs in the London Borough of Islington. Overall there was a decreasing trend in alcohol-related ambulance call outs between 2011 and 2016 in both CIZ and non CIZ. Although alcohol related ambulance call outs decreased after CIP introduction, we found no statistically significant immediate and longer term impact related to CIP introduction.

Retail alcohol sales

We analysed a small sample of retail sales data for Islington, limited to a 10% sample of on-licence premises (mainly limited to pubs and bars).

Overall between 2010 and 2016 there was an increasing trend in total weekly average per premise alcohol sales value (£). When comparing long term trends statistically before and after the introduction of CIP, the impact of CIP was a small, non statistically significant increase in CIZ, and a small statistically significant decrease in non CIZ for weekly average per premise alcohol sales (£).

For total average weekly units of alcohol sold per premise, there was a small, statistically significant increase in units of alcohol sold in both CIZ and non CIZ long term after the CIP introduction, although the increase was much smaller in non CIZ.

We found little evidence of any impact on the average weekly quantity of alcohol products sold per premise in CIZ. In contrast, there were small, statistically significant decreases in weekly quantity of alcohol products sold per premise in non CIZ, both immediately after CIP introduction and longer term.

The findings for retail sales data should be interpreted with caution due to the small numbers and selective nature of the dataset but it seems to suggest that CIP introduction has had little impact economically on alcohol retail businesses in Islington.

Conclusions:

The results of the evaluation show that the Licencing Strategy overall, and the Cumulative Impact Policy specifically, have been broadly effective. The implementation of the strategy has met the objectives of reducing crime, anti-social behaviour and alcohol-related ambulance call outs, reducing the rate of successful applications for off-licences, reducing the average weekly trading times of alcohol licences granted.

Concurrently, three years after CIP introduction there have actually been increases in rates of alcohol licences granted overall. There also appears to be little or no impact on alcohol retail sales volume and sales revenues since 2013.

This evaluation appears to show that the London Borough of Islington's Licencing Strategy and the CIP have reduced alcohol related harms without negatively impacting on the overall night-time economy in Islington and the ability of alcohol retailers to operate if they meet the conditions required.

B: Qualitative work packages (objectives 4, 5 and 6)

B1: Understanding the implementation of CIP

Cumulative impact policies (CIPs) are widely used in UK local government to help regulate alcohol markets in localities characterised by high density of outlets and high rates of alcohol

related harms. CIPs have been advocated as a means of protecting health by controlling or limiting alcohol availability.

Methods:

We used a comparative qualitative case study approach to assess how CIPs were implemented in Islington, and how implementation varied across different localities, what they are intended to achieve, and the implications for local-level alcohol availability. In depth semi structured interviews were conducted with 48 practitioners from licencing, police, community safety and public health in 5 local government authorities across England.

Results:

We found that the CIPs in the 5 areas varied greatly in terms of aims, health focus and scale of implementation. However, they shared some common functions around influencing the types and managerial practices of alcohol outlets in specific neighbourhoods without reducing outlet density.

Conclusion:

The assumption of those implementing CIP is not that they will reduce alcohol outlet density, but will enable licencing of types of premises that will lead to alcohol harm-reduction. This needs to be quantitatively tested

Two outputs with detailed results:

Grace D, Egan M, Lock K. [Examining local processes when applying a cumulative impact policy to address harms of alcohol outlet density](#) **Health & Place**. 2016. Volume 40. pp. 76-82

doi:10.1016/j.healthplace.2016.05.005

<http://www.sciencedirect.com/science/article/pii/S1353829216300545>

Egan M, Brennan A, Buykx P, Vocht Fd, Gavens L, Grace D, Halliday E, Hickman M, Holt V, Mooney J D, Lock K. [Local policies to tackle a national problem: Comparative qualitative case studies of an English local authority alcohol availability intervention](#) **Health and Place**. 2016. [Volume 41](#), September 2016, Pages 11–18. doi:10.1016/j.healthplace.2016.06.007

B2: Characterising the changing alcohol environment in Islington

The main objectives were to identify and characterise the drinking spaces of the local alcohol environment, and how this may differ between CIZ and non CIZ in Islington

Methods

Adopting a qualitative case study approach to data collection, 39 licensed premises were visited in the London Borough of Islington, and on-site observations carried out between the hours of 12pm and 6pm using a semi-structured observation guide. Observations were written up into detailed fieldnotes, uploaded to NVivo and subject to a thematic analysis. Additionally, informal interviews were conducted with some staff selling alcohol and some consumers in a variety of venues.

Results:

The daytime on-premises alcohol environment was characterised by two main trends: the decline of traditional pubs and a proliferation of hybrid establishments in which alcohol was framed as part of a suite of attractions (including food, coffee, the arts). The consumption trends that the later personify have been regarded as positive in terms of public health, crime and safety. Less vertical drinking and more family-friendly licensed premises are hypothesised as contributing to a reduction in excessive consumption and alcohol related harms, and are part of current local Licencing strategy. However, hybrid establishments could also help introduce drinking within contexts, times and behaviours where it was not previously present.

Conclusions: CIPs which aim to reduce alcohol harms appear to be working in parallel with local gentrification trends. While alcohol policies, such as CIP might not have achieved, nor possibly were intended to achieve, a substantial curbing of the ‘alcohol economy’ it does appear that they have helped to reshape the daytime alcohol environment in line with the broader processes of gentrification and the new consumer demands it brings to the area. This reshaping appears to be discouraging practices of ‘determined drunkenness’ in daytime spaces by framing alcohol as a possible ‘treat’ within a range of products on offer in hybrid

	<p>venues. Conversely, these changes may also risk negative impacts in the longer term as they have the potential to ‘stretch’ socially acceptable alcohol practices, and feed into current alcohol industry strategies of promoting ‘new moments’ ; new places, times and contexts in which consumers can drink. These possible ‘unintended consequences’ require further research.</p>
<p>8.</p>	<p>Plain English Summary (400 words max) Please provide a summary of the project, including background, findings and conclusions:</p> <p>Islington has one of the highest densities of pubs, bars, clubs and off licences in the country and second highest in London after the City of Westminster (ie the West End). Alcohol consumption has been identified as a major factor behind violent crime and disorder in the borough with consequences to victims, businesses and local communities. Islington’s residents also suffer from high levels of alcohol-related ill health and early deaths.</p> <p>The Licensing Act 2003 enables English local authorities to implement Cumulative Impact Policies (CIPs). CIPs strengthen the powers of local authorities to reject licence applications for retail alcohol sales in cumulative impact zones (CIZs), where adverse effects of high alcohol availability can be demonstrated.</p> <p>This evaluation focused on the introduction of Cumulative Impact Zones across the London Borough of Islington in January 2013, but also took into account concurrent implementation of other aspects of the current Alcohol Licencing Strategy (2013-2017) including a focus on reducing premise trading hours, reducing off-licence availability, and improving the quality of alcohol retailing overall.</p> <p>The policymakers and practitioners that implemented the CIP did not intend for the policy to reduce the number (or density) of premises selling alcohol in Islington, but aimed to reduce the impact of alcohol related harms in the Borough.</p> <p>The results of the evaluation show that the Licencing Strategy overall, and the Cumulative Impact Policy specifically, have been broadly effective. The implementation of the strategy has met the objectives of reducing crime, anti-social behaviour and alcohol-related ambulance call outs, reducing the rate of successful applications for off-licences, reducing the average weekly trading times of alcohol licences granted.</p> <p>Concurrently, three years after CIP introduction there have actually been increases in rates of alcohol licences granted overall. There also appears to be little or no impact on alcohol retail sales volume and sales revenues since 2013.</p> <p>This evaluation appears to show that the London Borough of Islington’s Licencing Strategy and the CIP have reduced alcohol related harms without negatively impacting on the overall night-time economy in Islington and the ability of alcohol retailers to operate if they meet the conditions required.</p>
<p>9.</p>	<p>Keywords Please provide up to 8 keywords that relate to the research undertaken in this study:</p> <p>Alcohol, alcohol harms, policy, crime, hospital admissions, retail sales</p>
<p>10.</p>	<p>Dissemination – please detail planned or published articles in peer-reviewed journals (including web links):</p> <p><i>Peer review papers published:</i></p>

1. Grace D, McGill E, Lock K, Egan M. How do Cumulative Impact Policies work? Use of institutional ethnography to assess local government alcohol policies in England. **The Lancet**. 2014. Vol 384 Special Issue, S34, 19 November 2014. DOI: [http://dx.doi.org/10.1016/S0140-6736\(14\)62160-7](http://dx.doi.org/10.1016/S0140-6736(14)62160-7)

2. Grace D, Egan M, Lock K. [Examining local processes when applying a cumulative impact policy to address harms of alcohol outlet density](http://www.sciencedirect.com/science/article/pii/S1353829216300545) **Health & Place**. 2016. Volume 40. pp. 76-82 doi:10.1016/j.healthplace.2016.05.005 <http://www.sciencedirect.com/science/article/pii/S1353829216300545>

3. Egan M, Brennan A, Buykx P, Vocht Fd, Gavens L, Grace D, Halliday E, Hickman M, Holt V, Mooney J D, Lock K. [Local policies to tackle a national problem: Comparative qualitative case studies of an English local authority alcohol availability intervention](http://www.sciencedirect.com/science/article/pii/S1353829216300673) **Health and Place**. 2016. [Volume 41](http://www.sciencedirect.com/science/article/pii/S1353829216300673), September 2016, Pages 11–18. doi:10.1016/j.healthplace.2016.06.007 . <http://www.sciencedirect.com/science/article/pii/S1353829216300673>

4. Triantafyllos Pliakas, Matt Egan, Janice Gibbons, Charlotte Ashton, Jan Hart, Karen Lock Do cumulative impact zones reduce alcohol availability in UK high streets? Assessment of a natural experiment introducing a new licensing policy. **The Lancet** 2016. Volume 388, Special Issue, S94, November 2016. [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)32330-3.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)32330-3.pdf)

Peer review papers submitted (2017):

1. C Thompson, S Milton, M Egan and K Lock. How do daytime alcohol environments develop in localities with managed night time economies (NTEs)? A qualitative case study from a North London Borough. Submitted to *Journal of Alcohol and Alcoholism* (May 2017)
2. Triantafyllos Pliakas, Matt Egan, Janice Gibbons, Charlotte Ashton, Jan Hart, Karen Lock. Evaluation of a UK local alcohol licensing policy to reduce alcohol availability and alcohol-related harms (Submitted to *JECH* July 2017)

Recent conference presentations:

Pliakas T et al. Do cumulative impact zones reduce alcohol availability in UK high streets? Assessment of a natural experiment introducing a new licensing policy. NIHR SPHR Annual Scientific Meeting. London, 23 Mar 2017. (poster)

Pliakas T. Evaluating the impact of a Cumulative Impact Zone Policy to reduce alcohol-related harms in Islington Local Authority. Public Health Academic Network 2016: Public Health Research and the Public. London, 9 Jun 2016

Hector D, Grace D, Egan M. Framing a UK alcohol licensing and public health policy for a commercial audience qualitative analysis of how the trade press responded to Cumulative Impact Policies. 42nd Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society, Stockholm. 30 May – 3 Jun 2016

Practitioner dissemination:

Early engagement and dissemination: 2014-2015

1. October 21st 2014. SPHR@L was Invited by the Home Office to deliver a joint presentation (with partners from Islington and Camden Public Health Directorate) of the analysis plan of SPHR LSHTM's evaluation of Islington's Cumulative Impact Policy. The Home Office hosted a day-long workshop focusing on health as a licensing objective in the context of cumulative impact zones and policies.
2. July 2014, D Grace and M Egan presented at an event hosted by Drink Wise (not for profit organisation) designed to give local authority practitioners involved in licensing and alcohol a chance to share good practice and present case studies related to cumulative impact policies. Following the meeting there was continued interest in our work and Drink Wise representatives subsequently agreed to be on the 'virtual'

advisory group supporting SPHR alcohol theme.

3. 18th June 2015. K Lock presented the early CIP work, both methods and early findings, to the London-wide Local Authority 'Healthy High Streets' Forum.

Engagement and Dissemination: 2016-2017

4. 16th May 2016. Meeting in Islington Council with T Pliakas, Claire, Elizabeth Tyner, Matt Egan, Karen Lock, with Islington Licencing Manager, public health alcohol lead and other interested LA practitioners to present and discuss the results of the qualitative and quantitative parts of the CIP evaluation. Following this meeting it was agreed to extend the quantitative analysis for a further 6 months.

5. 30th June 2016. Alcohol practitioner engagement event, London. The CIP evaluation was presented to LA Licencing, public health and police practitioners at an NIHR SPHR alcohol work package held a practitioner engagement event to share results of the research and get practitioner feedback and input onto research development and outputs.

<http://sphr.lshtm.ac.uk/2016/06/27/a-one-day-workshop-new-evidence-and-future-research-for-alcohol-policy-evaluation-in-local-government/>

6. 8th November 2016. Meeting with Islington Council. Triantofyllos Pliakas, Matt Egan and Karen Lock present and discuss the final quantitative CIP evaluation results with Islington LA project partners; Janice Atkins, Jan Hart and Charlotte Ashton.

7. December 12th 2016. Presentation to Pan London Healthy High Streets Network. Karen Lock presented the final CIP evaluation results to the pan London Local Authority 'healthy high streets' forum on December 12th 2017, with a powerpoint summary of the results circulated by email to all London Local Authority (via the group) in March 2017.

8. 9th March 2017. Karen Lock attended a meeting at Islington Council to discuss how to help disseminate the results in the council and support the development of the new London Borough of Islington Licensing Policy throughout 2017.

11. Public and practitioner involvement

Please provide comment on your experiences, any changes made and lessons drawn:

The practitioner involvement from the 3 project leads at the London Borough of Islington was an integral part of the project development and delivery from start to end. The 3 LA partners contributed from the initial application to the PHPES scheme, through designing methods, facilitating data collection and contacts for data collection, providing quantitative data in the required formats, and helping find solutions to data. There were no problems, and the practitioners were also happy for us to have a 6 month project extension to improve some additional data analysis, as this still fitted into their policy review time line.

The practitioner involvement from the 3 project leads at the London Borough of Islington was a positive part of the project collaboration, and an integral and essential part of the project development and delivery throughout. We had a pre-existing research relationship with the practitioners involved in this project, and so this probably helped ensure that we had no issues with smoothing out any data, methodological or delivery issues emerging in the application of the project plan. We were able to communicate well and adapt the project with invaluable practitioner involvement at key stages throughout the project. We did not have explicit public involvement in this project, as Islington Council has had a public consultation into the alcohol policy we then evaluated.

12. What impact has the research already achieved or what might it achieve? (i.e. policy, practice, academic):

This is the first quantitative, and mixed methods, evaluation of a cumulative impact policy in England. CIPs are now widely implemented across England and this should provide important evidence for those councils developing or expanding CIPs.

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Department of Health Disclaimer:

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NIHR School for Public Health Research, NIHR, NHS or the Department of Health.