



The Association of Directors of Public Health

ADPH response to the call for evidence by the House of Lords committee into the 2003 Licensing Act.

Q1: Are the existing four licensing objectives the right ones for licensing authorities to promote? Should the protection of health and wellbeing be an additional objective?

While we welcome the four licencing objectives:

1. The prevention of crime and disorder,
2. Public safety
3. Prevention of public nuisance
4. The protection of children from harm

We would strongly recommend the inclusion of a fifth licencing objective, as in Scottish legislation:

5. Protecting and improving public health

The LGA has found that 9 out of 10 Directors of Public Health report that there is demand for a health objective.¹

Q2: Should the policies of licensing authorities do more to facilitate the enjoyment by the public of all licensable activities? Should access to and enjoyment of licensable activities by the public, including community activities, be an additional licensing objective? Should there be any other additional objectives?

The Section 182 Guidance although it makes reference to how the legislation also supports a number of other key aims and purposes, namely:

- Protecting the public and local residents from crime, anti-social behaviour and noise nuisance caused by irresponsible licensed premises;
- Giving the police and licensing authorities the powers they need to effectively manage and police the night-time economy and take action against those premises that are causing problems;
- Recognising the important role which pubs and other licensed premises play in our local communities by minimising the regulatory burden on business, encouraging innovation and supporting responsible premises;
- Providing a regulatory framework for alcohol which reflects the needs of local communities and empowers local authorities to make and enforce decisions about the most appropriate licensing strategies for their local area; and
- Encouraging greater community involvement in licensing decisions and giving local residents the opportunity to have their say regarding licensing decisions that may affect them.

¹ LGA Survey (Jan 2016) [Public Health and the Licensing Process](#)

However, we feel that this Guidance may be interpreted with a focus on the night time economy and that there should be far clearer or explicit about the fact that the Act, as administrative law, is to be promoted with a view to the wider public interest and those of local communities and local people.

Q3: Has the Live Music Act 2012 done enough to relax the provisions of the Licensing Act 2003 where they imposed unnecessarily strict requirements? Are the introductions of late night levies and Early Morning Restriction Orders effective, and if not, what alternatives are there? Does the Licensing Act now achieve the right balance between the rights of those who wish to sell alcohol and provide entertainment and the rights of those who wish to object?

It is difficult to assess the overall balance of the Act because of the large variations in the way that it is implemented. In some areas local authorities do not operate on a level playing field with the licenced trade, who at times have access to more specialist legal advice, and local authorities can run the risk of significant costs if taken to appeal. This is not always a problem, but can at times result in the balance falling too favourably towards the licenced trade.

Q4: Do all the responsible authorities (such as Planning, and Health & Safety), who all have other regulatory powers, engage effectively in the licensing regime, and if not, what could be done? Do other stakeholders, including local communities, engage effectively in the licensing regime, and if not, what could be done?

There is a wide variation about how all of the responsible authorities engage in licensing. In some areas, Public Health within Local Authorities, are actively involved with examples of Licencing “triaging” tools being used. For example, the London Borough of Croydon developed a local based version of a licencing tool developed by the GLA and working closely with the Metropolitan police, London Ambulance Service and local A&E using principles developed from the “Shepherd” model in Cardiff² ³. However, as there are inconsistencies, some processes would benefit from better involvement from a range of stakeholders including planning, child protection and public health.

Q5: Licensing is only one part of the strategy that local government has to shape its communities. The Government states that the Act “is being used effectively in conjunction with other interventions as part of a coherent national and local strategy.” Do you agree?

The development of the Act in recent years has included a welcome shift towards crime and disorder issues, with the Modern Crime Prevention Strategy continuing this trend. However, the Act is often used in a reactive and unresponsive manner, waiting for problems to arise and only then trying to address them, and far more could have been done to encourage responsible authorities to use the Act better. This is a strategic approach, and other notable failings include the EMRO, the inflexible way in which the LNL was introduced and the lack of any meaningful policies to address the impact of very cheap alcohol.

² <http://www.cardiff.ac.uk/research/impact-and-innovation/research-impact/reducing-violent-crime>

³ A full description of the Cardiff Model is available here: <http://tinyurl.com/65uvl4>

At a local level the Act can be used in an effective strategic way, using Statements of Licensing Policy (SLP) to set out a clear and positive view as to what the public good in relation to licensing requires in an area. Some are also well coordinated with other local strategies, such as the planning strategy, the corporate strategy, or the health and wellbeing strategy. This is not necessarily common though, and many SLPs are quite minimal and do not set out a vision as to what the public good may require from licensing.

Q6: Should licensing policy and planning policy be integrated more closely to shape local areas and address the proliferation of licensed premises? How could it be done?

Yes, the two should be better integrated, looking at the wider community and the impact on both the individuals and communities living in the area as well as the wider night time economy. In our 2016 survey of Directors of Public Health in the UK, 70% of respondents said that amending licensing legislation to empower local authorities to control the total availability of alcohol was in their top 5 priorities. The impact on the wider economy around the impact of wider health and wellbeing issues of alcohol; short, medium and long term should also be considered. A simple way to ensure that there is join up is to make sure that the licencing policy is a subset of the planning policy, or the other way around.

Q7: Are the subsequent amendments made by policing legislation achieving their objects? Do they give the police the powers they need to prevent crime and disorder and promote the licensing objectives generally? Are police adequately trained to use their powers effectively and appropriately?

Under the Police Reform and Social Responsibility Act (2011), the Government amended licensing legislation to give health authorities a statutory role in the licensing process. Under the Health and Social Care Act 2012, changes to NHS and public health structures, responsibility for engagement in licensing will fall to the Director of Public Health (DPH) or delegated individuals.⁴

It made local authority licensing teams a responsible authority in their own right: This has been very beneficial, and many local authorities use this well to uphold their SLP.

Health bodies, now part of the Local Authority with the local public health function, along with the Director of Public Health, being returned to Local Authorities, as a responsible authority: this was a welcome step in the right direction, but health is hampered by not having a specific objective and since April 2013, when the Health and Social Act 2012 was enacted, there is now a varied interpretation across England which means that this is not as strong or influential as it could be if there was clarity about a specific role around health expertise in the local licensing practices.

Q8: The Act was intended to simplify licensing procedure; instead it has become increasingly complex. What could be done to simplify the procedure?

The Act does represent a significant simplification when compared to the previous licensing regime in a number of ways, as it combined alcohol and entertainment, and has greatly clarified the issue around

⁴ See Home Office, 'Additional guidance for health bodies on exercising new functions under the Licensing Act, 2003' <http://tinyurl.com/ayrpouu>

granting closing times. There is a consensus that the Act has also enabled better joint working, both between the regulatory bodies, and between these bodies and the licensed trade.

In general, the alterations to the Act have addressed deficiencies and problems. Some areas within the Act were originally too focused on tourism and the sociable benefits of licensing, while paying too little attention to the problems that can arise. Alcohol is regulated for a reason and it is a mistake to assume that licensing can automatically be simplified without producing knock on problems.

It is arguable that many of the simplest sections within the Act are the most problematic to administer and enforce, particularly Community Ancillary Seller Notices (CANs). These result in significant shortfalls for local authorities; they cost £21 but Westminster Council report that they cost at least £120 to process. Their overly light touch approach has effectively resulted in them working as a loop hole, allowing existing premises to extend their hours with limited oversight. This makes the more regulated elements of the licensing regime harder to enforce.

As mentioned in previous answers, rather than contemplating additional changes to the Act, a more productive approach would be to ensure that local authorities use the Act, as it is, to its full potential. One key issue here relates to fees, and the system could arguably be both simplified and strengthened for local authorities if they were all able to fund their licensing operations adequately. A second issue relates to the decision making process and the way in which misconceptions about this often favour the licensed trade.ⁱ Clarifying these misunderstandings would greatly improve and simplify the process, and could help to address the often wide variations in the application of the Act.

Q9: Should sales of alcohol airside at international airports continue to be exempt from the application of the Act? Should sales on other forms of transport continue to be exempt?

It seems odd that the Act does not apply airside at airports as the promotion of the objectives is just as relevant in this location. In fact, there are potentially additional risks related to passengers being temporally displaced and confined within aircraft. Indeed, recent figures showed that 422 people were held on suspicion of being drunk at an airport or on a plane in the last two years.ⁱⁱ

Regarding other forms of transport, the sale and consumption of alcohol on trains can cause specific problems, and can effectively result in additional preloading or on-route loading. In some areas large groups frequently buy large amounts of alcohol from the off-trade, and drink this on the train while traveling to their destination on a Friday or Saturday night. They then arrive in a very intoxicated state, causing significant problems. Reportedly this is a particular problem on the east coast mainline, with groups traveling between cities such as Newcastle and York, as well as railway staff on trains to seaside destinations during Bank holiday e.g. Nottingham to Skegness. It should be noted that the train drivers and railway staff are required to be alcohol free during work time or they risk dismissal.

Q10: What could be done to improve the appeal procedure, including listing and costs? Should appeal decisions be reported to promote consistency? Is there a case for a further appeal to the Crown Court? Is there a role for formal mediation in the appeal process?

The better reporting of appeal decisions would be beneficial, and this could be aided by updating the Section 182 Guidance with case law developments so that it better reflects the practical application of the Act.

There is a case for exploring the use of mediation, but local authorities should not be pushed towards unnecessary compromising when they have a clear duty to uphold and promote the licensing objectives in the interests of the local community.

An important point to make here involves the general quality of licensing decisions. The higher the quality of the original decision, the less likely it is to go to appeal, and if this does happen, the higher the chances of the original decision being upheld. Key factors include ensuring that it is reasonable, based upon relevant local evidence and transparent in its inference and conclusions. Decisions do not have to be absolute and evidenced definitively however, but based on the balance of probabilities. The more that these principles are stressed and explained in the guidance the more likely it is that the act will be applied in a clear and accurate manner.

Q11: Given the increase in off-trade sales, including online sales, is there a case for reform of the licensing regime applying to the off-trade? How effectively does the regime control supermarkets and large retailers, under-age sales, and delivery services? Should the law be amended to allow licensing authorities more specific control over off-trade sales of “super-strength” alcohol?

The 2003 Licensing Act is poorly equipped to deal with the off-trade, which has grown twice as fast as the on-trade in the last 10 years. In Scotland their licensing Act has been rebalanced in order to better take account of the fact that the vast majority of alcohol is consumed at home. This has seen the introduction of a ban on multi-buys, restricting alcohol related products to one part of a store, the restriction of off-trade hours to 10am until 10pm, and their legislation for minimum unit pricing, although this has not yet been implemented.

Research into the impact of these restrictions has found broadly positive, if slightly mixed, results. A study by NHS Scotland using sales data found that there has been a 2.6% decrease in the amount of alcohol sold in Scotland per adult as a result of the multi-buy ban, including a 4% drop in wine sold and an 8.5% decline in pre-mixed alcohol drinks (including alcopops). However, other research found that the ban had changed shopping habits, causing people to buy fewer products per shopping trip, but to buy beer and cider more frequently, leaving the overall amount bought unchanged. This second study however used a panel survey method, which is known to be less accurate than sales data (which was the basis of the first piece of research).

While there is still debate about this issue, both sets of researchers suggested that the effectiveness of the ban had been undermined by retailers reducing prices, something which Minimum Unit Pricing (MUP) would have prevented if it had been implemented in Scotland. A loophole in the multi-buy ban allowing the discounting of single items is also thought to have weakened the ban, with retailers switching from offering promotions such as ‘3 for the price of 2’ to only discounting individual bottles.

While these impacts in Scotland are moderate, they are significant, and it should be remembered that they represent only one strand of a broader alcohol strategy. This comparison also highlights the fact that pricing policies will probably have a bigger impact on supermarket alcohol sales than licensing on its own. Against this, the 2003 Licensing Act has very limited ability to impact upon alcohol sales in supermarkets, where alcohol promotions are routinely found in all parts of the store, with heavy discounting and price promotions.

Home delivery services are also difficult to regulate under the Act. Some local authorities have produced additional guidance and conditions for operators to ensure that they comply with the Act, particularly regarding sale to minors and sales to drunks. However, this is hard to enforce. While off-trade hours in Scotland are limited to 10am – 10pm, Scottish hours for home delivery services are slightly different; where they are only prohibited between midnight and 6am. This does, however, still allow for greater limits on home delivery during the period which could potentially be the most problematic.

Q12: Should alcohol pricing and taxation be used as a form of control, and if so, how? Should the Government introduce minimum unit pricing in England? Does the evidence that MUP would be effective need to be “conclusive” before MUP could be introduced, or can the effect of MUP be gauged only after its introduction

There is significant evidence that raising the minimum unit price for alcohol would have a major impact upon the levels of consumption, and thus reduce the levels of harm. Alcohol is 61% more affordable than it was in 1980, and international studies have demonstrated that there is a clear link between affordability and consumption. The simplest way to reduce demand for alcohol is to put the price up⁵. Consumption can and should be regulated by price, and alongside licensing price is a key tool for limiting alcohol related harms.

There is clear and consistent evidence that price is a key variable and directly influences alcohol related harms – for example, research has shown that in England and Wales the real price of beer has a direct impact on A&E attendance rates.ⁱⁱⁱ Decreases in alcohol taxes in Finland in 2004, for example, led to a 10% increase in overall consumption and a 46% increase in liver disease deaths.^{iv} As a result, alcohol taxes are recommended by international bodies such as the World Health Organization^v and the Organisation for Economic Co-operation and Development^{vi} as among the ‘best buys’ in public health. It is really a case of simple economics around the impact on health, crime and disorder and other negative impacts of alcohol availability and affordability always has the impact to increase all.

Scrapping the alcohol duty escalator has allowed cheap alcohol to become more affordable to heavy drinkers while at the same time unfairly increasing the burden on the public purse, with an estimated cost to the taxpayer of over £1.2 billion over four years. The need for duty on alcohol to compensate for the burden of alcohol related harm to societies has been accepted in the UK and elsewhere for centuries – the duty escalator was appropriate and fair. In our 2016 survey, 81% of Directors of Public Health in the UK said that reinstating the tax escalator on all tobacco products and alcohol (at 5% and 2% pa ahead of inflation respectively) was an important policy priority.

Alcohol is 54% more affordable today than in 1980.^{vii} Successive cuts and freezes to duty since 2012 have exacerbated this problem: beer duty is now 14% lower than in 2012, while cider and spirits duty have each fallen by 6%.^{viii} Raising the price of alcohol through real terms increases in duty is necessary to reverse these dangerous trends.

However, it is not just the level, but also the structure of alcohol taxes that matters. Because of anomalies in the duty system, 7.5% ABV ciders attract the lowest duty per unit of any product: 5p per unit, compared to 18p per unit for a beer of equivalent strength. This has given rise to a market for

⁵ University of Stirling, Health First: an evidence-based alcohol strategy for the UK
<https://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf>
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industrial 'white' ciders: sold in 3 litre plastic bottles and closely linked to harmful, dependent and underage drinking.^{ix} Tax policy could be used to have a more targeted focus on such products through narrower bands - at present ciders between 1.2% and 7.5% ABV are taxed at the same rate.

In our 2016 survey of Directors of Public Health in the UK, 75% of Directors of Public Health said that introducing a minimum unit price, of 50p per unit, for all alcohol sold in England, was in their top 5 priorities. MUP is not a silver bullet, and a combination of tax and MUP would be the optimal approach. This would ensure that the cheapest alcohol, which disproportionately causes the greatest harms, increased in price, while ensuring that the Treasury benefited from this rather than the alcohol producers.

MUP at the suggested price of 50ppu would have a minimal impact on the on-trade, where prices tend to be significantly higher than this, but it would impact most dramatically on the cheapest alcohol in the off-trade. The Ban on Below Cost Sales (BBCS) already sets a precedent for a floor price for alcohol, and one which has not been challenged by the licensed trade. However, the current level at which the BBCS is set (a sum of the duty plus VAT for each alcoholic product) is so low as to be almost totally ineffective. It was estimated that on its introduction only 0.7% of alcohol units sold fell below the ban's threshold, and only 1.0% of units consumed by harmful drinkers. As mentioned above, the floor price for strong white cider at 7.5% is 5p per unit. In contrast, MUP set at a unit price of 45p would affect 23.3% of alcohol units sold, and 30.5% of units sold to harmful drinkers.^x Since its introduction alcohol duties have been cut, further reducing the effectiveness of the BBCS.

Regarding the question of being able to conclusively predict MUP's impact, the evidence for MUP is very strong, and far stronger than for other policies implemented by the Home Office. For example, the Modern Crime Prevention Strategy places a significant focus on partnership working with the trade, when there is not a single piece of academic, peer reviewed evidence that this has a significant impact on crime and disorder. While the licenced trade has carried out some internal evaluations, these tend to be of a very poor quality.

In contrast the evidence, both modelled and from Canada where they have similar minimum prices, that MUP would be effective is very strong.^{xi} While the Scottish court case regarding the legality of MUP is ongoing, at present the courts have accepted that it would be reasonable, based on the evidence available and the modelling, to judge that MUP may be an effective policy. On this basis they are satisfied with the policy as a relevant response to the health issue which it seeks to address.

It is worth pointing however that the Scottish MUP legislation includes a sunset clause. If, after 6 years there is evidence that MUP is having unintended consequences, the legislation can be repealed. This seems sensible.

At present the Home Office have provided only poor evidence that partnership working with the trade is an effective policy to reduce alcohol related harms, and no public estimates as to how many crimes this policy will prevent over the next few years. In contrast the evidence for MUP, produced on the same terms as that currently accepted by the Scottish Courts, suggests that MUP set at a rate of 45ppu would reduce alcohol-related crimes by 34,200 incidents per year after 10 years. It would also reduce alcohol-related deaths by 642 per year after 10 years.^{xii}

For both of these policies their full impact can only be gauged properly after implementation, if efforts are taken to do so. Yet the contrast between the weight and creditability of the evidence used to

introduce them is stark, and a lack of evidence has not prevented the Home Office from introducing certain policies seen in a favourable light.

Q13: Do licence fees need to be set at national level? Should London, and the other major cities to which the Government proposes to devolve greater powers, have the power to set their own licence fees?

Licensing fees should not be set at a national level, and all local authorities should be able to set their own fees in a way that reflects their local costs. This already happens within taxi and street trading legislation, and alcohol licensing should be no different. This was legislated for in the Police Reform and Social Responsibility Bill 2011, but has never been enacted. At present some local authorities see significant shortfalls in the revenue they receive from licensing fees, meaning that they have to subsidise their licensing operation out of general funds. With the reductions in local government funding in recent years this has become increasingly difficult.

Local authorities with the biggest fees shortfall are often those more likely to struggle to oversee the Act.^{xiii} The Local Government Association (LGA) estimate that alcohol licensing cost local authorities approximately £183 million in the 10 years since the Act was introduced, which works out at £1.5 million of taxpayers' money per month being used to subsidise the licensed trade.^{xiv}

Q14: Is there a correlation between the strictness of the regulatory regime in other countries and the level of alcohol abuse? Are there aspects of the licensing laws of other countries, and other UK jurisdictions, that might usefully be considered for England and Wales?

Within developed countries, those which experience greater alcohol related harms tend to have a stricter regulatory response. The 2003 Licensing Act attempted to simplify and deregulate licensing but has had to be toughened up in certain areas as a result of this having been taken too far.

This evidence submission has covered a number of policies from Scotland which would be beneficial for those with an interest in reducing alcohol related harms. These include MUP, a health objective and greater restrictions on the off-trade.

Evidence from Australia also lends support for the introduction of a workable EMRO. In Newcastle, Australia, it was found that bringing forward closing times from 5am to 3am resulted in 37% reduction in assaults.^{xv} After one year, similar opening restrictions in the Kings Cross area of Sydney resulted in a 21% reduction in sexual assaults, a 43% reduction in assaults causing grievous bodily harm, a 50% reduction in assaults causing actual bodily harm and a 57% reduction in robberies.⁶

Commenting on this, Police Superintendent Mick Fitzgerald, Kings Cross local area commander, stated that 'the man hours saved and the way we are able to reallocate our resources has been phenomenal.'^{xvi} While the closure of several clubs in Kings Cross were attributed to measures, a variety of other businesses have been seen to enter the market, including antiques dealers, ice-cream vendors,

⁶ In addition to moving closing times forward from 5 am to 3 am, a 1 am lockout was introduced, meaning that people could continue to drink alcohol on the premises until the 3am close, but no new patrons could be admitted after 1 am. This became known as the 'one-way door' policy.

chemists, restaurants, hairdressers and yoga studios, as well as a number of new bars.^{xvii} There is also evidence that, while there has been a reduction in land value of some commercial property, large increases have been observed in both mixed-use and residential property in the Kings Cross region.^{xviii,xix}

Risk based licensing, which is used in various forms in Canada, Australia and New Zealand, also has interesting elements. This approach broadly links licensing fees and regulatory strength to the type of premises and its operating schedule. Types of premises, such as restaurants, bars or clubs, are ranked by their potential risk, and pay a different base rate depending on this. Hours of operation can also be linked to the fee, with some states in Australia charging incremental amounts for every hour that a premises opens after midnight. Compliance history can also have an impact on fee level.^{xx}

This approach encourages premises to operate in a less risky manner, while ensuring that those who generate the greatest impact also pay accordingly. If local authorities in England and Wales had the ability to set their own fees some may try and copy elements of this approach

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ⁱ Foster. J., Charalambides. L., (2016) [The Licensing Act \(2003\): its uses and abuses 10 years on](#). Institute of Alcohol Studies. See chapter 14.

ⁱⁱ [Airport alcohol sales to be 'examined' by Lord Ahmad](#). BBC news

ⁱⁱⁱ Matthews. K., Shepherd. J., Sivarajasingham. V. (2006), Violence-related injury and the price of beer in England and Wales. *Applied Economics*, p. 668

^{iv} Mäkelä, P. and Österberg, P. (2009) *Weakening of one more alcohol control pillar: a review of the effects of the alcohol tax cuts in Finland in 2004*, *Society for the Study of Addiction*, 104, pp554-563.

^v World Health Organization (2011), *From Burden to "Best Buys": Reducing the Economic Impact of Non-Communicable Diseases in Low- and Middle-Income Countries*

^{vi} Sassi, F. et al (2013) *The Role of Fiscal Policies in Health Promotion*, *OECD Health Working Papers*, No 66, OECD Publishing.

^{vii} Health & Social Care Information Centre (2015), *Statistics on Alcohol England, 2015*.

^{viii} Institute of Alcohol Studies (2016), *Budget 2016 analysis*.

^{ix} Black, H. et al (2014) *White Cider Consumption and Heavy Drinkers: A Low-Cost Option but an Unknown price*. *Alcohol and Alcoholism* 49:6, pp675-80; Alcohol Concern (2015). *Alcohol brands consumed by young people in treatment 2015*.

^x Brennan. A., Meng. Y., Holmes. J., Hill-McManus. D., Meier. PS., (2014) ['Potential benefits of minimum unit pricing for alcohol versus a ban on below cost selling in England 2014: modelling study.'](#) *BMJ*

^{xi} Stockwell, T., Zhao, J., Marzell, M., Gruenewald, P. J., Macdonald, S., Ponicki, W. R., & Martin, G. (2015). Relationships Between Minimum Alcohol Pricing and Crime During the Partial Privatization of a Canadian Government Alcohol Monopoly. *Journal of Studies on Alcohol and Drugs*, (July), 628–634. <http://doi.org/10.15288/jsad.2015.76.628>

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- ^{xii} Brennan. A., Meng. Y., Holmes. J., Hill-McManus. D., Meier. PS., (2014) '[Potential benefits of minimum unit pricing for alcohol versus a ban on below cost selling in England 2014: modelling study.](#)' BMJ
- ^{xiii} Foster. J., Charalambides. L., (2016) [The Licensing Act \(2003\): its uses and abuses 10 years on.](#) Institute of Alcohol Studies. See chapter 12
- ^{xiv} *Local Government Association (Feb 2015)* [LGA responds to Government decision to reject locally-set licensing fees](#)
- ^{xv} Kypri. K., Jones. C., McElduff. P., Barker. D., (2011) [Effects of restricting pub closing times on night-time assaults in an Australian city.](#) Addiction.
- ^{xvi} Australian Daily Telegraph (April 1st, 2015) [Cross clean-up is a victory for Sydney](#)
- ^{xvii} <https://twitter.com/2011Residents>
- ^{xviii} Land & Property Information. (n.p.). *Potts Point/Kings Cross Report Land Value Review – Report for Land Valuation Advisory Group.* NSW Government.
- ^{xix} Nicholls, S. (2016, 22 May). Lockout laws hit values in Kings Cross' 'golden mile'. *The Sydney Morning Herald*. Retrieved from: <http://www.smh.com.au/nsw/lock-out-laws-hit-land-values-on-kings-cross-golden-mile-20160522-gp0ych.html>
- ^{xx} See the appendix to Foster. J., Charalambides. L., (2016) [The Licensing Act \(2003\): its uses and abuses 10 years on.](#) Institute of Alcohol Studies.