



The Association of Directors of Public Health

Reforming the licensing system

Objectives and Scope

The Government invites views and evidence to inform the development of a modern, proportionate, and enabling licensing system. This [call for evidence](#) builds on the [Licensing Taskforce recommendations and the Government's response](#). This call for evidence focuses on the on-trade in relation to alcohol sales eg pubs, restaurants, and nightclubs, and on all entertainment licensed under the Licensing Act 2003.

About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. ADPH works closely with a range of Government departments, including UKHSA and OHID as well as the four CMOs, NHS, devolved administrations, local authorities, and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

Call for evidence response

National Licensing Policy Framework

The Government's aim is to create a balanced licensing system that supports wider national and regional policies. The Licensing Taskforce recommended that Government 'establish a National Licensing Policy Framework to harmonise licensing practices across authorities while preserving local discretion. It would align licensing with broader government goals — economic growth, cultural development and public safety — without requiring primary legislation. Delivered via licensing circulars, it would reduce regulatory burdens, improve consistency, and support fairer decision-making.'

Do you agree or disagree with the overarching objective of a consistent, transparent licensing system which empowers local authorities while promoting economic growth, cultural development, public safety and community wellbeing?

- Agree
- **Disagree**
- Don't know
- Prefer not to say

Please explain your answer:

ADPH disagrees with the overarching objective as framed. The purpose of the Licensing Act 2003 is to protect the public from harm through its four existing objectives – the prevention of crime and disorder, public safety, the prevention of public nuisance, and the protection of children from harm – not to promote economic growth or act on behalf of business.ⁱ While a consistent and transparent licensing system that empowers local authorities is welcome, adding economic growth as an aim risks undermining the Act's core protective purpose.

Instead of including economic growth in this guidance, public health should be added as a fifth licensing objective in the Licensing Act. One of the core principles of the Act is to regulate unconstrained growth and thereby protect the public. Strengthening this protective focus by adding public health as a fifth licensing objective would be more consistent with the overall aim of safeguarding communities.

ADPH has consistently called for this change, as it would strengthen opportunities to prevent alcohol-related harm. Allowing public health teams to marshal evidence of harm to meet the requirements of the licensing process means they can bring in important data relating to alcohol harm such as hospital and ambulance, local crime, and other health and social care data. Without this, it is difficult for DsPH to promote and protect the health of their communities, as they must rely on alternative evidence and data to make a representation.

Alcohol harm should be a central consideration. In the Global Burden of Disease data, alcohol is the third leading risk factor for poor health in England, and this number is rising.ⁱⁱ Alcohol's high and increasing contribution to mortality and morbidity highlights the inconsistency of adding economic growth as an aim. This also aligns with broader national concerns. The Office for Budget Responsibility and the Department for Work and Pensions have identified poor health as a key fiscal and labour market risk, threatening UK productivity.ⁱⁱⁱ Embedding public health as a licensing objective would therefore not only protect individuals and communities but also support the Government's wider ambitions on extending Healthy Life Expectancy, as set out in the manifesto.

International evidence shows that weakening constraints on licensing can risk exacerbating alcohol related harms^{iv} and UK evidence suggests the use of licensing powers can improve health outcomes.^{vi} Further to this, emerging evidence has shown that allowing for extended opening hours is unhelpful for growth. In Glasgow, interviews with 54 venues that extended closing from 00:00 to 01:00 revealed that the extra hour was often not worth the added costs, such as staffing and transport. While some saw profits, others experienced more intoxication, violence, or felt the change was simply ineffective.^{vii}

Furthermore, the National Licensing Policy Framework and expanded powers for licensing officers will shape local decision-making centrally and undermine democratic accountability. Local authorities are best placed to make licensing decisions given their in-depth understanding of their local community. If the Government wants to revitalise neighbourhoods and high streets and shift from treatment to prevention, it must enable local authorities to make the decisions that are right for their communities, based on local evidence and need.

Overall, the proposal to introduce a National Licensing Policy Framework, that can centrally direct and determine local decisions, undermines local authorities and contradicts the Government's commitment to devolution and localism. The proposals do not outline how the National Licensing Policy Framework

will be constituted, or who it will represent. There is also no information on how it will be held accountable. The process by which the call for evidence was established has been biased towards the alcohol industry and furthering their agenda, including the establishment of a Licensing Policy Taskforce which lacked public health representation and centred the alcohol industry.

The proposals are at odds with other Government priorities, including building healthier communities and addressing preventable ill-health, creating safer streets and neighbourhoods, reducing violence against women and girls, and empowering communities to make the changes they want to see in their local areas.

Do you agree or disagree that promoting economic growth should be a statutory licensing objective alongside the existing public safety objectives?

A statutory objective is one that is defined in law and that licensing authorities are required to consider.

- Agree
- **Disagree**
- Don't know
- Prefer not to say

Do you think that the licensing regime should treat on-trade and off-trade premises differently in any respects in order to allow the differing challenges and opportunities they pose to be addressed?

- **Yes**
- No
- Don't know
- Prefer not to say

Please explain your answer:

The Licensing Act 2003 currently applies to both on-trade and off-trade premises, without distinguishing between the two. The existing legislation does not provide a framework for separation, and the Taskforce's proposals do not explain how such a split could be implemented without comprehensive legislative reform. Nonetheless, we support the UK Government in creating a distinct licensing regime specifically for off-sales premises.

While they do present different challenges, public health must be a strong consideration in both on and off trade licensing. Although on-trade venues involve supervised consumption in social settings, their presence and concentration in areas can cause antisocial behaviour, noise, and disruption. They also impact norms and cues around drinking alcohol and can decrease price through competition. Both factors increase overall consumption and therefore can contribute to greater harm.

Off-trade premises present harm in terms of availability, affordability, and accessibility of alcohol, and the increased likelihood of underage sales. They also impact the acceptability of alcohol and shape social norms through marketing and promotion. Further, widespread alcohol availability can be extremely challenging for people in recovery.

The volume of alcohol sales is also likely to be significantly higher in the off-trade, given the concentration of premises, shifts in consumption patterns from on-trade to off-trade settings, and lower price points.^{viiiix} As harm is directly correlated to the total volume of alcohol consumed,^x this makes off-trade a key driver of alcohol-related harm in communities. There needs to be greater flexibility in the licensing scheme to enable the unique harms they present to be addressed. When on-trade outlets were closed during Covid-19, there was only a very small decrease in the proportion of violence that was alcohol-related, from 15.5% to 12.8%.^{xi} Closures did not lead to significant differences in the level or proportion of domestic violence flagged as alcohol-related.

Although this call for evidence states a focus on the on-trade, introducing a statutory objective to promote economic growth would also apply to the off-trade, unless a mechanism were put in place to treat these separately.

What priority themes should be included in a National Licensing Policy Framework?

- Public safety and Crime Prevention
- Economic Growth and Reducing Business Burdens
- Culture & Community Cohesion
- **Community Health and Wellbeing**
- Supporting Growth, Highstreets and Night-Time Economies
- Others

List any other themes for inclusion:

- **Public health**

How could the government assess whether national guidance is working effectively?

Please suggest ways we could measure if national guidance is making a positive difference.

- Growth in the size of the sector and number of businesses
- **Lower rates of crime and ASB**
- **Lower rates of alcohol-related harm**
- Fewer people appeal decisions
- Other (please tell us below)

Please explain your answer:

Lower rates of alcohol-related harm, including lower rates of crime and ASB, are the primary ways to assess the efficacy of licensing, given the primary purpose of licensing is to protect populations. Focussing on other areas will undermine the fundamental purpose of this legislation.

To further strengthen the purpose, public health should be added as a fifth licensing objective. One of the core principles of the Act is to regulate unconstrained growth and thereby protect the public. Strengthening this protective focus by adding public health as a fifth licensing objective would be more consistent with the overall aim of safeguarding communities.

ADPH has consistently called for this change, as it would strengthen opportunities to prevent alcohol-related harm. Allowing public health teams to marshal evidence of harm to meet the requirements of the licensing process means they can bring in important data relating to alcohol harm such as hospital

and ambulance, local crime, and other health and social care data. Without this, it is difficult for DsPH to promote and protect the health of their communities, as they must rely on alternative evidence and data to make a representation.

Impacts – crime, public health, local authorities, equality

In your view what impact will the proposals for reform included in this Call for Evidence have on public safety or crime?

- Very positive
- Positive
- None
- Negative
- **Very negative**
- Don't know
- Prefer not to say

Which, if any, of the reforms described in this Call for Evidence, in your view, pose public safety or crime concerns?

- **National Licensing Policy Framework**
- Licensing Condition Amnesty
- Remove Newspaper Advertising Requirement
- Outdoor Trading and Pavement Licences
- Increase TENs Entitlement
- Sunset Clause on Blanket Hours
- Arbitration, Evidence and Data Protocol
- Festivals and Events Licensing
- Agent of Change Principle
- None
- Don't know
- Prefer not to say

Please explain your answer:

ADPH is concerned that several of the proposed reforms risk undermining the Licensing Act's core purpose – to protect the public from harm. Alcohol causes a wide range of harms, from chronic health conditions to acute incidents of violence, injury, and antisocial behaviour. Any reform that reduces local control or weakens safeguards within the licensing system could therefore increase risks to public safety and crime. In particular, a National Licensing Policy Framework could reduce local flexibility and responsiveness, therefore limiting local authorities' flexibility to respond to local patterns of harm. Local flexibility is essential to managing alcohol-related risks effectively.

Domestic abuse is a particularly relevant public safety concern for DsPH. Alcohol is frequently implicated in domestic abuse incidents, and increased alcohol availability or weakened licensing safeguards could exacerbate these risks. Evidence from North Yorkshire illustrates this: Local police records indicate that

alcohol consumption was one of the main vulnerabilities associated with domestic abuse crimes, recorded in 30% of cases. This aligns with national data but likely underestimates alcohol's involvement due to variations in recording practices. Reporting of domestic abuse incidents also increases around major sporting events, with higher alcohol consumption identified as a contributing factor.^{xii} The annual cost of alcohol-related crime and disorder in England alone is already estimated at £14.58 billion.^{xiii}

Emerging evidence also suggests that frontline services, including the police, find it hard to manage the impact of greater availability of alcohol especially later at night. Later opening hours lead to shifts in violence and pressure on police officers from local communities to manage both violent and vulnerable people.^{xiv}

ADPH strongly recommends that any reforms are accompanied by robust impact assessments on public safety, health and inequalities, and that public health teams are actively engaged in this process.

In your view what impact will the proposals for reform included in this Call for Evidence have on public health?

- Very positive
- Positive
- None
- Negative
- **Very negative**
- Don't know
- Prefer not to say

Which, if any, of the reforms described in this Call for Evidence, in your view, pose public health concerns.

- **National Licensing Policy Framework**
- Licensing Condition Amnesty
- Remove Newspaper Advertising Requirement
- Outdoor Trading and Pavement Licences
- Increase TENs Entitlement
- Sunset Clause on Blanket Hours
- Arbitration, Evidence and Data Protocol
- Festivals and Events Licensing
- Agent of Change Principle
- None
- Don't know
- Prefer not to say

Please explain your answer:

Alcohol harm has wide-reaching consequences across society. It places substantial strain on healthcare services, contributes to violent crime and domestic abuse, and negatively affects workforce productivity and mental health. Any reform to the licensing system must prioritise community wellbeing and public health, rather than the profitability of alcohol sales. A licensing system that fails to account for public health impacts is not fit for purpose.

As mentioned, the National Licensing Policy Framework and expanded powers for licensing officers will shape local decision-making centrally and reduce local influence. Local authorities must retain the tools and discretion necessary to respond to local needs, reduce harm, and promote healthier environments.

Alcohol harm is a major public health issue, contributing to thousands of deaths each year and significant cost to society – estimated at £27.44 billion per year in England.^{xv} Alcohol causes seven different types of cancer and almost one in 25 of all new cancers are estimated to be linked to alcohol.^{xvi} Alcohol also contributes to the development of hundreds of other conditions, including high blood pressure and liver disease.^{xvii} Worldwide in 2019, over 700,000 deaths were caused by injuries as a result of alcohol consumption, and in 2023, there were nearly ten and a half thousand alcohol-specific deaths in the UK – a number which has risen every year for the last five years.^{xviii xvii} These long-term health impacts reinforce the need for a licensing regime that prioritises health protection.

Alcohol is also key driver of violence, including violence against women and girls (VAWG). Evidence shows that alcohol is involved in a significant proportion of domestic abuse and sexual assault cases.^{xix} The prevalence of VAWG is high and is comparable to that of major chronic disease such as type 2 diabetes. Its impacts are devastating, with most harm experienced second-hand by victims and families. Given the strong association between alcohol use and interpersonal violence, any reform that increases alcohol availability or weakens local control, risks exacerbating these harms.

Alcohol is thought to be a factor in up to 40% of emergency department attendances, rising to as high as 70% in peak hours.^{xx} Robust studies have estimated that between 10 and 16% of all ambulance call-outs are caused by alcohol.^{xxi xxii}

In reforming the licensing system to promote economic benefits, what measures can be taken to promote public health?

Please explain your answer:

Alcohol harm is a major public health issue, contributing to thousands of deaths each year and significant cost to society – estimated at £27.44 billion per year in England.^{xxiii} Alcohol causes seven different types of cancer and almost one in 25 of all new cancers are estimated to be linked to alcohol.^{xxiv} Alcohol also contributes to the development of hundreds of other conditions, including high blood pressure and liver disease.^{xxv} Worldwide in 2019, over 700,000 deaths were caused by injuries as a result of alcohol consumption, and in 2023, there were nearly ten and a half thousand alcohol-specific deaths in the UK – a number which has risen every year for the last five years.^{xxvi xvii} The annual cost of alcohol-related crime and disorder in England alone is already estimated at £14.58 billion.^{xxx}

The most effective way to reduce these harms through the licensing system is to include public health as a fifth licensing objective in legislation. ADPH has consistently called for this change, as it would strengthen opportunities to prevent alcohol-related harm. This would enable public health teams to present local data on alcohol harm – such as hospital admissions, ambulance callouts and crime statistics – within licensing decisions. Without this, it is difficult for DsPH to promote and protect the health of their communities, as they must rely on alternative evidence and data to make a representation. In Scotland, the introduction of a public health licensing objective in 2011 led to increased engagement,

strengthened working relationships, and increased use of health evidence in licensing policy development.^{xxvii}

Alcohol harm should be a central consideration. In the Global Burden of Disease data, alcohol is the third leading risk factor for poor health in England, and this number is rising.^{xxviii} Alcohol's high and increasing contribution to mortality and morbidity highlights the inconsistency of adding economic growth as an aim. This also aligns with broader national concerns. The Office for Budget Responsibility and the Department for Work and Pensions have identified poor health as a key fiscal and labour market risk, threatening UK productivity.^{xxix} Embedding public health as a licensing objective would therefore not only protect individuals and communities but also support the government's wider ambitions on extending Healthy Life Expectancy, as set out in the manifesto.

However, should these reforms proceed without a public health lens (which we strongly advise against), it will be even more essential that funding for substance misuse and prevention services is increased to ensure they are adequately resourced to meet the current demand, and to respond effectively to any rises in alcohol-related harm. Support should cover the full spectrum of need, from population-level prevention and early intervention to treatment for those with more complex needs, rather than focusing solely on people with alcohol dependence. Without strengthened support for these services, the public health burden will continue to grow, placing further strain on already stretched health and social care systems.

Does this call for evidence raise any equalities concerns such as disproportionate impacts on particular demographic groups?

- **Yes**
- No
- Don't know
- Prefer not to say

Please explain your answer:

This call for evidence raises equality concerns. Alcohol harm is seen across society, but the worst impacts – in both health and crime – are experienced by the most deprived.

On average, people with lower incomes tend to consume less alcohol than those with higher incomes, largely due to affordability. However, individuals living in deprived areas are significantly more likely to be harmed by alcohol use. Those in the most socioeconomically deprived decile have 2.23 times the rate of alcohol specific mortality and 1.53 times the rate of alcohol-related mortality compared to the least deprived decile.^{xxx} This is the 'alcohol harm paradox', likely due to the relationship between alcohol and other factors that influence health such as smoking and diet, and access to health care.^{xxxi}

Deprived neighbourhoods have both a disproportionately high outlet density and prevalence of alcohol advertising, compared to more affluent neighbourhoods.^{xxxii} Both of which have been shown to cause children to start drinking alcohol at a younger age or drinking more than they usually would.^{xxxiii} In Scotland, neighbourhoods with the most alcohol outlets had double the alcohol-related death rate than neighbourhoods with the least.^{xxxiv}

Social, cultural, and geographical factors influence alcohol harm, which also impact across the life course. Therefore, a life course approach should be adopted with the awareness that risk and protective factors develop over the lifetime. Evidence-based legislation and policy should be in place at regional and national levels to reduce the affordability (price), availability (place), and attractiveness (promotion) of alcohol products.

We know that there are effective policy options to tackle binge drinking and lessen inequalities in alcohol-related harms. In the UK, both Scotland and Wales have minimum unit pricing (MUP), but England and Northern Ireland do not.^{xxxv} Public Health Scotland published an independent report in 2023 showing that MUP has had a positive impact on health outcomes, including addressing alcohol-related health inequalities.^{xxxvi} In 2023, MUP has also been associated with a 13.4% drop in alcohol-specific deaths and a 4% reduction in alcohol-specific hospitalisations, predominantly seen amongst the most socioeconomically deprived groups.^{xxxvii}

ⁱ Licensing Act 2003, UK Government. Available from:

https://www.legislation.gov.uk/ukpga/2003/17/pdfs/ukpga_20030017_en.pdf

ⁱⁱ IHME. Health research by location. 2021. Available from: <https://www.healthdata.org/research-analysis/health-by-location/profiles>

ⁱⁱⁱ Fiscal risks and sustainability. Office for Budget Responsibility. 2024. Available from: <https://obr.uk/frs/fiscal-risks-and-sustainability-september-2024/>

^{iv} World Health Organization. A Public Health Perspective on Alcohol Establishments: Licensing, Density and Location Geneva: World Health Organization; 2022.

^v Babor TF, Casswell S, Graham K, Huckle T, Livingston M, Osterberg E, et al. Alcohol: No Ordinary Commodity—Research and Public Policy 3rd ed. Oxford University Press; 2023.

^{vi} de Vocht F, Heron J, Angus C, Brennan A, Mooney J, Lock K, et al. Measurable Effects of Local Alcohol Licensing Policies on Population Health in England. *J Epidemiol Community Health*. 2016; 70(3): 231–237.

^{vii} Maclean J. et al. (2025). Bar manager perspectives on a Glasgow pilot allowing them to open until 1am instead of midnight: a qualitative interview study. Forthcoming paper from the ELEPHANT study, funded by the NIHR public health research programme.

^{viii} Public Health England. The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review. 2016. Available from: https://assets.publishing.service.gov.uk/media/5b6c5703ed915d3119112af6/alcohol_public_health_burden_evidence_review_update_2018.pdf

^{ix} Public Health England (PHE). Public Health Profiles. 2019. Available from: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

^x World Health Organization. Global status report on alcohol and health. 2018. Available from: <https://www.who.int/publications/i/item/9789241565639>

^{xi} Lightowlers, C., and Bryant, L. 2023. Off-trade alcohol availability and violence: Assessing the impact of on-trade outlet closures. Institute of Alcohol Studies and University of Liverpool. <https://www.ias.org.uk/wp-content/uploads/2023/08/Off-trade-alcohol-availability-and-violence-Assessing-the-impact-of-on-trade-outlet-closures.pdf>

^{xii} Off-trade alcohol availability and violence: assessing the impact of on-trade outlet closures - Institute of Alcohol Studies. Institute of Alcohol Studies. 2025. Available from: <https://www.ias.org.uk/report/off-trade-alcohol-availability-and-violence-assessing-the-impact-of-on-trade-outlet-closures/>

^{xiii} Institute of Alcohol Studies. 2024. *The Costs of Alcohol to Society*. Available from: <http://ias.org.uk/wp-content/uploads/2023/03/The-costs-of-alcohol-to-society.pdf>

^{xiv} Mitchell et al. (2025). ‘It’s a bit of a mess’: The impact of later alcohol trading hours for bars and clubs in Scotland according to qualitative interviews with local stakeholders. Forthcoming paper from the Evaluating Later/expanded premises hours for alcohol in the night-time (ELEPHANT) study, funded by the NIHR Public Health Research programme.

^{xv} The costs of alcohol to society. Institute of Alcohol Studies. Available from: <https://www.ias.org.uk/report/the-costs-of-alcohol-to-society/>

^{xvi} Alcohol and cancer. Alcohol Change UK. 2017. Available from: <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-and-cancer>

^{xvii} World Health Organization. Alcohol. 2024. Available from: <https://www.who.int/news-room/fact-sheets/detail/alcohol>

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