



## Title: A selection of individual representations from Newcastle

*Many thanks to Newcastle City Council for providing the details of this case study.*

### Background

Newcastle upon Tyne is a conurbation within the county of Tyne and Wear, covering an area of 112km<sup>2</sup> and with a population of approximately 279,000. It is estimated that in excess of 100,000 people use the pubs, clubs and restaurants at weekends. Every year around 19.2m people visit Newcastle and Gateshead, spending approximately £346m on food and drink. This activity supports over 7,000 jobs. However the excessive consumption of alcohol also has a significant economic impact across the services and population of Newcastle.

Whilst crime in general continues to decrease, Newcastle as with many other areas has continued to see a rise in the proportion of total crime that is related to alcohol. For over 50% of offenders in Newcastle alcohol has been identified as being the reason for their criminal behaviour. 87% of these offenders admitted to engaging in “binge drinking” and 80% had engaged in violent behaviour linked to their alcohol consumption. Over half of domestic violence assaults and up to 38% of initial child protection cases are related to alcohol. Newcastle is in the bottom 10% of local authority areas for male alcohol specific mortality, male mortality from chronic liver disease and alcohol specific hospital admissions.

Both pre and post April 2013 Public Health in Newcastle whether within the PCT or the City Council has been active in making representations as part of the licensing process. They focus their efforts on applications for off-licences and in particular in areas experiencing the greatest alcohol harm. They have made nine successful challenges resulting in the refusal, revocation or withdrawal of premises licences and applications for off-licences. They have also negotiated with a number of applicants to improve the conditions for on license such as hours of sale, where alcohol is displayed and alcohol advertising on the exterior of premises.

### Case in brief

A number of examples of individual representations:

- Two applications for licences for a convenience store/news agent in a residential area.
- An application to vary the use of an existing shop in a residential area to become an off licence (national chain). Previously the shop was not used primarily for the sale of alcohol.
- An application for a licence for a new supermarket (national chain) in a residential area with a high population of students and in a cumulative impact area.
- An application for a licence for a new supermarket (national chain) in an area known to be associated with street drinking.



## Public Health England

All representations were delivered in conjunction with other responsible authorities including the police, trading standards and environmental health. Also in some cases residents and voluntary sector organisations such as alcohol treatment providers have made representations. Public Health would not submit a representation in isolation but have been able to encourage the police to make a representation in cases where they may not have initially identified the risk. This co-operation is facilitated through fortnightly responsible authorities meetings.

### The Approach used

- Representations were generally made against more than one objective. Public nuisance was used three times, crime and disorder four times, protection of children from harm twice and public safety once.
- None of the data presented drew a direct link between the premise in question and the harms identified only the harms in the ward area and in most cases the density of existing premises.

### The Data

- Alcohol related assault attendances at the Emergency Department (ward comparison).
- Alcohol Specific Hospital Admissions for under 18 year olds (national and ward comparison).
- Research linking outlet density to under 18s hospital admissions.
- Domestic violence (ward comparison).
- Council records of reasons for social service actions to protect children.
- Research linking consumption and availability.
- Local records of failed proxy tests in the area.
- Alcohol related crime against the person and anti-social behaviour (ward comparison).
- Feedback from local residents and neighbourhood wardens regarding anti-social behaviour, street drinking and environmental impacts.
- Local resident's survey identifying levels of binge drinking by ward.
- Location of existing licensed premises and density.
- Local research examining student alcohol consumption.
- Local research on pre-loading.
- Evidence linking alcohol litter and drinks confiscated from street drinkers with a certain set of shops.



Public Health  
England

## Outcome

- All five representations were successful (including one that went to magistrate court).
- Over time a combination of a council wide focus on alcohol, and public health's input to the licensing process has changed the perception of the licensing committee. They now consider wider harms caused through off sales and home drinking as opposed to only night time economy related violence and disorder issues.
- Public Health have become aware that legal teams supporting licensees are adapting to the arguments made so in the long run it may become more difficult and representations will need to be even more robust.