

How public health teams navigate their different roles in alcohol premises licensing: ExILEnS multistakeholder interview findings

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Plain language summary

ExILEnS multistakeholder interview findings

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Plain language summary

In England and Scotland, bars, restaurants and shops can sell alcohol only if they are given a licence by their local government. In recent years, NHS staff and other public health professionals, or 'public health stakeholders', have tried to positively influence the system that decides who should get these licences.

This study aimed to understand how these stakeholders have worked with the licensing system, and what people who were already working in the licensing system, or 'licensing stakeholders', think of their approaches.

A total of 53 interviews were conducted in 20 varied local government areas in England (14 interviews) and Scotland (six interviews). Twenty-eight of these were with public health stakeholders and 25 were with licensing stakeholders, including local government lawyers or police. Interviews were transcribed (typed out) and studied carefully to understand what was being said.

Public health stakeholders took three different approaches to their work with the licensing system. (1) Many public health stakeholders took a 'challenging' approach, trying to make alcohol less easily available and to change drinking culture over the long term. They felt that this was in line with research evidence, but some licensing stakeholders felt it was a narrow, 'nanny state' approach. (2) Other public health stakeholders were less active, providing data or other support to licensing teams or police colleagues only when asked. They reported that they did not think that it was not possible to make alcohol less available through licensing and that their support instead helped licensing teams to promote good management of bars and shops and to prevent crime or disorder. (3) Some public health stakeholders worked actively in close partnership with licensing teams.

Public health stakeholders adapted their approaches to working with alcohol licensing, sometimes resulting in a reduced focus on improving health. These approaches should be tested to see which approach works best. However, current licensing systems may not be able to improve health.

