

Reforming the licensing system

Yorkshire Cancer Research response, November 2025

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:

Economic growth, cultural development, public safety and community wellbeing are all important objectives, but the relaxation of the alcohol licencing system will not help achieve them. In fact, alcohol consumption imposes significant costs across all these areas. Alcohol costs £2.87 billion in Yorkshire and the Humber alone, including £492.3 million in NHS and healthcare related costs, £1.6 billion due to crime and disorder, £442.7 million to the wider economy and £293.1 million to social services.¹ There are an estimated 490,995 alcohol-related crimes in Yorkshire and the Humber, including 108,210 violent crimes. These figures underscore the threat alcohol poses to public safety and community wellbeing. Deregulation will not reverse this trend; it risks exacerbating it.

Additionally, the objectives listed ignore the impact of alcohol on public health. Alcohol is estimated to cause 4.1% of all cancers, equivalent to 13,516 new cases of cancer in England and approximately 1,297 new cases of cancer in Yorkshire each year.^{2, 3} Yorkshire Cancer Research estimates that every year 7,600 life years are lost to alcohol-related cancers in the region.

Regulation rather than deregulation of the alcohol licencing system can minimise these costs. In Scotland, for example, it is estimated that minimum unit pricing reduced deaths directly caused by alcohol by 13.4% and hospital admissions by 4.1%.⁴

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:

It is important that on-trade and off-trade premises are treated separately for both public health and safety reasons as well as economic.

Making it easier for people to buy shop bought alcohol increases alcohol consumption, leading to increased harms. Cheap alcohol in off-trade premises encourages people to consume a large volume of alcohol ahead of arrival at on-trade venues, increasing their overall alcohol consumption. Research also suggests that heavy drinking is more concentrated in the off-trade than on-trade.⁵ The proportion of people who drink at home is already high and increasing this could result in increased levels of domestic violence and other alcohol harms.⁶ Placing stricter restrictions on off-trade premises could therefore prove important for reducing alcohol harms.

Additionally, because the proposals focus on the economic benefits to on-trade premises yet apply to both on-trade and off-trade, any small economic benefits to some on-trade premises could be undermined. The falling demand for on-trade premises is partly due to the increased availability of cheap alcohol in off-trade premises. These proposals would inadvertently make alcohol in off-trade premises cheaper and more accessible, encouraging more people to drink at home rather than in restaurants and bars.

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:

Due to the serious health harms associated with alcohol consumption, public health should also be a priority theme in a National Licencing Policy Framework.

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)

Comment:

Alcohol licensing guidance must be grounded in its primary purpose: protecting public health and safety. To ensure this, the government should systematically measure the impact of licensing guidance on key health outcomes including alcohol-related conditions, hospital admissions and mortality rates. These indicators provide essential insight into whether the guidance is effectively reducing harm.

Economic evaluation of alcohol licensing guidance must go beyond sector growth alone. While expansion of the hospitality industry may be one metric, it does not capture the full economic picture. To assess whether the guidance is working effectively it is also important to account for the economic impact on the wider economy including workplace absenteeism, health and social care and public disorder costs. These factors represent significant burdens on the economy and should be central to any evaluation framework.

National-level analysis alone is insufficient. Alcohol-related harm varies significantly across local authorities, often reflecting underlying health inequalities. To accurately assess the effectiveness of licensing guidance, the government must engage with local authority public health teams, who hold vital data and contextual knowledge. Their input is essential to understanding how guidance affects different communities and whether it is helping to reduce, or inadvertently widen, disparities in alcohol-related harm.

What benefits or risks, if any, do you foresee if the maximum number of TENs is increased?

(Please provide examples or evidence where possible.)

It is important that the alcohol licencing rules are not loosened at the expense of people's health. Increasing the maximum number of TENs would expand the availability of alcohol and therefore could heighten the risks of alcohol harms, both to the individual and society.

Do you agree or disagree that the decisions of a licensing officer should carry greater weight with the licensing committee? This question asks whether a licensing officer should have the status of an 'independent arbiter' whose decisions carry greater weight than those of other parties.

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

Are there recognized examples of effective practice in the UK that could contribute to the development of policy and guidance for local authorities?

There are multiple local authorities across the country which illustrate how public health objectives in alcohol licencing can effectively reduce harms and health inequalities.

For example, Suffolk County Council use local public health data on alcohol-related hospitalisations and A&E attendances and Index of Multiple Deprivation to identify high-risk areas. Using this data they can target applications for licences with the worst potential health impacts.⁷ Additionally, Blackpool Council have introduced a Cumulative Impact Policy (CIP) to limit new alcohol licences in areas with high outlet density.⁸ Again, they use hospital admission data to guide interventions and aim to reduce alcohol availability in vulnerable communities.

These examples indicate the importance both of public health as a licencing consideration and retaining local authority power in licencing decision making.

What existing or new licensing or planning mechanisms could be used by local authorities to develop and manage zones?

Public health should be a licencing consideration when developing and evaluating the success of zones. As in the examples of Suffolk and Blackpool, granting licences to new premises should consider the public health implications to the local area by looking at data on deprivation, hospital admissions and density of existing outlets.^{7, 8}

What indicators might be appropriate for local authorities to assess the impact of zones?

It is essential that any assessment of designated zones fully accounts for their impact on public health and safety. Alcohol-related harms carry substantial and well-documented costs, both human and economic. In England, alcohol costs society an estimated £27.44 billion annually, with £2.87 billion of that burden falling on Yorkshire and the Humber alone.¹ To accurately evaluate the implications of these zones, assessments must go beyond commercial metrics and include a comprehensive analysis of public health and safety indicators. These should encompass alcohol related hospital admissions, outpatient visits, A&E visits, ambulance call outs, healthcare appointments, crime and lost productivity.

Each of these indicators reflects a tangible cost to the NHS, emergency services, local authorities and the wider economy. Therefore, any economic impact analysis must fully integrate the societal costs of alcohol-related harm, ensuring that decisions are evidence-based and aligned with the broader goals of public health, safety and equity.

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

Yorkshire Cancer Research is highly concerned about the public health impact of these proposals, especially regarding cancer. There is a consistent body of research which shows that greater physical availability of alcohol leads to higher alcohol consumption and increased alcohol related harm.⁹

Increased alcohol consumption is linked to increased risk of cancer and the amount and frequency of alcohol consumed has a major impact on the risk of developing cancer. The more frequently and heavily alcohol is consumed, the greater the likelihood of developing alcohol-related cancers. Of the nine England regions, Yorkshire and the Humber has the third highest proportion of adults drinking more than the government's recommended limit of 14 units a week, at 23% of the population, with the average across England being 21%.¹⁰

Crucially, alcohol-related harm is not evenly distributed. People living in more deprived communities are more likely to experience the negative health and social consequences of alcohol.¹⁰ Deregulating alcohol licensing risks exacerbating these inequalities, by increasing availability in areas already disproportionately affected by alcohol-related harm. In this context, it is imperative that alcohol licensing remains a tool for reducing consumption and protecting public health, not one that is weakened or deregulated.

It is particularly troubling that public health and local authority representatives have been excluded from the Taskforce process, which appears to prioritise commercial interests over community wellbeing. Effective alcohol policy must be informed by health evidence and shaped by those with a mandate to protect public health.

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

Maintaining tight regulatory measures of alcohol licensing is essential to protecting against alcohol related health-harms. The evidence is clear that deregulating alcohol licencing leads to increased alcohol consumption, the costs of which are substantial. Alcohol harm costs society in England £27.44 billion each year.¹ Deregulating the licencing system to promote economic benefits is therefore a false economy.

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

Why do you think this?

People living in deprived areas are more likely to be impacted by alcohol. Deprived areas have greater alcohol outlet density and greater rates of alcohol related harms. One third of all alcohol-specific deaths occur in the most deprived 20% of the population. For example, in Yorkshire alcohol related mortality is highest in Hull which is also the most deprived area in Yorkshire.

Giving greater weight to licencing officers centralises decision-making in a way that may overlook the nuanced needs of individual communities. Local teams are uniquely positioned to assess the risks of increased alcohol availability and to implement targeted interventions. A one-size-fits-all approach fails to account for these local variations and risks inadvertently worsen health inequalities.

References

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