

The 2003 Licensing Act

The 2003 Licensing Act: an act of stupidity?

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As the 2003 Licensing Act comes into effect, what will the impact of the extending drinking hours be on UK emergency departments?

The 2003 Licensing Act will be coming into effect shortly in England and Wales. This removes restrictions on the sale of alcohol from bars and pubs, extending drinking time beyond 11pm. The Government hopes that this will lead to the English taking a more relaxed approach to drinking, and reduce the incidence of drunkenness, assaults, and anti-social behaviour often seen after 11pm closing. Senior police officers and judges are sceptical and have warned of increasing alcohol-related crime and violence.

What are the implications for emergency departments? Will people sip wine at late-night cafes while the emergency departments lie empty, or will an orgy of drunken violence engulf the country, with its victims overwhelming hospitals? Data from Scotland suggest that there will be no immediate dramatic impact from altering licensing hours,¹ but underlying trends are more concerning. Alcohol is currently responsible for a substantial number of emergency department attendances and hospital admissions, particularly at night.²⁻³ Alcohol use has been rising in the United Kingdom and with it the burden of alcohol-related ill health.⁴ Over the same time period emergency department attendances, admissions, and waiting times have also increased.⁵ Waiting times already tend

to be longer at night, with many people leaving before they receive medical attention.⁶ Even if extending licensing hours only changes the timing of alcohol-related incidents it will still place more pressure on emergency departments when they are already struggling to meet demand.

Liberalising licensing laws is likely to do more than just alter the timing of alcohol-related incidents. Availability of alcohol is associated with increased use, which is in turn related to increased alcohol related injury and illness.⁷ At a time when alcohol-related deaths have risen by 20% in the last 5 years,⁴ it seems perverse, to say the least, to be choosing to increase availability of alcohol.

The likely outcome of the Licensing Act is, therefore, neither a dramatic improvement nor worsening, but continuing progression of an already depressing situation. So what can emergency clinicians do about this? The Licensing Act contains new powers for the police and local authorities to close licensed premises that are associated with alcohol-related problems. Emergency department data has previously been used to identify problem locations and target police resources.⁸ These data could be used to inform licensing decisions. Emergency clinicians are respected and have potentially powerful local voices. They should be

prepared to liaise with local authorities to ensure that the impact upon emergency services is taken into account.

Alcohol is a huge cause of illness and injury in the United Kingdom and is a major threat to our ability to sustain high-quality emergency care. To increase availability of alcohol at a time when the problem is escalating, as the Licensing Act does, appears to lack common sense. Unless the new powers to close problem premises are used effectively the Act will just exacerbate an already serious problem. Meanwhile, emergency clinicians will have to carry on clearing up the mess.

Emerg Med J 2005;22:682.
doi: 10.1136/emj.2005.030049

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Accepted for publication 24 August 2005

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