

Briefing 15:05

DRINKING, FAST AND SLOW

Ten years of the Licensing Act

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Summary

- Introduced in 2005, the Licensing Act allowed more flexibility in pub, bar and nightclub opening times and allowed for the possibility of '24 hour drinking'.
- It was widely predicted that the relaxation of licensing laws would lead to higher rates of alcohol consumption, more binge-drinking, more violent crime and more alcohol-related attendances to Accident and Emergency departments. In the event, none of this occurred.
- Per capita alcohol consumption had been rising for many years, but peaked in 2004 and has fallen by 17 per cent since the Licensing Act was introduced. This is the largest reduction in UK drinking rates since the 1930s.
- Rates of 'binge-drinking' have declined amongst all age groups since 2005, with the biggest fall occurring amongst the 16-24 age group.
- Violent crime declined in the first year of the new licensing regime and has fallen in most years since. Since 2004/05, the rate of violent crime has fallen by 40 per cent, public order offences have fallen by 9 per cent, homicide has fallen by 44 per cent, domestic violence has fallen by 28 per cent and the number of incidents of criminal damage has fallen by 48 per cent. There has been a rise in violent crime between 3am and 6am, but this has been offset by a larger decline at the old closing times (11pm-midnight and 2am to 3am).
- The weight of evidence from Accident and Emergency departments suggests that there was either no change or a slight decline in alcohol-related admissions after the Licensing Act was introduced. Alcohol-related hospital admissions have continued to rise, albeit at a slower pace than before the Act was introduced, but there has been no rise

in the rate of alcohol-related mortality. There was also a statistically significant decline in late-night traffic accidents following the enactment of the Act.

- The evidence from England and Wales contradicts the ‘availability theory’ of alcohol, which dictates that longer opening hours lead to more drinking, more drunkenness and more alcohol-related harm. The British experience since 2005 shows that longer opening hours do not necessarily create greater demand.
- There is little evidence that the Licensing Act led to the creation of a continental café culture, as some proponents of liberalisation had hoped, but the primary objectives of diversifying the night-time economy, allowing greater freedom of choice and improving public order have largely been met. By relaxing the licensing laws, the government allowed consumers to pursue their preferences more effectively. In practice, this resulted in relatively modest extensions in opening hours, not ‘24 hour drinking’. By allowing a greater degree of self-regulation, the Licensing Act benefited consumers without creating the disastrous consequences that were widely predicted.

Introduction

England, 2015. The nation is in its tenth year of '24 hour drinking'. Pubs are open all day and all night. Binge-drinking amongst young people is at epidemic levels. Alcohol consumption is at an all-time high. Violent crime is soaring and the number of alcohol-related deaths rises every year.

None of this is true, but if such predictions had been made ten years ago, few people would have challenged them. Indeed, such predictions *were* made ten years ago and they represented mainstream opinion. Relaxing the licensing laws, we were told, could only lead to disaster. The aim of this paper is to see what actually happened.

Until 2005, pubs in England and Wales typically closed at 11pm. After 11pm, alcohol could only be served in venues which were open to the general public if drinking was ancillary to another activity (usually dancing) or if a specific exemption had been granted. This uniform 'chucking out time' often led to a mass exodus from pubs at around 11.20pm, followed by a rush to taxi ranks, fast food outlets and nightclubs. For those who wished to drink after 11pm, options were largely limited to loud, dance-oriented nightclubs aimed at 18 to 30 year olds.

There had been piecemeal liberalisation of licensing laws in the 1980s and 1990s, but restrictions remained rooted in the 1964 Licensing Act which was 'perceived by many as not fit for purpose and clearly in need of modernisation' (Chase 2014: 127). In 2000, the Labour government published *Time for Reform*, a White Paper that aimed to overhaul the whole system. This led to a Licensing Bill being put before parliament in 2002-03 which, like the contemporaneous Gambling Bill, aimed to replace outmoded 1960s legislation with a more market-driven approach. Both

Bills became the target of strong opposition from parts of the media, but although the government capitulated to opponents on casino regulation by watering down the Gambling Bill (Snowdon 2012), the Licensing Bill made it through parliament largely unscathed. By the time it came into force on 24 November 2005, the Licensing Act was popularly known as the '24 hour drinking law'.

Hopes and fears

One of the aims of New Labour's licensing reforms was to improve public order by staggering the hours at which pubs closed, thereby alleviating the chaos that could be caused by large numbers of people exiting pubs simultaneously. It was said that under the existing rules, pub-goers drank against the clock, consuming alcohol quickly before last orders and returning to the street intoxicated, energetic and thirsty for more. Under a liberalised system, they were expected to drink at their own pace and leave when they were ready to go home.

For Tony Blair, who pushed the reforms through in the face of significant opposition, it was not only a question of public order but of liberty. 'The law-abiding majority who want the ability, after going to the cinema or theatre say, to have a drink at the time they want should not be inconvenienced,' he said. 'We shouldn't have to have restrictions that no other city in Europe has, just in order to do something for that tiny minority who abuse alcohol, who go out and fight and cause disturbances. To take away that ability for all the population - even the vast majority who are law abiding - is not, in my view, sensible' (*Daily Mail* 2005).

Britain's arcane licensing laws had created a night-time economy that was geared around young people. New Labour wanted a more European culture of bars and cafés for older people and families to take root. Richard Caborn MP said 'We want to create some of our cities to be leading European cities of the future. As tourism minister I'm out there saying: "Come and visit this great country of ours, oh by the way you can't have a drink after 11 o'clock." That's crazy' (BBC 2004). This aspect of the reforms was oversold by some, creating a vision of a 'café culture' which was never likely to be fulfilled. Amongst those who got carried away with this Mediterranean fantasy was the Select Committee that talked about an 'urban renaissance' in 2003, concluding with the words: 'Bologna in Birmingham, Madrid in Manchester,

why not?’ (Office of the Deputy Prime Minister 2003). This picture of culture and sophistication was not entirely consistent with the text messages the Labour party had sent to students before the 2001 election saying ‘Don’t give a XXXX for last orders – vote Labour for extra time.’

The new law was, then, justified on several different grounds. Historian James Nicholls (2009: 244) argues that if Labour had presented the liberalisation of opening hours ‘purely as a rights issue rather than a crime-reduction measure’ it would have avoided much of the controversy that surrounded it. Such an approach would, perhaps, have been more candid, but the law was introduced at a time of mounting concern about ‘Binge Britain’ and it is doubtful whether libertarian arguments alone would have been enough to carry the day.

The parliamentary debates around the Licensing Bill were largely devoid of the fear-mongering that would later accompany it. Although the phrase ‘24 hour drinking’ would soon become synonymous with the Licensing Act, it was rarely used until after the legislation was on the statute books. Much of the parliamentary discussion in 2002-03 focused on the effect the new licensing rules would have on church groups, musical duos and farmer’s markets rather than on the impact of longer opening hours in pubs. By 2005, however, the mood was changing. The Conservative party, much of the press and many prominent doctors, police officers and judges joined forces to warn of the disaster they saw on the horizon.

In August 2005, a *Daily Mail* editorial declared: ‘Unbridled hedonism is precisely what [the Licensing Act] is about to unleash with all the ghastly consequences that will follow.’ Echoing its fears about Labour’s relaxation of the gambling laws, the newspaper said that it was ‘astonishing - and tragic - that a Labour Party whose roots lie in the Methodism that helped to curb British alcohol abuse in the 19th century should be promoting such ruinous excess’ (*Daily Mail* 2005b). The *Mail* was not alone in fearing the worst. *The Sun* told its readers to prepare for the ‘inevitable swarm of drunken youngsters’ (Kavanagh 2005) and even the *Economist* (2005) wondered aloud why the government was pursuing a ‘policy whose disadvantages are widely considered to outweigh its advantages?’

Critics of the Act took it for granted that alcohol consumption, which was at a post-war high in 2004, was bound to rise if pubs were open longer. More opportunities for drinking, they believed, could only result in more drinking, more drunkenness and more alcohol-related crime. ‘The situation

is already grave, if not grotesque,' said Charles Harris QC, 'and to facilitate this by making drinking facilities more widely available is close to lunacy. It simply means that our towns and city centres are abandoned every night to tribes of pugnacious, drunk, noisy, vomiting louts. The cost to the health services must be vast' (Johnson 2005).

On the eve of the Act's introduction there was, as the criminologist Henry Yeomans notes, a 'belief in the essential depravity of the British' (Yeomans 2009: 7). The idea that Britons could handle European opening hours was widely regarded as being self-evidently absurd. 'Continental-style drinking,' said Charles Harris, 'requires continental-style people' (*Observer* 2005). This view was shared by eminent doctors writing in peer-reviewed medical journals. Far from encouraging a more relaxed drinking culture, Dr Kieran Moriarty and Prof Ian Gilmore predicted that 'Given the starting point of an epidemic of binge drinking, it is more likely that liberalisation will instead be associated with a rise in alcohol misuse, drunkenness, public disorder, and medical harm' (Moriarty and Gilmore 2006).

The police were of the same mind. A month before the reforms came into force, Theresa May MP quoted a number of authorities whose predictions of doom had become mainstream opinion.

'A Scotland Yard report predicts an "increase in the number of investigations of drink-related crimes, such as rape, assault, homicide and domestic violence". The chief constable of North Yorkshire said that longer hours would lead to "increased criminality, drink-driving, road casualties and antisocial behaviour". The licensing spokesman for the Association of Chief Police Officers said: "People are going to drink more because of longer hours and there will be lots more crime and disorder." Why are the Government ignoring them?' (Hansard, 24 October 2005).

A survey conducted two months before the Licensing Act came into force found that 62 per cent were opposed to longer opening hours, with only 18 to 24 year olds being generally supportive (*Independent* 2005). When the law was introduced on 24 November 2005, there was widespread agreement amongst both experts and laymen that longer opening hours would result in higher rates of alcohol consumption, more binge-drinking, more violence, more alcohol-related deaths and more visits to Accident and Emergency.

But it didn't.

Drinking and drunkenness

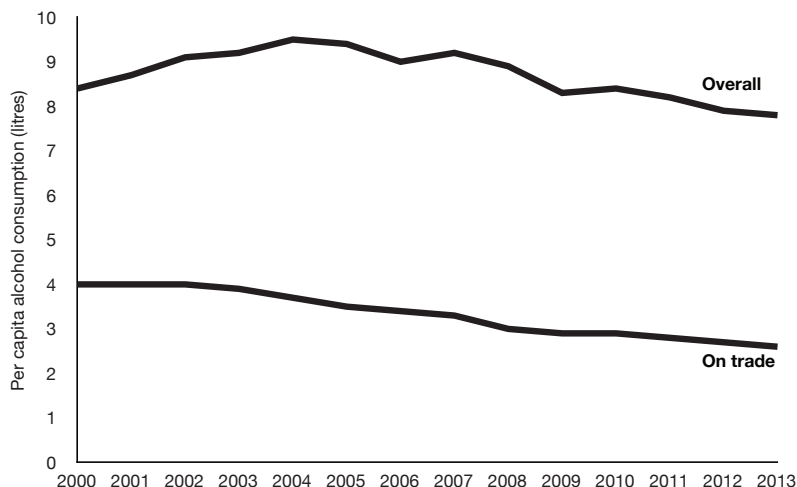
For the temperance movement, it had always been axiomatic that greater availability means more drinking. This belief persisted in the 'public health' movement - which, by 2005, had become the new home of temperance campaigners - where it was known as 'availability theory'. Citing evidence from Ireland and Australia as proof that longer opening hours meant more drinking and more drunkenness, Ian Gilmore of the Royal College of Physicians warned that '24-hour pub opening will lead to more excess and binge-drinking especially among young people' (Gilmore 2004). This belief persisted even after the Licensing Act came into effect. In 2007, Dr Christopher Record, a liver specialist, said: 'There is no doubt that increased availability has led to more young people drinking. If you increase availability you increase consumption. The two go hand in hand' (Delgado 2007).

The media took its lead from the medics. 'If regulations are relaxed,' declared the *Daily Mail*, 'more Britons will merely get very drunk' (*Daily Mail* 2005b). The *Independent* noted that 'Medical and academic experts are pessimistic: by increasing availability, the amount of drinking will rise. It is likely to follow existing patterns which will mean binge drinking, particularly among young people' (*Independent* 2005). The *Guardian* agreed, saying 'Labour's claim that drinking will not increase but instead become more civilised is also belied by the evidence' (Leigh and Evans 2005).

Alas, the *Guardian* did not specify to what evidence it was referring, but the evidence from Britain in the past decade contradicts availability theory. As Figure 1 shows, between 2005 and 2013 per capita alcohol consumption declined by 17 per cent. Consumption in licensed premises fell even more sharply, by 26 per cent (BBPA 2014: 29-30). These are the largest reductions in drinking rates since the 1930s and it is not clear what has driven them. In recent years, factors include the recession, the alcohol duty escalator and - in pubs and clubs - the smoking ban, but the start

of the decline preceded them all. Whatever the reasons, it is the opposite of what was predicted.

Figure 1: Per capita alcohol consumption in the UK (in licensed premises and in total) 2000-13

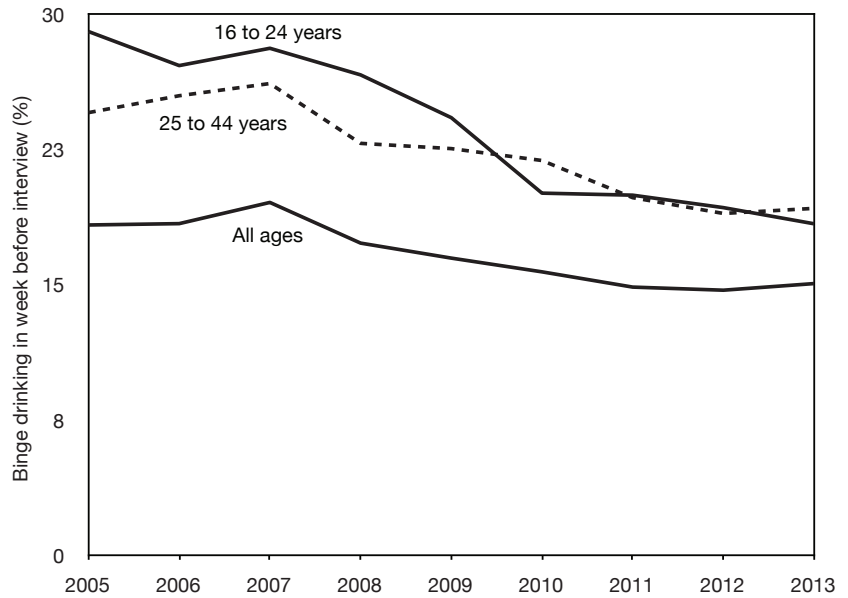


Not only has alcohol consumption fallen substantially since 2005, but every measure of excessive drinking also shows a decline. The Licensing Act has coincided with a period in which young people, in particular, have become remarkably abstemious. According to the Office for National Statistics, the 'proportion of young adults who drank frequently has fallen by more than two-thirds since 2005. Only 1 in 50 young adults drank alcohol frequently in 2013' (ONS 2015: 1). Rates of teetotalism are now as high amongst 16 to 24 year olds as they are amongst pensioners (27 per cent) (ibid.: 2).

Moreover, those who *do* drink tend to drink less. Only 49 per cent of 16 to 24 year olds interviewed by the ONS said they had drunk alcohol in the previous week (ibid.: 21) and drunkenness appears to have been in decline since 2005. 'Binge-drinking' is the public health lobby's euphemism for getting drunk - or, at least, tipsy - and is defined as consuming more than eight units (for men) or six units (for women) of alcohol in a day. As Figure 2 shows, since 2005 there has been a decline in binge-drinking among 16 to 24 year olds (from 29 per cent to 18 per cent) and amongst 25 to

44 year olds (from 25 per cent to 19 per cent) (ONS 2015b: 8). There have been smaller declines amongst every other age group.

Figure 2: Prevalence of binge-drinking in the UK 2000-13



Crime and disorder

'A huge increase in rape, domestic violence and serious assaults will be triggered by the relaxation of drinking laws, concerned judges have warned ministers,' reported the *Daily Mail* in August 2005. 'Senior judges told the Home Office to expect incidences of alcohol-fuelled violent crime to soar when the traditional 11pm closing time ends in November' (*Daily Mail* 2005c). This was a reference to a consultation response from the Council of Her Majesty's Circuit Judges which said:

'Those who routinely see the consequences of drink-fuelled violence in offences of rape, grievous bodily harm and worse on a daily basis are in no doubt that an escalation of offences of this nature will inevitably be caused by the relaxation of liquor licensing which the Government has now authorised.' (ibid.)

This view was shared by many politicians, including the shadow home secretary, David Davis, who said: 'With violent crime continuing to spiral out of control, it beggars belief that the government's only response is to unleash 24-hour drinking on our town and city centres' (BBC 2005). At the time, it was reported that the recorded crime rate for violence against the person had topped the one million mark. An indication of what happened next can be found in news cuttings from 2015 which expressed shock that violence against the person had 'soared' in the previous year to 699,800 recorded incidents (Barrett 2015).

In fact, Office for National Statistics figures show that recorded incidents of violence against the person had reached 845,673, not one million, in the last full year before the Licensing Act was introduced (ONS 2015d). Thereafter it fell every year until 2013/14 when there was the aforementioned rise to 699,832. But even after 'soaring' in 2013/14, the number of offences was 17 per cent lower than it had been in 2004/05.

According to the Crime Survey for England and Wales¹, the fall in violent crimes has been even sharper. The table below shows the total number, and incidence per 100,000, of violent crimes. By this measure, the rate of violence has fallen by 40 per cent since 2004/05 (ONS 2015c: 22).

Table 1: Violence with and without injury (total incidents and incidence per 100,000 people)

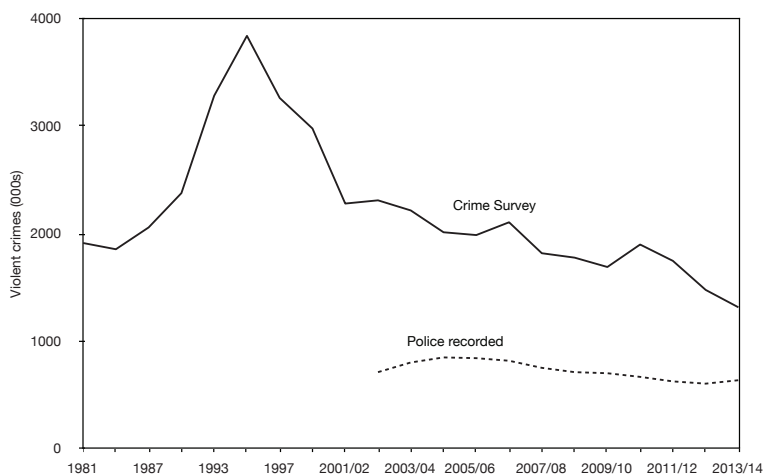
	Violence with injury	Violence without injury	Incidence of violence per 100,000
1995	2,270,000	1,567,000	94
2004/05	1,167,000	844,000	48
2013/14	611,000	702,000	29

Since 2004/05, there has been a decline in crimes that can be aggravated by alcohol, such as criminal damage (48 per cent), public order offences (9 per cent) and homicide (44 per cent) as well as those which are generally not, such as domestic burglary (31 per cent) and vehicle-related theft (56 per cent) (ONS 2015c: 10-17). Domestic violence has also declined, with the number of victims falling from 0.5 per cent of the population to 0.3 per cent and the number of incidents falling by 28 per cent (ONS 2015d). The number of sex offences has risen, but this has been plausibly attributed to a larger proportion of offences being reported (ibid.: 13).

These figures should be seen in the context of a steep decline in most types of crime since the peak of the mid-1990s. As Figure 3 shows, violent crime - as recorded by surveys - was falling before the Licensing Act was introduced and has continued to decline at about the same rate as seen between 2000 and 2005. Recorded violent crime, on the other hand, seems to have been rising before the Act was introduced and has fallen since. Neither dataset suggests that the Act created 'more disorder and crime to be policed', as the *Daily Mail* (2005b) had predicted. Since 2004/05, despite a rapidly growing population, the number of violent crimes has declined by 35 per cent according to the crime surveys and by 17 per cent according to police records.

¹ Previously known as the British Crime Survey, this is generally regarded as the most reliable source of crime statistics as it includes crimes not reported to the police.

Figure 3: Violent crimes per 100,000 in the UK from 1981 to 2013/14 (reported to police and recorded in crime surveys)



In 2007, the Home Office analysed data from 30 police forces in England and Wales and found a five per cent decline in violent crime in the twelve months after Licensing Act was implemented compared to the year before. This included 12,000 fewer violent crimes committed at night-time (Babb 2007: 4). There was, however, evidence of violent crime being dispersed later into the night, with a 25 per cent increase in violent crime between midnight and 3am. It seems likely that changes to pub and club closing times were responsible for this temporal displacement, but these early morning offences accounted for only four per cent of total violent crime and the increase was not enough to offset the larger decline observed at other times. Figures 4 and 5 show the change in the number of serious and less serious woundings in the first year of the Act compared to the previous twelve months (Babb 2007: 21)

Figure 4: Change in number of less serious wounding incidents in first year of the Licensing Act compared to previous year (Babb 2007)

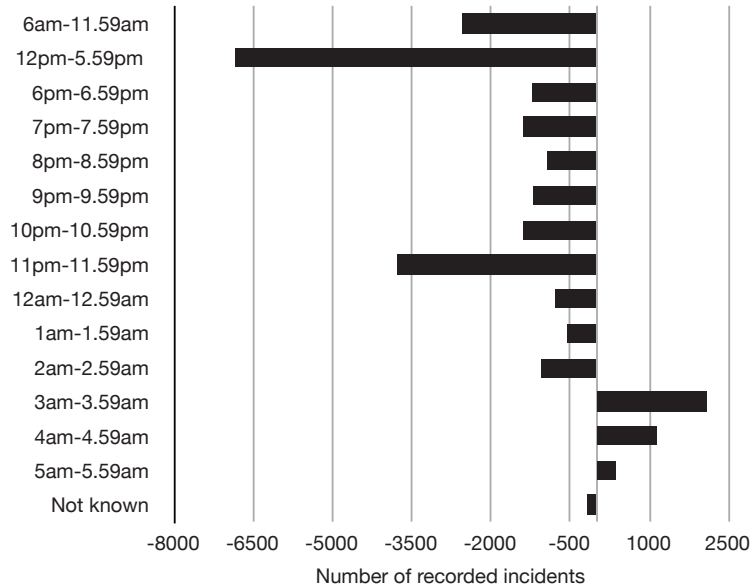
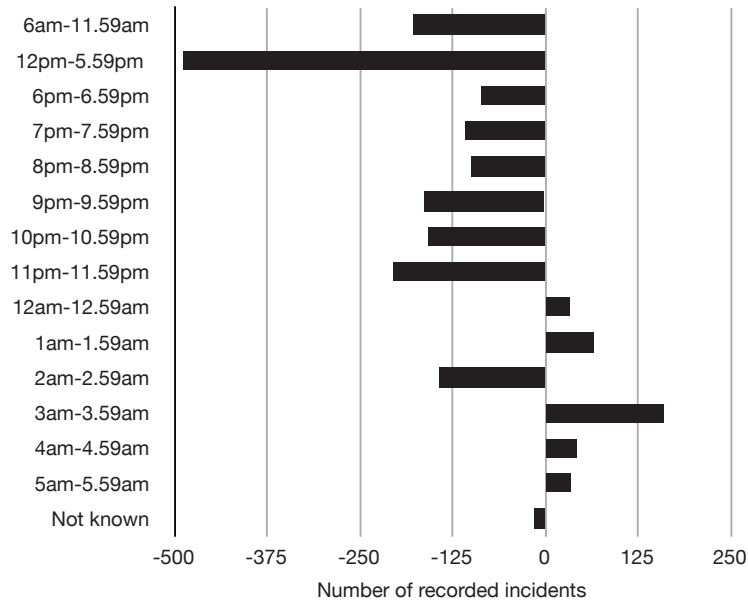


Figure 5: Change in number of more serious wounding incidents in first year of the Licensing Act compared to previous year (Babb 2007)



A decline in violent crime at the traditional ‘chucking out’ times, accompanied by an increase in assaults in the early hours, has been observed in many areas since the Act was introduced. A study of violent crime in Manchester, for example, found that there were an extra three assaults per week between 3am and 6am but found ‘no evidence that the Licensing Act (2003) affected the overall volume of violence’ (Humphreys et al. 2013).

This seems to be the only consistent trend that can be attributed to the Act. In other respects, the impact has varied between different towns and cities. A House of Commons report concluded that ‘Results from the Home Office case studies indicate a worsening of crime and disorder in some areas, and improvements in others’ (Thompson 2009). This may reflect the uneven spread of longer opening hours or it may be the result of unrelated local factors. Overall, however, it can be concluded that the escalation of violent crime that was predicted did not materialise and may have been alleviated somewhat by the staggering of closing times and by the increased tendency of young people to drink in their local pub rather than go to the high street (Harrington 2006).

Health

'We are urging the Government to think again over 24-hour drinking,' said Ian Gilmore of the Royal College of Physicians in January 2005. 'All the evidence suggests that it will make things worse' (Day and Nikkhah 2005). Dr Joe Barry, the Irish Medical Organisation's spokesman on public health, concurred, saying 'The Royal College is right to be concerned. The evidence from Ireland shows that if the pubs open all night, then people drink all night' (ibid.). The medical profession was concerned that the new law would lead to more alcohol-related health problems and would lead to Accident and Emergency departments being swamped with inebriates (Martin 2005).

A good deal of research has been carried out to see what effect, if any, the Licensing Act had on A & E departments. The results have been mixed but there is little evidence of a rise in alcohol-related admissions. A well-publicised study of the emergency department at London's St. Thomas's Hospital found a significant increase in alcohol-related admissions, from 79 in March 2005 to 250 in March 2006 (Newton et al. 2007), but this was not a typical outcome.

Some research found a decline in admissions. A study of data from Accident and Emergency departments in the Wirral found a statistically significant reduction in admissions for assault victims following the implementation of the Act (Bellis et al. 2006). A study from University College Hospital, London, showed a decline in admissions for head and neck trauma after implementation (El-Maaytah et al. 2008), and a study from North London suggested that the Licensing Act may have been a factor behind the decline in admissions for victims of stabbing between 2006 and 2008 (Nair et al. 2011).

Other studies found that the Licensing Act had not affected emergency admissions either way. Early research from a Bristol Emergency Department found no rise in admissions and no rise in public order problems. It noted that 'the widespread predicted catastrophe has not yet come to pass' (Benger and Carter 2006: 15). A subsequent study from Birmingham found no statistically significant change in alcohol-related admissions (Durnford et al. 2008), as did a study from South Yorkshire which concluded that any difference in admissions before and after the Act's implementation were due to 'local factors rather than any consistent impact from the Act' (Jones and Goodacre 2010). Likewise, a study of admissions to Addenbrooke's Hospital, Cambridgeshire concluded that 'The Licensing Act (2003) has been associated with minor changes in the epidemiology of assaults presenting to our emergency department. The magnitude of these changes is small, implying that they are practically unimportant' (Peirce and Boyle 2011).

The largest study of its kind looked at 33 A & E departments in England and Wales and found a two per cent decline in admissions for serious violence between 2005 and 2006. The authors estimated that '6,000 fewer people sought treatment at A & E departments following violence-related injury' (Sivarajasingam et al. 2007). This accords with police records and survey evidence showing a fall in violent crime.

Overall, as Martin Shalley, president of the British Association of Emergency Medicine, said in 2007: 'It would appear that the attendances due to alcohol are pretty static. The big peak between 11pm and 1am or 2am is much lower - but it now goes on for longer until 4am or 5am' (Johnston 2006). This, again, points to the least ambiguous effect of the Licensing Act. It did not lead to more crime, injury and accidents - on the contrary, it may have helped reduce them - but it did spread them more thinly across the night.

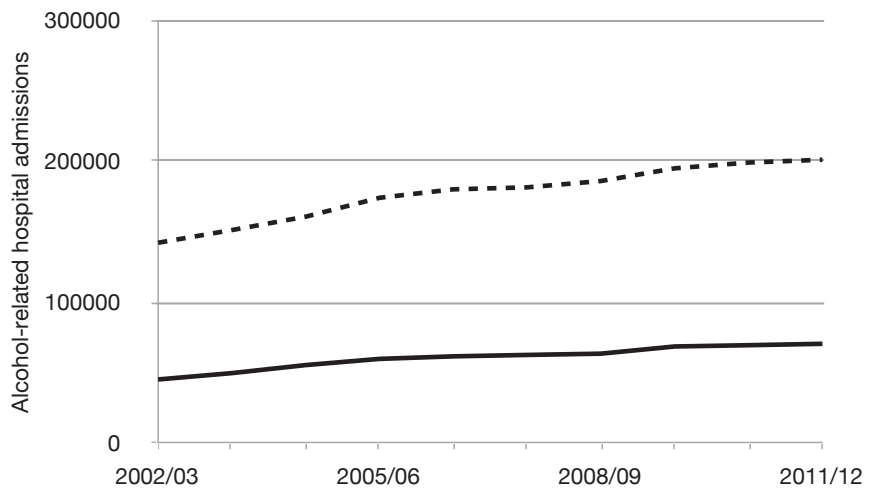
The long terms effects are more difficult to gauge, even ten years later. Alcohol-related hospital admissions (as opposed to A & E admissions) were rising before the Act was introduced and have continued to rise since. These admissions data are frequently misrepresented in the media. A casual reader might get the impression that they are emergency admissions for intoxicated young people. In fact, the majority of the one million 'alcohol-related' admissions reported in 2011/12 involved people aged 55 and over who attended hospital for treatment of a disease which might have been partly attributable to alcohol, such as breast cancer, hypertension, epilepsy and pneumonia. Many of these people did not go to hospital for treatment

of an alcohol-related illness; they merely suffer from a (partly) alcohol-related illness in addition to their primary health complaint. A further misrepresentation is to suggest that the figure refers to one million people, as claimed in a Channel 5 documentary which asserted that 'Every year over a million boozed up Brits end up in hospital' (Channel 5 2015). Even if these people were 'boozed up' when they attended hospital (which most are not), the figure relates to admissions, not individuals, and many of these admissions involve the same people attending hospital several times for treatment of one or more ailments that may or may not be attributable to alcohol consumption.

The number of admissions involving people who attended hospital for treatment of an ailment that was wholly attributable to alcohol, such as withdrawal or liver cirrhosis, is much lower than one million. In England in 2011/12, there were 70,300 admissions of this kind with a further 130,600 admissions for partly attributable conditions such as cancer, spontaneous abortion and psoriasis. As Figure 6 shows, these numbers have been rising for over a decade. It is unclear how much of it can be explained by changes in hospital procedures, population growth and the ageing population.² The NHS saw the total number of hospital admissions for all causes rise by a third between 2002/03 and 2011/12, from 11.4 million to 15.1 million, with alcohol-related admissions accounting for around 1.3 per cent of them throughout that period. At the least, it is clear that the rate of increase in alcohol-related admissions did not accelerate after the Licensing Act was introduced and it is notable that numbers have continued to rise since 2004 despite the decline in alcohol consumption, binge-drinking and violent crime.

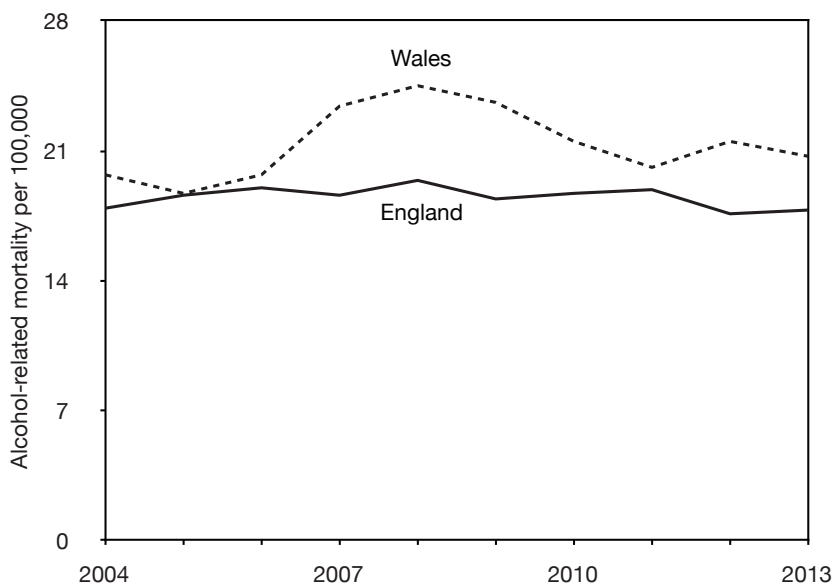
2 The largest increase in primary alcohol-related diagnoses has been for 'withdrawal', admissions for which have nearly doubled since 2004. This may reflect a greater tendency to treat alcoholism in hospital.

Figure 6: Alcohol-related hospital admissions in England from 2002/03 to 2011/12. (Solid line: wholly attributable. Dotted line: partially attributable.)



A more straightforward and reliable measure of alcohol-related health problems is the hard endpoint of mortality. Alcohol-related deaths per 100,000 people in England and Wales are shown in Figure 7. During the period 2004-13, the death rate from alcohol-related causes rose and fell in Wales and stayed fairly flat in England (ONS 2015: 12). Mortality rates had been rising for many years before this time series begins, meaning that the first decade of the Licensing Act coincided with a levelling out of the longterm rise in alcohol-related mortality.

Figure 7: Alcohol-related deaths per 100,000 in England and Wales from 2004 to 2013



Finally, there was one surprising health benefit from the Licensing Act which was reported in the *Daily Mail* in 2013 under the headline 'How late-night drinking has SAVED lives'. A study by Lancaster University economists found a statistically significant reduction in traffic accidents at weekends late at night and early in the morning after the Licensing Act was introduced (Green et al. 2013). The effect was seen in England and Wales, but not in Scotland (where opening hours were unaffected by the Licensing Act). The explanation for this immediate and unusually sharp decline in traffic accidents was, as the *Daily Mail* put it, 'people are more likely to plan to get taxis home after a longer drinking session, rather than "drinking to beat the clock" or popping out for a 'swift drink' and then driving' (Williams 2013).

Conclusion

Ten years after the Licensing Act was introduced, the evidence suggests that it had neither a strong negative nor strong positive effect on violent crime, alcohol-related health problems, public order or Accident and Emergency admissions. It coincided with a significant decline in per capita alcohol consumption, binge-drinking and violent crime, but it is impossible to tell whether these trends are linked to the Act in any way. A cautious interpretation of the data suggests that the Act may have improved public health and public order somewhat. It certainly did not worsen them.

Licensing is no longer a live political issue. '24 hour drinking' is occasionally resurrected in the press as a threat to public order, but there is little support for repealing the Act and the temperance/public health lobby has shifted its attention to the off-trade where most of the nation's alcohol is consumed. 'Given its limited practical effects,' writes Henry Yeomans in *Alcohol and Moral Regulation*, 'the reaction to the new Licensing Act 2003 fits the classic definition of a "moral panic"; a disproportionate reaction prompted by an exaggerated sense of a threat' (Yeomans 2014: 180). The term 'moral panic' can be overused but it is an apt description of what occurred before and immediately after the introduction of the Licensing Act. The prophecies of doom that were mainstream opinion in 2005 now look hysterical and absurd. How can they be explained?

It could be argued that disastrous consequences were averted by factors that could not have been predicted in 2005. By reducing disposable incomes, the economic crisis of 2008 may have led to less demand for pubs and clubs. The reintroduction of the alcohol duty escalator in 2009 also made alcohol less affordable. But whilst these factors may have played a part in reducing alcohol consumption from 2008 onwards, they cannot explain the decline between 2004 and 2007, nor the decline in violent crime and binge-drinking rates that preceded the financial crisis.

It could also be argued that other parts of the Licensing Act successfully tackled problems in the nighttime economy and mitigated the negative impact of extended opening hours. It is true that there was much more to the Licensing Act than extended closing times. Some of its provisions, such as making it easier to close down troublesome pubs, may have helped address public order problems, but these provisions were well-known in 2005 and few of the doom-mongers expressed confidence that they would bring major benefits.

Finally, it could be argued that catastrophic consequences were averted only because pubs did not, in the event, choose to open as late as the critics expected. Certainly, there were unrealistic expectations of how long pubs, bars and clubs would stay open under the new licensing regime. There was never any realistic prospect of widespread '24 hour drinking' even though the Act allowed for it in theory. As of 2010, there were 7,600 premises licensed to sell alcohol at any hour, but most of these were hotels (which had always been able to sell alcohol to guests at any time) and only 13 per cent were pubs, bars and nightclubs (Antoniades and Thompson 2010: 24). Most Licensing Authorities have no pubs, bar or clubs with a 24 hour licence in their area (*ibid.*: 25).

It is unclear how many pubs actually sell alcohol 24 hours a day, but the number is very small indeed. According to the British Beer and Pub Association: 'a mere 200 pubs have been granted permission to open for 24 h[ours] and, as the Home Office will confirm, none do' (Hayward 2009). The Association of Licensed and Multiple Retailers said in 2008 that only two pubs used their 24 hour licence (DCMS 2009: Ev 66). Whatever the exact figure, 24 hour pubs are extremely rare, if they exist at all.

A 2007 survey of 45,000 licensees found that pubs closed, on average, 27 minutes later after the Act was introduced. Registered clubs closed 56 minutes later and nightclubs closed 31 minutes later (Thompson 2009). These modest extensions in business hours are far removed from the '24 hour drinking' caricature and they raise an important question that is rarely asked about the Licensing Act. Why have more pubs not stayed open longer?

In some instances, the answer lies with local councils not issuing licences, but this does not explain why the tens of thousands of pubs which have the relevant permissions do not use them to the full, nor does it explain why the handful of 24 hour licences are rarely, if ever, used. By 2008, four

out of five pubs and clubs had a licence to open until at least midnight and yet most still closed at 11pm, even on Saturday night (Hough et al. 2008: 5). Why? The answer, surely, is that there is insufficient demand for round-the-clock drinking. This is not to say that nobody wants to drink at all hours, only that there are not enough customers with this preference to make it worthwhile for a business to cater for them. As one licensee told researchers from the Home Office: 'We can open till 1am during the week if we wish to. But because the trade is not around, especially midweek, we shut at 11pm' (Hough et al. 2008: 6).

If there was sufficient demand, more pubs would close in the early hours of the morning every night. Some pubs would be open all night long. Those who feared the worst from the Licensing Act over-estimated the public's thirst for drink. Their belief in Britons as ignoble savages for whom the law was the only barrier to permanent inebriation led them to assume that demand for alcohol was virtually limitless. This proved to be far from true. It is therefore not good enough to say that the doom-mongers might have been proven correct if more pubs had used their licences to the full. The fact that most pubs still close at 11pm *out of choice* is proof that their fundamental assumption about the demand for drink was wrong.³

That is not to say that there is no demand for flexible closing times. Clearly there is, particularly at the weekend and on special occasions, and the Licensing Act helped the trade to satisfy it. '24 hour drinking' may be a straw man, but the post-2005 change in opening hours has not been trivial. Although pub hours were extended by only 27 minutes a day on average, these extra hours were concentrated in certain pubs (those which chose to close later) and on certain days (primarily at the weekend). An extra 27 minutes per pub represents more than 13 million extra trading hours each year, with many more additional hours in other venues. In nearly all towns and cities - and in many villages - those who want to drink until midnight, and often later, are now able to find at least one pub or bar in which they can do so. Allowing a greater supply of alcohol did not lead to greater demand, but it did allow supply to become more closely aligned with customers' preferences, as Tony Blair intended. Given the choice, customers generally preferred to drink less, drink later and drink locally.

3 Supporters of liberalisation could equally argue that the Act would have had a more positive effect on public order if more pubs had used their new freedoms. In practice, post-2005 closing times were not 'staggered' as much as had been expected.

This poses a challenge to the availability theory of alcohol, which dictates that longer opening hours lead to more drinking, more drunkenness and more alcohol-related harm. This orthodoxy was clearly expressed in *Emergency Medicine* in 2005: 'Availability of alcohol is associated with increased use, which is in turn related to increased alcohol related injury and illness' (Goodacre 2005). This is what was predicted by public health campaigners, senior policeman, judges and the media before the Act was introduced. But we now know that alcohol consumption did not rise. On the contrary, it fell sharply and is now back to the level of the early 1980s. Insofar as 'binge-drinking' is a measure of drunkenness, that too has fallen sharply, particularly amongst young people. Alcohol-related mortality has not risen since the Act was introduced, though it had been rising for many years before. Violent crime and late night assaults have continued to decline, albeit sometimes occurring later in the night. The number of alcohol-related traffic accidents has also fallen.

If these findings are 'counterintuitive', as one group of researchers described them (Humphreys et al. 2013: 7), it is because of the dominance of availability theory in public health circles. Temperance societies have always believed that 'the line between order and chaos can be as thin as a few extra hours of drinking time' (Yeomans 2009: 7) and this belief lingers in the modern public health movement. Availability theory is not without supporting evidence. Prior to the Act's implementation, temperance and public health campaigners made frequent mention of evidence from Ireland and Australia where a rise in alcohol-related problems had coincided with the liberalisation of licensing laws. But whilst there were studies showing a correlation between availability and alcohol-related problems in some jurisdictions (Popova et al. 2009), there were also studies which found no increase in alcohol-related problems when licensing laws had been relaxed (Vingilis et al. 2005, Fitzgerald and Mulford 1992), including in the UK itself (DeMoirira and Duffy 1995, Graham et al. 1998).

The evidence for availability theory was never as solid as its advocates claimed - and they knew it. When the new licensing proposals were first aired in 2001, an editorial in the *Journal of Public Health Medicine* noted that 'when opening hours were lengthened in Scotland in 1976 and in England and Wales in 1988, fears that this would lead to a major increase in alcohol consumption and alcohol-related harm were not realised' (Kemmm 2001). The experience of England and Wales since 2005 is another blow to availability theory. The World Health Organisation now concedes that 'There is a lack of clear evidence currently available on the impact of

changes to permitted drinking hours on violence, with studies reporting contradictory results' (WHO 2007: 5).

The more extravagant claims of the Licensing Act's supporters have also been shown to be ill-founded. Manchester did not become Madrid and Birmingham did not become Bologna. The 'continental café culture' never materialised. Given the British weather, that should come as no great surprise, but café culture was always a red herring. It was clear from the start that Tony Blair's aim was to diversify the night-time economy, allow greater freedom of choice and improve public order. On those criteria, the Licensing Act has been a qualified success. The DCMS Select Committee that reviewed the legislation in 2009 concluded that 'the major impetus for changes seen in licensed venues appears to have come from consumer choice and market forces. However without the alterations to the licensing regime introduced by the Licensing Act such changes might not have been possible' (DCMS 2009: 21). By relaxing licensing laws, the government made markets free (or freer) to do what markets are supposed to do: allow people to pursue their preferences. That it did so without aggravating - and possibly alleviating - alcohol-related problems is a welcome bonus.

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