National Interactive Seminar: Research use in public health, planning and commissioning for reducing alcohol related harm

National workshop 5th November 2013
Teesside University, Darlington Campus, DL1 1JW

Scottish Case study site vignette and discussion focussed upon two questions:

- What do we mean by public health?
- How do we deal with issues that occur when public health 'evidence' is not completely representative and can be interpreted to provide conflicting findings - what impact can this have?

The presentation consisted of 2 slides, each of which provided a visual representation of the question posed, however findings from the Scottish Case Study site were used within the presentation to explore and debate these issues.

Slide 1 focussed upon the nature and role of public health
Public health evidence is only one piece within a jigsaw puzzle of contentious issues taken into consideration by Local Authorities in relation to (on and off-sale) alcohol licensing issues. Within this decision making process debates occur around several agendas including regeneration, employment, crime and safety and social inclusion. Within this there exists a dilemma around the very nature of public health. Can it not be said that investment into and positive regeneration of an area along with the provision of jobs and accessible healthy food stuffs that a retail development, restaurant or hotel can provide for example will improve public health, positively addressing the wider determinants of health and inequalities?

If this is so, what issues should be taken into consideration regarding any increase in alcohol provision that such regeneration and development may bring. How and where does **this specific single development** fit within existing contexts of overprovision, accessibility, affordability, acceptability, normalisation, alcohol related harms and informed choice? All pertinent issues because, from the perspectives of the developing organisations, the sale of alcohol may be intrinsic to the development, their least negotiable element.

Slide 2 focussed upon the 'fit and non-fit' of public health evidence and potential impact of this
Alcohol licensing decision making is focussed at the level of single specific premises and the impact that that licence (new or modification) and that specific premise are likely to have. Public health evidence and data however can often be (itself or drawn from) population level epidemiological data which may have a (sometimes considerable) timelag from collection to publication. This can have an impact upon the credence that is afforded to this data by key stakeholders within licensing. Within qualitative interviews in the Scottish Case Study site interviewees highlighted occasions where alcohol providers and legal agents were keen to source and maximise utilisation of incidences where public health evidence could be seen to be open to interpretation, out-

of-date or providing conflicting findings. An example highlighted was the use of data surrounding one geographical area where alcohol provision was non existent - very low, yet the available data around alcohol related harms for the same area was high. Such anomalies were thought to influence not only licence applications within that specific area but also to discredit the use of similar evidence in other applications elsewhere; if such data states this for this area how can such data be seen to be reliable or credible for other areas or applications. What (if anything) needs to be done to improve the collection and application of public health evidence in alcohol licensing?

The curious tale of .....

The empty city centre buildings &

Urban wastelands ripe for picking

The curious tale of .....

The 'dry' area **&** **The evidence ??????**