

APPENDIX 2 TO REPORT LB37/18
ANGUS LICENSING BOARD – 17 MAY 2018

- 2.1 Information received from Police Scotland
- 2.2 Information received from Angus Alcohol and Drugs Partnership (1)
- 2.3 Information received from Angus Alcohol and Drugs Partnership (2)
- 2.4 Representation from Mark Gillespie, Licensing Standards Officer
- 2.5 Representation from Janet Hood, Janet Hood Training & Consulting Limited
- 2.6 Representation from Alcohol Focus Scotland
- 2.7 Representation from Angus Local Licensing Forum

		Vandalism	Breach of the Peace	Section 38 CJ&L(S)A 2010	Serious Assault	Minor Assault	Domestic Assault*	Total Crime**
Forfar	2016/17	10	5	29	2	70	34	215
	2017/18	7	0	39	7	56	18	196
Kirriemuir	2016/17	6	0	12	1	22	13	58
	2017/18	8	0	18	2	27	12	77
Brechin	2016/17	13	6	40	1	30	35	150
	2017/18	10	0	19	3	28	9	108
Montrose	2016/17	16	5	57	3	115	40	321
	2017/18	15	0	23	5	61	20	172
Arbroath	2016/17	23	9	196	18	137	47	445
	2017/18	17	0	83	13	119	52	364
Carnoustie	2016/17	1	1	10	1	17	8	46
	2017/18	2	0	0	0	11	2	22
Monifieth	2016/17	1	0	5	1	4	2	10
	2017/18	0	0	4	0	2	1	18
Others	2016/17	1	1	8	1	16	7	59
	2017/18	4	2	10	5	14	14	67
Angus Total	2016/17	71	27	257	28	411	156	1304
	2017/18	63	2	196	35	318	128	1002

* Includes both serious and minor assaults

** this includes ALL recorded crimes – not only those specific crime types included in the table.

The figures above indicate there has been a significant fall in recorded crime in Angus where alcohol has been identified as a contributing factor. This is true across five of the six categories asked for – vandalism, BOP, CJ&L(S)A 2010, Assault (Minor), Domestic assault and crime total. The only increases being in serious Assault

This pattern is generally followed for all burghs with Kirriemuir and Monifieth showing an increase in overall aggravated crime.



The Public Health and Social Impact of Alcohol Availability in Angus

March 2018

1. Executive Summary

The Licensing (Scotland) Act 2005 places a direct obligation on local licensing boards to consider the protection and improvement of public health when granting or reviewing licences.

This report collates and presents the current data with regards to the public health and social impact of alcohol consumption and provision in Angus to inform an evidence-based policy statement for Angus Licensing Board.

In Tayside, approximately 29% of men and 14% of women drink alcohol at levels that are considered hazardous or harmful (over 14 units per week). However, there is evidence of changing attitudes towards alcohol in 13-15 year olds, with more young people less accepting of trying alcohol and getting drunk.

Angus has an alcohol-related mortality rate that is lower than the Scottish average but higher than elsewhere in the United Kingdom.

Alcohol-related harm disproportionately affects those living in the most disadvantaged areas and therefore widens health inequalities.

In 2016, there were 445 alcohol-related A&E attendances by Angus residents. Individuals from the most deprived areas in Angus accounted for over three times the rate of presentations to A&E compared with those in the least deprived areas.

The drinking of alcohol has a significant impact on health care and policing resource in Angus. Alcohol was a recorded factor in 74% of serious assault offences. The estimated financial burden from all alcohol-related harm to Angus is approximately £33.46 million.

Since 1994, off-trade sales of alcohol have increased markedly in Scotland whereas on-sales trade has decreased. Almost three-quarters of alcohol currently sold in Scotland is purchased from off-sales trade. The contribution made to alcohol-related harm from off-sales outlets is greater than that from on-sales outlets.

Neighbourhoods with higher numbers of alcohol outlets have significantly higher alcohol-related hospitalisation and death rates. Overall Angus has an alcohol outlet availability that is lower than Scotland as a whole but within Angus there are areas of high alcohol availability.

Alcohol-related harm in a population is directly associated with alcohol consumption levels which, in turn, are directly associated with alcohol availability.

Alcohol availability (e.g. outlet density and opening hours), alcohol affordability (price) and marketing are the main factors influencing how much alcohol is consumed in Scotland.

Given the evidence of alcohol-related harm in Angus, the impact on health inequalities and the impact of drinking in private settings where friends and families are also exposed and affected, Angus Alcohol and Drugs Partnership would recommend Angus Licensing Board seeks to adopt an overprovision policy statement which would restrict the issuing of new off-sales licences in the area.

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3. Introduction

In response to rapidly increasing rates of alcohol-related harm in Scotland, the Scottish Government implemented a co-ordinated strategic approach in the mid-2000s to tackle the availability and affordability of alcohol. A Framework for Action was produced, in addition to the passing of three Parliamentary Acts. The approach was evidence-based and contains the main strategic elements advocated by WHO.¹

One of the pieces of legislation to be enacted was the Licensing (Scotland) Act 2005. This was implemented in September 2009 and required licensing boards to promote the following five objectives in their work:

1. Preventing crime and disorder
2. Securing public safety
3. Preventing public nuisance
4. Protecting children from harm
5. Protecting and improving public health.

In addition, licensing boards are required to publish a statement of their licensing policy every three years, which must seek to promote the five licensing objectives. The Licensing (Scotland) Act 2005, therefore, places a direct obligation on local licensing boards to consider the protection and improvement of public health when granting or reviewing licences.

The policy statement must also include a statement on overprovision of licensed premises within its area and the licensing board must subsequently pay regard to the content of the policy statement when making licensing decisions. The purpose of the policy statement is to enable a licensing board to take a strategic approach to managing alcohol provision in its area.

To date, some elements of Scotland's alcohol strategy have been successfully implemented and rates of alcohol-related hospitalisations and deaths have been declining in recent years. However the rates are still much higher than they were in the 1980s and significantly higher than in England and Wales. What is more, the decline in rates previously seen now appears to be stalling.² Also, there are persisting and significant inequalities arising from alcohol-related harm so much still needs to be done.

Increasing price, reducing availability and controlling the marketing of alcohol are the most effective and cost-effective measures to prevent and reduce alcohol-related harm.³ To support the work of Angus Licensing Board this report collates and presents the current data with regards to the public health and social impact of alcohol consumption and provision in Angus.

¹ World Health Organization. Global strategy to reduce the harmful use of alcohol. Available from: www.who.int/substance_abuse/activities/gsrhua/en/ [Accessed February 2018]

² Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

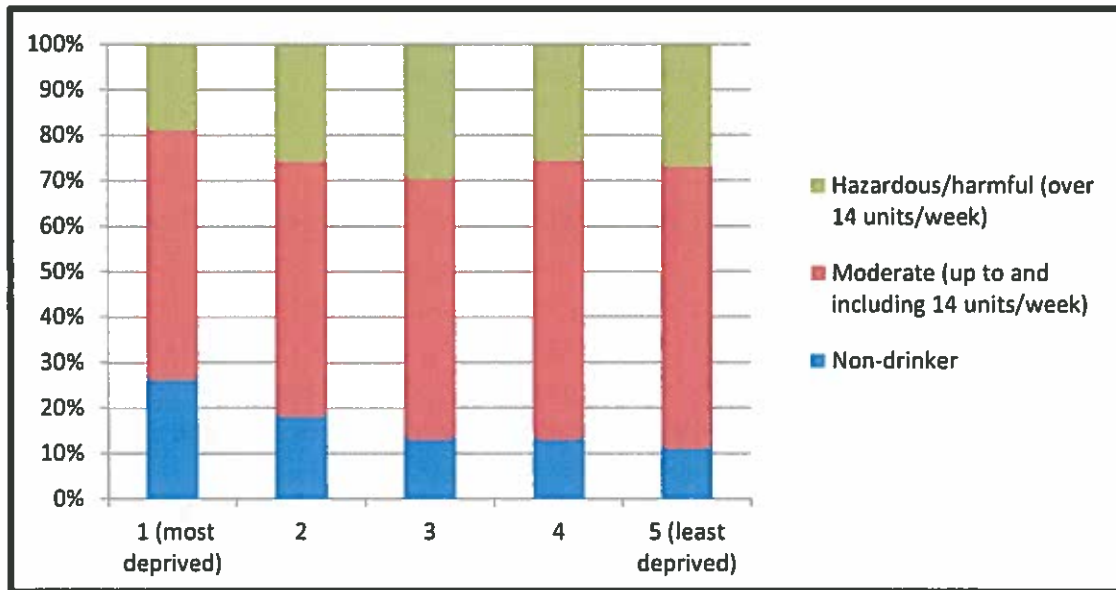
³ Chisholm D, Rehm J, Van Ommeren M, Monteiro M. Reducing the global burden of hazardous alcohol use: a comparative cost-effectiveness analysis. *Journal of studies on alcohol*. 2004;65(6):782-93.

4. Current trends in alcohol consumption

A considerable proportion of adults in Tayside drink alcohol in excess of safe government guidelines. The Scottish Health Survey showed that for Tayside, during the period 2013-2016, 29% of men and 14% of women were drinking alcohol at levels that are considered hazardous or harmful (over 14 units per week).⁴

Alcohol consumption varies with socioeconomic deprivation, with a greater proportion of adults in the least deprived areas drinking at moderate to harmful levels (Chart 1).

Chart 1. Weekly drinking category, by SIMD 2016 quintiles (age-standardised), Scotland 2016



Source: Scottish Government / National Statistics, The Scottish Health Survey 2016

However, it appears that attitudes towards alcohol are changing, particular in younger people. The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2015 showed that in Scotland⁵:

- 68% of 15 year old boys and 63% of 15 year old girls reported having ever had a drink (compared to 82% and 86% respectively in 1990).
- 71% of 15 year old boys and 65% of 15 year old girls who have tried alcohol previously reported being drunk at least once (compared to 79% and 76% respectively in 2002).

The survey also showed that young people were most likely to get alcohol from their home, a friend or a relative (with or without permission). Direct purchase of alcohol from a business was rare.

⁴ Scottish Government / National Statistics. The Scottish Health Survey 2016 Edition. Available from: www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey [Accessed February 2018]

⁵ Scottish Government / National Statistics. Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): Alcohol Report (2015). Available from: www.gov.scot/Resource/0050/00508470.pdf [Accessed February 2018]

5. Alcohol related harm

Excessive consumption of alcohol can result in a wide range of health problems for an individual. Some adverse health effects may occur after drinking over a relatively short period, such as acute intoxication (drunkenness) or poisoning (toxic effect). Others develop more gradually, only becoming evident after long-term heavy drinking, such as damage to the liver and brain. In addition to causing physical problems, excessive alcohol consumption can lead to mental health problems such as alcohol dependency.

However, the harm that arises from alcohol use does not only impact on individuals but significantly affects friends, families and the broader community.

In this section, data concerning the impact of alcohol on health, crime and disorder, social and economic activity within a local and national context will be considered.

3.1 Health

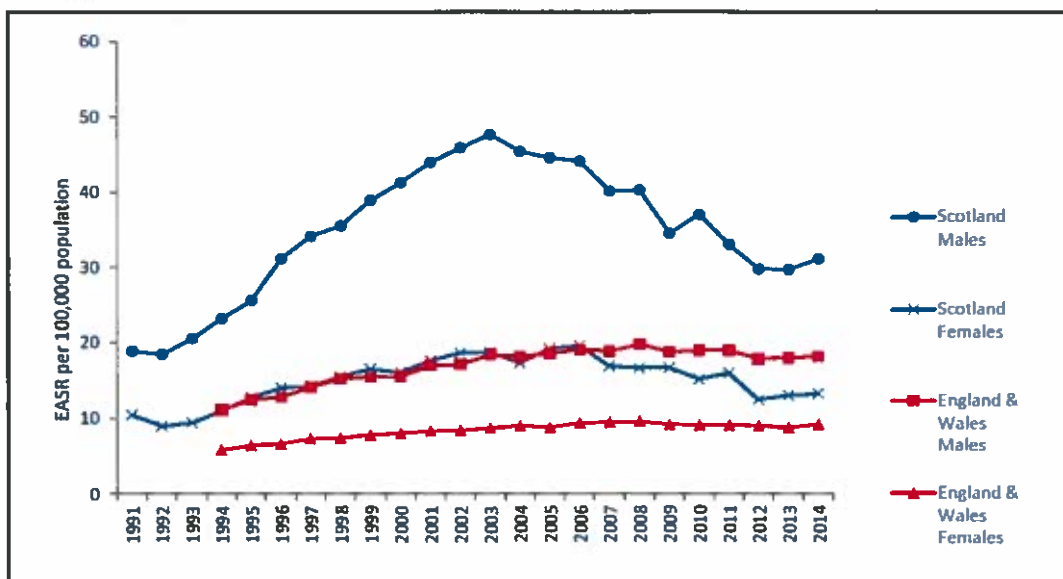
The most reliable and robust indicators of alcohol-related harm are alcohol-related death and hospitalisation rates.⁶

3.1.1 Alcohol-related deaths

Alcohol-related mortality rates in Scotland increased markedly during the 1990s and early 2000s, reaching a peak in 2003 (Chart 2). Since then alcohol-related mortality rates started to decline but the rates in Scotland continue to be much higher than those seen in the 1990s and significantly higher than England and Wales.⁶ Furthermore, the decline in alcohol-related mortality rates shows evidence of stalling.

⁶ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

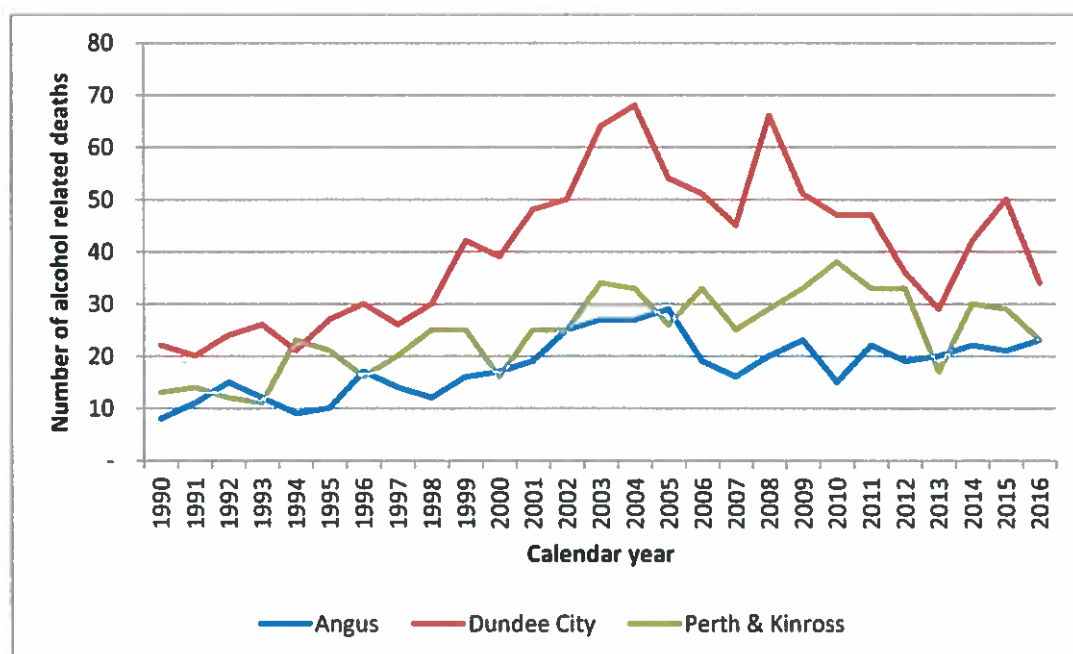
Chart 2. Alcohol-related mortality, by gender, for Scotland and England and Wales, 1991-2014



Source: Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016. (EASR = European Age Standardised Rate)

In Angus, the number of alcohol-related deaths increased from 8 in 1990 to 29 in 2005. Since then numbers have fluctuated but remain considerably higher than those recorded in 1990 (Chart 3).

Chart 3. Alcohol-related death rates in the local authority areas of Tayside, 1990-2016



Source: National Records of Scotland Alcohol Related Deaths Report 2016

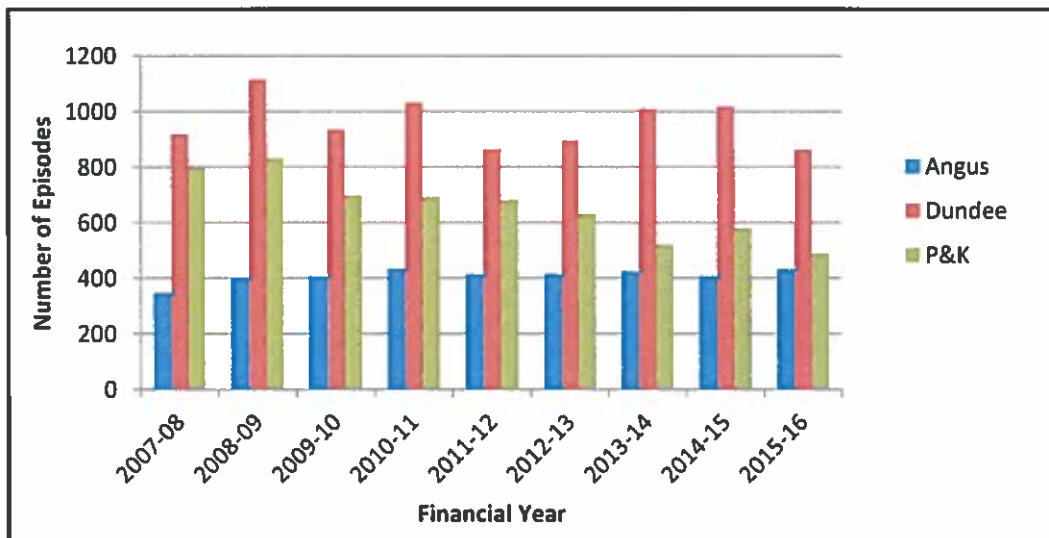
3.1.2 Alcohol-related hospital admissions

The harmful use of alcohol is known to be a *causal* factor in over 200 diseases and injury conditions.¹⁴

In 2015/16 there were 432 alcohol related hospital discharges by Angus residents.

The number of alcohol-related discharges in Angus has broadly remained constant (with some fluctuation) over the past ten years (Chart 4). This is in contrast to Perth and Kinross where the trend for alcohol-related hospital discharges has been decreasing.

Chart 4. Alcohol-related hospital discharges in Tayside

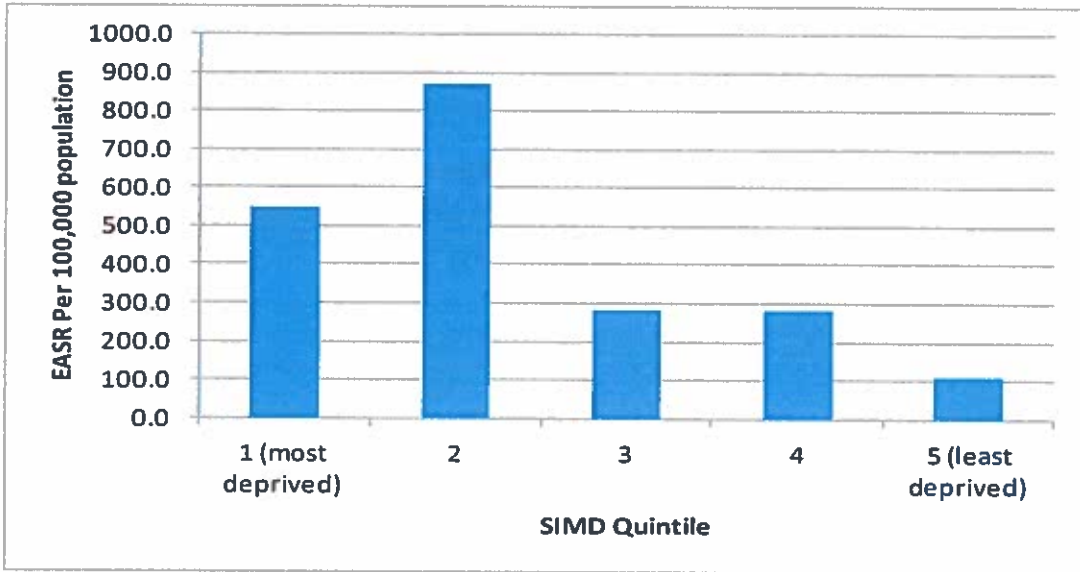


Source: SMR01 Discharges by financial year 2007/08 to 2015/16 (Extracted 11/01/2017)

Alcohol-related hospital discharges in Angus residents show an inequality gradient (Chart 5) with admissions to hospital much more common in people living in socio-economically deprived areas.

¹⁴ World Health Organization. Global status report on alcohol and health 2014. Available from: http://www.who.int/substance_abuse/publications/global_alcohol_report/en/ [Accessed May 2017]

Chart 5. Angus alcohol-related acute hospital standardised discharge rates (2015/16) by SIMD 2016 quintile



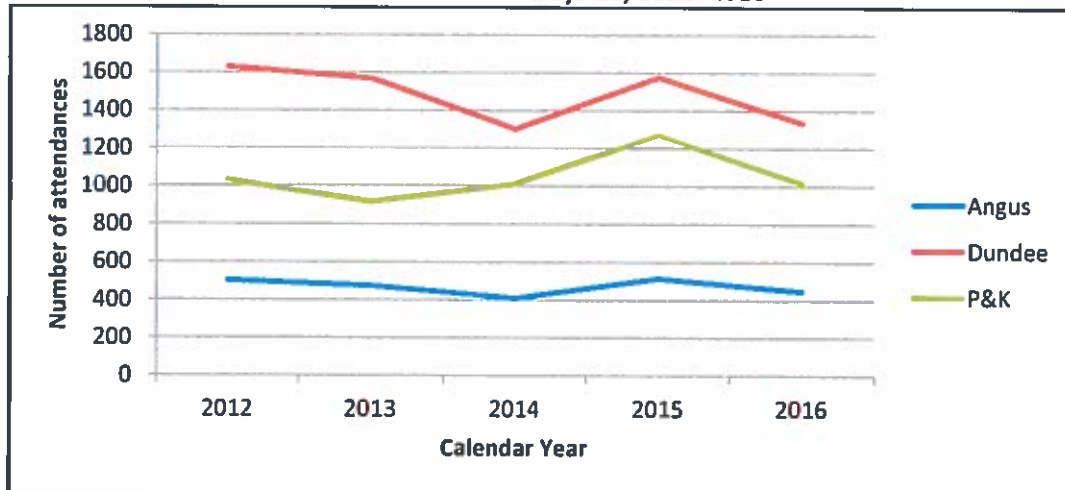
Source: SMR01 & NRS Midyear population estimates

3.1.3 Alcohol-related A&E attendances

Across Scotland, alcohol is a contributory factor in approximately 11% of attendances to A&E departments.¹⁵

In 2016, there were 445 alcohol-related A&E attendances by Angus residents and this number has remained relatively constant over the past five years (Chart 6).

Chart 6. Alcohol Related A&E Attendances in Tayside, 2012 -2016



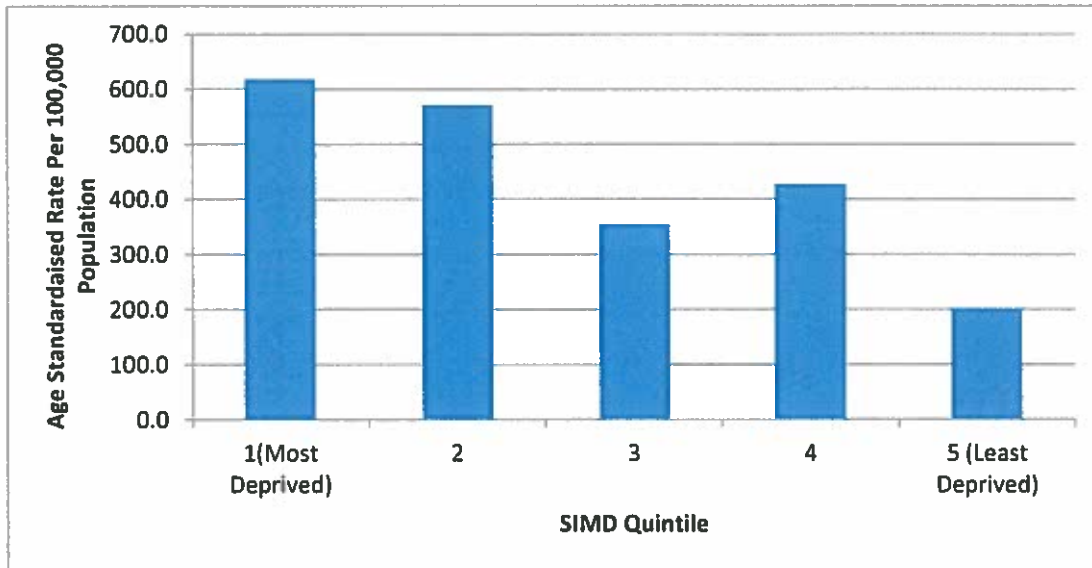
Source: NHS Tayside Business Unit Symphony (January 2016)

¹⁵ Audit Scotland. Drug and Alcohol Services in Scotland. 2009. Available from: http://www.audit-scotland.gov.uk/docs/health/2009/nr_090326_drugs_alcohol.pdf [Accessed May 2017]

In keeping with the findings in alcohol-related hospital discharges and alcohol-related mortality, there is a marked inequality gradient present in alcohol-related A&E attendances. Individuals from the most deprived areas in Angus account for over three times the rate of presentations to A&E compared with those the least deprived areas (Chart 7).

People living in socioeconomically deprived areas are disproportionately affected by alcohol-related harm.

Chart 7. Alcohol Related A&E attendance rate (2016) in Angus residents by SIMD 2016 quintile



Source: A&E systems accessed by NHS Tayside Business Unit

3.2 Crime and Disorder

Alcohol is known to be an aggravator in a significant proportion of incidents attended to by police, in particular petty assault and serious assault (Table 2). The Scottish Crime and Justice Survey for 2014/15 reported that in just over half (54%) of violent crimes the victim thought that the offender was under the influence of alcohol.¹⁶

Table 2: Offences recorded in Angus and their relationship with alcohol 2013/14

Offence Type	Total number of incidents	Incidents where alcohol is involved	
		Number	Percentage
Total Offences	6376	1051	16%
Domestic Related Crimes (Aggravator)	1136	352	31%
Serious Assaults	39	29	74%
Domestic Serious Assaults*	5	5	100%
Petty Assaults	1175	498	42%
Domestic Petty Assaults*	361	192	53%
Breach of Peace (BOP) (Including Threatening Behaviour)	836	199	24%
Domestic BOP (Inc Threatening Behaviour)*	209	103	49%
Vandalism	828	87	11%
Drugs Offences	410	38	9%
Sexual Offences	251	34	14%

Source: Police Scotland data

*Domestic crimes are included in the total for the broad crime type i.e. there were 39 serious assaults of which 5 were domestic serious assaults.

¹⁶ Scottish Government / National Statistics. Scottish Crime and Justice Survey 2014/15: Main Findings. Available from: www.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey/publications [Accessed February 2018]

3.3 Social impact of alcohol

Alcohol is considered the drug that causes the greatest harm in Scotland.¹⁷

Work done nationally to ascertain the wider impact of alcohol beyond the harm caused to the drinker found that 1 in 2 people reported having experienced harm as a result of someone else's drinking and reported lower life satisfaction compared to others.¹⁸ 1 in 3 people in Scotland reported having being exposed to heavy drinkers in their lives and people who know heavy drinkers were more likely to report experiencing harm from others' drinking in private places such as the home or private parties (from off-sales alcohol trade).

Living with a problem drinker can result in relationship problems, tensions within the household, arguments and chaotic lifestyles. This can have a direct impact on children for whom there is worry, fear and uncertainty, the potential for neglect and an impact on school attendance.¹⁹

In Angus, the number of registrations of children on the Child Protection Register due to parental alcohol misuse has decreased in recent years to <5 over the academic year 2016/17.

Table 3. Child Protection Registrations in Angus, 2013/14– 2016/17

Academic year	Registrations	Number due to parental alcohol misuse	Percentage due to parental alcohol misuse (%)
2013/14	117	24	20.5
2014/15	88	12	13.6
2015/16	96	18	18.7
2016/17	52	<5	<10.0

Source: Angus Council

¹⁷ Sharp C, Marcinkiewicz A, Rutherford L. Attitudes towards alcohol in Scotland: results from the 2013 Scottish Social Attitudes Survey. NHS Health Scotland; 2014

¹⁸ Hope A, Curran J, Bell G, Platts A. Unrecognised and under-reported: the impact of alcohol on people other than the drinker in Scotland. Glasgow: Alcohol Focus Scotland; 2013.

¹⁹ Hope A, Curran J, Bell G, Platts A. Unrecognised and under-reported: the impact of alcohol on people other than the drinker in Scotland. Glasgow: Alcohol Focus Scotland; 2013.

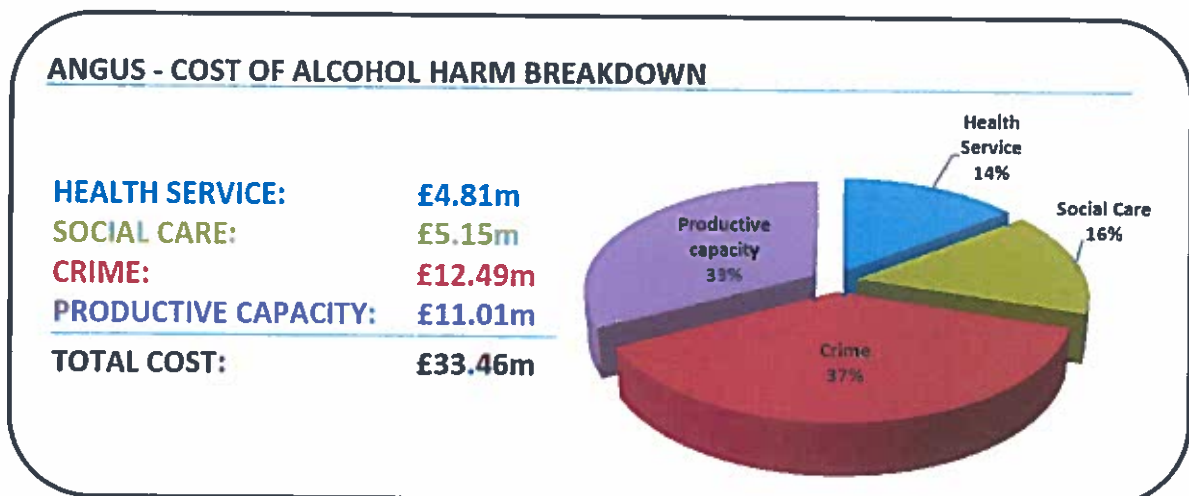
3.4 Economic impact of alcohol

Alcohol can result in direct economic costs, indirect costs and intangible costs as outlined in the examples below:

- **Direct costs:** cost to health, police, social and justice services incurred when managing alcohol-related impact on individuals
- **Indirect costs:** costs incurred due from lost productivity (due to e.g. absenteeism, unemployment), reduced earning potential and lost working years due to premature morbidity or death
- **Intangible costs:** costs assigned to pain and suffering and more generally to a diminished quality of life. These are costs borne not only by the person consuming hazardous or harmful quantities of alcohol, but frequently families and others linked to the individual.

There is substantial evidence that alcohol imposes major costs to the Scottish economy. Quantifying these costs is tricky but the total cost of alcohol harm in Angus each year is estimated to be in the region of £33 million.²⁰ This figure takes into account the impact of alcohol on health, social, crime and productive capacity (chart 8) but not the intangible costs.

Chart 8. Estimated cost of alcohol harm in Angus in 2010/11



Source: The cost of alcohol in Angus 2010/11, Alcohol Focus Scotland

²⁰ Alcohol Focus Scotland. The cost of alcohol in Angus 2010/11. Available from: www.alcohol-focus-scotland.org.uk/media/61408/The-Cost-of-Alcohol-Angus.pdf [Accessed February 2018]

3.5 Summary

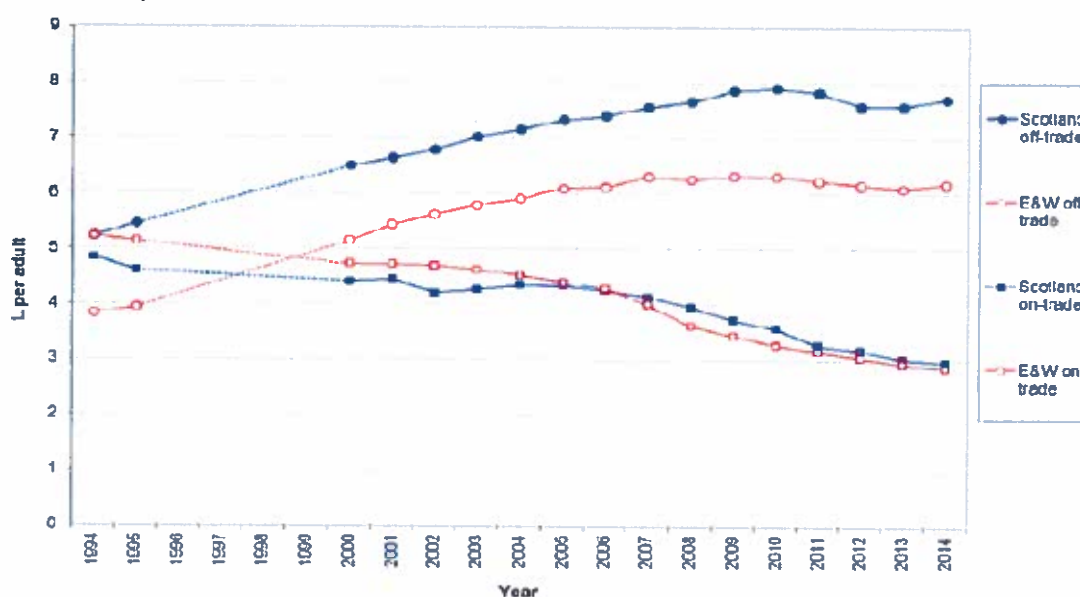
- Scotland has high levels of alcohol-related mortality and morbidity – much higher than in the early 1990s and also compared to other United Kingdom and Western European countries.
- Angus has an alcohol-related mortality rate that is slightly lower than the Scottish average but higher than elsewhere in the United Kingdom.
- The consumption of alcohol has a significant impact on individuals, families and communities in Angus. It also increases the demand on healthcare, policing resource, community safety provision and other social care services.
- The estimated financial burden to Angus is approximately £33.46 million.
- Although individuals in the least socioeconomically deprived areas on average drink more alcohol, individuals living in the most socioeconomically deprived areas experience greater alcohol-related harm.
- Much of the data presented in the section relies on the recording of the contribution of alcohol in, for example, police and healthcare summaries. Therefore the figures presented are likely to be an under-estimation of the true picture of the impact of alcohol-related harm in Angus.

6. Current trends in alcohol sales

Alcohol consumption levels in a population are best estimated using alcohol sales data. Although surveys provide a useful indicator to alcohol consumption trends, it has been estimated that surveys of population consumption only account for approximately 50% of sales based data and therefore alcohol sales data are preferred as the more accurate measure of alcohol consumption.^{21,22}

In 2014, 10.7 litres of pure alcohol were sold per adult in Scotland.²³ In recent years there has been a marked divergent trend in off-trade sales versus on-trade sales. Between 1994 and 2010, on-trade sales decreased by 28% whereas off-trade sales increased markedly by 52% (Chart 9).

Chart 9. Litres of pure alcohol sold per adult (aged ≥16 years) in Scotland and England & Wales, by market sector, 1994-2014



Source: Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

In 2015, 20% more alcohol was sold per adult in Scotland than in England and Wales, and almost all of this (97%) was because of higher sales in supermarkets and off-licences.²⁴ Almost three-quarters of alcohol currently sold in Scotland is purchased from off-sales trade.

²¹ Beeston C, Geddes R, Craig N, Gordon R, Graham L, McAuley A, McCartney G, Reid G, Robinson M, Van Heelsum A (on behalf of the MESAS project team). Monitoring and Evaluating Scotland's Alcohol Strategy. Fourth Annual Report. Edinburgh: NHS Health Scotland; 2014

²² World Health Organization. International guide for monitoring alcohol consumption and related harm. 2000 Available from: <http://apps.who.int/iris/handle/10665/66529> [Accessed February 2018]

²³ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

²⁴ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

The reason for this is thought to be principally due to the differences in average price of a unit of alcohol between off-sales and on-sales trade. The average price of a unit of alcohol sold in supermarkets and off-licences has remained approximately the same since 2000, whereas the average price of a unit of alcohol has consistently increased in pubs and clubs. The average price per unit of alcohol in Scotland in 2015 in pubs, clubs and restaurants was £1.74, compared to only 52p in supermarkets and off-licences.²⁵

²⁵ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

7. Alcohol Outlet Density

As part of the policy statement, Licensing Boards are required to make a statement with regards to overprovision of licensed premises within its area.

How many or what density of licensed premises that constitutes overprovision is a matter for a licensing board to decide, based on the assessment of the evidence. National guidance does not stipulate what constitutes 'overprovision'. Whether an area is overprovided in alcohol is, ultimately, a value judgement. However, the law empowers the licensing board to consider (as part of the five licensing objectives) the welfare of the community it serves, the health, social and economic consequences of over consumption and the overall best interests of society. Determining overprovision, therefore, involves the application of reason and judgement in the interests of the community.

In the case of *Tesco Stores Limited v City of Glasgow Licensing Board, 2012* the sheriff commented, when rebutting the appeal of *Tesco Stores Limited* against a licence which had been declined "The pursuer demands a standard appropriate to a court not a licensing board. Unlike a court judgement, it is sufficient for a board to make a value judgement."

The extent to which alcohol is available is strongly associated with alcohol consumption²⁶ and, in turn, alcohol-related harm.^{27,28,29,30,31} Greater density of alcohol outlets leads to increased physical availability to consumers and lower alcohol pricing (due to greater competition between retail outlets for sales).

In Scotland research has shown that neighbourhoods with higher numbers of alcohol outlets have significantly higher alcohol-related death rates and alcohol-related hospitalisation rates.³² Residents of neighbourhoods with the highest availability are more than twice as likely to die from an alcohol-

²⁶ Bryden A, Roberts B, McKee M, Petticrew M. A systematic review of the influence on alcohol use of community level availability and marketing of alcohol. *Health & place*. 2012;18(2):349-57.

²⁷ Gruenewald PJ, Freisthler B, Remer L, LaScala EA, Treno A. Ecological models of alcohol outlets and violent assaults: crime potentials and geospatial analysis. *Addiction*. 2006;101(5):666-77.

²⁸ LaScala EA, Johnson FW, Gruenewald PJ. Neighborhood characteristics of alcohol-related pedestrian injury collisions: a geostatistical analysis. *Prevention Science*. 2001 Jun 1;2(2):123-34.

²⁹ Pereira G, Wood L, Foster S, Haggart F. Access to alcohol outlets, alcohol consumption and mental health. *PLoS One*. 2013 Jan 16;8(1):e53461.

³⁰ Theall KP, Scribner R, Cohen D, Bluthenthal RN, Schonlau M, Lynch S, Farley TA. The neighborhood alcohol environment and alcohol-related morbidity. *Alcohol and alcoholism*. 2009 Sep 1;44(5):491-9.

³¹ Treno AJ, Johnson FW, Remer LG, Gruenewald PJ. The impact of outlet densities on alcohol-related crashes: a spatial panel approach. *Accident Analysis & Prevention*. 2007 Sep 30;39(5):894-901.

³² Richardson EA, Shortt NK, Pearce J, Mitchell R. Alcohol-related illness and deaths in Scottish neighbourhoods: is there a relationship with the number of alcohol outlets. Edinburgh: Centre for Research on Environment, Society and Health and Alcohol Focus Scotland. 2014.

related death than those with the fewest outlets.³³ Furthermore, higher densities of off-sales alcohol outlets are largely found in the most deprived areas of Scotland.³⁴

When considering the impact of off-sales outlets versus on-sales outlets, the contribution made to alcohol-related harm from off-sales outlets is notably greater than that of on-sales outlets.³⁵ Reasons for this are thought to include: the alcohol available to buy from off-sales outlets is generally cheaper than from on-sales outlets; large volumes of alcohol are obtainable from off-sales outlets and there is a lack of supervision of alcohol consumption when alcohol is purchased from an off-sales outlet.³⁶

Angus has an alcohol outlet availability that is lower than Scotland as a whole but there are areas of high alcohol availability. One quarter of neighbourhoods in Angus have an outlet density greater than the Scottish average (measured by number of outlets within 800m radius).³⁷

The density of off-sales, on/off-sales and on-sales outlets in Angus is shown in Charts 10, 11 and 12 respectively. Areas with overall higher densities of on- and off-sales outlets include Arbroath, Montrose and Forfar.

³³ Richardson EA, Shortt NK, Pearce J, Mitchell R. Alcohol-related illness and deaths in Scottish neighbourhoods: is there a relationship with the number of alcohol outlets. Edinburgh: Centre for Research on Environment, Society and Health and Alcohol Focus Scotland. 2014.

³⁴ Shortt NK, Tisch C, Pearce J, Mitchell R, Richardson EA, Hill S, Collin J. A cross-sectional analysis of the relationship between tobacco and alcohol outlet density and neighbourhood deprivation. *BMC public health*. 2015;15(1):1014.

³⁵ Richardson EA, Hill SE, Mitchell R, Pearce J, Shortt NK. Is local alcohol outlet density related to alcohol-related morbidity and mortality in Scottish cities?. *Health & place*. 2015;33:172-80.

³⁶ Forsyth AJ, Davidson N. Community off-sales provision and the presence of alcohol-related detritus in residential neighbourhoods. *Health & place*. 2010;16(2):349-58.

³⁷ CRESH and Alcohol Focus Scotland. Relationship between alcohol outlet density and alcohol-related harm. Angus. 2014. Available from: www.alcohol-focus-scotland.org.uk/media/61741/Outlet-density-and-harm-Angus.pdf [Accessed February 2018]

Chart 10. Density of off-sales outlets in Angus by 2011 datazone

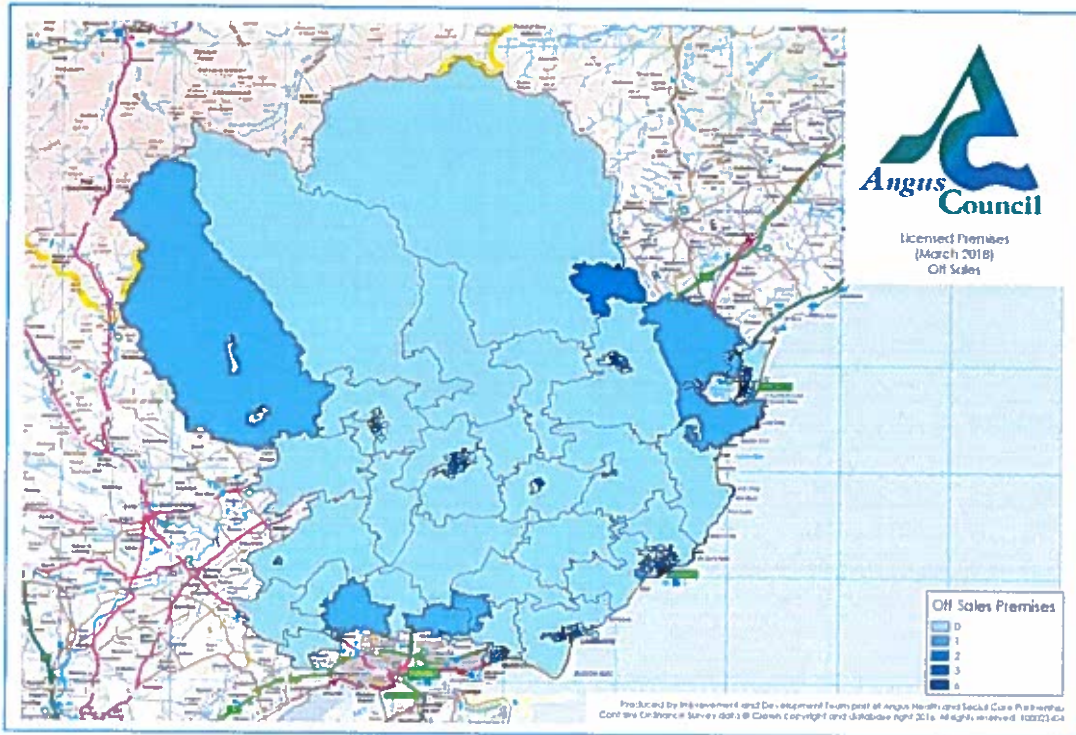


Chart 11. Density of on/off-sales outlets in Angus by 2011 datazone

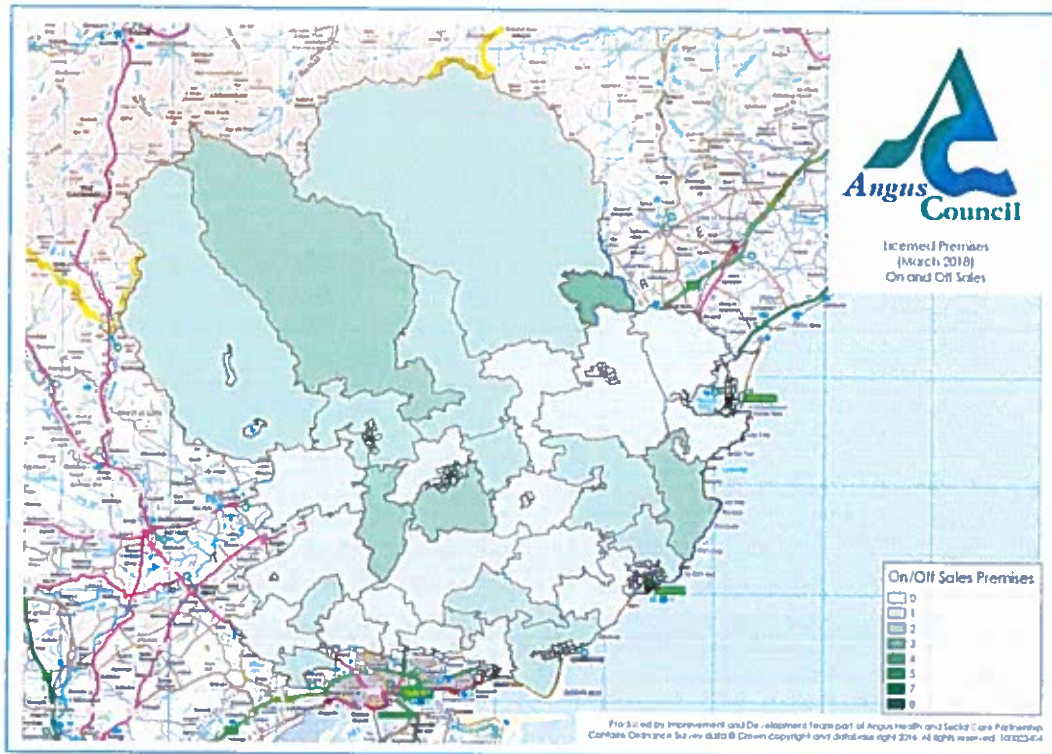
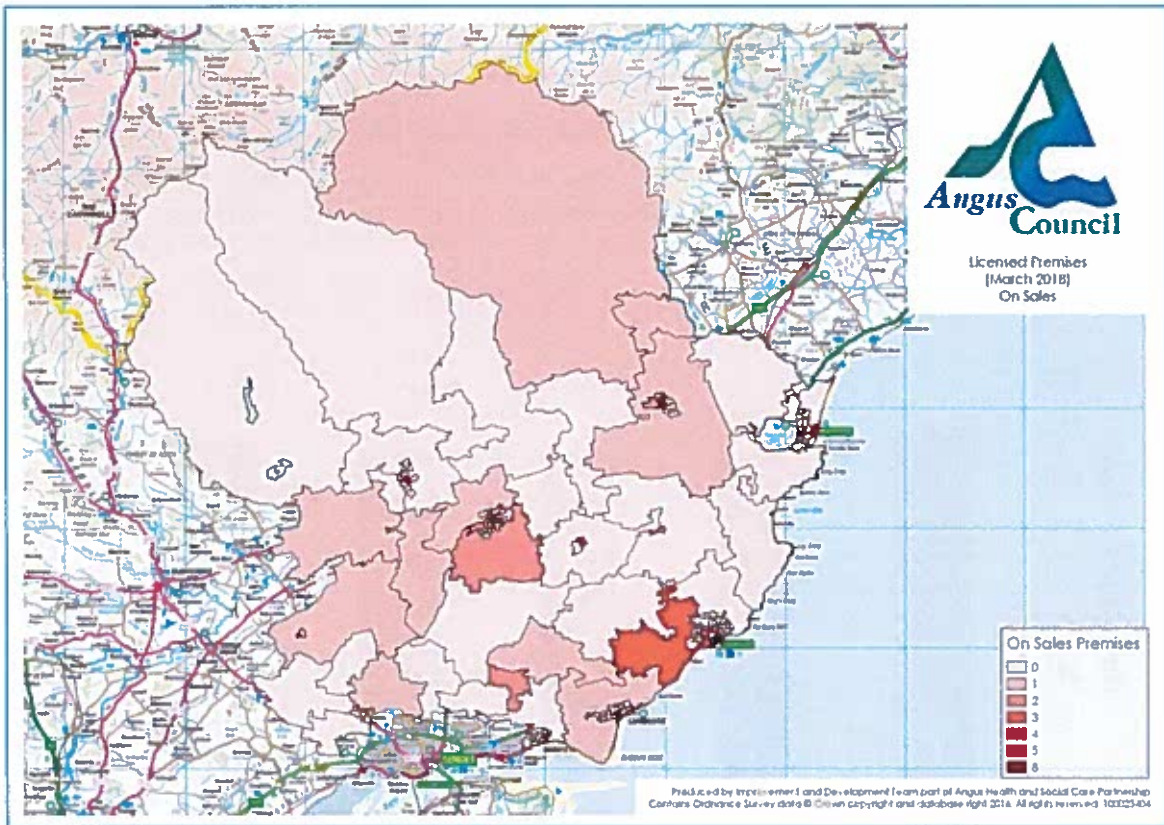


Chart 12. Density of on-sales outlets in Angus by 2011 datazone

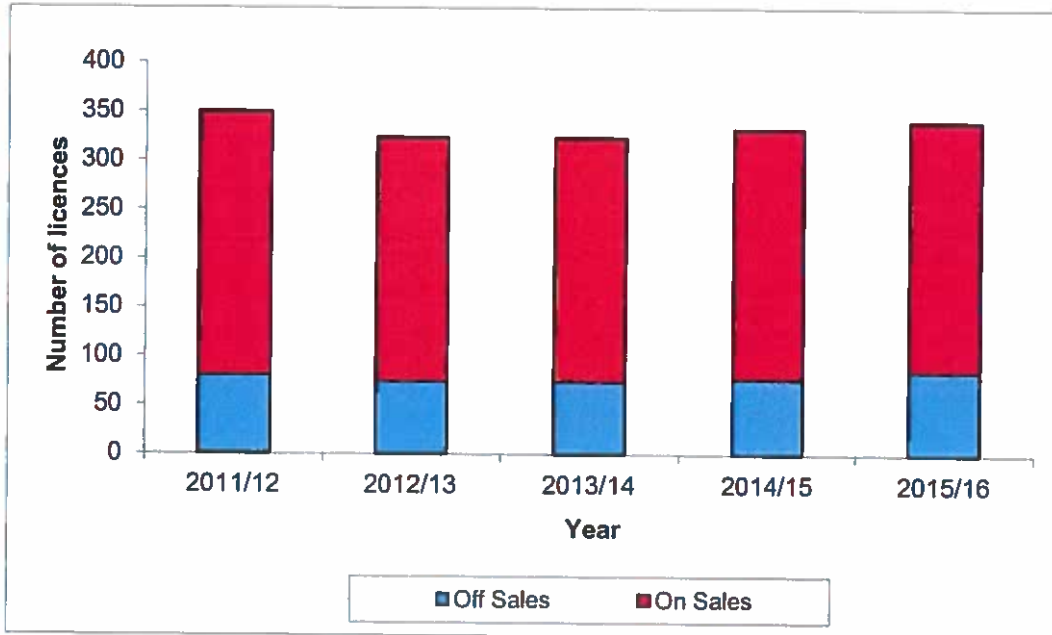


8. Alcohol licensing

8.1 Licenses for on- and off-sales of alcohol

The overall number of premises licences operational in Angus has decreased in the past 5 years (Chart 13) and as of 31st March 2017, the total stood at 338. However, over the same period the number of off sales licences has increased by 6% (from 80 in 2011/12 to 85 in 2015/16).

Chart 13. Licensed premises figures in Angus, 2010/11 – 2016/17



Source: <http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/PubLiquor>

The number of personal licences issued by Angus has also increased. In the period 2010/11, 764 individuals were issued with a personal licence. In 2016/17 it was 885, representing a relative increase of 15.8%.

9. Benefits of reducing alcohol availability

Alcohol-related harm in a population is directly associated with alcohol consumption levels.³⁸ The increased availability of alcohol in the commercial and public setting results in an increased availability of alcohol in the social setting and vice versa, therefore contributing to changing the social and cultural norms that promote harmful use of alcohol.

Alcohol-related harm disproportionately affects those living in the most disadvantaged areas and therefore widens health inequalities. Addressing health inequalities is a major public health challenge for Angus and therefore action to reduce health inequalities by mitigating the effects of alcohol-related harm through the restriction of alcohol licensing should be a key public health objective for Angus Licensing Board.

Population-based policy options – such as the use of taxation to regulate the demand for alcoholic beverages, restricting alcohol availability and implementing bans on alcohol advertising – have been shown to be the most effective strategies to reduce the harmful use of alcohol. These strategies have been shown to be not only greatly effective but also highly cost-effective in reducing alcohol-attributable deaths and disabilities at a population level.^{39,40} Examples of evidence-based strategies to reduce the availability of alcohol include regulating the density of alcohol outlets.⁴¹

³⁸ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

³⁹ Chisholm D, Rehm J, Van Ommeren M, Monteiro M. Reducing the global burden of hazardous alcohol use: a comparative cost-effectiveness analysis. *Journal of studies on alcohol*. 2004;65(6):782-93.

⁴⁰ Anderson P, Chisholm D, Fuhr DC. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *The Lancet*. 2009 Jul 3;373(9682):2234-46.

⁴¹ Campbell CA, Hahn RA, Elder R, Brewer R, Chattopadhyay S, Fielding J, Naimi TS, Toomey T, Lawrence B, Middleton JC, Task Force on Community Preventive Services. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *American journal of preventive medicine*. 2009 Dec 31;37(6):556-69.

10. Recommendations

“Preventing and reducing harmful use of alcohol is often given a low priority among decision-makers despite compelling evidence of its serious public health effects.”

WHO Global strategy to reduce the harmful use of alcohol

Alcohol availability (e.g. outlet density and opening hours), alcohol affordability (price) and marketing are the main factors affecting how much alcohol is drunk in Scotland.

Given the evidence of alcohol-related harm in Angus, the impact on health inequalities and the impact of drinking in private settings where friends and families are also exposed and affected, Angus Alcohol and Drugs Partnership (ADP) would strongly recommend that the Angus Licensing Board seeks to adopt an overprovision policy statement which would restrict the issuing of new off-sales licences in the area.

Given that the overall alcohol-related harm in Angus is higher than seen elsewhere in the United Kingdom the policy could arguably apply to the whole local authority area. However, given that alcohol-related harm affects people living in socioeconomically deprived areas disproportionately and there are pockets of high densities of alcohol outlets within the Angus area it may be that the Licensing Board would wish to consider a policy statement that covers only these areas in the first instance.

The development of a robust overprovision policy statement will enable an effective strategic approach to managing alcohol overprovision. This will have the effect of enhancing community life, improving health and well-being, reducing health inequalities, and boosting local productivity and economic performance. Reducing harmful alcohol consumption will lower the financial burden of alcohol-related problems, with the potential for some of the cost-savings to be redirected towards more sustainable economic development in Angus.

Angus Alcohol and
Drugs Partnership

Alcohol Related Crime Analysis
2015-2017



Produced by Alan McKay – Partnership Intelligence Analyst
Version 1.0 March 2018

INTRODUCTION

Police Forces around the world have long been aware of the relationship between excessive alcohol consumption and crime – particularly violence and related disorder. Wider society has also recognised the detrimental consequences of this relationship. An extensive body of academic research now exists that demonstrates the correlation between alcohol abuse and criminal behaviour. This research typically explains this in terms of a range of contributory factors. These included the effects of alcohol on the individual, prevailing cultural attitudes and the general availability of alcohol. Traditionally, the policing of alcohol related crime and violence can be classified into distinct yet overlapping strategies –

- General overt police tactics such as high profile patrols in town centres
- Enforcement of existing licensing and other alcohol related legislation
- Joint working with other interested partner stakeholders

Again, research exists to measure the effectiveness of these approaches. Studies indicate that interventions are more effective when targeted towards identified problems over a sustained period, rather than when initiated as a short-term reactive response to a specific local issue.

Within Angus, the Angus Alcohol and Drugs Partnership (ADP) is a multi-agency partnership that works to encourage and promote safe and responsible attitudes to alcohol in the county. It aims to address the negative impact of alcohol misuse within our communities and reduce related harms.

This profile has been requested as part of ongoing work into the possible overprovision of alcohol retail outlets. It examines alcohol related crime for the last three calendar years – 2015, 2016 and 2017. It looks at crime numbers and trends, geographical hotspot areas (with particular focus on the four Angus localities), and alcohol related violence. All crime data has been extracted from UniFi.

RECORDED ALCOHOL RELATED CRIME LEVELS

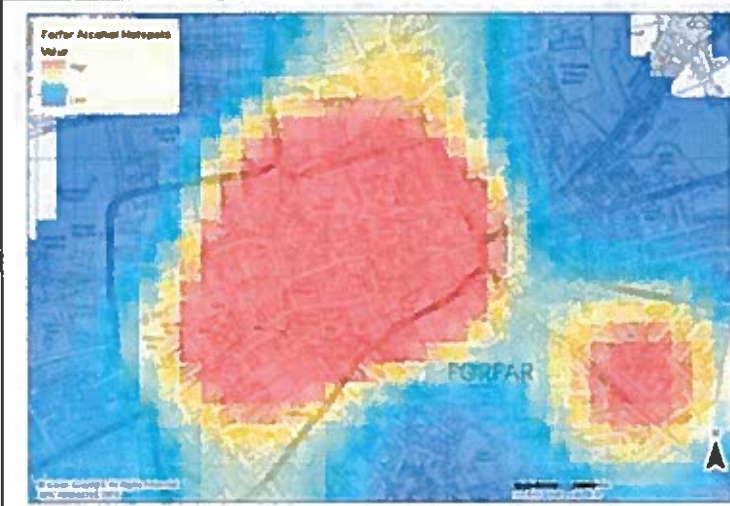


The graph above left shows the number of recorded crimes with an alcohol marker for each of the last three calendar years. Recorded alcohol related crime has fallen in each of the last years – by 6% between 2015 and 2016 and a further 19% between 2016 and 2017. Despite these falls, there are still over 20 crimes recorded every week with an alcohol marker. The chart above right illustrates the crime group split of all recorded alcohol related crime over the last three years. The majority of crimes (62%) are group six. In addition, there are also significant numbers of group seven offences (11%), group five crimes (10%) and group four crimes (6%). Much less common are group one violence (4%), group two sexual crimes (3%) and negligible numbers of group eight offences

PROTECT

ALCOHOL RELATED CRIME HOTSPOTS

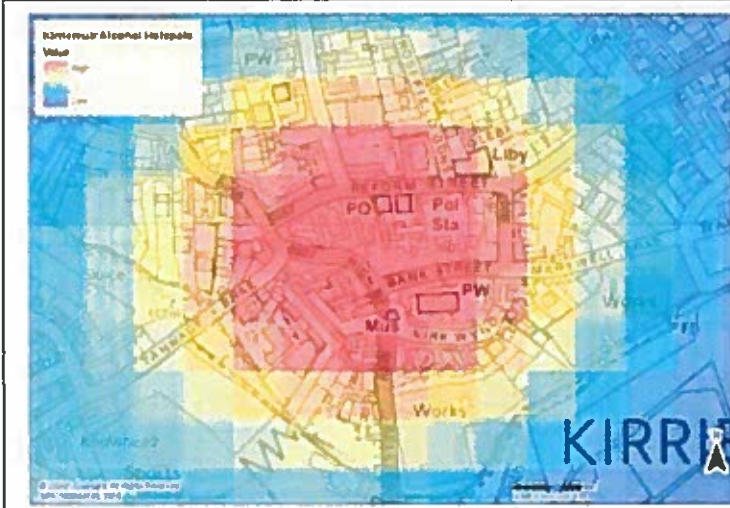
FORFAR HOTSPOTS



As illustrated in the map opposite, the primary 'hotspot' location for alcohol related crime in Forfar corresponds to the main town centre area where many of the town's bars and other entertainment venues are located. This is consistent with previous analysis suggesting links between alcohol related crime and the night-time economy.

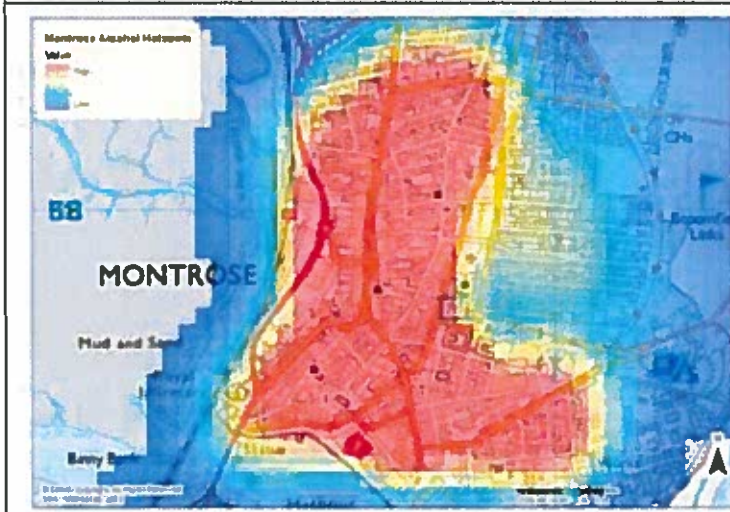
There is also a smaller 'hotspot' evident in the more residential area around Lordburn and Restenneth. This related to alcohol related domestic offences.

KIRRIEMUIR HOTSPOTS



The 'hotspot' for alcohol related crime within Kirriemuir is focussed within a very small area of the town centre around the High Street, Bank Street and Reform Street. A number of bars and pubs are located within this small area.

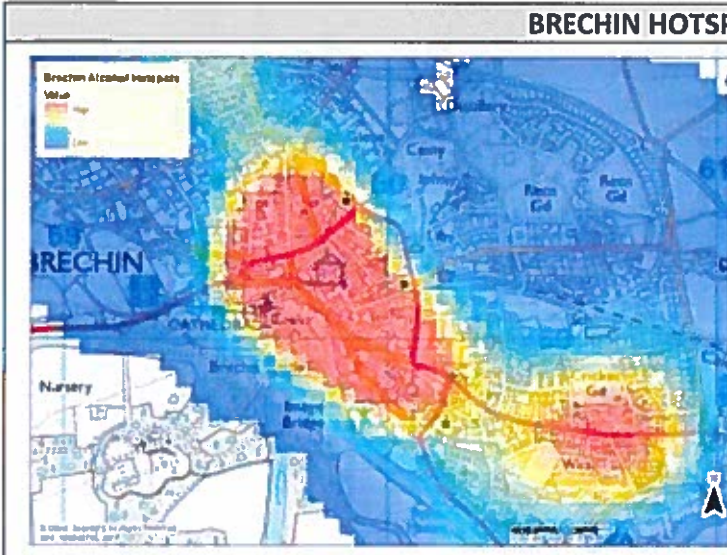
MONTROSE HOTSPOTS



The 'hotspot' area for violent crime within Montrose take in large parts of the town centre. This area is a mixture of both residential and commercial areas – the commercial areas include many of the town's bars, pubs and clubs. This reflects previous analysis of alcohol related crime which suggests a mixture of incidents linked to the night-time economy and domestic offences taking place in private addresses.

PROTECT

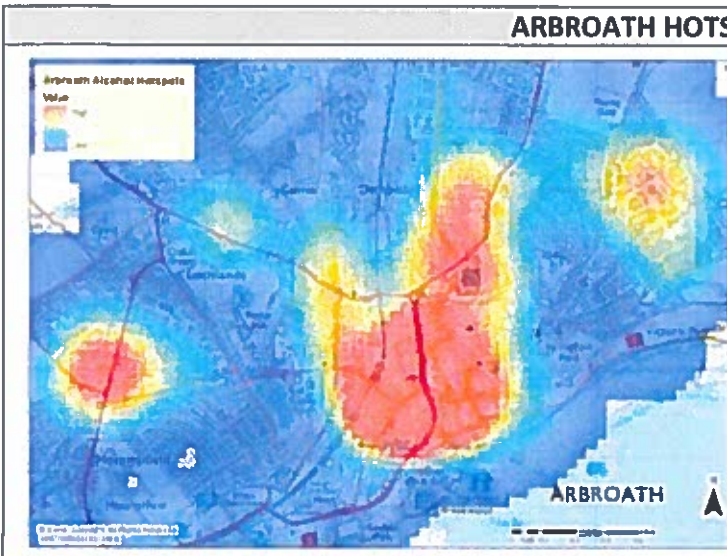
BRECHIN HOTSPOTS



Within Brechin, the primary 'hotspot' for alcohol related crime corresponds to the area of the town centre where many of the bars and clubs are located.

There is also a smaller 'hotspot' evident in the more residential area towards the bottom end of Montrose Street. While there are also some bars and clubs located within this area, there are also other alcohol related crimes linked to more domestic situations.

ARBROATH HOTSPOTS



The primary 'hotspot' area in Arbroath incorporates the main entertainment area of the town centre where many bars, pubs and clubs are located, extending northwards past the Abbey area into the more residential areas of Demondale. These crimes are linked to the night-time economy.

There are also smaller 'hotspots' evident in the more residential area around Hayshead and Lochlands. These are more likely related to alcohol related domestic offences.

PROTECT

ALCOHOL RELATED CRIME BY BEAT

FORFAR & KIRRIEMUIR LOCALITY



Within the Forfar & Kirriemuir locality, the graph and map above illustrates the split of alcohol related offending by Police beat area. Beat E12 has the highest number of recorded alcohol related crimes – 38% of all the crimes recorded within the locality come from this beat. Beat E12 corresponds to the central area of Forfar – the main ‘hotspot’ area highlighted previously in this report. There are also significant numbers of reported crimes within Beat E13 which includes the more residential areas of Forfar – including the secondary ‘hotspot’ area of Restenneth/Lordburn. Beat E17 also has a significant level of crime – this beat takes in most of Kirriemuir.

MONTROSE & BRECHIN LOCALITY



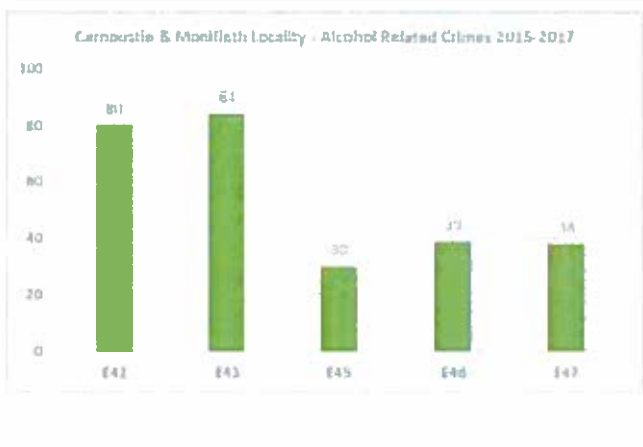
Within the Montrose & Brechin locality, the graph and map above illustrates the split of alcohol related offending by Police beat area. Beat E23 has the highest number of recorded alcohol related crimes – 44% of all the crimes recorded within the locality come from this beat. In addition, another 21% of all crimes from the locality are in Beat E22. Beats E23 and E22 corresponds to the Montrose area – including the main ‘hotspot’ area highlighted earlier in the report. There are also significant numbers of reported crimes within Beat E27 which takes in much of Brechin – including the main ‘hotspot’ areas.

PROTECT
ARBROATH LOCALITY



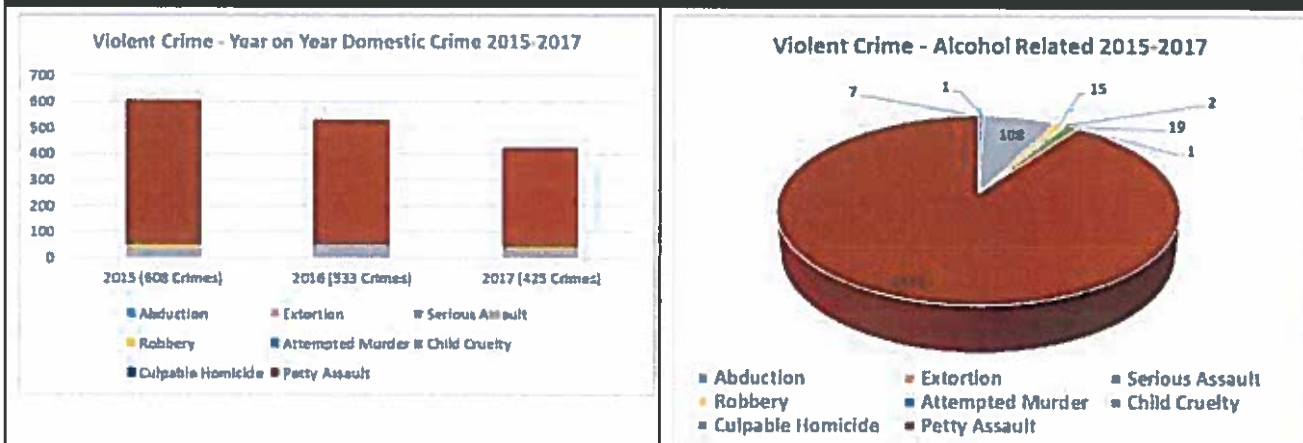
Within the Arbroath locality, the graph and map above illustrates the split of alcohol related offending by Police beat area. As can be easily shown, the spread of alcohol related crime is more evenly spread between Beat E32 (20%), Beat E33 (26%), Beat E36 (30%) and Beat E37 (19%). The main town centre 'hotspot' area identified earlier corresponds to Beats E32 and E36, while the more residential 'hotspot' areas are to be found in Beats E33 and E37.

CARNOUSTIE & MONIFIETH LOCALITY



Within the Carnoustie & Monifieth locality, the graph and map above illustrates the split of alcohol related offending by Police beat area. As is shown, alcohol related crime is more primarily concentrated between Beat E42 (30%) and Beat E43 (31%). These two beats represent Carnoustie. And surrounding area.

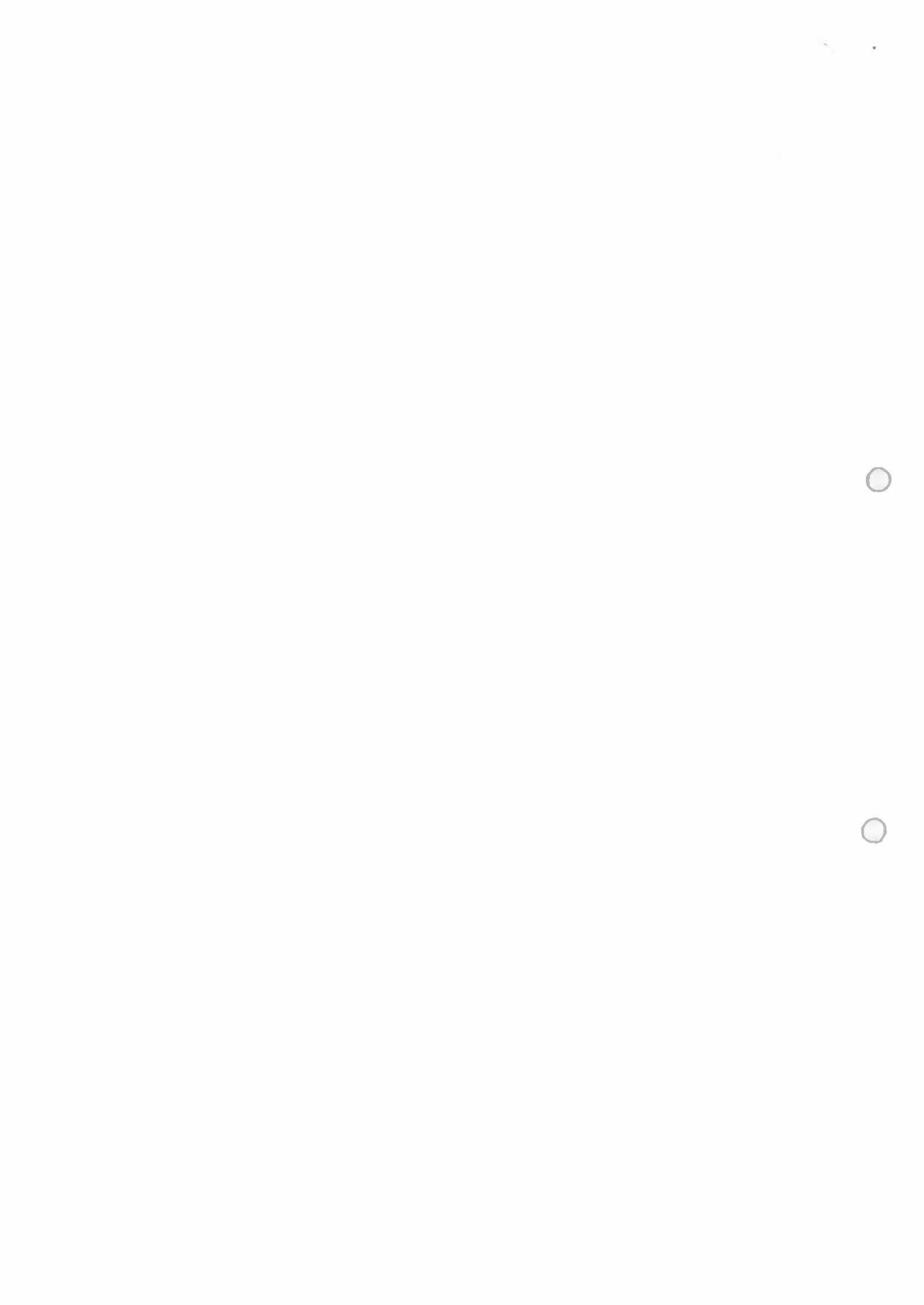
ALCOHOL RELATED CRIMES OF VIOLENCE



The graph above left illustrates that there has been a steady decline in alcohol related violent crime in Angus between 2015 and 2016 (12%) and between 2016 and 2017 (20%). While this is encouraging, it still means that there is – on average – more than one alcohol related violent crime recorded in Angus every day. From the pie chart above right, it is clear that the majority of alcohol related violent crime is towards the lower end of the scale – over 90% of all such crime recorded between 2015 and 2017 were minor assaults. Of the remaining crimes, most are serious assaults.

CONCLUSIONS

- Alcohol related crime is a problem throughout Scotland and reflects long standing issues around the relationship between alcohol and society.
- While fluctuating from one year to another, there remains significant levels of recorded alcohol related crimes within Angus – over 20 recorded crimes per week.
- The majority of alcohol related crimes are within the Police Group 6 – crimes of disorder. Serious violent crime is relatively rare.
- Geographical ‘hotspot’ areas for alcohol related crime correspond to the main Angus towns – in particular areas of Forfar, Kirriemuir, Brechin, Montrose and Arbroath associated with the night-time economies of these towns.
- Geographical links to alcohol related offending are further confirmed by high concentrations of offences recorded within town centre beats within each of the four Angus localities.
- A significant proportion of alcohol related crimes involve violence – particularly Petty Assaults within the Group 6 category. As previously stated, serious violence remains rare with most Group 1 crimes recorded as Serious Assaults.



I respectfully request Licensing Board members consider the following:

Licensing Objectives

- Para 3.1.2 of the Statement of Licensing Policy sets out the measures that the Board consider reasonably necessary to meet the Crime and Disorder objective. I would ask Board members to consider adding a line for applicants to have sufficient policies in place to ensure open drink containers and empty glasses are not removed from the premises.
- The Air Weapons and Licensing (Scotland) Act 2015 changed the licensing objective of protecting children from harm to protecting children and young persons from harm. I would ask Board members to include the term "young persons" when children are mentioned.

Licensing Hours

- Para 6.4 of the Statement of Licensing Policy sets out the policies in relation to considering the licensed hours in applications for premises licences, or for variations of premises licences within the meaning of Section 62(1)(a) of the Licensing (Scotland) Act 2005. The general licensed hours are then set out at para 6.4 LH/1 & LH/2; LH/1 also sets out the general hours for occasional licence hours.

I would ask the Board members to include Occasional Licences within the text at para 6.4 and to refer to para 62 (1)(b) of the act.

Premises Licence Applications

- Para 7.4 of the Statement of Licensing Policy requires applications for a premises licence to be accompanied by six additional copies of the layout plan. With the increased use of electronic communications there is no longer a need for these additional copies and I would ask Board members to consider removing para 7.4 from the Statement of Licensing Policy.

Occasional Licences

- Section 13 of the Licensing (Procedure) (Scotland) Regulations 2007 provide that a hearing is to be held no later than 42 days after the Board receives an occasional licence application. Para 4.4.4 of the Statement of Licensing Policy currently delegates authority to the Convenor, Vice Convenor and local members to determine applications where objections or representations have been received and the date(s) of the event is before the date of the next meeting but the current policy does not delegate authority for applications that require to be decided upon by Board members within 42 days when this would fall before the next meeting.

To meet the deadline set out in legislation, I would ask Board members to include this occurrence within the Statement of Licensing policy.

- An occasional licence had been issued for off-sales at a local Christmas Market but the licence holder sold alcohol in open containers and allowed customers to consume alcohol around the market site. 'Off-sales' are not defined within the legislation nor the Statement of Licensing Policy; I would ask Board members to consider adding a general condition to all occasional licences which defines Off-

sales as being alcohol sold in sealed containers for consumption off the premises only.

- Para 4.4.3 of the current Statement of Licensing Policy prescribes that "Where an applicant for an Occasional Licence seeks to sell alcohol for consumption both on and off the premises, then sales of alcohol for consumption off the premises cannot commence prior to the commencement of the sale of alcohol for consumption on the premises." However, when alcohol is to be sold for consumption both on and off the premises, Section 56(9) of the Licensing (Scotland) Act 2005 permits different times for on and off-sales. I would ask the Board to consider removing para 4.4.3 to bring the Statement of Licensing Policy in line with legislation.
- Appendix 2 of the current Statement of Licensing Policy sets out conditions that are generally attached to all occasional licences. Para D of these conditions relates to events held in marquees and provides that "Except in the case of weddings, plastic glasses must be used instead of glass ones, and drinks will be poured from beer bottles etc. into plastic glasses."

Generally, when considering an application for any outdoor event I would ask the applicant to agree to the condition "all drinks to be decanted into plastic containers at the point of sale"; to help satisfy the licensing objectives, in particular securing public safety, I would ask Board members to consider including this condition within Appendix 2 of the Statement of Licensing Policy for any outdoor event not just those within marquees.

Festive Hours

- The Supplementary Statement of Licensing Policy published on 3 November 2016 sets out the extended hours on sale premises can trade for during the festive period and requires premises to have seasonal variations within their Operating Plan. The Supplementary Statement of Licensing Policy does not extend to Occasional Licences and I would ask Board members to include Occasional Licences within the festive period extensions.

Mark Gillespie
Licensing Standards Officer

ANGUS LICENSING BOARD

REVIEW of STATEMENT LICENSING POLICY

COMMENTS by Janet Hood, Janet Hood Training & Consulting Limited

Janet Hood Training and Consulting Limited is a specialist company set up to work with and to support the licensed trade. The company makes applications and objections, defends clients being reviewed, prepares dedicated due diligence and compliance packages, offers business and other advice on licensing law and other relevant matters to clients across Scotland.

Janet Hood, sole director of the company, takes this opportunity to thank Angus Licensing Board for permitting the public to comment on the existing Angus Licensing Board policy and to suggest changes. Janet Hood has discussed this document with clients and their customers in Angus. The content of this document however reflects Janet Hood's views.

Comments on the current policy and suggestions for change

1. Page 6: Paragraph 3.1.1. "noise nuisance" - would the Board be prepared to adopt a position where it takes account of the "agency of change" principal whereby persons moving in e.g. above a music venue should be deemed to accept there would be some noise likely to emanate from the premises which might be able to be heard within their domestic venues. The Board might consider a "reasonable" test in those circumstances. The "reasonable" test would not encourage abuse of the system but would potentially enable music led premises to operate without undue business disturbance while protecting the rights of neighbours providing proper measures were taken to prevent actual "nuisance" which is in terms of the Environmental Protection Act 1990 more than being able to merely hear e.g. music; people talking etc
 1. This point is also made in respect of Page 7: paragraph 3.3.3 and Page 17: DC/1(iv)
2. Page 6: Paragraph 3.2.2 "byelaws" - would the Board be prepared to consider relaxing the bye law relating to drinking in public for e.g. Mofest - in respect of that part of the event taking place in the High Street, Montrose, during the daytime when the High Street is used for musical events and food and other stalls? [There may be

Janet Hood Training & Consulting Ltd. and Janet Hood LLB Dip LP NP

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other street related events in Montrose and other townships within Angus where this would also be appropriate]

3. Page 6: Paragraph 3.1.2 - would the Board consider adding in the keeping of incident/ refusal books as an addition to due diligence ✓
 1. This point is also made in respect of Page 7: 3.2.3 and Page 8: 3.4.4
4. Pages 9 & 10 : Protecting Children and Young Persons from harm is clear however Appendix 3 is confusing - would the Board consider that applicants should detail exactly what they propose for children access and the Board then determines what is appropriate for the premises without reference to the Appendix? Premises types and the expectations of the public are changing, most are now very family friendly and some of the details for the appendix no longer meet the needs and expectations of both local and tourist family
5. Page 10: Paragraph 4.3.1: Would the Board be prepared to consider whether specific written authorisation is really required when staff are trained in accordance with the mandatory training requirements and are actually employed on the premises. Would the Board not consider that given staff have staff training certificates, and are present and working that no other authorisation is required. The exception being service by under 18s in restaurant situation and sale by under 18s in shop situation where specific authorisation of each service or sale is required.
6. Page 12: Paragraph 6.3: Scottish Government Guidance is changing: The 14 hour "limit" was considered necessary when it was believed that patrons would remain in premises from opening time to closing time just drinking in a bar. In order to be viable many premises can be described as hybrid - eg open for breakfasts, morning coffee, etc snacks - alcohol sales start around 11 a.m. and can go on with or without food during the day and then change again into fine dining, music venue etc. and
7. 6.4 LH/2: Would the Board consider that to encourage investment, to have a wide late night offering, to reflect cost of SIA and other requirements which nightclubs have to continually fund and to keep improving the local offering thus retaining business in the county more flexibility with hours in particular for night clubs would assist in particular with regard to seasonal extensions when the Pub/nightclub differential is removed
 1. This point is also made in respect of Page 14: 6.9.
8. Page 14:6.9 - Would the board consider adding in general extensions of festive hours for Fridays into Saturdays and Saturdays into Sundays in December and including Boxing Day as a day for extended hours. If this was agreed could these hours be permitted to form part of operating plans/or general extensions [opt in] to prevent large numbers of occasional applications being made for the festive season.

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9. Appendix 3: 2 (a)(i) (ii) Would the Board consider that the 9pm deadline for under 18s to be ion licensed premises does not meet with the requirements modern day tourism and local needs. Would the board consider that where food is on offer and the general purpose of access to the premises is for the provision of a meal or snack or the premises are an hotel that the matter should either be left to parents or management of the premises
10. P33 (g) Would the board accept that not all premises - which might be suitable for under 18s have toilets directly accessible from the areas under 18s might be permitted and that under 18s might have to go down a corridor etc to access the sanitary facilities.
11. 11. P33 (h) It is surely for parents or guardians to determine what is suitable for children, to eat. Menus are displayed at door and on line for most food led premises and the decision can be made in advance. Again families have widely divergent tastes and the requirement for a children's menu or smaller portions is surely a matter for management and customer rather than the Board.

Thanks for the opportunity to take part in the review.

Janet Hood

14 March 201



AFS COMMENT ON ANGUS LICENSING BOARD'S STATEMENT OF LICENSING POLICY (MARCH 2018)

Alcohol Focus Scotland (AFS) welcomes the opportunity to comment on the Angus Licensing Board's Statement of Licensing Policy (SLP).

AFS understands that this round of consultation invites general views on the content of the existing 2013-2016 SLP, including overprovision, to help inform the creation of the new policy. Seeking views prior to the new statement being drafted affords communities an important opportunity to contribute to the shaping of licensing policy at an early stage. However, it does not appear from reading report LB53/17 that there are currently any plans for further public consultation on the new policy once drafted. AFS would seek clarity on this matter and recommends that the Board provides details of any future consultation periods/processes to enable interested parties to plan for their input.

The licensing system plays a key role in minimising the risks of harm to individuals and society from the sale and consumption of alcohol. AFS is therefore keen to support the development of licensing policy and practice in Scotland that works most effectively to prevent and reduce alcohol problems. As a national organisation we offer our opinion on the general approach, policy direction, and emerging issues relevant to alcohol licensing, which we hope the Licensing Board will find useful. We have also provided, below, suggestions regarding which sections of the Policy Statement may warrant particular scrutiny.

Overprovision

There is no simple numerical formula for pinpointing the threshold between provision and overprovision. Determining overprovision involves the application of reason and judgement in the interests of the community. Alcohol harm statistics for Angus should therefore be considered in conjunction with density information, such as from the [CRESH alcohol outlet density map](#),¹ to make an informed assessment of overprovision.

In Scotland, 1 in 4 people drink above the low-risk drinking guidelines.² In NHS Tayside, 29% of men and 15% of women are drinking at hazardous/harmful levels.³ The most recent data available shows that in Angus there were 553 alcohol-related hospital stays in 2016/17,⁴ 23 alcohol-related deaths in 2016,⁵ and 18 child protection cases where parental alcohol misuse was involved in 2015/16.⁶ The Scottish liquor licensing statistics 2016/17 also show that there are 338 premises licences in force in

¹ Available at <https://creshmap.com/shiny/alcoholtobacco/>

² Bardsley, D. et al (2017). *The Scottish Health Survey 2016 Edition, Volume 1, Main Report*. Edinburgh: Scottish Government.

³ Scottish Government (2017). *Scottish Health Survey: Results for Local Areas 2013/2014/2015/2016. Local Authority Results: 2013-2016*. Edinburgh: Scottish Government.

⁴ Information Services Division (2017). *Alcohol-Related Hospital Statistics Scotland 2016/17*. NHS National Services Scotland.

⁵ National Records of Scotland (2017). *Alcohol-Related Deaths in Scotland, 1970-2016*. Edinburgh: National Records of Scotland.

⁶ Scottish Government (2017), *Children's Social Work Statistics Scotland Additional Tables 2015/16*. Edinburgh: Scottish Government.

Angus.⁷ Angus has the tenth highest alcohol outlet availability in Scotland; although alcohol outlet availability is lower than the national average, there are pockets of high availability, as one quarter of neighbourhoods in Angus have outlet availability greater than the Scottish average.⁸ The £33.46m annual cost of alcohol harm to Angus (health, social care, crime and productive capacity) is also significant, equating to £302 per person.⁹

Analysis conducted by Alcohol Focus Scotland and the Centre for Research on Environment, Society and Health, due to be published shortly, reveals that there is a relationship between alcohol outlet availability and health and social harms across Scotland. Initial analysis shows that there is double the alcohol-related death rate, almost double the alcohol-related hospitalisation rate, and around 4 times the crime rate in neighbourhoods with the most alcohol outlets as compared to neighbourhoods with the least. A relationship has been found for Angus with regards crime rates.

Decisions on overprovision should also be informed by evidence from the police, health authorities and other agencies. However, the 2013-2016 policy does not provide any details of the evidence provided by these agencies to assist with the overprovision assessment, and it is therefore difficult to discern how previous decisions on overprovision were reached. AFS would therefore recommend that the new policy provides more detail about the evidence received by the Board to inform the overprovision assessment, and the rationale behind the policy approach which is adopted.

Links with other strategies

AFS welcomes that the existing policy recognises the value of linkages with other bodies interested in alcohol regulation, and specifically references a number of policies and strategies which are relevant to the work of the Board. The Board should continue to take into account the views of local partners, communities, and other strategies and plans which have relevance to alcohol when developing and implementing their new policy.

The alcohol licensing regime provides a locally led system for regulating the sale of alcohol and is one of the key mechanisms by which availability can be controlled at a local level. As alcohol licensing is the responsibility of licensing boards, it will be essential that boards can identify where they share similar objectives to Community Planning Partners, and understand how they can best support each other towards these ends. In many respects, licensing boards and CPPs are already working towards shared goals and stand to benefit from more collaborative approaches. It will therefore be important that the new Licensing Policy aligns with community planning Local Outcome Improvement Plans (LOIPs).

The Board should continue to make explicit in its new policy that it will liaise closely with the Angus Alcohol and Drugs Partnership (ADP). AFS would also recommend that the new policy references relevant locality plans, the ADP strategic plan, and the strategic plan of the Health and Social Care Partnership (HSCP).

Scotland's alcohol strategy '*Changing Scotland's relationship with Alcohol a Framework for Action*' is also of key relevance to the policy and should be included. This established a whole population approach to reducing alcohol harm and identified action on availability as one of three key mechanisms - alongside price and marketing - to achieve this. The Scottish Government's consultation on the strategy, published in 2008, recognised that the main mechanism for controlling

⁷ Scottish Government (2017). *Scottish Liquor Licensing Statistics 2016/17*. Edinburgh: Scottish Government

⁸ Alcohol Focus Scotland (in press). *Alcohol Outlet Availability and Harm in Angus*. Glasgow: Alcohol Focus Scotland.

⁹ Alcohol Focus Scotland (2012). *The Cost of Alcohol in Angus 2010/11*. Glasgow: Alcohol Focus Scotland

alcohol availability was licensing legislation. There are also number of national strategies in development which will have relevance to the policy such as the Child and Adolescent Health and Wellbeing Action Plan, the Suicide Prevention Strategy (expected to be updated in 2018), and the Social Isolation Strategy.

Licensing boards are also bound by human rights legislation. Action on human rights in Scotland is currently being driven through Scotland's National Action Plan for Human Rights (SNAP) and there a range of links between alcohol related harm and the realisation of human rights in Scotland.

Accessibility and participation

During a series of regional licensing seminars, hosted by AFS in 2016, a lack of public participation in licensing was reported across the country. Barriers to participation can relate to poor accessibility of licensing processes, but inconsistencies in policy and practice can also prevent meaningful engagement.

The existing policy includes commitments that the Board will deal with applicants in a courteous manner, make proceedings as open and friendly as possible, and ensure that all participants receive appropriate advice on procedures or requirements. These commitments all remain relevant and the new policy should have an increased focus on supporting public engagement and participation. For example, the new policy could provide more detail about the ways in which people can get involved and the types of information/support that can or will be made available to enable them to participate. In addition, policy statements should be easily understood by all licensing stakeholders, including by members of the public without technical expertise. Ensuring that the new policy is written in plain, accessible language could help facilitate the involvement of a wide range of stakeholders.

Further details about accessibility and participation can be found in AFS's 2017 report *Taking Stock*.¹⁰ This report analyses experiences of progress within the alcohol licensing system in Scotland since the Licensing (Scotland) Act 2005 was implemented in 2009. It also identifies learning and challenges, and makes recommendations for improvement and reform, many of which may be of interest to the Board.

Promotion of the licensing objectives

As s.6 of the Licensing Scotland Act (2005) makes clear, the policy statement must seek to promote the licensing objectives. For all objectives AFS would suggest the following format:

1. State the licensing objective.
2. Give a statement as to what the licensing board is trying to achieve with this objective.
3. List concerns in the area relating to this objective – identify what evidence was used to identify these concerns. (Evidence is probably best quoted in an appendix.)
4. List what the licensing board intends to do. Note that this could include declaring overprovision, controlling licensed hours, or applying certain conditions – referring to the relevant section/s in the policy.

¹⁰ Alcohol Focus Scotland (2017). *Taking Stock: Views and experiences of alcohol licensing in Scotland in 2016/17*. Glasgow: Alcohol Focus Scotland: <http://www.alcohol-focus-scotland.org.uk/media/287043/Taking-Stock-Report.pdf>

5. List any suggested actions the licensing board would like to see the licensed trade in the area undertake to meet this objective.

The existing policy does well in setting out some of the ways that the objectives can be promoted and the influencing factors for achieving each objective. It is also welcomed that the existing policy lists possible control measures for each objective. However, this could be strengthened further by providing more detail about the conditions the Board can/will apply in relation to each of the objectives. It would also be good to provide more of the Angus context in relation to each objective e.g. relevant statistics or evidence of the current situation, identification of any issues that are a particular concern, measures that have had an impact etc. AFS has produced a Licensing Resource Pack¹¹ that provides resources to support the collection of evidence on local alcohol-related harm, and also provides examples of research which demonstrates the impact of particular licensing conditions on harms. This may particularly useful to the Board when developing the new Licensing Policy Statement.

The new policy could also set out a clear expectation that individual applicants address the five licensing objectives in their operating plan, and supply a written statement detailing how they will promote the objectives. Having a statement of licensing objectives attached to their licence could help to focus applicant's attention on the objectives and ensure that they are afforded proper consideration in any proceedings. In addition, it is appropriate that the Board should go further and look to the evidence in respect of each of the five licensing objectives, also expecting applicants to provide evidence that suitable measures will be implemented and maintained.

Specific to the objective of Preventing Crime and Disorder, the proportion of alcohol now bought to consume at home or in other private dwellings (73% of all alcohol sold being purchased in off-sales¹²) underlines the need for the new policy to reference the importance of licensing for preventing crime and disorder in private spheres as well as the public.

Specific to the objective of Protecting and Improving Public Health, AFS welcomes that the Board considers that applicants should participate in measures to inform the public of safe drinking limits, the number of units in particular drinks, and the availability of non-alcoholic drinks. The intention behind this is admirable and this approach should continue. However, AFS would recommend that the Board avoid using terms like "safe drinking" in its new policy, and instead make clear that any information provided should be based on the Chief Medical Officer's (CMO) low risk guidelines. The Board might also wish to consider providing materials to licensees which is independently produced. The World Health Organisation has stated categorically that the alcohol industry should not be involved in health promotion, and the Government has a duty to ensure access to information and advice on alcohol is based on the best available scientific evidence and is impartial. NHS Inform is the best website in Scotland for impartial health advice: <https://www.nhsinform.scot/healthy-living/alcohol>

AFS would recommend that the Board continues to have particular regard to the views of NHS Tayside and the Angus Alcohol and Drugs Partnership when considering the impact of alcohol and the measures required locally to ensure the protection of public health.

¹¹ Alcohol Focus Scotland (2017). *Licensing Resource Pack*. Glasgow: Alcohol Focus Scotland: <http://www.alcohol-focus-scotland.org.uk/media/291077/afs-licensing-resource-pack.pdf>

¹² Giles, L., & Robinson, M. (2017). *Monitoring and Evaluating Scotland's Alcohol Strategy: Monitoring Report 2017*. Edinburgh: NHS Health Scotland

The section relating to the objective of protecting children from harm will require to be updated to reflect legislative changes, such as extending the objective to protect children and 'young people' from harm. The Board should give consideration as to whether it will apply the same policy to young persons or should have a different policy from that applied to children. AFS would be interested to hear the views of children and young person's and their representative organisations on this issue; however, it would seem sensible to apply the same policy for the purposes of alcohol licensing.

The current policy states that the Board supports the provision of family friendly premises within the area. Evidence shows that children and young people are influenced by the behaviour of adults they observe and this should be taken into account when considering the appropriateness of licensing applications. It is wholly appropriate that any on-licensed premises to which families with children have access give careful consideration of their responsibilities to protect children from harm, and AFS would recommend that the Board requires applicants in these circumstances to demonstrate how they will promote this objective, including by providing a written statement as suggested above. In addition, the fact that there were 18 child protection cases in Angus in 2015/16 where parental alcohol misuse was involved underlines the importance that the new policy addresses the broader impact of alcohol on children and young people, including alcohol that is purchased for consumption at home.

Occasional Licences

AFS has identified that occasional licences are causing concern in some areas of the country, with licensing stakeholders reporting that this as an area where 'loopholes' in the legislation are being regularly exploited. People have reported to us that occasional licences are significantly increasing alcohol access and availability (although they were not being taken into account in overprovision assessments) and in some cases are being used to circumvent the requirement to have a premises licence to sell alcohol. As such we would suggest that the board continues to give careful consideration to this issue and what may be the most appropriate response in the Angus context. We would also recommend that the policy include a presumption against granting a series of occasional applications to one premises.

AFS welcomes that the existing policy sets out the local conditions that the Board will attach to occasional licences, and would recommend that this continue within the new policy. In addition, the existing policy is that children and young persons are to be permitted within occasional licensed premises, where the Board is satisfied that the event is catering for family activities and recreation involving children and young persons. AFS is aware that there is concern across Scotland regarding occasional licenses being granted for events mainly or exclusively targeted at families where children would be present. As such, we would suggest that the Board set out more detail about its approach to considering the appropriateness of such occasional licence applications within the new policy.

Alcohol deliveries and internet sales

Alcohol deliveries and internet sales are an emerging area of concern and should be considered as part of the policy development process. Remote alcohol sales and distribution across wide geographical areas have the potential to undermine local efforts to control the availability of alcohol and reduce alcohol-related harm. Online sales are not a new issue but are a continuously evolving and expanding area of retail; applications from large online retailers represent what AFS considers to be a considerable advancement of the online market for alcohol.

There is a distinct lack of information available about the business operations of online retailers, or the extent to which they contribute to alcohol sales and availability. For example, there is no data available pertaining to their distribution areas, or the volumes and types of alcohol they sell. Without this information, it is more difficult to make informed decisions about alcohol licensing or create robust alcohol policies, relevant to the needs of local communities.

A further concern relates the potential impact of on-line sales to children and young people. It is unclear how age verification can and will be effectively implemented when alcohol is being purchased on-line, or delivered to people's homes. Unlike supermarkets, which employ their own delivery staff, on-line alcohol retailers may rely on various contract carriers, who may not receive any instruction in this regard. This has the potential to make alcohol much more readily accessible to young people, and could undermine progress made in meeting the licensing objective to protect children from harm.

AFS would therefore urge the Board to set out its approach to online retailers in the new policy, and to consider placing conditions on online retailers to request details of sales and distribution areas, as well figures on delivery refusal rates.

MagsonT

From: AndersonF
Sent: 12 March 2018 16:51
To: MagsonT
Cc: ThompsonD; PageN
Subject: Consultation - Review of ALB's statement of licensing policies.

Hi Tina

Following a recent meeting of the Angus Local Licensing Forum, the members discussed the contents of the current statement of licensing policy and the Boards supplementary statement.

The members had no comments regarding the current statement however, regarding the Supplementary Statement of Licensing Policy (extended hours over Christmas and New) they were of the view that all premises should be permitted to open until 2am on Christmas eve, Christmas day, Hogmanay and New Years Day regardless of what day of the week that they fall on. However, they were in agreement with the policy that no premises be allowed to trade beyond 2am.

The members also agreed that if applicants wish to take advantage of this relaxation, they should include provision for it in their Operating Plan, or apply for an extension of hours in terms of Sections 67 to 70 of the Act.

Regards

Fiona.

Clerk to the Angus Local Licensing Forum.

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