

Using evidence to support policy and decision-making

Key Points

- Evidence underpins effective licensing practice.
- Evidence is necessary to promote the licensing objectives.
- Without sufficient evidence, it will be difficult for a licensing board to meet its legal duty to seek to promote the licensing objectives.
- There are many sources of evidence available relevant to each of the licensing objectives.
- Local agencies can assist licensing boards to collect and analyse evidence.
- In seeking to promote the licensing objectives, licensing boards must take account of the relationship between overall alcohol availability and harm, as well as the operating conditions of individual premises.

Why is evidence necessary to licensing?

Licensing boards administer the licensing system in local authority areas and must seek to promote the licensing objectives through this work.

Licensing (Scotland) Act 2005: Licensing Objectives

- preventing crime and disorder
- securing public safety
- preventing public nuisance
- protecting children and young people from harm
- protecting and improving public health

Promotion of the licensing objectives begins with evidence collection and analysis. Boards must have sufficient evidence on each of the licensing objectives to be able to consider and apply the most appropriate measures to achieve the objectives. Licensing boards should also use evidence to assess the ongoing effectiveness of their policy and practice in meeting the licensing objectives.

What can be used as evidence?

Many different sources of evidence can be used to inform licensing policy and practice. Local agencies, such as Alcohol and Drugs Partnerships (ADPs), health boards and the police can help licensing boards to collect and analyse evidence.

- ***Experience and knowledge of licensing board members***

Licensing board members may have extensive knowledge of licensing matters in their area. Such personal experience can count as evidence in policy and decision-making. This local knowledge would be strengthened by relevant evidence and statistics.

- ***Views and experiences of people resident within the board's area***

People living in the local area will have first-hand experience of how licensed premises operate in practice and how the availability of alcohol affects the community on a day-to-day basis.

Individuals in treatment services, people within recovery communities and families caring for an alcohol-dependent member, can offer useful insights into how the accessibility and availability of alcohol in a local area has affected them.

- ***Published alcohol data***

A range of alcohol statistics are centrally collated and published, including crime, health, emergency services, alcohol consumption, the costs of alcohol harm, and sales data. This information gives an indication of the extent and magnitude of alcohol problems, as well as trends over time.

- ***Information from local agencies on request***

Some alcohol-related statistics are collected locally, but not always published. However, these may be available on request, such as local police, social work, ambulance, and fire service statistics.

- ***Research commissioned by licensing boards or local agencies***

Research commissioned by local agencies can be used to inform licensing policy and practice.

- ***Qualitative information/evidence***

Local agencies and organisations can be invited to testify on the impact of alcohol problems and alcohol availability in local communities.

How can different levels of evidence be used?

Alcohol statistics and information are available at different geographical levels, from Scotland-wide, to data zones made up of 500 to 1000 household residents.

Not all alcohol statistics can be provided at every geographical level. For example, some statistics are not reliable if reported at small area levels, such as a data zone, or below that, at a postcode level. In some instances, it may also not be possible to provide statistics at a very local level if the data provided could be identifiable due to the small numbers involved. What this means for licensing boards is that in order to promote the licensing objectives they must use the evidence that is available, at the level at which it is available, within their area.

All levels of information can be used to build an alcohol profile for a local area.

National and regional level			
Health Boards	Police Scotland	Fire and Rescue Service	Scottish Government

Scotland-wide information is key to understanding the wider context the licensing board operates within. It can be used by boards if inference can be drawn at a local level. For example, national sales data shows that off-sales account for 73% of the volume of pure alcohol sold in Scotland. This is consistent with licensing board statistics showing an increase in off-sales capacity and local survey data showing most people do most of their drinking at home. It is therefore reasonable to infer that national alcohol sales figures are likely to reflect the situation at local level.

Evidence from bodies such as health boards will help to build up a regional picture of alcohol consumption and harm.

Licensing board level			
Alcohol & Drug Partnership (ADP)	Community Safety Partnership (CSP)	Local Authority	Community Planning Partnership (CPP)

Most licensing boards operate across a local authority area, as do a number of health, police, local authority and community partnerships. Many sources of evidence relevant to the promotion of the licensing objectives are available at this level. Resource 1 in Section 5 sets out a summary of published evidence available and boards should also consult with local partners to find out what is available locally as local bodies collect their own data.

Neighbourhood level			
Data zone 500-1000 household residents	Intermediate data zone On average 4000 household residents	Council ward Data zones can be built up to match council wards	Locality Data zones can be used to provide information at locality level

Data zones are the smallest level at which data is available in Scotland. These small zones include between 500 – 1000 household residents in their area and can be built up into larger areas such as towns, villages, communities or the whole board area. By requesting data at this level from partners such as the local ADP and the local authority, boards can build up a picture of alcohol harm in particular communities.

How do you build a local alcohol profile?

A local alcohol profile collating data from across the licensing board area can play an important role in informing the development of policy statements and overprovision assessments. If a profile is updated on an ongoing basis, it can also provide the information necessary to evaluate the effectiveness of a current policy and highlight areas that may require additional action in the form of a supplementary statement.

Case study: Scottish Borders Alcohol Profile

The Scottish Borders annual alcohol profile is used to inform licensing board policy and is compiled by the Local Licensing Forum. It presents information available at national level as well as local data from Police Scotland, NHS Borders, Scottish Borders Council and Scottish Fire & Rescue Service.

The profile also includes information from the Scottish Borders Household Survey through which communities were asked about the number of places where they buy alcohol in their local area and their opinions on alcohol sales in their area.

Developing the profile also highlighted gaps in the data available locally. Borders ADP has worked with NHS Borders to establish data collection from the A&E department on alcohol being a contributory factor to presentations at A&E.

1 Plan ahead.

Building a local alcohol profile is a substantial piece of work so ensuring sufficient time is allocated to this task in the process of developing new licensing policy statements is vital. For those external to the board, it is also a good idea to contact the local board to discuss the timescales they are working to and what information they will be looking for in advance of beginning work to ensure agreement and shared understanding of how the process will work.

2 Find the evidence.

Alcohol statistics and indicators are available relating to each of the licensing objectives. Some statistics will support evidence for several licensing objectives (for example, indicators of alcohol-related violent crime are relevant for the crime, public health and public safety objectives). Contacting local agencies that can help find and collate relevant information and statistics will help with this. The Alcohol & Drugs Partnership, which brings together police, health board and voluntary sector representatives, is a good place to start.

- **Resource 1 in Section 5 provides a table of information sources available and where to find them.**
- A contact list of licensing stakeholders in Scotland is available on the [Alcohol Focus Scotland website](#).

3 Put the evidence into context.

Evidence can be put into context by comparing different localities and considering the situation over a period of time. Benchmarking helps to identify areas for improvement.

- **Comparing different areas**
Comparing indicators of alcohol harm across different areas helps to make sense of the situation in an area. Localities with worse indicators than other areas suggest there is room for improvement and plenty of scope for remedial action. Some alcohol statistics allow for comparisons to be made between smaller localities within a local authority area.

- 3** Many more alcohol indicators can be compared across local authority areas, as well as to the Scottish average. However, as levels of alcohol harm in Scotland are higher than elsewhere in Europe, it should be noted that the Scottish average is itself not an aspirational standard.
- **Monitoring trends over time**
Observing what is happening to a range of alcohol indicators over time allows for an assessment of whether a local picture is improving or deteriorating.
 - **Deciding what level of harm is acceptable**
Alcohol is a harmful substance. Public authorities charged with controlling the supply of alcohol need to consider measures that can be applied to keep the risks of alcohol harm - to individuals and society - to a minimum. High levels of harm compared to previous years, or in comparison with other areas, indicate that more might be done to minimise risk.
- 4** **Apply the evidence to licensing policy.**
Once evidence has been gathered and a local picture produced, licensing boards must next consider how local licensing practice can be best applied, or modified if necessary, to promote the licensing objectives.
- **Resource 4 in Section 5 gives examples of policy action available to boards**

What does the evidence show about action to reduce alcohol problems?

The licensing system works to prevent and reduce alcohol problems in two main ways. Firstly by carefully controlling the overall availability of alcohol through the number, type and opening hours of licensed premises, and secondly by regulating the way individual on-trade premises and off-licences do business.

Evidence, including the experience of licensing boards, shows that applying conditions to how individual licensed premises operate can work in reducing certain types of alcohol problems. Evidence also shows the general availability of alcohol in an area can have an impact on a range of alcohol-related harms independent of the way premises are managed.

It is easier to observe in routine, day-to-day licensing work how the operating conditions of individual licensed premises can impact on alcohol problems. It is less easy to see the relationship between overall availability and alcohol problems. It is therefore important to ensure that the evidence linking overall alcohol availability and alcohol-related harm is not overlooked.

Over 50 research studies published since 2000 find an association between the total number of licensed premises and opening hours in a locality, and levels of alcohol harm. Localities examined include cities, states, provinces and countries. Greater access to alcohol is associated with a range of alcohol harms, including: violence, traffic accidents, hospital admissions, mortality, self-reported injuries and suicide, sexually-transmitted disease and child abuse or neglect. These problems are relevant to all of the licensing objectives.

Resource 2 in Section 5 provides a summary of the evidence on alcohol harm and availability.