

Resource 1: Sources of evidence by licensing objective

This resource provides sources of evidence relevant to each licensing objective. It is not intended as an exhaustive list and what else may be available locally should be considered. This table was produced in August 2017.

Licensing objective: Preventing Crime & Disorder

Published alcohol statistics

National statistics

- Two in five (41%) prisoners report being drunk at the time of their offence. ([Prisoner Survey 2015. Scottish Prison Service, 2015](#))
- Alcohol is implicated in 38% of homicide accusations. ([Homicide in Scotland 2014-15. Scottish Government, 2015](#))
- 54% of victims of violent crime thought the offender was under the influence of alcohol. ([Scottish Crime and Justice Survey 2014/15. Scottish Government, 2016](#))
- Three fifths (60%) of young offenders report being drunk at the time of their offence. ([Young People in Custody 2015. Scottish Prison Service, 2016](#))

Local statistics

[Recorded Crime in Scotland, 2015-16](#) includes offences recorded by the police, from Scotland, 2006-07 to 2015-16 including driving under the influence and drunkenness by local authority.

- Total number & percentage change over the last year: Tables 6 and 7
- Crimes and offences recorded in Scotland per 10,000 population, 2006-07 to 2015-16: Table 8

[The Scottish Crime and Justice Survey in 2014/15](#) includes some information available by police division and community justice area.

- Whether the offender(s) were under the influence of alcohol or drugs, pages 31-32, Table 14
- Whether respondents were victims of crime where either they or the offenders were under the influence of alcohol at the time, pages 57 & 58, Table 27

Resource 1: Sources of evidence by licensing objective

[The ScotPHO Online Profiles Tool \(OPT\)](#) includes data at ADP and health board level and allows for comparison between areas. Data available includes:

- Attempted murder and serious assault
- Common assault
- Vandalism
- Breach of the peace
- Perceptions of rowdy behaviour being common in neighbourhood

Local information available on request

More crime data are held locally than are available through centrally collated surveys. For more detailed and up-to-date information on alcohol-specific and alcohol-attributable crimes, [contact your local Alcohol and Drug Partnership](#).

Local police data may be available on:

- local incidents of anti-social behaviour
- the number of local cases of vandalism, breach of the peace, assault or anti-social behaviour, where alcohol has been flagged as being a contributory factor
- the percentage of reported domestic violence incidents in which alcohol was identified as a factor

Licensing objective: Securing Public Safety

Published alcohol statistics

National statistics

- In 2015-16 impairment due to suspected alcohol/drugs use was a contributory factor in 14% of accidental dwelling fires. ([Scottish Fire and Rescue Service 2015/16](#))

Local statistics

Statistics are provided by the [Scottish Fire & Rescue Service](#) by local authority area:

- Accidental dwelling fires where impairment due to suspected alcohol/drugs use was a contributory factor, 2009-10 to 2015-16, tables 21 and 21a.

Local information available on request

Incidents of anti-social behaviour and other types of public disorder linked to alcohol use may be available from Community Safety Partnerships or local police on request.

Licensing objective: Protecting & Improving Public Health

Published alcohol statistics

National Statistics

Information on alcohol-related ambulance call outs is available from the [Scottish Ambulance Service](#), reports that alcohol is involved in more than half of the incidents attended at weekends and that three quarters (76%) of verbal abuse against frontline staff involves alcohol.

- 1 in 4 people in Scotland (26%) drink at hazardous or harmful levels (defined as drinking more than 14 units per week). ([Scottish Health Survey 2015](#))
- There were almost 35,000 alcohol-related hospital stays in 2015/16. ([Alcohol-Related Hospital Statistics Scotland 2015/16](#))
- Across Scotland, alcohol-related hospital stays and deaths are higher in areas with higher alcohol outlet availability. Scottish neighbourhoods with the most alcohol outlets have double the alcohol-related death rate compared to those with the fewest outlets. ([CRESH, 2014](#))

Local statistics

The [CRESH webmap](#) maps alcohol outlet density for small neighbourhoods across Scotland. Alcohol-related death rates, lung cancer and lung disease death rates, and deprivation can also be mapped. Data is available to download for either the whole of Scotland or selected areas.

- Outlet density and harm profiles are available by local authority on the [Alcohol Focus Scotland](#) website.

[The ScotPHO Online Profiles Tool \(OPT\)](#) includes data at health board level on the following:

- Males exceeding weekly drinking limits
- Females exceeding weekly drinking limits
- Individuals exceeding weekly drinking limits
- Males binge drinking
- Females binge drinking
- Individuals binge drinking
- Males problem drinking
- Females problem drinking
- Individuals problem drinking
- Weekly drinkers (pupils age 15)
- Alcohol-related hospital stays
- Alcohol-related mortality

[ISD Scotland](#) provides data on alcohol-related hospital admissions by local authority and health board area:

- General acute, psychiatric and combined admissions by selected diagnoses, including acute intoxication and alcoholic liver disease
- Information down to health board level on alcohol brief interventions (ABIs)
- Historical statistics are available to assess long-term trends

National Records Scotland current and historic data at health board and local authority level.

- [Alcohol-related deaths](#) with historic data from 1979 onwards
- [Chronic liver disease](#) mortality data from 1982 onwards
- [Chronic liver disease](#) hospital stay rates by health board area from 1982 onwards

Local information available on request

Some local area data is available relating to alcohol-related ambulance call-outs through records of previous Freedom of Information requests to the [Scottish Ambulance Service](#) and more information may be available locally on request.

Some health boards operate systems to flag up alcohol attributable attendances at emergency departments. This information may be available on request.

Licensing objective: Preventing Public Nuisance

Published alcohol statistics

Some indicators of alcohol-related crime will be relevant for this objective as outlined on page 28.

Local information available on request

Noise complaints relating to licensed premises may be available from local authority environmental health services.

Statistics on vandalism/graffiti/damage to property, rowdy behaviour, noisy neighbours/loud parties, rubbish/litter and the percentage of people who think 'alcohol abuse' is problem in their area may be available by local authority area from ADPs.

Licensing objective: Protecting Children and Young People from Harm

Published alcohol statistics

National statistics

- Parental alcohol misuse is a concern in 1 in 5 child protection cases in Scotland. ([Scottish Government, 2016](#))
- On average, 18 young people under the age of 20 are admitted to hospital each week because of alcohol. ([ISD Scotland, 2016](#))
- Up to 51,000 children are estimated to live with a problematic drinker. ([Scottish Government, 2012](#))
- Overall, 17% of 15 year olds reported drinking in the last week, of which 57% reported getting drunk. ([Scottish Government, 2016](#))

Local statistics

The 2013 [Scottish Schools Adolescent Lifestyle and Substance Use Survey \(SALSUS\)](#) reported the percentage of 13 and 15-year-olds drinking, the number of units and type of alcoholic drink consumed, sources of purchased alcohol, drinking location, and negative effects experienced of drinking in the last year by health board and local authority area.

[The ScotPHO Online Profiles Tool \(OPT\)](#) includes data on:

- Pupils aged 15 who are weekly drinkers (at health board and ADP level)
- Child protection with parental alcohol misuse (at health board and ADP level)

Local information available on request

Test-purchasing information on the number of premises that have been tested for the sale of alcohol to under 18s - and any failures - will be available from local Police Licensing Officers.

In some areas, statistics may be available from local social work departments on caseload numbers in which problematic alcohol use has been identified.

Statistics may be available locally on users of services who are responsible for a child/children. From April 2018, the Drug & Alcohol Information System (DAISy) will be recording alcohol clients from all services across Scotland. This means ADPs will be able to access information including children affected by parental substance misuse.

Other relevant evidence

Alcohol sales figures in Scotland including volumes of alcohol sold on/off-trade, litres consumed per head of population and price paid per unit are available from [MESAS](#).

Licensing statistics: Licensing boards have a duty to keep a public register containing information relating to name, type, and capacity of licensed premises available in their area. This should include broad categories of licence type. Information may be available on the board website or available on request.

Local authority profiles covering the financial costs of alcohol, local alcohol harm and local outlet density and harm are available from [Alcohol Focus Scotland](#).

| Type of harm | Summary results and selected findings |
|------------------------------------|---|
| <p>Violence</p> | <p>Research has found a consistent relationship between alcohol availability and violence:^{1 2}</p> <ul style="list-style-type: none"> • Bar density more strongly associated with rates of assault than restaurant density.³ • Late night trading hours associated with higher assault rates.^{4 5} • More violence linked to off-premises than on-premises in two studies.^{6 7} • Number of licensed premises linked to alcohol-related crime in Glasgow.⁸ • Closure of alcohol outlets linked to decrease in assault rates in a US city.⁹ • Cutting pub late night opening by two hours produced a large relative reduction in the rate of assaults in an Australian city.¹⁰ • Changes in walking outlet density associated with alcohol-related harms including violent crime in Wales.¹¹ <p>In addition, local areas in England with more intense alcohol licensing policies had a stronger decline in rates of violent crimes, sexual crimes and public order offences in the period up to 2013. Reductions were to the order of 4-6% greater compared with areas where these policies were not in place. However, there were not similar reductions after 2013.¹²</p> |
| <p>Hospital attendances</p> | <ul style="list-style-type: none"> • Alcohol-related hospital admissions increased in London hospital after extension in licensed hours.¹³ • More off-sales premises in England linked to alcohol-related hospitalisations of under-18s.¹⁴ • Significant reduction in the number of night-time injury-related hospital emergency department presentations at high-alcohol risk times found following the introduction of regulatory licensing conditions in a town in Australia.¹⁵ • Changes in walking outlet density associated hospital admissions in Wales.¹¹ • Reduction in off-license hours associated with a significant decrease in hospital admissions for acute intoxication among adolescents and young adults in a Swiss city.¹⁶ • Across the whole of Scotland, alcohol-related hospitalisation rates significantly higher in neighbourhoods with the most alcohol outlets.¹⁷ • In England, local licensing policies appear to be associated with a reduction in alcohol-related hospital admissions in areas with more intense licensing policies.¹⁸ |

| Type of harm | Summary results and selected findings |
|--|---|
| Underage drinking | <ul style="list-style-type: none"> Outlet density found to be a significant factor in the prevalence of teenage high-risk drinking. ^{14,16,19, 20,21} Adolescents in Scotland living close to an off-sales outlet and adolescents living in areas with many nearby off-premises outlets more likely to drink frequently.²² |
| Property crime/ damage | <ul style="list-style-type: none"> People living closer to alcohol outlets in high density areas are more likely to report damage to property. ^{1 (3 studies)} |
| Car crashes/ injuries/ fatalities | <ul style="list-style-type: none"> Traffic incidents linked to increased outlet density and hours of sale.^{1 (6 studies)} Alcohol-involved pedestrian collisions significantly and positively related to number of on-sales per kilometre of road in US city.²³ |
| Deprivation | <ul style="list-style-type: none"> Relationship between neighbourhood deprivation and off-sales alcohol outlets in Scotland, with the most deprived quintile of neighbourhoods having the highest outlet densities.²⁴ |
| Drink driving | <ul style="list-style-type: none"> Self-reported driving after drinking goes up with increased outlet density.¹ 10% increase in outlet density associated with 3% increase in drink driving incidents in US state.²⁵ |
| Child maltreatment and neglect | <ul style="list-style-type: none"> Areas with more bars found to have higher rates of child maltreatment.^{1 (2 studies)} |
| Domestic violence | <ul style="list-style-type: none"> Domestic violence increases as the number of premises selling alcohol goes up.^{26,27} Total alcohol outlet density and off-premise alcohol outlet density associated with intimate partner violence. ^{28,29} |
| Murder | <ul style="list-style-type: none"> A significant positive relationship found between murder rates and alcohol outlet density.¹ |
| Mortality | <ul style="list-style-type: none"> Increase in alcohol outlets over five-year period associated with rising alcohol consumption and a 27% increase in the alcohol mortality rate.^{30,31} Across the whole of Scotland, neighbourhoods with higher numbers of alcohol outlets had significantly higher alcohol-related death rates (34 alcohol-related deaths per 100,000 people in neighbourhoods with the most off-sales outlets, compared with 13 per 100,000 in neighbourhoods with the fewest).¹⁷ |
| Suicide | <ul style="list-style-type: none"> Significant association found between suicide and outlet density.¹ |
| Sexually-transmitted disease | <ul style="list-style-type: none"> Decrease of one alcohol outlet per mile of roadway associated with 21 fewer cases of gonorrhoea per 100,000 people.³² |

References

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Resource 2: Evidence on the impact of overall alcohol availability on alcohol harm

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Resource 3: Policy action to promote the licensing objectives

The information in this resource outlines interventions that licensing boards can implement through their policy and overprovision statements to promote the licensing objectives and control the overall availability of alcohol in the local area.

The Licensing (Scotland) Act 2005 gives licensing boards the flexibility to supplement mandatory license conditions with local conditions to deal with local issues or circumstances. These conditions can be imposed when granting a new premises licence or variation, or reviewing a premises licence. The same is true for overprovision. Though boards must follow the process set out in the guidance when assessing overprovision in their local area, they have flexibility when deciding what the appropriate local response is to addressing availability.

“Flexibility to deal with local circumstances is a vital component of the new licensing regime.”
Licensing (Scotland) Act 2005 Guidance

Conditions imposed by a licensing board can either be included as standard within the board's licensing policy statement, or can be ad-hoc based on the particular circumstances of an individual application. If standard conditions are developed as part of a licensing policy statement, it will be for the applicant to demonstrate why the condition should not be imposed, whereas in the case of ad-hoc conditions, the onus is on the Board to show why a condition would be necessary or expedient. Either way, an evidence base is required for conditions.

It should be noted that boards may not impose a condition which relates to a matter which is regulated under another enactment, such as planning, building control or food hygiene (see *Brightcrew Limited v The City of Glasgow Licensing Board*, 2011).

Managing the overall availability of alcohol

Rationale

Drinking patterns and problems are influenced by how easy or convenient alcohol is to obtain. Evidence demonstrates that restricting physical access to alcohol works to prevent and reduce many acute and long-term problems linked to alcohol consumption. For evidence on alcohol availability and harm see Resource 2 in Section 5.

Policy options

- Restricting licensed hours
- Restricting the number, type and capacity of licensed premises

Managing the operating conditions of licensed premises

Rationale

Targeted measures to modify the retail environment where alcohol is sold or consumed can work to reduce specific types of alcohol harm, particularly those linked to intoxication.

Policy options - on-sales

Risky operating conditions in on-sales premises include crowding; high percentage of customers standing; untidiness; dull lighting; dirty drinking glasses; high noise levels; type and speed of music; underage customers; and hostile or unfriendly staff and door stewards.

- Conditions relating to securing public safety could include a curfew on entry to nightclubs; the promotion of food; calling last orders in plenty of time; managing the exit of patrons; requiring minimum lighting levels; requiring the use of plastic glasses after certain hours; and requiring that outdoor tables are regularly cleared of crockery and glasses.
- Conditions relating to prevent crime and disorder could include requiring door searches; regular drugs checks; and notice board warnings related to drugs and offensive weapons.
- Conditions relating to the protection of children and young people could include requiring children in licensed premises to remain under the supervision of an adult; not allowing children in rooms where there is a bar counter; and not allowing children to sit at the bar counter.
- Conditions relating to preventing public nuisance could include noise conditions on outside areas; requiring the consumption of alcohol in outside areas to cease after certain hours; and requiring live music to cease at a certain time.
- Conditions relating to protecting and improving public health could include requiring premises to only sell alcohol to those taking table meals and requiring premises open after a certain time to have food available.

Policy options – off-sales

- Conditions could include requiring a Personal Licence Holder to be personally present on the premises between specific times.
- Conditions relating to crime and disorder and securing public safety could include the maintenance of a refusal register to be provided on request to relevant licensing authorities and CCTV coverage.

Top tips before you start

Be clear about what the policy statement is for

- Licensing policy covers the principles or course of action that a licensing board will adopt to promote the licensing objectives. The statement should provide a rationale for the board's approach, linking the evidence to the action and the action to the objectives.
- The policy statement is concerned with how a licensing board exercises its discretionary power. **It should not simply be a reiteration of the law, regulation, or guidance.**
- The purpose of the statement is not to include detail of the administrative processes and licensing board procedures that are used to implement policy. This information can be made publicly available on the licensing pages of the local authority website.

Presentation and readability

- Policy statements should be easily understood by all licensing stakeholders. This includes members of the public without technical expertise.
- **Writing in plain, accessible language** will facilitate the involvement of a wide range of stakeholders with the licensing process.

1. Include introductory contextual information

- Introductory contextual paragraphs, outlined in (a) and (b) below, will help consultees of the draft policy statement to assess whether the proposed policy measures are appropriate, proportionate or likely to be effective in achieving the licensing objectives.

(a) Overview of alcohol-related harm in the licensing board area, relevant to the licensing objectives

- Provide a summary of evidence that has been gathered by, or on behalf of, the licensing board on alcohol-related harm in the area.
- This evidence should relate to the licensing objectives.
- Evidence should include:
 - o published alcohol statistics;
 - o information from local agencies;
 - o the findings of citizen's panel surveys and testimonies from local people on impact of alcohol availability on problems in the area; and
 - o the experience and knowledge of licensing board members.

See Section 2 of this toolkit for more information on using evidence to support policy and decision-making in licensing.

(b) An overview of the current licensing situation in the board area

- Provide information on:
 - o how many premises licences are currently in force;
 - o how many licences of a particular type are in force (supermarkets, convenience stores, pubs, clubs, restaurants, etc.);
 - o how many new premises licences issued under the previous policy statement;
 - o how many occasional licences granted under the previous policy statement;
 - o how many extensions in capacity or licensed hours granted under the previous policy statement;
 - o how many variations in licences granted and what for;
 - o any test purchasing carried out; and
 - o licence reviews undertaken.

2. Licensing objectives

- For each licensing objective, specify the measures the licensing board will implement to promote the objective and the rationale for implementing those measures. Refer to the supporting evidence that has been gathered in relation to each objective.

3. Licensing hours

- Specify the licensing board's policy on licensed hours. The law states the maximum off-sales hours, and the guidance suggests what is reasonable in terms of on-sales hours. It is important to note that a licensing board can impose more restricted licensed hours to promote the licensing objectives within its area and in response to the views of the local community.

4. Occasional licences

- Set out the licensing board's general approach to occasional licence applications, such as the type of event that will or will not be licensed.
- There should be a recognition that occasional licences add to the availability of alcohol in an area and may impact on the licensing objectives.
- For information on the evidence on alcohol harm and availability, see Resource 2.

5. Overprovision

- The policy statement must include a statement on the extent to which a licensing board considers there is overprovision of licensed premises or licensed premises of a particular description in any locality within the board's area.
- For detailed information on assessing overprovision, see section 4 of this toolkit.

6. Relationship to other strategies

- Scottish Government guidance recommends that the policy statement shows how it relates to other local and national alcohol strategies.
- This should include the local authority's vision, Local Outcome Improvement Plans, Locality Plans and the Scottish Government's alcohol strategy, as well as any other relevant local and national strategies.
- Statements of licensing policy should be circulated widely to ensure policy coherence within the local authority, including between licensing, planning and economic development committees, and with other local agencies, such as health and law enforcement.

7. Evaluation

- Set out how the licensing board will evaluate the effectiveness of its policy in achieving the licensing objectives. Identify the outcomes and indicators of success that will be used to evaluate effectiveness.

8. Appendix

- Further detail of the evidence used to develop the policy statement can be provided in an appendix. It is also suggested that a list of mandatory and local licence conditions be appended to the statement. This will help consultees of the draft policy to understand what measures are already in force and the scope for further action.