

**AFS Response to pre-consultation exercise to gather views on the development of the City of Glasgow Licensing Board's new Licensing Policy Statement**

**General Comment**

Alcohol Focus Scotland (AFS) welcomes the opportunity to participate in Glasgow City Licensing Board's pre-consultation exercise. 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 do not have sufficient local knowledge of the Glasgow area to enable us to comment in detail on some of the specific policy content. However, we offer our opinion on the general approach and policy direction, which we hope the Licensing Board will find useful. As such, we have only answered those questions where we felt it most appropriate to comment.

AFS commends Glasgow City Licensing Board for undertaking this pre-consultation exercise. Licensing law prescribes that a licensing board should consult on its draft policy statement and we consider this an important mechanism for enabling representatives of the local area to have their say on the proposed approach to alcohol licensing in their community. However, seeking views prior to the statement being drafted affords stakeholders a greater opportunity to contribute to the shaping of licensing policy. We hope that other boards will adopt the same approach.

It is appropriate to consider policy formulation in the context of the nature and scale of problems related to alcohol use in Glasgow. That way the most suitable, proportionate and effective policy measures can be identified and adopted to achieve the licensing objectives.

As noted in the introduction of 2013-16 licensing policy statement, Glasgow is Scotland's largest city and takes pride in its cultural assets, including the vibrant licensed trade. However, as the statement notes it is an unavoidable fact that alcohol does have a negative impact upon Glasgow. Statistics such as there being over 6000 alcohol-related hospital stays in Glasgow last year and approximately 200 alcohol related deaths in the city every year cannot be ignored.

A range of factors will affect levels of alcohol consumption and harm, but the evidence consistently indicates that ease of access to alcohol is a contributory element. The relationship between alcohol availability, consumption and harm means that licensing policy

can make a positive contribution to alleviating and preventing alcohol problems, or it can exacerbate them.

### **Specific Comment**

#### **Introduction – Background to the Policy Statement**

- **Do you have any other comments to make on this part of the policy?**

The introduction does well in explaining the context in which the board operates and outlining the difficult balance that must be struck. However, when describing the Licensed Trade it has a particular focus on the on-trade e.g. “pubs, clubs, hotels and restaurants” but does not reference the significant contribution of the off-trade to alcohol availability. We now know that 73%<sup>i</sup> of alcohol is purchased in off licenses and it will be important that the new policy reflects and responds to this reality.

The policy statement, and introduction, will also require to be updated to reflect legislative changes, such as extending the objectives to protect children and ‘young people’ from harm.

#### **The Licensing Board’s approach to the Licensing Process**

- **Are the initiatives and strategies mentioned in the current policy still relevant?**

In relation to public health, the current policy makes reference to the “Mental Health in Focus” report from Glasgow Centre for Population Health, which found that mental health-related alcohol deaths are 23% higher in Glasgow compared with Scotland. Health inequalities such as this remain a highly relevant issue for Glasgow.

It would be beneficial for the policy to make reference to the internationally recognised “Glasgow Effect”. For example, a comparative analysis of Glasgow with Manchester and Liverpool undertaken by the Glasgow Centre for Population Health<sup>ii</sup> found that poverty does not explain all of Glasgow’s differences. Glasgow has experienced considerably more deaths of people aged under 65 than those equally poor cities, with a high proportion of these being related to alcohol consumption.<sup>iii</sup> General Practitioners at the Deep End work in general practices serving the 100 most deprived populations in Scotland, and have produced a range of documents that have particular relevance to Glasgow and that could help inform this section.

In relation to crime and disorder, the current policy does well in recognising that alcohol can be a significant contributory factor in late night crime and disorder and in certain types of antisocial behaviour. This remains as true and relevant today as it was in 2013. The proportion of alcohol now bought to consume at home or in other private dwellings also 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.

AFS welcomes that the current policy references Single Outcome Agreements and this approach should continue, but the policy should be updated to account for changes to outcome arrangements such as the development of Local Outcomes Improvement Plans (LOIPs).

- **What impact do you think these have, or should have, on the development of licensing policy?**

The Board should take into account the views of local partners, communities, and other strategies and plans which have relevance to alcohol when developing and implementing their policy. The Licensing Scotland Act (2005) and accompanying guidance should inform the Boards approach to how this can best be achieved, for example by responding to the recommendations of relevant Forums.

Licensing activities should also be aligned to the work of local partners to bring about improvements for individuals and communities. 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 limited 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 that they 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.

- **Should other initiatives or strategies be added?**

Scotland's alcohol strategy '*Changing Scotland's relationship with Alcohol a Framework for Action*' is 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 alcohol availability was licensing legislation.

As stated above, it will be important that the policy aligns with community planning local outcome improvement plans. In addition, AFS would recommend that the new policy references relevant locality plans, the ADP strategic plan, and the strategic plan of the HSCP. For example, the Glasgow Community Justice Outcome Improvement Plan includes consideration of the Glasgow Effect and the impact of alcohol.

The policy recognises that boards are 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.

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.

- **Do you have any other comments to make on this part of the policy?**

AFS welcomes that the policy is explicit that the board will keep the policy under review and make revisions as necessary, as well as consulting before publishing a Supplementary Licensing Policy Statement. It could be beneficial if the policy gave an indication of the reasons why such a supplementary statement might be issued e.g. if the Board identifies that the objectives are not being achieved, circumstances change, or new evidence emerges.

Details of the wide ranging pre-consultation exercise are set out in the existing policy, and AFS would recommend that this is replicated in the new policy. The term of the Statement of Licensing Policy should be also be updated to reflect new legislative requirements i.e. that the policies are required to be published 18 months after local government elections.

### **The Licensing Objectives**

AFS welcomes that the board encourages premises to conduct a comprehensive Risk Assessment of their business, and recommends that businesses proactively consider the impact of the alcohol on the health of the local community, and the measures they might take to lessen/address any identified harms/issues, as well as issues specific to children and young people.

- **Has the Board achieved the right balance in how it seeks to promote each of the licensing objectives? If you feel the right balance hasn't been struck, please explain how you feel this could be better achieved in this part of the policy.**

Overall, the balance seems appropriate but comments in relation to the objectives are provided below.

- **Are there any specific issues you think the Board should address in relation to protecting young persons from harm?**

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 should give careful consideration to this issue and set out its approach to considering the appropriateness of occasional licence applications within the policy.

- **Do you have any other comments to make on this part of the policy?**

As a general comment, it is unclear why the text under each objective is under the header 'reasons for the Policy Approach'. It could be beneficial to more clearly differentiate between the actual policy approach, and the reasoning underpinning it.

Specific to health, the existing policy states that "the current law is not sufficient in terms of meeting the Licensing Objective of Protecting and Improving Public Health". However, there are a range of ways that boards can promote this objective. For example, they can

apply conditions such as requiring premises open after a certain time to have food available, or requiring the use of plastic glasses. Overprovision assessments (see below) also provide a key tool to promote the health objective by controlling availability.

### **Licensed Hours**

AFS welcomes that the board reached conclusions on its approach to licensed hours based on the range of differing views expressed to it during the information gathering process, Evidence Sessions and public consultation. Stating this in the policy statement demonstrates the board's responsive approach to consultation.

- **Do you think the Board's current standard policy for on-sales licensed hours is appropriate? If not, please explain what hours you feel would be more appropriate.**

AFS supports the application of different licensed hours to later opening premises depending on whether they are located in or out of the city centre as there is a rationale for doing so. Later opening premises located in the city centre are more likely to be located in less residential areas. However, the operation of such premises should be monitored to ensure that alcohol-related public nuisance is minimised and conditions attached to the licence if necessary.

AFS believes that early morning licensed hours should only be granted in exceptional circumstances

- **Are there any other types of premises where exceptions to the standard licensed hours should be considered as a matter of policy?**

Off-sales hours of 10am to 10pm are the maximum allowed by law. AFS believes that in areas of high-rates of alcohol harm, the maximum permitted off-sales hours should be the exception and not the norm.

### **Children's Access to On-sales Licensed Premises**

- **Do you think the general approach to children's access to licensed premises is appropriate?**

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 supports the board's position that applicants must demonstrate how they will promote this objective. AFS encourages the board to continue to assess each application on its merits but to consider any variation to the measures promoted by the policy statement only in exceptional circumstances.

- **Do you think the Licensing Board should apply the same policy to young persons or should it 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.

- **Do you have any other comments to make on this part of the policy**

At a regional licensing seminar, hosted by AFS in Glasgow in 2016, a number of participants commented on the fact that the Board had a clear policy setting out its general approach to issues relating to children's access to licensed premises, and believed that this had impacted positively on practice and decision making.

### **Overprovision**

AFS is not in a position to comment on which streets or areas in Glasgow should be declared overprovided. In terms of the general approach to assessing overprovision, we would recommend that Glasgow City Licensing Board consider overprovision of licensed premises over larger geographical areas. Evidence demonstrates that there is a relationship between the number of licensed premises and alcohol-related harm in areas bigger than half a street, or greater than a 200m or 500m radius around licensed premises.

It should also be recognised that different communities are impacted differently by alcohol. Some areas will have very poor crime and health statistics but few premises in their 500 metre radius. Other areas have high density but little impact. 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 should be considered in conjunction with density information, as such from the CRESH alcohol outlet density map (available [here](#) but due to be updated before the end of 2017 with 2016 data). At present, there are only 7 overprovision areas out of over 130 localities, but it is clear that there are more than 7 areas suffering significant levels of harm.

- **Do you think the Licensing Board should take into account the licensed hours of premises when considering whether there is an overprovision of licensed premises, or licensed premises of a particular description, in a locality**

Yes, it is important that temporal availability be taken into account when considering the overall availability of alcohol in an area.

- **Are there any other matters you think the Licensing Board should take into account in considering whether there is an overprovision of licensed premises, or licensed premises of a particular description, in a locality?**

AFS would recommend that the Board gives particular consideration to the high number of off-sales licensed premises in the city, particularly in residential areas, and the amount of

area given over to the display of alcohol in terms of the total capacity figures for such premises.

- **Do you have any other comments to make in relation to the Board’s policy on overprovision and the impact it has had in the city?**

It is important to make clear that the policy will be kept under review and updated to reflect changing circumstances e.g. increases in alcohol harm and availability.

AFS would also stress that overprovision is a grounds for refusal in its own right. In an overprovision case where there is no inconsistency with the objectives does not mean there is no overprovision - it is a separate issue. Overprovision must be seen in the context of the 2005 Act objectives. However, this is not a direct process but an indirect one. If a board has had “regard to the licensing policy statement”, it has done all that is required of it in this respect.

It is the potential for undesirable consequences which has to be tackled via overprovision; the cumulative effect of more and more licences being granted will have an effect if one could not lay the blame on an existing operator or suggest that a new operator would in themselves cause further problems.

#### **Occasional Licences and Extended Hours Applications**

- **Do you think the general approach to processing and determining applications for occasional licences and extended hours is appropriate?**

AFS has identified that occasional licences are causing issues in many areas, with people reporting that this as an area where loopholes in the legislation are being regularly exploited. People have also 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 are being granted on a seemingly unlimited basis. As such the board should give careful consideration to this issue and what may be the most appropriate response in a Glasgow context.

- **Do you have any views on the development of a specific policy for alcohol deliveries and internet sales? Do you think there is a need for these to be regulated in the policy statement? Are there any matters which you feel should be specifically mentioned in such a policy?**

Remote alcohol sales and distribution across wide geographic areas have the potential to undermine efforts to control the availability of alcohol and reduce alcohol-related harm.

In mid-October 2016 Greater Glasgow & Clyde Health Board contacted AFS about a licensing application from Amazon that had been received by Inverclyde Licensing Board for a distribution centre in Gourrock. They were enquiring about similar applications across the country and whether there was a route for a national response given the Scotland/UK wide

implications of granting such a licence. Subsequent AFS investigations identified an identical application and similar local concerns in Fife.

Online sales are not a new issue but are a continuously evolving and expanding area of retail. Applications from large online retailers represent what we consider 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 impossible 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, at precisely the time when rates of youth drinking have begun to decline, and could undermine progress made in meeting the licensing objective to protect children from harm. Recent media coverage has also demonstrated the pressure that delivery drivers are under to deliver quickly and how this may compromise adherence to regulations.

AFS would therefore urge boards to set out their approach to online retailers in their policies, and to place conditions on online retailers to request details of sales and distribution areas, as well figures on delivery refusal rates.

- **Do you have any other comments to make on this part of the policy or areas suggested for future policy development?**

It would be beneficial for the board to consider its approach to alcohol delivery services (e.g. 'Dial-a-Drink').

#### **Toughened glass and other recognised safety products**

- **Do you think this policy continues to remain appropriate?**

Yes.

#### **Prevention of malicious or ill-intentioned conduct**

- **Do you think this part of the policy continues to remain appropriate? If so, could it be improved? Are there any other types of malicious or ill-intentioned conduct that should be specifically referenced in the policy?**

A 2016-17 [report](#) on Hate Crime in Scotland brought together figures on race crime, and on crime motivated by prejudice related to religion, disability, sexual orientation and

transgender identity. It also includes figures for charges under the Offensive Behaviour at Football and Threatening Communications (Scotland) Act 2012.

Racial crime is the most commonly reported hate crime with 3,349 charges reported in 2016-17. Sexual orientation aggravated crime is the second most common type of hate crime with the number of charges reported having increased by 5% in 2016-17 to 1,075. The number of religiously aggravated charges reported, at 673, is 14% higher than in 2015-16 and at the highest level since 2012-13.

This would suggest that this section of the policy remains appropriate, and could be expanded to include malicious or ill-intentioned conduct relevant to factors such as sexuality, gender and disability.

**November 2017**

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

<sup>ii</sup> Glasgow Centre for Population Health (2010). *Investigating a 'Glasgow Effect': why do equally deprived UK cities experience different health outcomes?* Glasgow: Glasgow Centre for Population Health  
[http://www.gcph.co.uk/assets/0000/0801/GCPH\\_Briefing\\_Paper\\_25\\_for\\_web.pdf](http://www.gcph.co.uk/assets/0000/0801/GCPH_Briefing_Paper_25_for_web.pdf)

<sup>iii</sup> <http://www.who.int/bulletin/volumes/89/10/11-021011/en/>