Appendix 2

Aberdeenshire ADP response to Alcohol Licensing Board

1 Recommendations

1.1 The Aberdeenshire Licensing Board (LB) is recommended by the Aberdeenshire Alcohol and Drug Partnership (ADP) to:

1) Recognise the validity of the alcohol-related health and wellbeing concerns raised and act on these by improving the ability of Licensing Policy to reverse the continuing increase of avoidable alcohol harms in our communities.
2) Include within the policy consultation the policy interventions below, proposed and endorsed by the ADP.

2 Background

2.1 Aberdeenshire LB has invited partners to provide evidence-based suggestions for changes to Aberdeenshire's licensing policy that could be considered as part of the LBs licensing policy review and consultation.

2.2 Aberdeenshire ADP comprises a wide range of stakeholders with considerable expertise across all aspects of the substance use agenda, including community representatives, specialist third sector providers, representatives of criminal justice, community pharmacy and NHS public health. The ADP also benefits from extensive influence and guidance from the local community via volunteers such as the ADP Vice-chair, the chair and members of the ADP Lived and Living Experience sub-committee, three community-led Community Forums and more than 18 active community peer-support groups.

2.3 Aberdeenshire IJB has responsibility for services designed to improve the health and wellbeing of people in Aberdeenshire whilst having regard for National Health and Wellbeing Outcomes including reducing health inequalities. Aberdeenshire IJB has delegated Aberdeenshire ADP to reduce

substance use related harms and inequalities, including those arising from alcohol consumption, across all communities in Aberdeenshire.

2.4 The LB shares common purpose with the ADP and IJB in having a lead role in reducing harm from the supply and sale of alcohol in line with the five statutory Licensing Objectives designed to secure and improve public health and safety. Local licensing policy guides the LB's licensing decision making. Given the importance of ensuring that the decision-making processes around alcohol licensing meets these objectives, the ADP are keen to help ensure that the current statutory revisions to Aberdeenshire's statement of licensing policy are fit for purpose to respond to changes in the patterns of alcohol consumption behaviours.

3 Aim

3.1 The purpose of this paper is to offer Aberdeenshire LB suggestions for inclusion in the forthcoming Aberdeenshire licensing policy consultation.

4 Introduction

4.1 The World Health Organisation advises that there are three gold-standard evidenced strategic responses proven to minimise levels of alcohol related harm in a community and liberate economic gains:

- Price
- Marketing
- Availability

4.2 Aberdeenshire only has control of one of these policy instruments.

4.3 Regulation of price is a national function via policies such as Westminster's excise duty rates and Holyrood's minimum unit pricing policy. The University of Sheffield has estimated that cuts and freezes to alcohol duty from 2012-2019 have led to over 250 additional deaths and 4,500 hospital admissions in Scotland. Public Health Scotland found that minimum unit pricing has contributed to a 3.6% net reduction in off-trade sales. Nevertheless, alcohol is currently 78% more affordable than it was in 1987 and adults in Scotland consume on average 18.1 units of alcohol per week, 30% higher that the weekly limit currently promoted by the Chief Medical Officer.

4.4 Regulation of harmful alcohol marketing is currently undertaken via industry self-regulation by the Portman Group. Some consider such self-regulation to be insufficient. The Scottish Government recently launched a consultation to introduce regulation to restrict alcohol marketing, in response to the significant harms caused by alcohol in Scotland.

4.5 Regulation of alcohol availability is exclusively a local function through the policies and decisions of LBs. The opportunity to influence LB policy is therefore a rare once-in-5-years opportunity to fundamentally address the level of alcohol related harm by regulating the availability of alcohol supply in our communities.

4.6 In practice LBs have the challenging job of balancing a range of competing interests within a framework of statute, civil precedent, professional lobbying and the risk of their decisions being appealed in court. It is therefore critical that bodies such as ADPs provide LBs with advice, evidence and backing to enable them to formulate policy that is effective and legally defensible in support of the licensing objectives.

5 Situation Assessment

5.1 Alcohol consumption is a significant driver of ill-health in Aberdeenshire and has been a public health challenge for decades. Preventing alcohol related harm is one of Scotland's 6 national public health priorities and requires an influential Licensing Policy response.

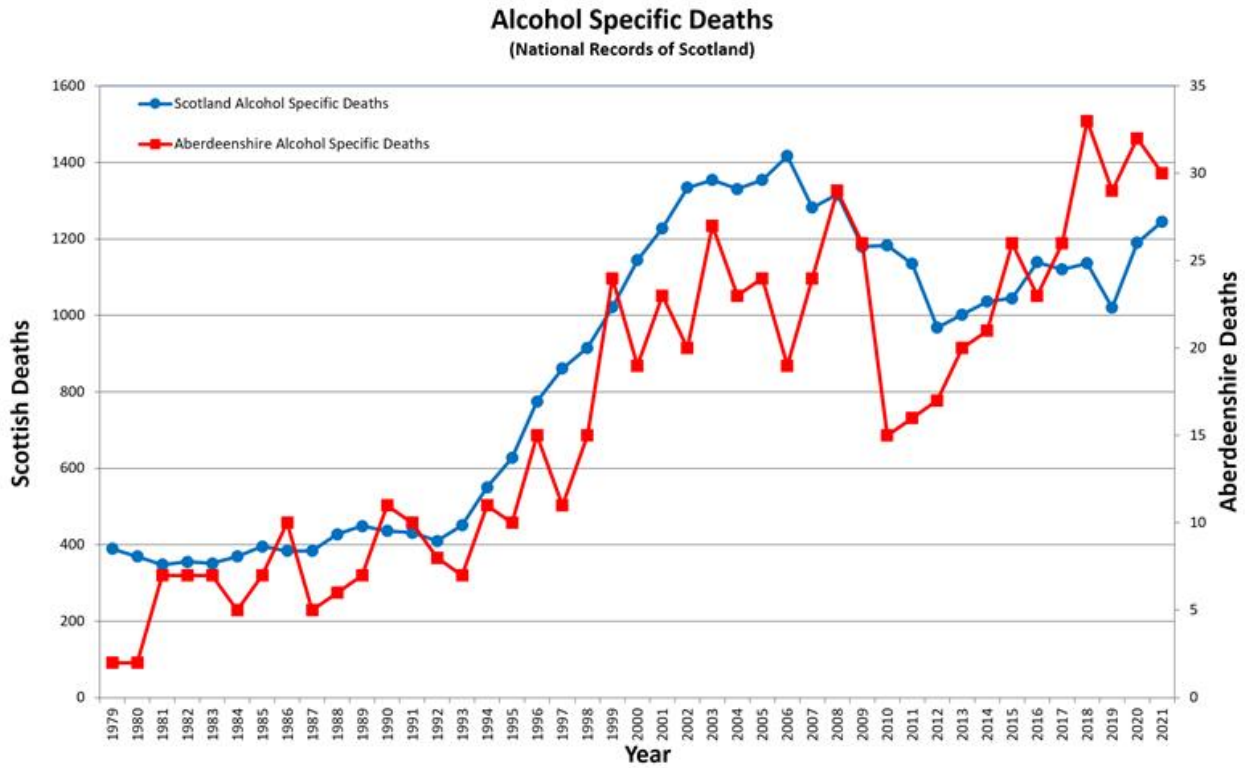
Inequalities

5.2 The recent Scottish Health Survey found that 23% of adults drink at a hazardous or harmful level and for men aged 35 to 75, this rises to nearly a third. 9% of respondents said that they have had problems with their alcohol use. Such consumption significantly contributes to avoidable mortality rates and a wide range of morbidities, such as seven types of cancer and liver disease. These disease groups all exhibit high levels of health inequality. Even moderate levels of consumption can contribute to ill-health conditions like stroke in young adults or life-long Foetal Alcohol Spectrum Disorders (FASD) experienced when alcohol is consumed during pregnancy. It is

estimated that 3-5% of people in Scotland could be living with FASD. There are systemic reasons why these officially acknowledged diagnosis rates are likely to be significant underestimates.

Alcohol Specific Deaths

5.3 Alcohol specific deaths (those deaths that are exclusively caused by alcohol consumption), offer a proxy and baseline measure for the wider range of alcohol related mortality, not to mention hospital admissions, morbidity and its consequential impact on family's lives, the economy and health and social care and other public services. At a population level, Alcohol-attributable deaths (where alcohol is a contributory factor), account for 6.5% of all deaths and more than 1 in 4 of these are due to cancer.



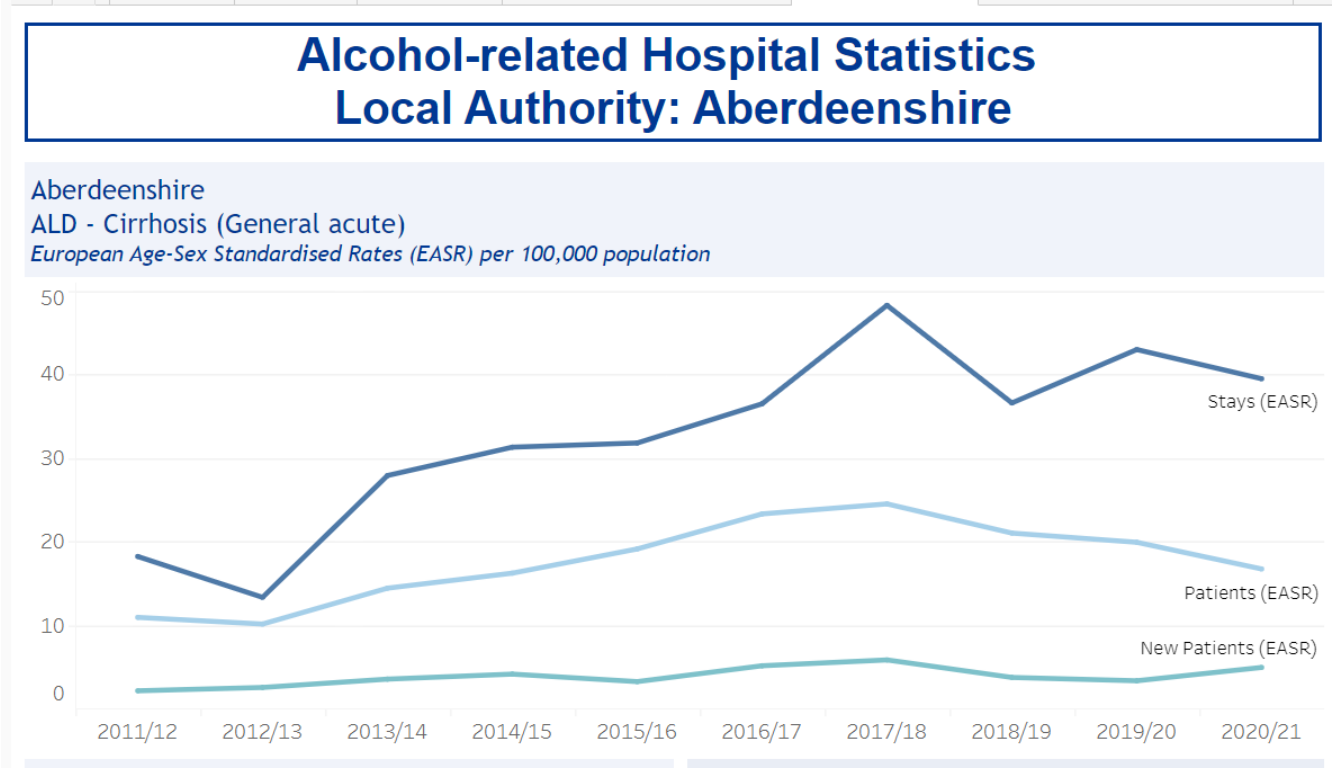
5.4 In 2021, 1,245 people died from alcohol-specific causes in Scotland which was a 5% increase from 2020, and the highest number of deaths since 2008. These deaths were 5.6 times more likely in areas experiencing the greatest deprivation. The Scottish government now classifies alcohol harm and its associated inequalities as a public health emergency alongside drug related deaths. Nevertheless, alcohol related deaths have yet to attract the

same level of media profile or ministerial attention as drug related deaths. It is only a matter of time before this changes.

5.5 During the same period, there were 30 alcohol-specific deaths registered in Aberdeenshire. This was a welcomed decrease of 9% (2 deaths) compared with 2020 but insufficient to turn around the substantial increases from the preceding decade. There were 15 alcohol specific deaths in Aberdeenshire in 2011 meaning the level of alcohol related harm in Aberdeenshire has doubled in 10 years. It is noteworthy that the affordability of alcohol in real terms (due to the above noted alcohol duty freezes in this period) have closely paralleled the rises in mortality across all of Scotland and the UK.

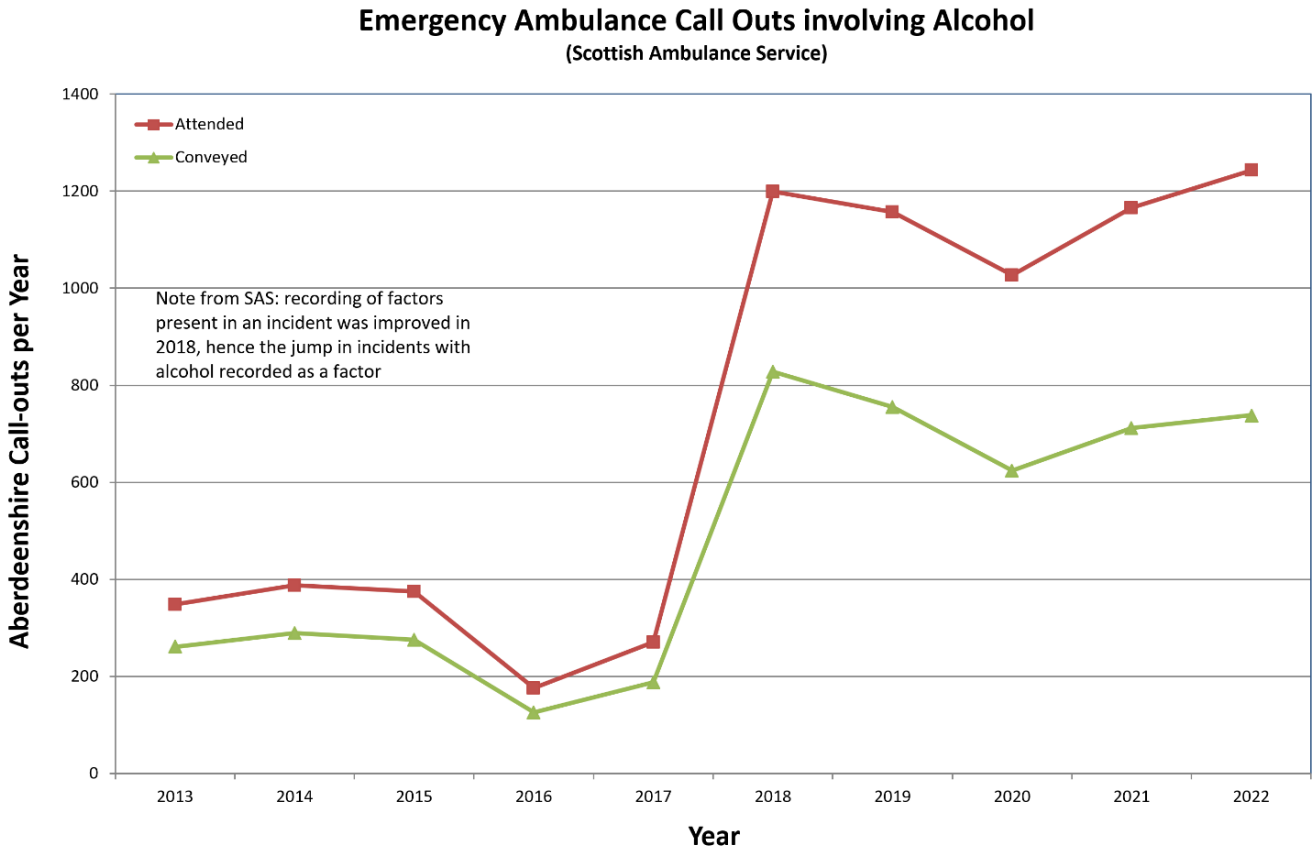
Hospital Admissions

5.6 Standardised rates of admission to hospital from alcohol cirrhosis in Aberdeenshire has doubled in 10 years.



Ambulance Call-outs

5.7 The rate of ambulance call-outs in Aberdeenshire where alcohol was a factor reflects a similarly increasing pattern. So far this year, 5.5% of all call-outs record alcohol as a factor.



Violence, Disorder and Antisocial Behaviour

5.8 Police Scotland data is indicative of a clear connection between consumption of alcohol purchased from on and off-sales licenses, with violence, disorder and antisocial behaviour. Community safety is directly impacted by alcohol consumption within on sales premises. The unseen costs to emergency organisations can often be impacted further by extended opening hours both in terms of incident management and the additional preventative or contingency resourcing put in place.

5.9 There is therefore significant scope to modify current LB policy to stem or reverse these documented increases in alcohol related harm.

6 Community Views

6.1 LBs have statutory obligations to set policy and make decisions bearing 5 licensing objectives in mind, one of which is *'protecting and improving public health'*. Decisions based on other considerations such as alcohol industry job creation would be *ultra vires*. Nevertheless, LBs have to be sensitive to community views.

6.2 In order to gauge these views, the ADP Lead Officer recently surveyed community representatives and GPs about their aspirations for LB policy changes. Questions were asked about whether they thought:

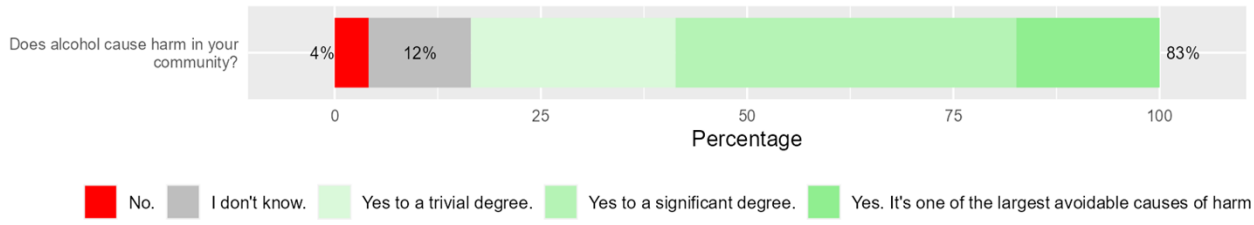
- Alcohol causes harm in our community;
- Whether LB policy should be changed; and
- What changes might be attractive.

6.3 These plausible policy interventions were determined and agreed[1] at the 24 June ADP 2022 ADP Committee meeting following discussions with communities and other partners.

6.4 At the time of writing this report, 8 GPs and 113 community members had responded with overall results displayed below. A breakdown of how people responded based on various demographics and backgrounds (including a significant proportion employed in the alcohol sector) is available in Appendix A.

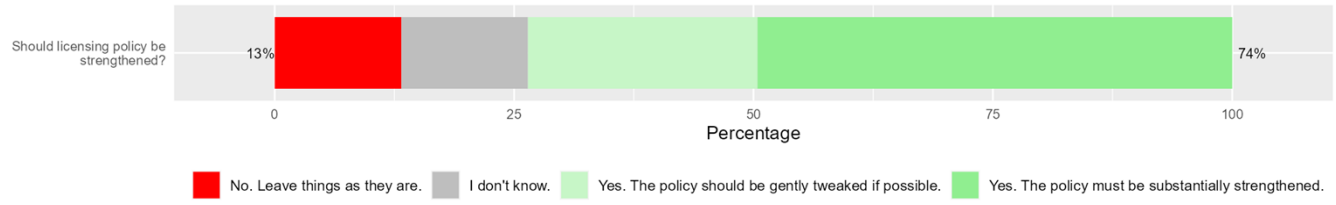
Results

6.5 Only 4% of respondents thought that alcohol did not currently harm our community.

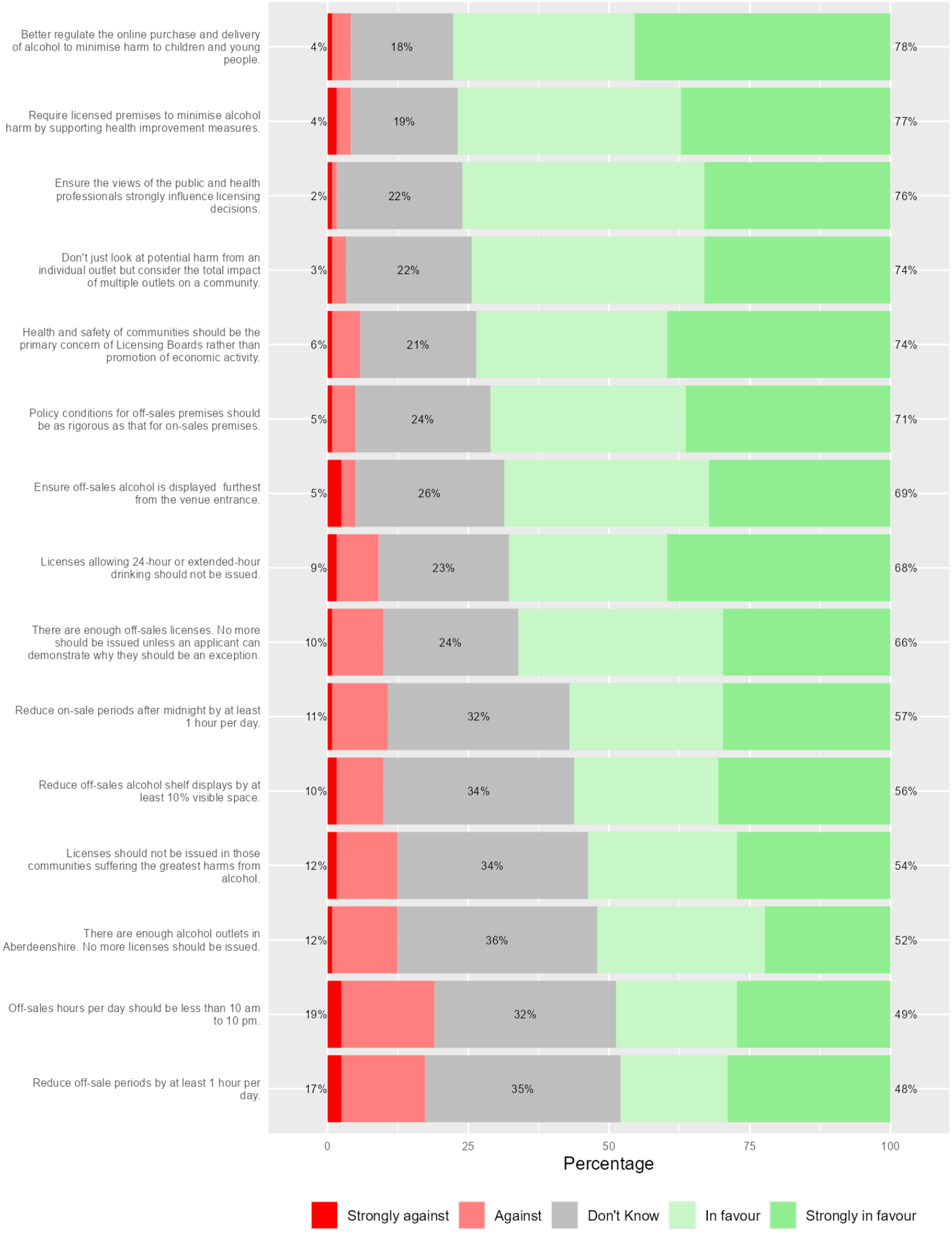


[1] Access to the ADP Teams Directory is required. This can be obtained by clicking here.

6.6 74% of people thought that LB policy should be strengthened, with the majority saying it should be substantially strengthened.



6.7 All of the policy proposals offered for consideration had more support for than against. The least well supported proposal had only 17% against and the most supported only 4% against:


Better regulate the online purchase and delivery of alcohol to minimise harm to children and young people.
4%
18%
78%
Require licensed premises to minimise alcohol harm by supporting health improvement measures.
4%
19%
77%
Ensure the views of the public and health professionals strongly influence licensing decisions.
2%
22%
76%
Don't just look at potential harm from an individual outlet but consider the total impact of multiple outlets on a community.
3%
22%
74%
Health and safety of communities should be the primary concern of Licensing Boards rather than promotion of economic activity.
6%
21%
74%
Policy conditions for off-sales premises should be as rigorous as that for on-sales premises.
5%
24%
71%
Ensure off-sales alcohol is displayed furthest from the venue entrance.
5%
26%
69%
Licenses allowing 24-hour or extended-hour drinking should not be issued.
9%
23%
68%
There are enough off-sales licenses. No more should be issued unless an applicant can demonstrate why they should be an exception.
10%
24%
66%
Reduce on-sale periods after midnight by at least 1 hour per day.
11%
32%
57%
Reduce off-sales alcohol shelf displays by at least 10% visible space.
10%
34%
56%
Licenses should not be issued in those communities suffering the greatest harms from alcohol.
12%
34%
54%
There are enough alcohol outlets in Aberdeenshire. No more licenses should be issued.
12%
36%
52%
Off-sales hours per day should be less than 10 am to 10 pm.
19%
32%
49%
Reduce off-sale periods by at least 1 hour per day.
17%
35%
48%
0
25
50
75
100
Percentage
Strongly against
Against
Don't Know
In favour
Strongly in favour

7 Discussion

7.1 A relatively large survey of the community and a small snap-shot of GPs has dramatically illustrated the community's concern about the harmful impact of alcohol in Aberdeenshire in line with the documented increases in alcohol related harm witnessed in Aberdeenshire. The results demonstrate the community's expectation that current LB policy be significantly strengthened by implementing a variety of policy interventions to reduce the growth in alcohol specific deaths over the last 10 years.

7.2 These views should give the LB confidence to include the following policy proposals in their draft policy to enable stakeholders to consider them during the consultation:

- **Better regulate the online purchase and delivery of alcohol** to minimise harm to children and young people. The role of the LB on such matters should be to work in a collaborative way, using such powers that it may have and lobby appropriate national forums for such change.
- **Require licensed premises to support health improvement measures.** Help on-sales establishments be part of the solution by requiring them to support health improvement interventions. Additionally, the LB should direct Local Authority Licensing Officials to seek health improvement and harm reduction measures as an appropriate component of sanctions relating to any infringement of licence conditions.
- **Ensure the views of the public and health professionals strongly influence licensing decisions**. Give public and professional sentiments from people who live and work in our community's sufficient weight and do not dismiss those views as 'mere anecdote'. Decisions should not be made on the basis of precedence or economic benefit alone, but a holistic assessment moderated by community and health-based impacts should also be taken.
- **Consider the total impact of multiple outlets on a community** rather than on a license-by-license basis. Recognise the concept of

'cumulative impact' on a community from multiple alcohol outlets rather than seeking proof that alcohol harm is attributed to a particular license. A significant part of the rationale here should include the acknowledgement that alcohol harms along with availability are clustered in areas of relative economic disadvantage. As a result, it would be irresponsible not to require a higher standard of scrutiny for any new licence or increased availability in an already socially disadvantaged area.

- **Health and safety of communities should be the primary concern** of LBs rather than the promotion of alcohol-related economic activity. Recognise that promotion of alcohol based economic activity is not a statutory function of the LB or a statutory licensing objective.
- **Upgrade licensing conditions for off-sales premises.** Policy conditions for off-sales premises should be as rigorous as that for on-sales premises. Recognise that those with addiction predominately purchase alcohol from off-sales premises, often with little responsible intervention or regard given to those clearly presenting with addiction. Additionally, recognise the shifting national culture of pre-loading and greater 'at home' consumption and the wider implications of this shift including domestic violence, which is known to be associated with increased alcohol consumption in the home; most of which can be hidden from view.
- **Ensure off-sales alcohol is displayed furthest from the venue entrance.** A consistent message from community members in sustained recovery from alcohol is how difficult it is to purchase food and items necessary for life when confronted with unavoidable alcohol displays.
- **Don't issue 24-hour or extended-hour drinking licenses.** Conclude that there are no exceptional circumstances that justify licenses that allow 24 hour or extended-hour drinking.
- **There are enough off-sales licenses.** Adopt a policy presuming against the award of off-sales licenses unless the applicant can demonstrate why they should be an exception, for example by

demonstrating that community and health impacts would be mitigated or not occur.

- **Reduce on-sale periods after midnight by at least 1 hour per day** for new applicants and for current licenses on renewal.
- **Reduce off-sales alcohol shelf displays by at least 10% visible space**. Retailers could achieve this by reducing shelf-utilisation for alcohol or diverting existing space to low or no-alcohol alternatives.
- **Communities suffering the greatest harms from alcohol should be protected from new licenses being awarded.** Conclude that awarding alcohol sales licenses in the areas experiencing or vulnerable to the greatest harm would be inconsistent with the statutory licensing objective to protect and improve public health.
- **There are enough alcohol outlets in Aberdeenshire.** No more licenses should be issued. Conclude that a state of alcohol-outlet overprovision has been reached in Aberdeenshire.
- **Off-sales hours per day should be less than 10 am to 10 pm.** Accept that off-sales hours of 10 am 10 pm are maximum allowable hours under the law and not a minimum.
- **Reduce off-sale periods by at least 1 hour per day** for new applicants and for current licenses on renewal.

8 Conclusions

8.1 It is acknowledged that the Aberdeenshire LB has a difficult task in achieving the statutory licensing objectives and consequently a reduction in the alcohol related harms summarised in this report. It is hoped that the support of the ADP provides the LB confidence to incorporate our recommendations into their draft consultation licensing policy.

Avril Nicol

Chair

Aberdeenshire ADP

Jan 2023

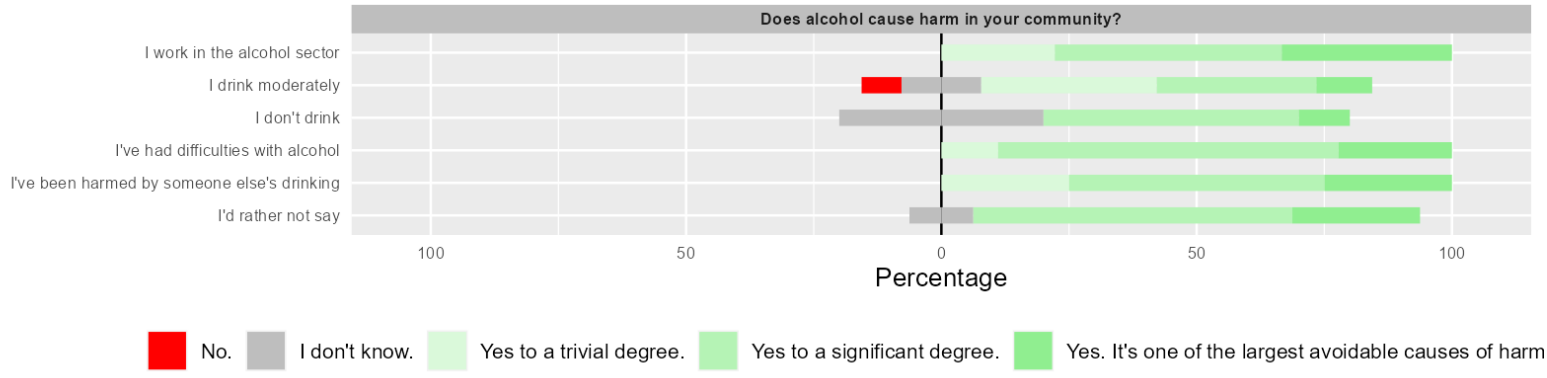
9 Appendix A: Results Breakdown

9.1 Respondent demographics:

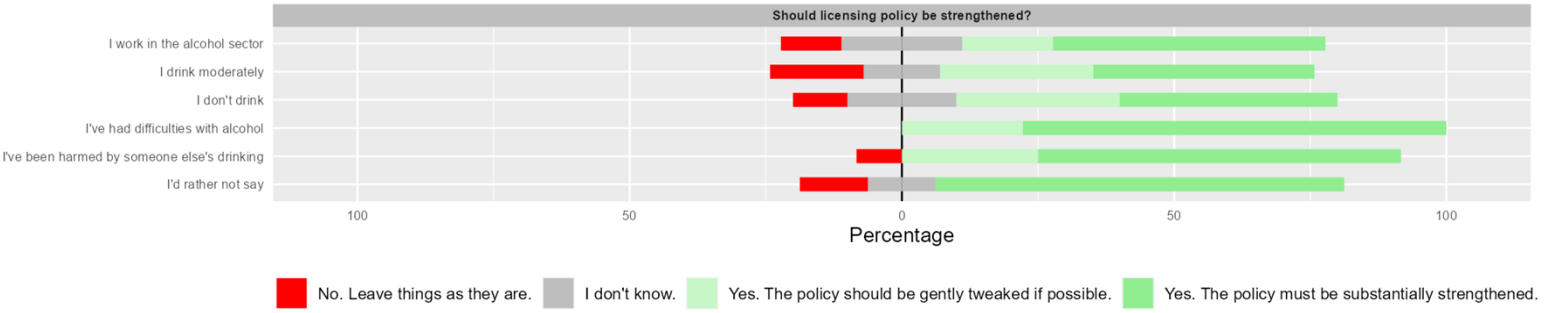
Gender	Count
Unknown	5
Female	87
Male	29

Respondent Characteristic	Count
I've been harmed by someone else's drinking	12
I've had difficulties with alcohol	9
I don't drink	10
I drink moderately	64
I work in the alcohol sector	18
I work in General Practice	8

9.2 Views on whether alcohol causes harm to our community.



9.3 Views on whether LB policy should be changed.



9.4 Views on policy by respondent category.