

# Public Document Pack



To: Sandy Kelman, Convener; Stuart McPhee, Vice Convener; and Peter Benton, Ken Eddie, Tara-Erin Gilchrist, Kerry Laing, Leanne McGowan, Shamini Omnes and Diane Sande.

Town House,  
ABERDEEN, 6 September 2016

## LOCAL LICENSING FORUM

The Members of the **LOCAL LICENSING FORUM** are requested to meet in Committee Room 4 - Town House on **TUESDAY, 13 SEPTEMBER 2016 at 2.00 pm.**

FRASER BELL  
HEAD OF LEGAL AND DEMOCRATIC SERVICES

### **B U S I N E S S**

- 1.1 Minute of Meeting of 16 March 2016 - for approval (Pages 5 - 12)
- 1.2 Minute of Meeting of 25 May 2016 - for approval (Pages 13 - 18)
- 1.3 Minute of Joint Meeting of the Licensing Board and Forum - 8 June 2016 - to note (Pages 19 - 26)
- 2 Matters Arising
- 3 Membership Updates

### **INTELLIGENCE (TO INFORM THE WORKING GROUP OF THE LICENSING FORUM)**

- 4 Alcohol Focus Scotland Regional Licensing Event - 15 September 2016 (Pages 27 - 28)

- 5 Alcohol Focus Scotland Strategic Plan 2016-19 (Pages 29 - 34)
- 6 UK Chief Medical Officers' Low Risk Drinking Guidelines (Pages 35 - 46)
- 7 Drug and Alcohol Findings Research Analysis (Pages 47 - 50)

**LICENSING OBJECTIVE 1 : PREVENTING CRIME AND DISORDER**

- 8.1 Update from Police Scotland

**LICENSING OBJECTIVE 2 : SECURING PUBLIC SAFETY**

- 8.2 Update from Licensing Standards Officer

**LICENSING OBJECTIVE 3 : PREVENTING PUBLIC NUISANCE**

- 8.3 Update from Unight Representative

**LICENSING OBJECTIVE 4 : PROTECTING AND IMPROVING PUBLIC HEALTH**

- 8.4 Update from NHS Grampian and Alcohol and Drugs Partnership

**LICENSING OBJECTIVE 5 : PROTECTING CHILDREN FROM HARM**

- 8.5 Update from Children's Services Representative

- 9 Progress Statement (Pages 51 - 52)
- 10 Date of next meeting - 8 November 2016

Website Address: [www.aberdeencity.gov.uk](http://www.aberdeencity.gov.uk)

Should you require any further information about this agenda, please contact Iain Robertson, tel. 01224 522869 or email [iairobertson@aberdeencity.gov.uk](mailto:iairobertson@aberdeencity.gov.uk)

**Substantive Members (voting)**

<b>Holders of premises licences and personal licences</b>
Stuart McPhee, UNIGHT, <u>Vice Convener</u> Leanne McGowan, Off Sales
<b>Chief Constable for the police area in which the Forum's area is situated</b>
Vacancy
<b>Persons having functions relating to health, education or social work</b>
Sandy Kelman, Aberdeen Alcohol and Drugs Partnership, <u>Convener</u>
Shamini Omnes, NHS Grampian
Peter Benton, Aberdeen Samaritans
Kerry Laing, Community Safety Partnership
Vacancy, Education and Children's Services, Aberdeen City Council
<b>Young People</b>
Vacancy, Aberdeen City Youth Council
<b>Persons resident within the Forum's area</b>
Ken Eddie, Aberdeen Civic Forum
Vacancy, Community Council
<b>Licensing Standards Officer</b>
Diane Sande (or Tara-Erin Gilchrist)

**Co-optees (non-voting)**

<b>Holders of premises licences and personal licences</b>
David McNair
William Christie
Adrian Gomes
<b>Persons having functions relating to health, education or social work</b>
Gerry Bowyer, Street Pastors
Heather Wilson, NHS Grampian

This page is intentionally left blank

## LOCAL LICENSING FORUM

Wednesday, 16 March 2016

Members present: Shamini Omnes, NHS Grampian Chairperson; and Peter Benton, Aberdeen Samaritans; Ken Eddie, Civic Forum; Daniel Forbes, Community Council Representative; Tara Erin Gilchrist, Licensing Standards Officer; Peter Lees, Community Safety Partnership (as substitute for Emily Queen) and Heather Wilson, Public Health (as substitute for Sandy Kelman).

Also present: Leanne McGowan; Giedrė Nėniūtė; and Iain Robertson, Democratic Services.

Apologies: Sandy Kelman, Stuart McPhee, Gillian Flett, Jonathan Lloyd, Emily Queen and Dave Bliss.

	Item	Discussion	Action / Decisions	To be actioned by
1	<b><u>Introductions</u></b>	<p>The Clerk informed the Forum that the Convener and Vice Convener had sent their apologies for today's meeting and advised that Shamini Omnes had volunteered to chair the meeting which the Forum agreed to.</p> <p><b>At this juncture Shamini Omnes assumed the Chair.</b></p> <p>The Clerk advised that additional apologies had been received from Dave Bliss, Gill Flett, Jonathan Lloyd and Emily Queen.</p> <p>The Chair proposed that Items 5 (Statement of Licensing Policy Consultation) and 6 (MESAS 2016 Annual Report) be taken together and brought forward on today's agenda to after Item 3 (Membership Updates) and the Forum agreed to these proposals.</p>	<p>To appoint Shamini Omnes as Chair for today's meeting;</p> <p>To note the apologies received; and</p> <p>To agree to consider Item 5 (Statement of Licensing Policy Consultation) and Item 6 (MESAS 2016 Annual Report) immediately after Item 3 (Membership Updates).</p>	<p>I Robertson – for minute</p> <p>I Robertson – for minute</p> <p>I Robertson – for minute</p>
2	<b><u>Minute of Previous Meeting of 12 January 2016</u></b>	N/A	To approve the minute as a correct record.	N/A

	Item	Discussion	Action / Decisions	To be actioned by
3	<b><u>Matters Arising</u></b>	With reference to Item 3(i) Tara-Erin Gilchrist advised that the LSO Annual Report 2015-16 was currently being collated and was due to be reported in April 2016 and that an update to the Hub could be provided thereafter.	To request an update on the LSO Annual Report 2015-16 at the next meeting of the Forum.	D Sande/T-E Gilchrist
4	<b><u>Membership Updates</u></b>	<p>The Clerk advised that the Aberdeen Youth Council had nominated Giedrė Nėniūtė and Edgar Organesjan as their substantive and substitute representatives to the Forum. The Chair nominated them as substantive and substitute young people's representatives to the Forum. This nomination was seconded by Daniel Forbes and thereafter the Forum resolved to appoint them to the Forum.</p> <p>The Clerk introduced Leanne McGowan and she advised that she would like to become a member of the Forum as an Off Sales representative. The Chair nominated Ms McGowan as the Off Sales representative to the Forum and this nomination was seconded by Peter Benton and thereafter the Forum resolved to appoint her to the Forum.</p> <p>The Clerk informed the Forum that Emily Queen was going on maternity leave and a new Community Safety Partnership representative would need to be identified. He advised that recruitment for Ms Queen's post was ongoing and the successful candidate would become the new Community Safety Partnership representative to the Forum.</p>	<p>The Forum resolved to appoint Giedrė Nėniūtė and Edgar Organesjan as substantive and substitute members to the Forum, representing young people;</p> <p>The Forum resolved to appoint Leanne McGowan to the Forum, representing Off Sales;</p> <p>To note that there was an ongoing recruitment process to identify a new Community Safety Representative to the Forum; and</p> <p>To thank Emily Queen for her time and effort in supporting the Forum and to wish her well on her maternity leave.</p>	<p>I Robertson</p> <p>I Robertson</p> <p>N/A</p> <p>N/A</p>
5	<b><u>Statement of Licensing Policy Consultation and MESAS 2016</u></b>	Heather Wilson (Public Health) spoke to the reports and advised that the purpose of the papers was to inform preparations for the Joint Meeting with the Licensing Board on 8	To note the reports and the information provided;	N/A

	Item	Discussion	Action / Decisions	To be actioned by
	<b><u>Annual Report</u></b>	<p>June 2016. With regards to the MESAS report, she provided an overview of the findings and highlighted four recommendations:-</p> <ol style="list-style-type: none"> <li>1. The review and refresh of Scotland's alcohol strategy should draw on the current evidence base;</li> <li>2. Continue to improve implementation of the strategy (including implementation of minimum unit pricing);</li> <li>3. Monitor alcohol-related harm and consumption. Where possible evaluate new interventions; and</li> <li>4. A number of potentially useful areas of future research were identified which should be explored.</li> </ol> <p>Mrs Wilson advised of the progress made by the introduction of Scotland's Alcohol Strategy in 2008/9 and explained that Aberdeen City had responded to the request for data when researchers conducted a review of developments following the Implementation of the Licensing (Scotland) Act 2005. As a result Aberdeen is used as a case survey within the MESAS report.</p> <p>Mrs Wilson also advised that there were three areas in the Licensing Forum Letter to the Licensing Board that related directly to the findings in the MESAS report detailing developments following the Implementation of the Licensing (Scotland) Act 2005. These were:</p> <p>Lack of guidance and resource materials; Lack of baseline data; and Lack of updates/progress to baseline data.</p>	<p>To request that Police Scotland's SLP consultation submission to the Aberdeen City Licensing Board be provided to the Forum;</p> <p>To request that Police Scotland's representative to the Forum introduce Police Scotland's SLP consultation submission to the Aberdeen City Licensing Board at the next Forum meeting;</p> <p>To request that NHS Grampian's SLP consultation submission to the Aberdeen City Licensing Board be provided to the Forum;</p> <p>To invite Tara Shivaji to the Forum's next meeting to introduce NHS Grampian's SLP consultation submission to the Aberdeen City Licensing Board; and</p> <p>To consider how this would be brought together at the Forum's next meeting ahead of the Joint Meeting with the Licensing Board in June 2016.</p>	<p>I Robertson</p> <p>G Flett</p> <p>I Robertson</p> <p>I Robertson</p> <p>All Members</p>

	Item	Discussion	Action / Decisions	To be actioned by
		<p>The MESAS report cites the lack of data as a hindrance to providing a more accurate picture and makes recommendations for the type of data required which is very similar to the Licensing Forum request.</p> <p>Thereafter members discussed the impact of Police Scotland's zero tolerance policy on drink driving; the decline in popularity of traditional pubs and other demographic and cultural shifts such as increased sales of soft drinks and increases in alcohol sales from supermarkets and off sales premises.</p>		
6	<b><u>Community Licensing Toolkit</u></b>	<p>Daniel Forbes (Community Council Representative) spoke to the report and welcomed the introduction of the Toolkit and found that it simplified licensing procedures which made understanding the overall process much easier and he was pleased that the language used was plain English and not littered with jargon. Mr Forbes explained that this form of community engagement would lead to more informed decision making and advised that he would provide an update at the next meeting of the Forum on Community Council Responses to the Toolkit. The Forum agreed that the Toolkit should be displayed prominently to increase awareness of the licensing process and instructed the Clerk to discuss with the Clerk to the Licensing Board and Community Council Liaison Officer whether it would be possible to upload the Toolkit onto their respective Council webpages.</p>	<p>To request an update on feedback received from Community Councils in relation to the Community Licensing Toolkit;</p> <p>To request that the Community Council Representative discuss licensing training opportunities with the Community Council Liaison Officer;</p> <p>To request that the Community Council Representative raise the Community Licensing Toolkit at a Bucksburn Community Council meeting and provide an update at the next Forum meeting on their discussions; and</p> <p>To instruct the Clerk to discuss with the Clerk to the Licensing Board and Community Council Liaison Officer whether it would be possible to upload the Toolkit onto their respective Council webpages and to request feedback.</p>	<p>D Forbes</p> <p>D Forbes</p> <p>D Forbes</p> <p>I Robertson</p>
7	<b><u>Aberdeen City ADP and Alcohol</u></b>	<p>Heather Wilson spoke to the report and advised that the campaign ran from December</p>	<p>To note the report and the information provided; and</p>	N/A



	Item	Discussion	Action / Decisions	To be actioned by
	<b><u>Aberdeen's Festive Campaign Evaluation Report</u></b>	2015 through to January 2016 with targeted messages to different demographic groups which highlighted the importance of enjoying nights out in town responsibly. Mrs Wilson explained that posters and messages were posted in the City Centre in locations such as the St Nicholas Centre and on social media and they estimated that the campaign had reached over 100,000 individuals with a cost of £3000 which they believed provided good value for money. She advised that the campaign had been well received and was encouraged by the positive response from the local licensed trade who were largely happy to display posters and promote the campaign within their premises. She informed the Forum that the full report could be found on the ADP website.	To note that the full report could be accessed on the ADP website.  <a href="http://aberdeencityadp.org.uk/news-and-media/campaigns/">http://aberdeencityadp.org.uk/news-and-media/campaigns/</a>	N/A
8	<b><u>Safer Torry Evaluation Report</u></b>	Peter Lees (Community Safety Partnership) introduced the report and informed the Forum that the report focussed on alcohol and domestic abuse in the Torry area of Aberdeen. He advised that an action group had been formed which met every six weeks and included representatives from the licensed trade; the Community Safety Partnership (CSP) and Police Scotland and its remit was to establish a self-policing system for the local licensed premises which would also be monitored by the CSP and Police Scotland. Mr Lees noted that instances of domestic abuse were relatively high in Torry but cautioned that this was due to a high population density and advised that a more representative performance measure would be to calculate domestic abuse cases per 10,000 people and this figure revealed that Torry's domestic abuse rate was below a number of areas in North Aberdeen. He added	To note the report and information provided; and	N/A

	Item	Discussion	Action / Decisions	To be actioned by
		<p>that community planning partners would need to continue investing time and resources into Torry to ensure that positive behaviours became entrenched as issues such as alcohol and domestic abuse were often multi-generational in nature.</p> <p>Thereafter there were questions and comments on plans to upscale the pilot to include areas of multiple deprivation in the North of the city; and members queried if there was scope to introduce a referral system to refer individuals who had been banned from licensed premises due to issues related to alcohol abuse.</p>	<p>To request an update on the development of a referral system for individuals who had been banned from licensed premises in the self-policing scheme in Torry due to issues related to alcohol abuse.</p>	P Lees
9	<b><u>Update from Police Scotland: Licensing Objective 1: Preventing Crime and Disorder</u></b>	No update.	N/A	N/A
10	<b><u>Update from Licensing Standards Officer: Objective 2: Securing Public Safety</u></b>	No further updates.	N/A	N/A
11	<b><u>Update from Unight Representative: Licensing Objective 3: Preventing Public Nuisance</u></b>	No update.	N/A	N/A
12	<b><u>Update from NHS Grampian and</u></b>	Heather Wilson advised that the statutory requirement for Licensing Boards to review	To note the information provided.	N/A

	Item	Discussion	Action / Decisions	To be actioned by
	<b><u>Alcohol and Drugs Partnership: Licensing Objective 4: Protecting and Improving Public Health</u></b>	<p>their SLPs had been delayed to November 2018 but she advised that Aberdeen City would continue to work on an interim statement in the meantime and retain their existing consultation process.</p> <p>Mrs Wilson informed the Forum that NHS Grampian would submit no letters of objection or representations at the Licensing Board meeting on 22 March 2016 and this was the first time to her knowledge this has had ever occurred and she welcomed this development.</p> <p>Mrs Wilson added that Alcohol Focus Scotland had published a new manifesto which focussed on preventing chronic diseases; protecting children and young people; and creating healthier and safer neighbourhoods. She explained that the manifesto proposed that a social responsibility levy be introduced so alcohol retailers would contribute to the wider cost of their activities on the community and recommended that the extra revenue gained from the introduction of minimum unit pricing should be made available for community alcohol support projects and groups.</p>		
13	<b><u>Update from Children's Services Representative: Licensing Objective 5: Protecting Children from Harm</u></b>	No update.	N/A	N/A

	Item	Discussion	Action / Decisions	To be actioned by
14	<b><u>Progress Statement</u></b>	The Clerk highlighted that the Statement of Licensing Policy Refresh had been added to the Statement and advised that he would welcome further member input on items for future inclusion.	To note the Progress Statement.	N/A
15	<b><u>Date of Next Meeting</u></b>	25 May 2016.	To note the information provided.	N/A

If you require any further information about this minute, please contact Iain Robertson, tel. 01224 522869 or email [iairobertson@aberdeencity.gov.uk](mailto:iairobertson@aberdeencity.gov.uk)

## LOCAL LICENSING FORUM

Wednesday, 25 May 2016

Members present: Sandy Kelman, Alcohol and Drugs Partnership Convener; and Sgt Gill Flett, Police Scotland; Giedrė Nėniūtė, Aberdeen Youth Council; and Shamini Omnes, Aberdeen City Health and Social Care Partnership.

Also present: Dr Tara Shivaji and Dr Kalonde Kasengele, NHS Grampian and Iain Robertson, Democratic Services.

Apologies: Peter Benton, Daniel Forbes, Tara-Erin Gilchrist and Diane Sande.

	Item	Discussion	Action / Decisions	To be actioned by
1	<b><u>Introductions</u></b>	<p>The Convener opened the meeting and advised that today's meeting was not quorate and as such no decisions could be made, to this point he expressed his disappointment with regards to the turnout.</p> <p>The Convener reminded members that he had had sent his apologies to the Forum's previous meeting on 16 March 2016 and he thanked Shamini Omnes for chairing the meeting in his absence.</p> <p>He also introduced himself and welcomed Giedre Neniute onto the Forum as the Young Persons representative and advised that he and his colleague Heather Wilson from NHS Grampian would attend the Youth Council's next meeting on 31 May 2016 to provide a briefing on licensing issues and the work of the Forum.</p>	<p>To note that the meeting was not quorate;</p> <p>To thank Shamini Omnes for chairing the Forum's previous meeting on 16 March 2016; and</p> <p>To welcome Giedre Neniute onto the Forum.</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>
2	<b><u>Minute of Previous Meeting of 16 March 2016</u></b>	The Clerk advised that as the meeting was not quorate the minute could not be approved and its consideration should be deferred to the Forum's next meeting on 13 September 2016.	To defer consideration of the minute of the previous meeting – 16 March 2016 to the Forum's next meeting on 13 September 2016.	I Robertson – for agenda

	Item	Discussion	Action / Decisions	To be actioned by
3	<b><u>Matters Arising</u></b>	N/A	N/A	N/A
4	<b><u>Membership Updates</u></b>	The Clerk advised that Emily Queen was now on maternity leave and she would be replaced by Kerry Laing as the Community Safety representative to the Forum.	To note that Kerry Laing had been nominated to replace Emily Queen as the Community Safety representative to the Forum.	N/A
5	<b><u>SLP Consultation Submission – NHS Grampian</u></b>	The Forum received a presentation from Dr Tara Shivaji (NHS Grampian) on NHS Grampian's SLP consultation submission to the Aberdeen City Licensing Board. Dr Shivaji advised that the response focussed on localities rather than on a citywide basis as the research aimed to capture changes in culture and the use of community based services. Dr Shivaji explained that harmful use of alcohol had increased and she highlighted the clustering of licensed premises in areas of multiple deprivation. She added that demand for alcohol had increased in conjunction with accessibility and this had led to a rise in the number of hospital admissions for acute alcohol intoxication in recent years and an increase in the rate of referrals to the Integrated Alcohol Service for deprived areas in comparison to the Aberdeen City average.	To note the information provided; and  To thank Dr Shivaji for the informative presentation.	N/A  N/A
6	<b><u>SLP Consultation – Police Scotland</u></b>	Gill Flett advised the Forum that Police Scotland's SLP submission had developed bespoke mapping which plotted and matched offences relative to their proximity to licensed premises and she explained that there was a clear link between a number of incidents and off sales premises but this data would ultimately be for the Licensing Board to interpret and analyse. She added that a	To note the information provided.	N/A

	Item	Discussion	Action / Decisions	To be actioned by
		<p>number of areas of the City Centre were overprovisioned with licensed premises but noted that Police Scotland would be open to making a distinction in future SLPs between cafes and restaurants and bars and clubs.</p> <p>The Convener informed the Forum that alcohol sales in Scotland had increased over the previous two years and the rate of alcohol consumption was significantly higher in Scotland than in England or Wales. He highlighted that alcohol in Scotland was generally cheaper and that 5% of alcohol sales were sold at 30p per unit.</p>		
7	<b><u>Agenda Setting for Joint Meeting with the Licensing Board</u></b>	<p>The Convener referred to his letter to the Convener of the Licensing Board dated 13 January 2016 which had been attached to today's agenda and he briefly summarised the letter's recommendations for the Licensing Board's consideration. He advised that these recommendations would form the basis of the agenda for the upcoming Joint Meeting on 8 June 2016.</p> <p>Giedre Neniute highlighted that these issues would be discussed at the next Aberdeen Youth Council on 31 May 2016 and she advised that she would correspond with the Clerk if any pertinent issues arose at the meeting ahead of the publication of the Joint Meeting agenda.</p>	<p>To note the information provided; and</p> <p>To note that Giedre Neniute would correspond with the Clerk if any pertinent issues arose at the next Aberdeen Youth Council meeting ahead of the publication of the Joint Meeting agenda.</p>	<p>N/A</p> <p>G Neniute</p>
8	<b><u>Update from Police Scotland: Licensing Objective 1: Preventing Crime and Disorder</u></b>	Gill Flett advised that Police Scotland's Licensing division had been restructured and there was now one North East Licensing Division servicing the whole of the Grampian area. Sgt Flett added that a new licensing database was also being developed.	To note the information provided.	N/A

	Item	Discussion	Action / Decisions	To be actioned by
9	<b><u>Update from Licensing Standards Officer: Objective 2: Securing Public Safety</u></b>	No update.	N/A	N/A
10	<b><u>Update from Unight Representative: Licensing Objective 3: Preventing Public Nuisance</u></b>	No update.	N/A	N/A
11	<b><u>Update from NHS Grampian and Alcohol and Drugs Partnership: Licensing Objective 4: Protecting and Improving Public Health</u></b>	Shamini Omnes explained that the integration of health and social care was ongoing and she had been reassigned to the newly established Aberdeen City Health and Social Care Partnership. She added that her role would be to support adults and older people in the city's South locality.	To note the update provided.	N/A



	Item	Discussion	Action / Decisions	To be actioned by
12	<u>Update from Children's Services Representative: Licensing Objective 5: Protecting Children from Harm</u>	No update.	N/A	N/A
13	<u>Progress Statement</u>	<p>The Clerk highlighted that the Statement of Licensing Policy Refresh had been added to the Statement and advised that he would welcome further member input on items for future inclusion.</p> <p>The Chair apologised to Dr Shivaji and Dr Kasengele for the poor attendance at today's meeting and advised that he would write to all Forum members to express his disappointment and to stress the importance of the Forum's function and to emphasise that if members were unable to attend a meeting they should contact the Clerk to record their apologies and arrange for a suitable substitute to attend in their stead.</p>	<p>To note the Progress Statement.</p> <p>To note that the Convener would write to all Forum members to express his disappointment at the low turnout for today's meeting.</p>	<p>N/A</p> <p>S Kelman</p>
14	<u>Date of Next Meeting</u>	13 September 2016.	To note the information provided.	N/A

	Item	Discussion	Action / Decisions	To be actioned by
--	------	------------	--------------------	-------------------

If you require any further information about this minute, please contact Iain Robertson, tel. 01224 522869 or email [iairobertson@aberdeencity.gov.uk](mailto:iairobertson@aberdeencity.gov.uk)

## **JOINT MEETING – LOCAL LICENSING FORUM AND LICENSING BOARD**

ABERDEEN, 8 June 2016. Minute of Meeting of the JOINT MEETING - LOCAL LICENSING FORUM AND LICENSING BOARD. Present:- Alexander Kelman, Convener; Councillors Boulton, Cameron, Carle, Copland, Donnelly and Lawrence; and Peter Benton, Ken Eddie, Sgt Gill Flett, Tara-Erin Gilchrist, Kerry Laing, Leanne McGowan, Edgar Organesjan (as substitute for Giedre Nenuite), Shamini Omnes, Diane Sande, Miriam Smith (as substitute for Dave Bliss), Sarah Wheeler (as substitute for Stuart McPhee) and Heather Wilson. Officers in attendance:- Ruth O'Hare and Iain Robertson.

Apologies: Cllr Townson, Dave Bliss, Daniel Forbes and Stuart McPhee.

### **WELCOME AND INTRODUCTIONS**

1. The Convener welcomed everyone to the annual joint meeting of the Licensing Board and the Local Licensing Forum. He advised that as the Convener of the Licensing Board had chaired the previous year's meeting, it was the turn of the Local Licensing Forum Convener to chair today's meeting.

### **MINUTE OF PREVIOUS MEETING**

2. The Joint Meeting had before it the minute of its previous meeting of 2 July 2015.

#### **The Joint Meeting resolved:-**

To approve the minute as a correct record.

### **MATTERS ARISING**

3. The Convener referred to article 7 of the minute of the previous meeting (Off Sales Capacities) and confirmed that this information had been received.

#### **The Joint Meeting resolved:-**

To note that officers had provided a list of off sales capacities to the NHS and the Licensing Forum.

### **UPDATE FROM THE DEPUTE CLERK TO THE LICENSING BOARD**

4. The Depute Clerk provided the Joint Meeting with an update on licensing developments and areas of legal challenge since its previous meeting on 2 July 2015. She advised that the Statement of Licensing Policy (SLP) would be undergoing a refresh and she was grateful for the initial consultation responses from NHS Grampian and Police Scotland, and explained that the timeframe for the approval of the refreshed SLP had been extended by the Scottish Government by 18 months. The Depute Clerk

## **JOINT MEETING – LOCAL LICENSING FORUM AND LICENSING BOARD 8 JUNE 2016**

summarised the main provisions of the Air Weapons and Licensing (Scotland) Act (2015) as it pertained to licensing and advised that the Licensing Board was required to produce an annual report on the Board's functions and finances. She highlighted that the Licensing Team was undergoing a period of great change as Fraser Bell had been appointed as the Clerk to the Licensing Board, in his capacity as Head of Legal and Democratic Services and her predecessor as Depute Clerk, Eric Anderson had now retired. She added that she had been appointed as the Licensing Team Leader and the Council was in the process of recruiting solicitors and paralegals to support the Council's licensing functions.

### **The Joint Meeting resolved:-**

- (i) to note the update from the Depute Clerk;
- (ii) to welcome Fraser Bell on his appointment as Clerk to the Licensing Board;
- (iii) to welcome Ruth O'Hare on her appointment as Depute Clerk to the Licensing Board and Licensing Team Leader; and
- (iv) to wish Eric Anderson well on his retirement.

### **LICENSING FORUM RECOMMENDATIONS FOR THE CONSIDERATION OF THE LICENSING BOARD**

5. The Joint Meeting had before it a letter from the Convener of the Licensing Forum to the Convener of the Licensing Board dated 13 January 2016 which outlined the Forum's recommendations to the Licensing Board as per Section 10 of the Licensing (Scotland) Act (2005) and the Alcohol Focus Scotland Community Licensing Toolkit.

### **ASPIRATIONAL STATEMENT**

6. The Convener welcomed the draft aspirational statement and advised that it could be further strengthened through alignment with all five of the licensing objectives. The Depute Clerk explained that she would be happy to revisit the statement in consultation with the Board. Councillor Boulton highlighted that an inclusive statement should be developed that provided the Board with the requisite flexibility to make decisions so careful wording would be needed in order not to alienate key partners. She suggested that the Forum could prepare another draft for the Board's consideration in its capacity as a critical friend.

## **JOINT MEETING – LOCAL LICENSING FORUM AND LICENSING BOARD 8 JUNE 2016**

### **SLP REDRAFTED IN PLAIN ENGLISH**

7. The Convener noted that the SLP should be as transparent as possible and he recommended that the current legalistic language be replaced in favour of plain English to ensure that the process was as accessible as possible. He informed the Joint Meeting that he would welcome a complete refresh of the SLP in this regard rather a revision of the current policy. The Depute Clerk explained that the licensing process would be undergoing a revamp and would include a refresh of the SLP and noted that she supported the introduction of plain English for the Board's functions insofar as possible. Councillor Boulton reminded members that the current SLP was only in its second iteration and that the timeframe for finalising the new policy had been increased by the Scottish Government so there was greater scope to refresh the policy and transition to the new process.

### **BASELINE DATA**

8. The Convener recommended that the Licensing Board should consider compiling data in order to measure and evidence how successful the Board had been in delivering on the five licensing objectives set out in legislation and he suggested a number of indicators for the Board's consideration. The Depute Clerk advised that there would soon be a statutory requirement for the Board to produce an annual report and this would include information on occasional licenses and the Board's financial performance and expenses. Councillor Boulton noted that if new performance indicators were to be introduced then a narrative on performance should accompany them to set the quantitative data in context.

### **RECORDING OF DECISIONS**

9. The Convener advised that the Licensing Board had not always recorded the specific conditions of the approved license and this made it challenging for Licensing Standards Officers to monitor and enforce the terms of the license. He proposed that the new SLP should articulate the process to ensure that if approved, the full terms would be recorded as part of the conditions of granting the license. Councillor Boulton advised that she would be happy to accept this proposal.

### **SETTING MINIMUM DISTANCES FOR LICENSED PREMISES**

10. The Convener noted that the Board's previous policy had stated that there was an overprovision of licensed premises in Aberdeen City and asked if the Board would consider adding minimum distance criteria to the refreshed SLP, whereby an

## **JOINT MEETING – LOCAL LICENSING FORUM AND LICENSING BOARD 8 JUNE 2016**

application would be refused unless the proposed venue was a defined distance away from the nearest licensed premise. He added that it would be a matter for the Board to decide at what distance the criteria should be set at. Councillor Boulton explained that she was open to this proposal but would have to check its legality, and Councillor Carle highlighted that the Board had to be mindful that previous overprovisioned policies had been overturned in court. The Depute Clerk advised that the Air Weapons and Licensing Act (2015) had revised provisions relating to designation of overprovisioned areas and explained that she would raise the issue at a meeting of the Society of Local Authority Lawyers and Administrators in Scotland (SOLAR) for discussion with other authorities and would report back to the Forum on the outcome of these discussions.

### **SETTING SHELF SPACE LIMIT FOR ALCOHOL PRODUCTS**

**11.** The Convener highlighted that in addition to price and availability, recent evidence suggested that the display and prominence of alcohol products in licensed premises could also be having an impact on alcohol consumption levels and he asked the Board to consider introducing a shelf space limit for alcohol products to emphasise the message that alcohol was no ordinary commodity.

Councillor Boulton advised that with regards to the review of SLP, nothing would be off the table but she would have to check the legality of the proposal and undertake appropriate consultation. She noted that licensing applications had to include operational or layout plans for prospective premises and if granted, these plans would be subject to inspection by Licensing Standards Officers who report to the Licensing Board.

### **LICENSING BOARD GUIDANCE ON SURVEYS TO SUPPORT APPLICATIONS**

**12.** The Convener noted his concern that licensing applicants had been producing their own surveys to evidence community support for their applications and he enquired if the Board would consider discarding these surveys unless conducted or endorsed by community councils. The Depute Clerk advised that she would discuss this issue with the Council's Community Council Liaison Officer to find out if community councils had the capacity to perform this function; and members also highlighted that not all areas of the city had a functioning community council. The Depute Clerk explained that the weight members placed on surveys presented to the Board by applicants would be at the discretion of Board members and each application would be looked at on its merits.

## **JOINT MEETING – LOCAL LICENSING FORUM AND LICENSING BOARD 8 JUNE 2016**

### **OVERVIEW OF THE LICENSING PROCESS – PUBLIC ACCESS AND ENGAGEMENT**

**13.** The Convener highlighted a number of issues related to the user friendliness of the Licensing Board's webpage, to which the Depute Clerk and the Clerk to the Licensing Forum advised that they would liaise with each other to provide a more integrated system for service users. The Convener noted that Alcohol Focus Scotland had produced a toolkit which aimed to assist individuals and community groups to navigate the licensing process and asked if this had been uploaded onto the Board's webpage. The Depute Clerk explained that legal colleagues had been looking at the legality of endorsing guidance on the licensing process from an external source and she would report back to the Forum on this matter in due course. She also recognised that the licensing process could be arcane and complex to members of the public and advised that she would speak to other licensing boards to learn best practice with regards to community engagement.

#### **The Joint Meeting resolved:-**

- (i) to note the correspondence;
- (ii) to note the Alcohol Focus Scotland Toolkit;
- (iii) to request that the new SLP provide greater detail on how the Board processes decisions, so that on occasions where a license was granted under specific conditions these were recorded as a condition of the license being granted;
- (iv) to request that the Depute Clerk provide an update to the Licensing Forum on her discussions with SOLAR on the development of an overprovision policy in localities;
- (v) to request that the Depute Clerk contact the Community Council Liaison Officer to discuss the capacity of community councils to be consulted on or conduct surveys in support of licensing applications;
- (vi) to request that the Depute Clerk liaise with the Clerk to the Licensing Board to increase the capacity and user friendliness of the Licensing Board's webpage; and
- (vii) to request that the Depute Clerk correspond with the Clerk to the Licensing Forum with the Licensing Board's response to the Forum's recommendations.

### **MESAS ANNUAL REPORT**

**14.** The Joint Meeting had before it the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) Annual Report from March 2016.

The Convener informed the Joint Meeting that the MESAS Annual Report had been presented to the Forum at its meeting on 25 May 2016 and explained that the report

## **JOINT MEETING – LOCAL LICENSING FORUM AND LICENSING BOARD 8 JUNE 2016**

had reported an increase in year on year alcohol sales in Scotland and that the average Scot consumed 10.8 litres of alcohol per week which was well above the recommended intake. He added that 74% of sales were purchased from off licenses and that the average unit price was 52p from off sales and £1.54 from on sales premises.

Councillor Boulton advised that she found the figures to be alarming and thereafter members of the Licensing Board explained that they had to hear applications based on merit and that a very small proportion of Board decisions had been appealed as they had been mindful to apply the criteria of the SLP as judiciously as possible.

### **The Joint Meeting resolved:-**

- (i) to note the report; and
- (ii) to note the information provided.

## **MAINSTREAMING EQUALITY OUTCOMES**

**15.** The Joint Meeting had before it the Licensing Board's Equality Outcomes – 30 April 2013 to 29 April 2017 and the Licensing Board's Mainstreaming Report dated 30 April 2016.

Shamini Omnes (Health representative to the Forum) explained that Dr Tara Shivaji (NHS Grampian) had presented to the Forum at its meeting on 25 May 2016 and requested that health impact assessments and mainstreaming equality outcomes be raised at the Joint Meeting. Ms Omnes advised that Dr Shivaji would like the Licensing Board to consider reviewing this area during the development of the refreshed SLP.

### **The Joint Meeting resolved:-**

- (i) to note the reports; and
- (ii) to request that the Depute Clerk to the Licensing Board meet with Dr Tara Shivaji to discuss the Board's approach towards mainstreaming equality outcomes during the development of the refreshed SLP.

## **THE LOWERING OF THE DRINK DRIVING LIMIT AND ITS IMPACT ON THE LICENSED TRADE**

**16.** Leanne McGowan (Off Sales Representative to the Forum) advised that her premises had recorded a reduction in alcohol sales over the previous year and she surmised that customers were increasingly purchasing their alcohol from supermarkets. Sarah Wheeler (UNIGHT) explained that her premises had also been affected in terms of sales but highlighted that there were clear benefits to the policy as customers were more aware of what they could drink if they also wanted to drive. She added that they



## **JOINT MEETING – LOCAL LICENSING FORUM AND LICENSING BOARD 8 JUNE 2016**

had introduced promotions to target designated drivers but noted that they had lost customers who ordered a beer on the journey home from work or those who had a glass of wine with a meal.

Councillor Bolton asked the licensed trade representatives if they stocked non-alcoholic beers and cocktails. Ms McGowan replied that her premises had been but they were not popular amongst her customers and Ms Wheeler added that these drinks could be expensive and it would take a period of time for suppliers to recognise trends and cultural changes in drinking habits. Heather Wilson noted that Public Health had been working with the licensed trade and the Community Safety Partnership to promote alcohol free events and she highlighted that Aberdeen had once again secured Purple Flag accreditation which recognised the safeness of the night time economy.

Sgt Flett informed the Joint Meeting that the recorded increase in the number of drink driving convictions had been levelling out and she advised that Police Scotland would be spotlighting this campaign over the summer and again during the festive period. To this point, Councillor Copland requested Police Scotland's statistics on the number of drivers who had exceeded the prescribed limit before and after the introduction of the zero tolerance regulations.

Thereafter the Joint Meeting discussed how a more continental and responsible drinking culture could be fostered in Aberdeen, with particular focus on how young people could be introduced to alcohol in a safe and inclusive setting such as restaurants.

### **The Joint Meeting resolved:-**

- (i) to note the update provided; and
- (ii) to request information on the number of drivers who had exceeded the prescribed limit before and after the introduction of the zero tolerance regulations.

## **THE DOWNTURN IN THE OIL AND GAS SECTOR AND ITS IMPACT ON THE LICENSED TRADE**

**17.** Leanne McGowan advised that she had recorded a reduction in the number and value of luxury alcoholic purchases and impulse buys from her customers over the previous 12 months. She also informed the Joint Meeting that a recent part time vacancy in one of her premises attracted over 120 applications, a number of which were former oil and gas workers who were over qualified for the post.

Sarah Wheeler explained that UNIGHT had also been detrimentally impacted by the downturn and she highlighted that although they continued to host special occasions

**JOINT MEETING – LOCAL LICENSING FORUM AND LICENSING BOARD  
8 JUNE 2016**

they had seen a notable reduction in casual drinkers and the number of customers who spent under £20 per night.

The Convener added that all partners should be aware of the link between unemployment and increased alcohol use and this should be something that members should continue to monitor over the course of the next twelve months.

**The Joint Meeting resolved:-**

To note the information provided.

**AOCB**

**18.** Heather Wilson advised that NHS guidance on safe alcohol consumption had been revised recently and it was now recommended that both men and women should limit their alcohol intake to 14 units per week.

Councillor Boulton thanked Heather Wilson and Sgt Flett for their submissions and representations to the Licensing Board on behalf of Public Health and Police Scotland over the previous year and advised that if members had any follow up to today's meeting they should contact herself or the Depute Clerk.

**The Joint Meeting resolved:-**

- (i) to note the information provided; and
- (ii) to thank Heather Wilson and Sgt Flett for their constructive submissions and representations to the Licensing Board which had supported the Board's functions over the previous 12 months.

- **ALEXANDER KELMAN, Convener**



## AFS Regional Licensing Events: RELOADED

### Event Programme

10.00am	<b>Registration</b>
10.30am	<b>Welcome from Chair</b>
10.40am	<b>Context setting: Reflections on the past five years</b> Laura Mahon, Programme Lead, Alcohol Focus Scotland
11.00am	<b>A view from the ground</b> Local perspectives on licensing. A range of speakers reflecting on the experience of recent years and looking to the future.
11.45am	<b>Group discussion 1: Successes &amp; Challenges</b> An opportunity to discuss, compare and share experience and ideas with fellow delegates.
12.30pm	<b>Lunch</b>
1.00pm	<b>Evaluating our progress: Learning from MESAS</b> MESAS team, NHS Health Scotland
1.30pm	<b>Group discussion 2: Points of view</b> Prompted by the learning from MESAS, an opportunity to raise and respond to points of view, questions and challenges.
2.00pm	<b>Individual exercise: Looking forward</b>
2.45pm	<b>Next steps</b> Laura Mahon, Programme Lead, Alcohol Focus Scotland
3.00pm	<b>Close</b>

This page is intentionally left blank



  
**Alcohol Focus**  
SCOTLAND  
preventing and reducing harm

**Strategic Plan  
2016 - 2019**



## who we are

### our mission

To play a leading role in creating a world where alcohol is no longer a major cause of harm.

### our vision

A future free from widespread health and social harm caused by alcohol.

### our approach

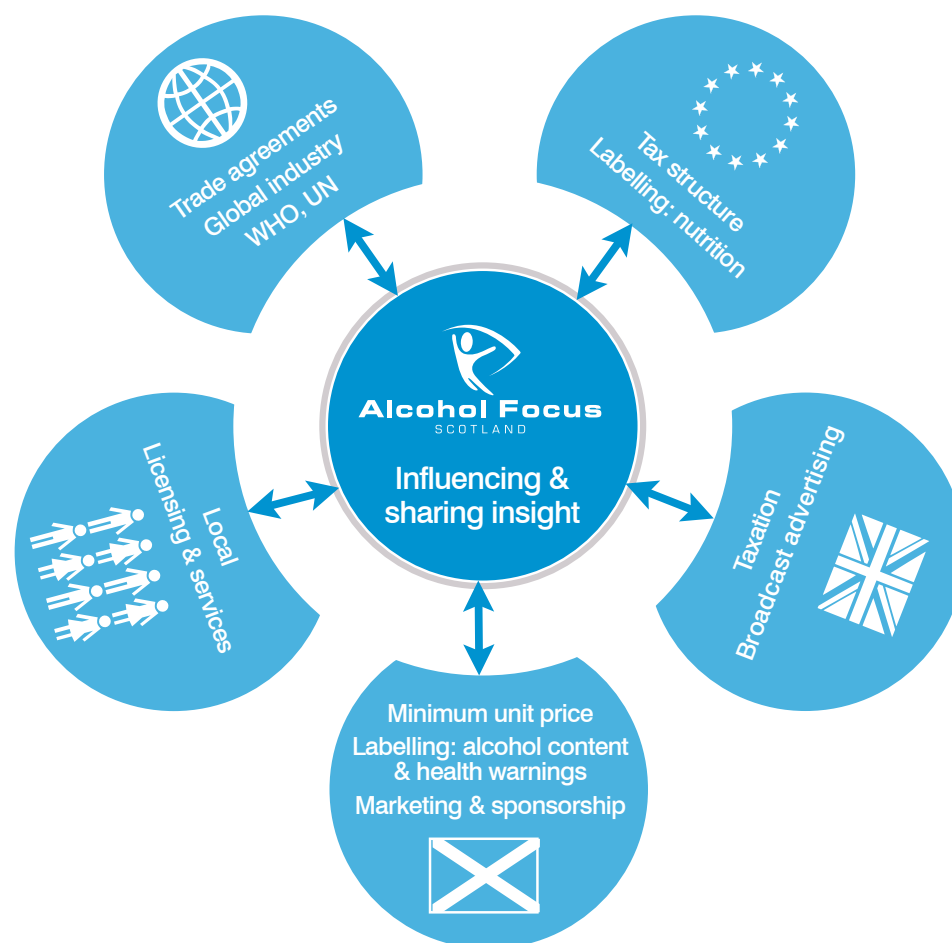
We build public, professional and political support for action to prevent harm by reducing alcohol consumption, in Scotland and beyond.

### our values

Independent, equalities-focused, evidence-based, respectful and collaborative.

## our unique role

Alcohol Focus Scotland (AFS) makes a unique contribution to preventing alcohol harm in Scotland by promoting effective and cost-effective action to reduce consumption. We work in close collaboration with partners to promote action and sharing of good practice at local, UK, European and global level.



## why what we do is important

**Alcohol claims 22 lives a week in Scotland, with those of us living in deprived areas eight times more likely to die.**

Thousands more suffer through ill health and disease, the corrosive effect on our children and families and the increased insecurity and crime in our communities. All of this is a huge drain on our public services and holds back our economy. The total cost is a staggering £3.5 billion each year. That's £900 each, and more than £1 billion more than the entire education budget.

But it doesn't have to be this way. We can change Scotland's relationship with alcohol and ensure everyone is able to fulfil their potential, free from alcohol harm.

We know what works to prevent harm: action on affordability, availability and marketing, backed up by effective implementation and delivery of high quality services.

AFS has led the way in Scotland, and internationally, in advocating an evidence-based approach to tackling alcohol misuse. We have been successful in helping to deliver a more progressive strategy in Scotland and working with partners to shape the debate at UK, European and global level.

But consumption in Scotland is still at historically high levels. The 5% increase in mortality in 2014 shows there is much still to be done.

## our strategic outcomes

### individuals



Each of us is able to live a healthy and full life, free from alcohol harm.

### children & families



Our families are nurturing and thriving, free from the corrosive effect of alcohol on relationships. Our children are able to enjoy a happy childhood, free of alcohol and alcohol marketing.

### communities



Our communities are safe, supportive and successful places where we can all fulfil our potential, free from alcohol-fuelled inequality.

### Scotland



We are a flourishing and progressive country with an international reputation for using the most effective and cost-effective approaches to prevent and reduce alcohol harm.

### UK & international



Our world is a healthier and more equal place where evidence-based policies are implemented at UK, EU and international levels.

# our strategic priorities

In order that action to reduce consumption and harm in Scotland is effective, we need to ensure that all parts of the system - local, national and international - play their part.

## a whole system approach

### effective policy and implementation

Encouraging the development and implementation of effective alcohol policies at local, national and international level by identifying and sharing evidence and good practice.

We will analyse and communicate independent evidence on the scale and range of harms caused to individuals, families and communities by alcohol and on effective and cost-effective ways to tackle it.

## understanding the harm

### my drinking

Helping people to understand and make informed decisions about their drinking by ensuring access to the best independent information on the health risks and the impact on others.

### harm to others

Increasing understanding of the wide impact of others' drinking on children, families, colleagues, public services and the economy, and the best ways to reduce this. Improve identification of and support for those affected.

The international evidence is clear on the three 'best buys' to prevent harm, which should form part of any alcohol policy.

## primary prevention

### increase price

Broadening understanding of, and support for, minimum unit pricing as well as for complementary tax increases at UK level.

### control sales

Encouraging controls on where, when and how alcohol is sold. Ensuring the effective implementation of licensing legislation by supporting licensing boards and forums to promote the licensing objectives.

### restrict marketing

Encouraging controls on the scale and extent of alcohol advertising and sponsorship, in particular protecting children from exposure to alcohol marketing.



## what we do

---



# Alcohol Focus Scotland Strategic Plan 2016-2019



Alcohol Focus Scotland, 2nd floor, 166 Buchanan Street, Glasgow G1 2LW

Tel: 0141 572 6700

email: [enquiries@alcohol-focus-scotland.org.uk](mailto:enquiries@alcohol-focus-scotland.org.uk)

[www.alcohol-focus-scotland.org.uk](http://www.alcohol-focus-scotland.org.uk)

Follow us on Twitter@[alcoholfocus](https://twitter.com/alcoholfocus)

Alcohol Focus Scotland is a Registered Scottish Charity (SC009538) and a Company Limited by Guarantee (Scottish Company No.SC094096).

# UK Chief Medical Officers' Low Risk Drinking Guidelines

## Introduction

1. Some people do not drink, but for many, alcohol is part of their social lives. As with most activities, this carries a degree of risk. With this in mind, these guidelines have been developed to enable people to make informed choices about their alcohol intake. The intention is to help people understand the risks alcohol may pose to their health and to make decisions about their consumption in the light of those risks, but not to prevent those who want to drink alcohol from doing so.
2. At the request of the UK Chief Medical Officers (CMOs), three groups of independent experts met between 2013 and 2016 to consider the evidence on the health effects of alcohol and whether this could form the basis of new advice for the public. Their report, key background papers and a list of the individuals involved are available at: <https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines>.
3. Over three and a half years, the expert groups:
  - fully reviewed the international evidence from over 40 systematic reviews and meta-analyses, including ones published recently
  - examined the evidence reviewed by the Committee on Carcinogenicity on the effects of alcohol on a range of cancers
  - consulted national and international experts on the relevant epidemiology and behavioural science
  - commissioned new market research on the public response to both the guidelines and how the messages could best be communicated via Public Health England (PHE), and
  - commissioned new modelling of the impact on morbidity and mortality, based on UK population data.
4. In making their recommendations to the UK CMOs the expert group took account of evidence of risks and benefits, including the most up-to-date international evidence; and of UK-specific evidence.
5. The UK CMOs considered and accepted the advice of the expert group and agreed on three main recommendations:
  - a weekly guideline on regular drinking
  - advice on single episodes of drinking, and
  - a guideline on pregnancy and drinking.
6. The new guidelines took effect from 8 January 2016 and at the same time the Department of Health launched a consultation on the wording and expression of the guidelines which ran until 1 April 2016.
7. The focus of the consultation was to seek views on the clarity, expression and usability of the guidelines by members of the public, rather than asking for views on the scientific evidence reviews that had been undertaken since 2013. During the period of the consultation PHE also undertook additional market research with the public on how the guidelines were understood and on their tone, and language.

8. The UK CMOs' guidelines and the Guidelines Development Group report<sup>1</sup> that underpins them, have been developed on the principles that:

- **People have a right to accurate information and clear advice about alcohol and its health risks.**

Consequently the guidelines have been developed so that the known health risks of different levels and patterns of drinking, particularly for people who want to know how to keep long term health risks from regular drinking of alcohol low, are both accurate and expressed in an understandable way.

- **Government has a responsibility to ensure this information is provided for the public in a clear and open way, so they can make informed choices.**

It is for individuals to make their own judgements as to the risks they are willing to accept when they drink alcohol, also whether to drink alcohol, and how much and how often to drink. These guidelines should help people to make those choices.

9. The low risk drinking guidelines are based on average risks. Individuals can also take account of other individual factors that could potentially increase their personal risks from drinking or from drinking at particular times. This could include taking account of any previous negative effects experienced from alcohol, the possible interaction of alcohol with any medications they are currently taking, whether they have any other relevant physical or mental health problems that could be made worse by drinking, or other factors that could be relevant such as low body weight or worries about falling.

10. There will also be situations when individuals will want to avoid the short term performance limiting effects of alcohol such as when planning to drive, operate machinery, or take part in risky activities.

---

<sup>1</sup> <https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines>

## Weekly drinking guideline

*This applies to adults who drink regularly or frequently i.e. most weeks*

**The Chief Medical Officers' guideline for both men and women is that:**

- **To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.**
- **If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries.**
- **The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.**
- **If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.**

11. The experts considered the evidence from all over the world on the effects of alcohol on health and length of life. This evidence included a large number of studies and covered a wide range of health issues (including accidents, injuries, cancer, heart disease and life expectancy).

12. The expert group took account not only of the risk of early death from drinking regularly but also the risk of suffering from alcohol-related chronic diseases and cancers. The group also checked their conclusions across many conditions with differing risk profiles. They took account of all these factors in their advice.

13. People vary in how they metabolise or react to alcohol, people of differing ages and sizes can be affected differently by drinking similar amounts. Even so, the new weekly guideline on regular drinking provides advice which most of the population can use to keep their long term health risks low.

14. The expert group recommended a weekly alcohol guideline rather than a daily one because most people do not drink every day.

15. The newest evidence (available since the previous guidelines were published in 1995) suggests:

- That the net benefits from small amounts of alcohol are less than previously thought (with substantial uncertainties around the level of protection) and are significant in only a limited part of the population. That is women over the age of 55, for whom the maximum benefit is gained when drinking around 5 units a week, with some beneficial effect up to around 14 units a week.
- That drinking alcohol increases the risk of developing a range of cancers. The [Committee on Carcinogenicity recently concluded](https://www.gov.uk/government/publications/consumption-of-alcoholic-beverages-and-risk-of-cancer)<sup>2</sup> that 'drinking alcohol increased the risk of getting cancers of the mouth and throat, voice box, gullet, large bowel, liver, of breast cancer in women and probably also cancer of the pancreas'. These risks start from any level of regular drinking and then rise with the amounts of alcohol being drunk. This was not fully understood when the last guidelines were drawn up in 1995.

<sup>2</sup> <https://www.gov.uk/government/publications/consumption-of-alcoholic-beverages-and-risk-of-cancer>

16. The latest research also indicates that when drinking within the low risk guidelines, overall levels of risk are broadly similar for men and women; although the risks of immediate harms such as deaths from accidents are greater for men; longer term harms from illness are greater for women.

17. The health harms from regular drinking of alcohol can develop over many years. This occurs either from the repeated risk of acute harms (e.g. alcohol-related accidents) or from long term diseases caused by alcohol, which may take ten to twenty years to develop. These illnesses, including various cancers, strokes, heart disease, liver disease, and damage to the brain and nervous system, can develop despite drinking for years without any apparent harm.

18. This advice on regular drinking is based on the evidence that if people drink at or above the low risk level advised, overall any protective effect from alcohol on deaths is cancelled out and the risk of dying from an alcohol-related condition would then be expected to be at least 1% over a lifetime. This level of risk is comparable to those posed by other everyday activities that people understand are not completely safe yet still undertake.

19. The expert group believes that a weekly guideline on regular drinking requires an additional recommendation about the need to avoid heavy drinking. There is clear evidence that heavy drinking even on a small number of days increases risks to health. Consequently they have recommended that people who drink as much as 14 units a week regularly should spread their drinking evenly over 3 or more days per week.

20. The expert group was also clear that there are a number of serious diseases, including certain cancers, which can occur even when drinking within the weekly guideline. Whilst they judge the risks to be low, this means there is no level of regular drinking that can be considered as completely safe in relation to some cancers. People can reduce these risks by drinking less than the guidelines or by not drinking at all.

21. There is evidence that having some alcohol free days each week can help people who wish to drink less. People who have difficulty cutting down on their drinking can also consult their doctor about local support services. Very heavy drinkers, who are likely to experience alcohol withdrawal, are advised to seek medical advice before they stop drinking.

## Single occasion drinking episodes

*This applies to drinking on any single occasion (not regular drinking, which is covered by the weekly guideline)*

**The Chief Medical Officers' advice for men and women who wish to keep their short term health risks from single occasion drinking episodes to a low level is to reduce them by:**

- limiting the total amount of alcohol you drink on any single occasion
- drinking more slowly, drinking with food, and alternating with water
- planning ahead to avoid problems e.g. by making sure you can get home safely or that you have people you trust with you.

**The sorts of things that are more likely to happen if you do not understand and judge correctly the risks of drinking too much on a single occasion can include:**

- accidents resulting in injury, causing death in some cases
- misjudging risky situations, and
- losing self-control (e.g. engaging in unprotected sex).

**Some groups of people are more likely to be affected by alcohol and should be more careful of their level of drinking on any one occasion for example those at risk of falls, those on medication that may interact with alcohol or where it may exacerbate pre-existing physical and mental health problems.**

**If you are a regular weekly drinker and you wish to keep both your short- and long-term health risks from drinking low, this single episode drinking advice is also relevant for you.**

22. This advice for any single occasion of drinking is based on evidence that clearly showed substantially increased risk of short term harms (accidents, injuries and even deaths) faced by people who drink high levels of alcohol within a single day.

23. 'Short term' risks are the immediate risks of harm, injury and accident (sometimes fatal) linked to drinking a large amount of alcohol on one occasion, which often leads to drunkenness. They include:

- head injuries
- fractures
- facial injuries
- scarring and
- alcohol poisoning.

24. The risks of injury to a person who has been drinking recently have been found to rise between two and five times when 5-7 units are drunk in a 3-6 hour period.

25. The expert advice includes a number of different ways people can keep their risks low. This includes limiting how much and how fast you drink, and also actions that people can take to reduce their risk of injury and accidents.



26. The expert group considered it was important to make the scale of this risk clear to the public. However, unlike the regular drinking guideline, they did not advise on a specific number of units for single occasion drinking. There were a number of reasons for this, not least because:

- the differences in short term risks faced by different people drinking the same amount can be so wide, and
- the actual risk faced by any particular person can also be substantially altered by a number of factors, including how fast they drink, prior knowledge about how alcohol tends to affect their skills and inhibitions, how safe their environment is, and any plans they have made in advance to reduce their risks (such as staying around someone they can trust and planning safe transport home).

## Pregnancy and drinking

**The Chief Medical Officers' guideline is that:**

- **If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.**
- **Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.**

**The risk of harm to the baby is likely to be low if you have drunk only small amounts of alcohol before you knew you were pregnant or during pregnancy.**

**If you find out you are pregnant after you have drunk alcohol during early pregnancy, you should avoid further drinking. You should be aware that it is unlikely in most cases that your baby has been affected. If you are worried about alcohol use during pregnancy do talk to your doctor or midwife.**

27. The expert group felt that current evidence supports a 'precautionary' approach and that the guidance should be clear that it is safest to avoid drinking alcohol in pregnancy.

28. Alcohol can have a wide range of differing impacts on the foetus. These include a range of lifelong conditions, known under the umbrella term of 'fetal alcohol spectrum disorders' (FASD). The severity and nature of this are linked to the amount drunk and the developmental stage of the foetus at the time. Research on the effects on a baby of low levels of drinking in pregnancy can be difficult to interpret. The risks are probably low, but we cannot be sure that this is completely safe.

29. Drinking heavily during pregnancy can cause a baby to develop fetal alcohol syndrome (FAS). FAS is a serious condition, in which children have:

- restricted growth;
- facial abnormalities;
- learning and behavioural disorders.

30. Whilst FASD is less severe than FAS, it can result in physical, mental and behavioural problems including learning disabilities which can have lifelong effects. The risk of such problems is likely to be greater the more you drink.

31. Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age may all be increased in mothers drinking above 1-2 units/day during pregnancy. Women who wish to stay below these levels need to be careful to avoid under-estimating their actual consumption. The safer option is not to drink alcohol at all during pregnancy.

32. The proposed guideline takes account of the known harmful actions of alcohol on the foetus, the evidence for the level of risk from drinking, the need for clarity and simplicity in providing helpful advice for women and the uncertainties that exist about any completely safe level.



HM Government

The number of **units** you are drinking depends on the **size** and **strength** of your drink

11% ABV wine

14% ABV wine

**1.4** units



**1.8** units

125ml glass

**1.9** units



**2.5** units

175ml glass

**2.8** units



**3.5** units

250ml glass

**8.3** units



**10.5** units

750ml bottle



HM Government

The number of **units** you are drinking depends on the **size** and **strength** of your drink

**2.8% ABV lager**

**4.8% ABV lager**

**0.8 units**



**1.4 units**

284ml half pint

**1.2 units**



**2.1 units**

440ml can

**1.6 units**



**2.7 units**

568ml pint

**1.8 units**



**3.2 units**

660ml bottle



This page is intentionally left blank

## DRUG & ALCOHOL FINDINGS *Research analysis*

This entry is our analysis of a study considered particularly relevant to improving outcomes from drug or alcohol interventions in the UK. The original study was not published by Findings; click [Title](#) to order a copy. Free reprints may be available from the authors – click [prepared e-mail](#). [Links](#) to other documents. [Hover over](#) for notes. [Click to](#) highlight passage referred to. [Unfold extra text](#) . The Summary conveys the findings and views expressed in the study. Below is a commentary from Drug and Alcohol Findings.

Send email for updates

**SEND**

[About updates](#)

► [Title and link for copying](#) ► [Comment/query to editor](#) ► [Tweet](#)

### ► **Measurable effects of local alcohol licensing policies on population health in England.**

de Vocht F., Heron J., Angus C. et al.

**Journal of Epidemiology and Community Health: 2016, 70(3), p. 231–237.**

Unable to obtain a copy by clicking title? Try asking the author for a reprint by adapting this [prepared e-mail](#) or by writing to Dr de Vocht at [frank.devocht@bristol.ac.uk](mailto:frank.devocht@bristol.ac.uk). You could also try this [alternative](#) source.

DOWNLOAD PDF  
for saving to  
your computer

*For the first time, a study in England has shown that the more strongly a local government area regulates the licensing of alcohol outlets, the greater the reduction in alcohol-related harm within the population, as reflected in the number of hospital admissions.*

**SUMMARY** The economic impact of risky or problem drinking in England is [estimated at](#) £21 billion, including a cost of around £3.5 billion to the NHS. Alcohol policy aimed at controlling the price and availability of alcohol, and modifying the drinking environment, can moderate the harms of drinking across the population. In England, alcohol policy is implemented at a local level, resulting in different practices around the country, including (the focus of this paper) local authority control over the availability of alcohol and the drinking culture.

Licensing policy is largely determined by the 2003 Licensing Act, which sets out four objectives to be considered in licensing decisions: prevention of crime and disorder; public safety; prevention of public nuisance; and protection of children from harm. Guidance issued in 2005 extended the Licensing Act to give local authorities the discretion to introduce [cumulative impact zones](#) in areas where “the cumulative stress caused by existing overprovision of alcohol outlets threatens the licensing objectives”. Within these zones, any outlet applying for a new licence is required to demonstrate how they will avoid threatening the licensing objectives.

The present study evaluated whether the intensity with which local authorities enforced licensing had an impact on population health at a local level. The authors presumed that areas exercising greater scrutiny over licensing (through their use of [cumulative impact zones](#) and refusal to grant new licenses) would see a positive impact on population health. To test this hypothesis, they looked at the association between figures on alcohol licensing in lower tier local authorities in England for the years 2007/2008 and 2011/2012, and data on alcohol-related hospital admissions for each quarter from 2009–2015.

**Intensity of licensing scrutiny:** The level of intensity of licensing scrutiny for each lower tier local authority was based on whether they made use of [cumulative impact zones](#) and whether any licences for new premises were successfully challenged by the lower tier local authority in a particular year.

- If the area had no [cumulative impact zones](#) and no licensing applications were refused, it was coded as ‘0’.
- If some new licenses applications were refused *or* a [cumulative impact zone](#) was in place, it was coded as ‘1’.
- If new license applications were refused *and* a [cumulative impact zone](#) was in place, it was coded as ‘2’.

The scores of some areas changed year-by-year. To take this into account, annual scores were combined to generate a score of average intensity across the period 2007–2015. Areas were grouped into four categories: inactive (passive), low intensity, medium intensity, and high intensity. At issue was whether areas which had on average a more intensive alcohol policy over the years 2007 to 2015 experienced greater year-by-year reductions in alcohol-related hospital admissions, and by extension, greater reductions in alcohol-related ill-health.

**Impact on population health:** The authors applied a [narrow definition](#) of alcohol-related hospital admissions, counting only those admissions where the primary diagnosis was alcohol-related, for example alcohol liver disease, ethanol poisoning, malignant neoplasms of the oesophagus and hypertensive diseases. This was opposed to a broader definition which could have counted every admission where one of the diagnoses was for a condition at least partially attributable to alcohol.

An analytic technique was used to assess change over time in rates of people admitted to hospital with alcohol-related conditions. This took into account population size, levels of deprivation and alcohol-related crime rates – characteristics which could have influenced the likelihood of local authorities implementing intense alcohol policies. For example, where alcohol-related crime is more prominent authorities may respond with more intense alcohol policies.

### **Main findings**

Datasets were available for 319 lower tier local authorities, out of a possible 326. Of these, 37% had an active alcohol policy in 2007/2008, and 7% reported an active policy for new premises plus the use of [cumulative impact zones](#).

Average policy intensity was characterised as inactive in 43% of authorities, low intensity in 21%, medium intensity in 19%, and high intensity in 16% (see ► [figure](#)).

Overall, reductions in alcohol-related admission rates were greater in areas with a more intensive alcohol licensing

### Key points

From summary and commentary

Local authorities can seek to mitigate the negative impact of alcohol on public health through alcohol licensing policy.

The current study evaluated whether the intensity with which local areas enforced licensing, including whether or not they used [cumulative impact zones](#), had an impact on alcohol-related hospital admissions.

During the period 2009–2015 greater reductions in alcohol-related admissions were observed in areas with more intense alcohol licensing policies, suggesting these policies really can help curb alcohol-related harm.

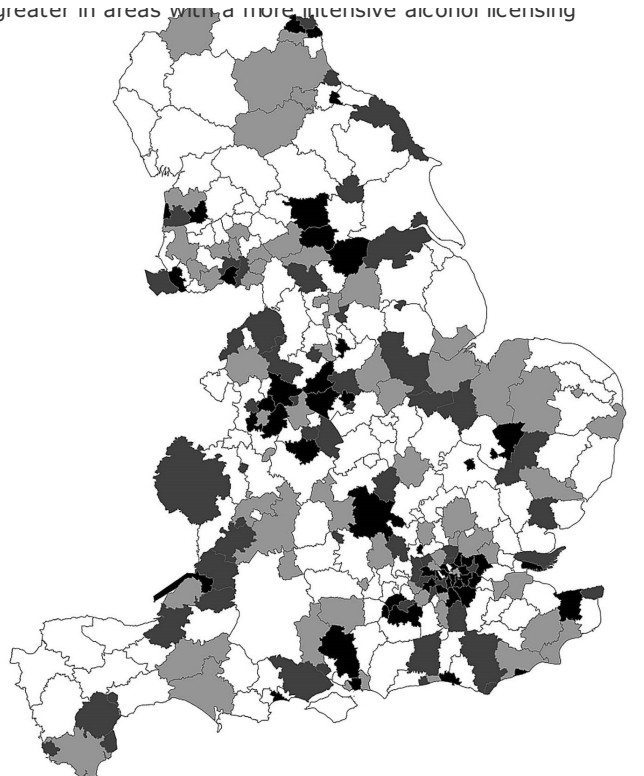
Overall, reductions in alcohol-related admission rates were greater in areas with a more intensive alcohol licensing policy. Most notably, compared to estimates based on areas with inactive policies, those with the most intensive licensing policies recorded a 2% greater annual reduction in alcohol-related hospital admissions, a statistically significant difference. Cumulative impacts meant that in 2015 these areas had 5% fewer admissions than inactive areas. There was also a corresponding annual reduction of 0.6% in areas with medium intensity policies, but this did not meet conventional criteria for statistical significance, so may have been a chance finding.

Levels of deprivation, population size and alcohol-related crime rates explained about 50% of the variability in hospital admission rates between lower tier local authorities at the start of the study. There was no evidence that differences in these characteristics could explain changes in admission rates over the 2009–2015 time period.

### The authors' conclusions

This paper adds to evidence about the effectiveness of population-level alcohol licensing policies in England, suggesting that the more intense the licensing policies, the greater the reductions in alcohol-related hospital admissions. The authors concluded, "this may be direct causation of the policies themselves or it could be an indirect association, but in either case, these analyses suggest a longer lasting population health benefit of local government initiatives to restrict alcohol licences".

The researchers could not conclude that the policies definitely *caused* reductions in admission rates because, although larger reductions were observed in the areas classified as having the highest cumulative policy (indicating a 'dose-response' relationship), this could have been the result of the councils being more proactive in implementing **cumulative impact zones** and in adopting other alcohol policies for which the researchers had no data. It could also be that the shift from the selling of alcohol to be consumed on the premises (on sales) to sales for consumption off the premises (off sales) was less pronounced in the areas where **cumulative impact zones** and more intense scrutiny was in place.



**Lower tier local authorities grouped into four categories of cumulative policy intensity: inactive (white), low (light grey), medium (dark grey) and high (black)**

**FINDINGS COMMENTARY** This study concluded that reductions in hospital admissions over the 2009–2015 period were at least partially attributable to two aspects of local licensing policy in England: (1) the creation of **cumulative impact zones** and (2) the refusal of new licenses. This provides some evidence that local policies to control outlet density may help to mitigate the harmful effects of alcohol on population health. Further research would help to understand the extent to which other policies (including other licensing policies) contributed towards the observed improvements in population health outcomes. The 2011 Police Reform and Social Responsibility Act ensures that local health boards and primary care trusts are consulted on, and have the ability to object to, all licence applications. If this did affect hospital admissions it would be via more applications being refused, so we would expect this to be reflected in the featured analysis. As well as looking at broader ways of enforcing licensing, further research could consider the impact of alcohol licensing policy on wider determinants of health, such as visits to accident and emergency departments, and hospital admissions related to (but not primarily caused by) alcohol consumption.

The relationship between the alcohol policies and reductions in admission rates which were studied could not be deemed *cause and effect* partly because, as the authors identified, the more active alcohol policies were not introduced randomly, but in areas with greater levels of harm as their starting point. Therefore, selecting high intensity areas could equate to some degree to selecting high harm areas. In areas where there were very high levels of alcohol-related hospital admissions to begin with, the reductions in subsequent years could have been a result of 'regression to the mean' – a phenomenon whereby extreme measurements (either very high or very low) tend to move closer to the average the next time they are taken – as opposed to being a reflection of interventions.

**Cumulative impact zones** and decisions to block new licenses were both taken to be indications of *intense* licensing policies which would restrict alcohol licences (thus reducing the availability of alcohol, and modifying the drinking environment). However, this assumption may need to be questioned given recent data on the outcomes of **cumulative impact zones**. In 2014, there were **2,018 zones**. In these areas, 86% of license applications or applications to change a license were granted – only slightly lower than the 91% in other areas. **Alcohol Policy UK** cautions that the "majority of applications being approved ... seems counter to the intention of the policy". It could be that **cumulative impact zones** work by deterring applications, or that applicants amend their applications to make them more acceptable. However, the same source argues that, "whilst it could be highlighted that some applications are not made as a result of a [**cumulative impact zone**] being in place, the numbers of applications suggest this is not likely to be significant".

A **review of UK alcohol policy** found that despite some provisions across the UK to enable local control of the availability of alcohol, such as those discussed in the present study, current legislation does not allow for reductions in the numbers of premises by revoking existing licences in the interests of public health. Reforms to Scottish legislation **have improved** the ability of licensing boards to control outlet density, requiring them to refuse an application for a new licence if this would result in too many of the 'wrong kind' of drinking venues in a given area, and to remove the option of new outlets applying for licenses in areas which are already oversaturated.

Alcohol policy is **influenced** not only by scientific evidence, but by cultural and political values. It continues to divide the opinion of government, industry and health professionals, and as such is implemented in different ways across the UK. Overall, Scotland appears to be leading the way in driving evidence-based policy, underpinned by legislative framing of alcohol as a 'whole-population issue', requiring a public health approach to reduce alcohol-related harms by reducing overall consumption, not matched in the 2003 UK Government Licensing Act.

Thanks for their comments on this entry in draft to Dr. Frank de Vocht of the University of Bristol. Commentators bear no responsibility for the text including the interpretations and any remaining errors.

Last revised 02 August 2016. First uploaded 13 June 2016.



- ▶ [Comment/query to editor](#)
  - ▶ [Give us your feedback on the site \(two-minute survey\)](#)
  - ▶ [Open Effectiveness Bank home page](#)
  - ▶ Add your name to the [mailing list](#) to be alerted to new studies and other site updates
- 

**Top 10 most closely related documents on this site. For more try a [subject](#) or [free text](#) search**

- REVIEW 2010 [Polarized drinking patterns and alcohol deregulation. Trends in alcohol consumption, harms and policy: United Kingdom 1990–2010](#)
- STUDY 2016 [Monitoring and evaluating Scotland’s alcohol strategy: Final annual report](#)
- REVIEW 2008 [Identifying cost-effective interventions to reduce the burden of harm associated with alcohol misuse in Australia](#)
- REVIEW 2010 [Alcohol-use disorders: Preventing the development of hazardous and harmful drinking](#)
- STUDY 2014 [Monitoring and evaluating Scotland’s alcohol strategy. Fourth annual report](#)
- STUDY 2008 [Independent review of the effects of alcohol pricing and promotion](#)
- REVIEW 2009 [Effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms](#)
- STUDY 2011 [Achieving positive change in the drinking culture of Wales](#)
- STUDY 2008 [Internationally proven community alcohol crime and harm reduction programmes feasible in Britain](#)
- STUDY 2010 [Policy options for alcohol price regulation: the importance of modelling population heterogeneity](#)

This page is intentionally left blank

## ABERDEEN LOCAL LICENSING FORUM

### PROGRESS STATEMENT – 13 SEPTEMBER 2016

Remit of Local Licensing Forums as set out in the Licensing (Scotland) Act 2005 – keeping under review the operation of the Act in the Forum’s area and in particular the exercise by the Licensing Board of their functions including giving advice and making recommendations to the Board in relation to those matters where the Forum considers it appropriate. The Act does not enable a Forum to review or give advice or make recommendations in relation to the exercise by a Board of their function in relation to a particular case. “Case” is taken to mean an application before a Board and in the interests of natural justice is also taken to mean individual licensed premises. The preferred route for consideration of complaints about the running of licensed premises is to write directly to the Clerk or Depute Clerk to the Licensing Board.

The Licensing (Scotland) Act 2005 requires Licensing Boards in exercising any of their functions to have regard to any advice given or recommendations made to them by a Local Licensing Forum and where the Board decides not to follow the advice or recommendation to give the Forum reasons for that decision, the Board must provide copies of relevant statistical information to the Forum as it may reasonably require for the purposes of its general functions.

Licensing Standards Officers have a general function of providing to interested persons information and guidance concerning the operation of the Act, supervising compliance with the Act and the conditions of their licences by holders of Premises Licences and Occasional Licences and mediate between communities and the trade or between any two parties where there is a need to resolve a local problem and develop a local solution. LSOs do not act as “policemen” with regard to licensing but they will liaise with the police and other relevant officials such as Environmental Health Officers in pursuit of the objectives of the Act.

Item	Meeting Reference	Decision/Action	Update	Responsible Lead	Licensing Objective
<b>Items relating to all Licensing Objectives</b>					
1.		<b><u>Statistical Information</u></b> To receive reports from the Licensing Board containing relevant statistical information.	The Forum and Board will continue to liaise at joint meetings.	All	All objectives

Item	Meeting Reference	Decision/Action	Update	Responsible Lead	Licensing Objective
2.	8 June 2016 (Joint Licensing Meeting)	<p><b><u>Statement of Licensing Policy Refresh</u></b></p> <p>The Forum discussed their initial consultation response with members of the Licensing Board ahead of the development of the refreshed Statement of Licensing Policy.</p>	The Joint Meeting considered a letter from the Convener of the Licensing Forum to the Convener of the Licensing Board dated 13 January 2016 which outlined the Forum's recommendations to the Licensing Board as per Section 10 of the Licensing (Scotland) Act (2005).	All	All objectives
3.	11 February 2015	<p><b><u>Alcohol and Young People</u></b></p> <p>The Forum considered whether attitudes towards alcohol have changed amongst younger people and the Convener requested a presentation for a future workshop on what young people think of alcohol and their experiences of its use and impact.</p>		Young Person's Representative to the Forum	All Objectives
4.	18 November 2015	<p><b><u>Youth Justice Monitoring</u></b></p> <p>The Forum requested that Sgt Flett provide an update on the monitoring arrangements and research conducted by the Youth Justice team on how young people accessed alcohol.</p>	Sgt Flett provided an update on 12 January 2016 and advised that there was no clear mechanism in place to retrieve the requested data but discussions were ongoing between Police Scotland the Youth Justice Team on how to achieve greater alignment.	Police Scotland representative to the Forum	Licensing Objective 1: Preventing Crime and Disorder; and Licensing Objective 5: Protecting Children from Harm