

Public Document Pack



To: Sandy Kelman, Convener; and Peter Benton, Barbu Dragosflorin, Ken Eddie, Tara-Erin Gilchrist, Laura MacDonald, Kenneth McGeough, Leanne McGowan, Shamini Omnes, Emily Queen, Diane Sande and Miriam Smith.

Town House,
ABERDEEN, 28 March 2017

LOCAL LICENSING FORUM

The Members of the **LOCAL LICENSING FORUM** are requested to meet in Committee Room 4 - Town House on **WEDNESDAY, 5 APRIL 2017 at 2.00 pm.**

FRASER BELL
HEAD OF LEGAL AND DEMOCRATIC SERVICES

B U S I N E S S

- 1 Minute of Meeting of 25 January 2017 (Pages 5 - 12)
- 2 Matters Arising

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

- 3 Licensing Board Response to Licensing Forum Recommendations (Pages 13 - 28)
- 4 Community Safety Partnership Licensing Performance Report (Pages 29 - 34)
- 5 Institute of Alcohol Studies Report (Pages 35 - 40)
- 6 Alcohol Focus Scotland Report: Promoting Good Health From Childhood (Pages 41 - 50)

- 7 Implementing a Public Health Objective for Alcohol Licensing in Scotland (Pages 51 - 66)

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 67 - 70)

- 10 Membership of the Local Licensing Forum (Pages 71 - 78)

Website Address: 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

Substantive Members (voting)

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

Co-optees (non-voting)

Holders of premises licences and personal licences
William Christie
Adrian Gomes
Persons having functions relating to health, education or social work
Heather Wilson, NHS Grampian

This page is intentionally left blank

LOCAL LICENSING FORUM
 2pm, Wednesday 25 January 2017
 Police Scotland Queen Street HQ, Aberdeen

Members present: Sandy Kelman (Alcohol and Drugs Partnership) Convener; and Ken Eddie (Civic Forum), Scott Graham (Aberdeen Youth Council, as substitute for Dragosflorin Barbu), Kerry Laing (Community Safety Partnership), Ewan McLean (Licensed Trade, as substitute for Stuart McPhee), Insp Kenneth McGeough (Police Scotland), Shamini Omnes (Aberdeen City Health and Social Care Partnership), Tara-Erin Gilchrist and Diane Sande (Licensing Standards Officers) and Miriam Smith (Education and Children’s Services, Aberdeen City Council (ACC)).

Also present: Peter Lees (Community Safety Partnership), John Paul McGivney (UNIGHT) Iain Robertson (Clerk, ACC), Dr Tara Shivaji (NHS Grampian), Sgt Barry Skinner (Police Scotland) and Heather Wilson (Public Health).

Apologies: Stuart McPhee (Licensed Trade) Vice Convener; Peter Benton and Fiona Cochrane (Aberdeen Samaritans), Dragosflorin Barbu (Aberdeen Youth Council) and Leanne McGowan (Off Sales).

Page 5

Agenda Item 1

	Item	Discussion	Action / Decisions	To be actioned by
1	<u>Innkeeper System Demonstration</u>	<p>The Convener opened the meeting and explained that as per item 8 of the Forum’s Constitution, the posts of Convener and Vice Convener would be reviewed at the Forum’s next meeting on 5 April 2017.</p> <p>The Convener advised that due to time constraints he requested that today’s agenda be reordered to hear the Innkeeper System Demonstration as the first item of business. Thereafter he handed over to Sgt Barry Skinner (Police Scotland).</p> <p>Sgt Skinner advised that Innkeeper was neither a crime recording nor an intelligence gathering system but was a licensing database that was now operational across all of Police Scotland. Sgt Skinner demonstrated the features of the system including its search</p>	<p>To note the review of Convener and Vice Convener as per item 8 of the Forum’s Constitution;</p> <p>To agree to reorder today’s agenda and to hear the Innkeeper System Demonstration as the first item of business;</p> <p>To thank Sgt Skinner for the informative presentation.</p>	<p>I Robertson</p> <p>I Robertson</p>

	Item	Discussion	Action / Decisions	To be actioned by
		<p>and query building functionality and its storage of information relating to licensing such as conditions of license and outcomes of inspections and incidents. He also summarised Police Scotland's escalation phases, and inspection and incident recording procedures.</p> <p>Thereafter there were questions on collaboration between the Police Licensing Team and the licensed trade during inspections; the proportion of licensing inspections conducted by Police Scotland by on and off sale premises; how to effectively tackle, monitor and record instances of alcohol pre-loading; the improvement in performance by the licensed trade in the previous few years, to the extent that premises being escalated to the review stage by Police Scotland were becoming increasingly rare; and partners enquired about the information flow between the Council and Police Scotland to ensure the system was up to date and reflected changes in ownership and license conditions.</p> <p>The Convener thanked Sgt Skinner for his presentation and suggested that this would provide partners with ideas on how to identify trends that could monitor and review the effectiveness of the Licensing Board's policies.</p>		
2	<p><u>Minute of Meeting of 8 November 2016</u></p>	<p>With reference to item 2, the Clerk advised that he had spoken with the Vice Convener and he outlined the reasons why the Vice Convener had been unable to attend previous Forum meetings. The Clerk highlighted that the Vice Convener had arranged a substitute</p>	<p>To approve the minute as a correct record;</p>	<p>I Robertson</p>

	Item	Discussion	Action / Decisions	To be actioned by
		<p>from UNIGHT to attend today's meeting on his behalf;</p> <p>With reference to item 3, the Clerk advised that he had met with officers from the Council's Legal Licensing Team and they had agreed to respond to the Forum's recommendations made to the Joint Licensing Meeting on 8 June 2016 by correspondence for submission to the Forum's next meeting in April; and</p> <p>With reference to item 7, The Convener noted that an update on health impact assessments was on today's agenda under item 6.</p>	<p>To instruct the Clerk to invite an officer from the Council's Legal Licensing team to the Forum's next meeting in order to present the Board's response to the Forum's recommendations made to the Joint Licensing Meeting; and</p> <p>Otherwise note the updates.</p>	I Robertson
3	<u>Membership Updates</u>	The Convener thanked Scott Graham for attending today's meeting at short notice as a substitute member representing Aberdeen Youth Council.	<p>To note the current membership of the Forum; and</p> <p>To thank Scott Graham for attending today's meeting at short notice.</p>	
4	<u>Torry Alcohol Action Group Update</u>	<p>Peter Lees (Community Safety Partnership) noted that since the last update there had been an improving picture in Torry with regards to alcohol abuse. He highlighted that:-</p> <ul style="list-style-type: none"> • Common assaults were down 16% against the three year average • Alcohol related violence across Aberdeen City had decreased by 2% • The number of overall assaults had declined but the proportion relating to alcohol abuse had increased • 90% of breach of the peace incidents were due to alcohol abuse • Drinking in public had fallen against the three year average 	<p>To note the information provided; and</p> <p>To invite Peter Lees to attend the next Forum meeting and to request that performance information be prepared in written format.</p>	I Robertson/P Lees

	Item	Discussion	Action / Decisions	To be actioned by
		Thereafter the Convener thanked Mr Lees for the update and requested that performance information be presented to the Forum's April meeting in written format.		
5	<u>Health Impact Assessments</u>	Dr Shivaji (NHS Grampian) explained that the purpose of health impact assessments was to integrate public health objectives into the licensing process and advised that she would draft clear and specific recommendations and present these to the next Forum meeting for comment. Dr Shivaji noted that responses would inform NHS Grampian's consultation submission to the Licensing Board as part of their review of the Statement of Licensing Policy.	To request that Dr Shivaji present draft recommendations on Health Impact Assessments to the Forum's next meeting on 5 April 2017; and Otherwise note the information provided.	T Shivaji
6	<u>Refresh of Scottish Government's Alcohol Strategy</u>	The Convener explained that the Scottish Government were reviewing the 2009 Alcohol Strategy and had requested a response from all Alcohol and Drugs Partnership (ADP) Chairs. He suggested that if any of the Forum's partners wished to provide feedback then he would consider including this in the ADP submission.	To request that partners submit their suggestions to inform the Scottish Government's review of its Alcohol Strategy to the Clerk by 8 February 2017.	All partners / Robertson / S Kelman
7	<u>Training Event for Community Councils – 7 December 2016</u>	The Convener advised that he, Heather Wilson and the LSOs had attended the Licensing Training event for Community Councils on 7 December 2016 which was based on Alcohol Focus Scotland's Community Toolkit. Tara-Erin Gilchrist explained that the Council's Community Council Liaison Officer had suggested that a follow up session could be arranged for later in 2017.	To note the update; To request an update on the next scheduled licensing training event for community councils; and	T-E Gilchrist/D Sande

	Item	Discussion	Action / Decisions	To be actioned by
		The Convener noted that attendees at the event had requested that he write to the Licensing Board to raise concern that there was no overprovision policy with regards to off licenced premises for Aberdeen City. He informed the Forum that he intended to write to the Convener of the Licensing Board to raise this issue and to suggest that this issue could be addressed if an officer from the Council's Legal Licensing team would accept the Forum's invitation to attend its next meeting in April.	To instruct the Convener to write to the Convener of the Licensing Board to request an update on the development of an overprovision policy with regards to off licensed premises for Aberdeen City.	S Kelman
8	<u>Update from Police Scotland: Licensing Objective 1: Preventing Crime and Disorder</u>	Insp McGeough advised that under his leadership the Licensing Team had adopted a more operational approach towards policing and explained that this was based on collaboration and co-operation with the licensed trade. He also welcomed the number of different agencies that were represented at today's meeting and suggested that this made the Forum more representative and accountable.	To note the update.	
9	<u>Update from Licensing Standards Officer: Objective 2: Securing Public Safety</u>	Tara-Erin Gilchrist explained that LSOs work patterns had moved from an office based approach to a more mobile form of working. She highlighted that they now worked from housing offices and libraries; in addition to Marischal College. She advised that this would allow LSOs to visit more licensed premises and provide more support to licensing stakeholders.	To note the update.	
10	<u>Update from Unight Representative:</u>	John-Paul McGivney (UNIGHT) enquired about the purpose and remit of the Forum. The Convener summarised the Licensing	To instruct the Clerk to liaise with the Vice Convener in order to circulate a summary of the Forum's purpose, remit and objectives; and	I Robertson

	Item	Discussion	Action / Decisions	To be actioned by
	<u>Licensing Objective 3: Preventing Public Nuisance</u>	<p>(Scotland) Act 2005 and highlighted the five licensing objectives. The Clerk offered to provide UNIGHT members with an outline of the Forum's purpose and function.</p> <p>Insp McGeough advised that he or one of his team would be happy to attend a UNIGHT meeting in order to improve communication and collaboration between UNIGHT and Police Scotland.</p>	To request that UNIGHT consider Police Scotland's offer to attend UNIGHT meetings.	S McPhee
11	<u>Update from NHS Grampian and Alcohol and Drugs Partnership: Licensing Objective 4: Protecting and Improving Public Health</u>	<p>Heather Wilson (Public Health) advised that the Aberdeen City Alcohol & Drugs Partnership (ADP) and Alcohol & Drugs Action (ADA) Festive Campaign to encourage people to enjoy the festive season but to act responsibly with regards to alcohol consumption.</p> <p>Ms Wilson also noted that Public Health had been monitoring new initiatives and campaigns promoted by major retailers with regards to the sale of low/non-alcohol products.</p>	To note the update.	
12	<u>Update from Children's Services Representative: Licensing Objective 5: Protecting Children from Harm</u>	No further updates.		
13	<u>Progress Statement</u>	The Clerk advised that item 6 (Convener's Letter to Licensing Board) had been updated to reflect the outcome of the Clerk's meeting with officers from the Council's Legal Licensing team; and	To note the Progress Statement; and	

	Item	Discussion	Action / Decisions	To be actioned by
		The Clerk highlighted that item 7 (Referral System in Torry) would be revised to take account of the Forum's decision to invite Peter Lees back to the Forum's next meeting to present a written report on performance.	To instruct the Clerk to make the necessary revisions to item 7.	I Robertson
14	<u>Date of Next Meeting</u>	5 April 2017. <u>ALEXANDER KELMAN, Convener</u>	To note the date.	

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

This page is intentionally left blank

Legal and Democratic Services
Corporate Governance
Aberdeen City Council
1st Floor
Town House
Broad Street
Aberdeen AB10 1AQ

Tel 01224 522000
Minicom 01224 522381
DX 529451, Aberdeen 9
www.aberdeencity.gov.uk

13 January 2016

Councillor Marie Boulton,
Convener of the Aberdeen City Licensing Board,
Aberdeen City Council,
Town House,
Broad Street,
Aberdeen.
AB10 1AQ

Dear Councillor Boulton,

STATEMENT OF LICENSING POLICY - RECOMMENDATIONS FROM THE ABERDEEN CITY LICENSING FORUM

As per section 10 of the Licensing (Scotland) Act 2005, the Aberdeen City Local Licensing Forum (LLF) has kept under review the operation of the Act and the exercise of the functions of the Aberdeen City Licensing Board (LB). In doing this, the LLF recognises that the LB's Statement of Licensing Policy (SLP) 2013-16 aimed to provide a solid framework around which the LB could base its decisions.

The LLF feels that the LB has an opportunity to build on this in its next version of the SLP. It therefore makes the following comments and recommendations.

Aspirational Statement

The LLF welcomes the fact that the LB has, in advance of the publication of its next SLP, circulated a draft '*aspirational statement*'. An aspirational statement provides an opportunity for the LB to describe in detail its longer term vision for licensing across Aberdeen City and could be a useful introduction to the next version of the SLP.

The LLF notes that the draft aspirational statement does use some of the key words contained within the five licensing objectives, for example: 'health'; 'protecting'; 'safeguarding'. The draft fails however to reference or include other equally important factors which are also contained within the five licensing objectives. These include: 'public nuisance'; 'children'; 'young people'; 'harm'; and 'prevention'. The LLF believes that the aspirational statement would therefore benefit by having ambitions which are more clearly aligned to all five licensing objectives.

Recommendation No 1

That the LB aspirational statement is redrafted so that it is clearer in how it aligns to all five licensing objectives.

Re drafting of the SLP

The LLF has previously noted the report produced by the Glasgow Centre for Population Health in November 2014, entitled 'Strengthening the Community Voice in Alcohol Licensing Decisions in Glasgow'. This report aimed to understand how communities could have a greater understanding of and actively contribute to the licensing process. The conclusion of this report states, '*While the issues and possible solutions are based on research in Glasgow, the key messages should be relevant to stakeholders across Scotland with an interest in alcohol licensing.*'

Key elements in the report for communities include:

- Awareness of alcohol issues and the licensing process
- Knowledge and understanding of the decision making process
- Skills and resources to engage in the process

In order to start overcoming some of these issues, the LLF believes that the SLP should describe the whole licensing application process, in plain English, so that it is abundantly clear to applicants and to other stakeholder groups, such as Community Councils (who will invariably not have access to legal representation to guide them). This would ensure greater transparency and help build confidence in the whole licensing process.

The LLF has noted that the SLP 2013-16 is essentially an updated / expanded version of the preceding SLP. LLF members have commented that it is not a user friendly document and therefore is not something which a lay person, such as a Community Council member, would necessarily find easy to use or refer to. The LLF believes that the LB should take the opportunity of the requirement to have a new document, to take a dynamic look at how its new SLP could be shaped and developed, and to draft it afresh, setting aside any previous versions.

Recommendation No 2

That the SLP is drafted afresh, in plain English so that it is easily understood by all groups, and is not an updated / expanded version of the preceding SLP.

Guidance and resource material

The LLF is aware that local Community Councils have also commented upon how they would want to improve engagement with the LB. Although Community Councils do receive information from the LB, this is quite sparse and is not delivered via e-mail, in a timely fashion. It is therefore clear, that in addition to having a SLP which is easily understood, and written in plain English, local communities would benefit from improved communication channels and having bespoke guidance material and resources which are easily accessed. This could be achieved through enhancing the current LB website, improving accessibility, providing a community guidance document, and having greater on-line details for each licensing application. This would help ensure that Community Councils are better informed and aware at the earliest opportunity of any new applications in their area.

Recommendation No 3

That the LB enhances its website for Community Councils so that it is more easily accessed, includes a guidance document and provides more details on each licensing application.

Baseline data

The LLF believes that it is essential that the LB aims to measure the effectiveness of its SLP. A regular discussion at LLF meetings is around the question - *How can the LB measure how successful its SLP has been in helping to deliver on the five Licensing Objectives?*

There are numerous metrics that could be used in relation to this. It is however imperative that the LB has some baseline positions which it can benchmark itself against over the lifespan of the SLP. This task should not be onerous as some basic data is already collated by the LB. This could be measured at the commencement of the year and reviewed on a regular basis. This baseline data could include, for example data on: number of on-sales premises; number of off-sales premises; alcohol shelf space across all off-sales; occasional licences; percentage of adults living in Aberdeen city in close proximity to on-sales and off-sales.

Recommendation No 4

That the LB ensures that the SLP gives a baseline position in relation to key metrics, e.g.:

- a) Number of on-sales licences
- b) Number of off-sales licences
- c) Total off-sales shelf space
- d) Total number of occasional licences applied for over a year broken down into the following categories -
 - Number withdrawn and reason
 - Number granted along with any conditions imposed
 - Number of extended hours applications
 - Number of applications involving school premises
- e) Percentage of residents, aged 18 years and over who live within 500 metres / 1000 metres of an on-sales
- f) Percentage of residents, aged 18 years and over who live within 500 metres / 1000 metres of an off-sales.

Updates on baseline data

Updates on the baseline data would need to be regularly reviewed. It would also be beneficial to other stakeholders if the LB gave written comment on its own interpretation of any changes across the baseline data. This commentary could be done on an annual basis and included in the LB's published annual report.

Recommendation No 5

- a) The LB reviews its baseline data
- b) The LB reviews are carried out on an annual basis
- c) The LB gives commentary in its annual report on its interpretation of any changes across the baseline data.

Accurate recording of LB decisions

The SLP, including the five Licensing Objectives, should always be the main reference point in relation to any decisions that the LB makes. It should also be the guidance document for mandatory or additional conditions that the LB may make when a decision is made to grant a licence.

The LLF is aware that there have been various applications for off-sales premises, where applicants have indicated that they only intend to stock certain types of goods. Examples include applicants suggesting that they will only stock 'high end' products, or that they will not sell 'super strength' alcohol. The inference is that they will sell the 'high end' products at an increased price in relation to other goods as they are of premium quality, and that they will not attract patrons who may purchase goods because they have an alcohol problem and who are only interested in the alcohol strength. The LLF understands that in approving the application, it is not always recorded as an explicit condition of the licence. As such it does not allow for any follow up monitoring to ensure that the applicant is adhering to their stated intention. This type of situation needs to be articulated clearly within the SLP, to show that there is a process to ensure that, if approved, it is recorded as part of the conditions of granting the licence.

Recommendation No 6

The LB ensures that its SLP gives greater detail of how it processes decisions, so that on occasions where a licence is granted under specific conditions, these are accurately recorded as a condition of the licence being granted.

Setting minimum distances for consideration of any new licensed premises

Research¹ which investigated whether alcohol-related illnesses and deaths across Scotland were related to the local availability of alcohol outlets, showed that alcohol-related hospitalisations and deaths were greater in areas with higher alcohol outlet availability.

It is known that the LB sometimes receives applications for licences in locations where similar premises currently exist. Other than when it is implied in the overprovision section of the current SLP, there is nothing to suggest that the LB feels that there should be a minimum distance between existing and proposed new licensed premises. The LLF feels that the LB should have a section in its SLP which states that there is a presumption that no new licences will be granted for a new premises within set minimum distance(s). The option would be open for the LB in its SLP to detail a range of distances, depending upon factors such as:

- whether it is in the city centre or in the suburbs
- what type of premises it is, e.g. on-sales, off-sales, restaurant, etc

The LLF is aware that in the context of overprovided localities, the City of Glasgow Licensing Board has included information on determining localities and suggested distance boundaries within their Statement of Licensing Policy 2013-2016.²

Recommendation No 7

¹ Alcohol-related illness and death in Scottish neighbourhoods: is there a relationship with the number of alcohol outlets – Centre for Research on Environment, Society and Health (CRESH), Universities of Edinburgh & Glasgow. <http://www.alcohol-focus-scotland.org.uk/media/65042/Alcohol-outlet-density-and-harm-report.pdf>

² <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=17578&p=0>

The LB includes set minimum distance(s) in its SLP in which there is a presumption that an application for a new licence will not be granted.

Shelf space

With the exception of a few off-sales premises that exist in Aberdeen City, which specialise in alcohol sales, most off-sales primarily sell other goods, such as groceries, etc, with alcohol being an ancillary product.

The best available evidence for tackling alcohol misuse indicates that the biggest impact is achieved through control of price and availability. Although availability generally relates to access to premises which sell alcohol, general exposure to alcohol also plays a significant role. An extract from 'the Grocer' (which is a British market magazine, devoted to grocery sales) in October 2014, illustrates this point, when it published an article on alcohol which said that 'merchandising matters', and then gave examples of ten ways for retailers to make their alcohol products stand out.³

One cannot therefore be surprised that alcohol problems have increased over the last decades, when there is greater visible access to the product. The LLF therefore suggests that the LB consider a section within its SLP which gives a maximum shelf space that it will permit in a supermarket / grocer for off-sales purposes in comparison to the overall shelf space in the premises. This would help manage the exposure to alcohol and reiterate the message that alcohol is no ordinary commodity.

Recommendation No 8

The LB sets a maximum percentage of shelf space that a non specialist off-sales premises can use in relation to its total shelf space within its premises within its SLP.

Surveys

The LLF understands that some licensing applicants attempt to strengthen the justification for their application by including information of a survey that they have carried out amongst local residents which aims to show that they (the local residents) generally welcome the proposal. The LLF supports the fact that communities should have a voice in the licensing process. It does however believe that this should be done in an open and transparent way. It therefore suggests that the SLP should contain a section in which it informs potential applicants that if they intend to carry out any survey, it will generally only be considered if it has been done well in advance of the application and that it has been carried out in consultation with the Community Council or other similar independent body for the relevant area. If the applicant does not do this, the onus should be on them to explain why this was not done.

Recommendation No 9

The LB has a section in the SLP outlining the detail of the circumstances in which a survey will, or will not be considered. This section should place an onus on the applicant, if they choose to carry out a local survey, to do this well in advance of the application and in consultation with the relevant community council or other similar independent body.

³ <http://www.thegrocer.co.uk/reports/digital-features/alcohol-report-2014/10-things-you-need-to-know-about-alcohol/373013.article>

I would be obliged if the LB could consider these recommendations in developing its new SLP and respond back to the LLF at its earliest convenience.

Yours sincerely,

Alexander Kelman,
Chair of the Aberdeen City Local Licensing Forum

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**

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

This page is intentionally left blank

PROTECTED

Torry Alcohol Disorder Report



PROTECTED

You have a responsibility to ensure that the principles of the Data Protection Act (1998) are adhered to in terms of disclosing information from this report.

PROTECTED

The contents of this report are

Protected

and are passed to

Aberdeen City Local Licensing Forum

This information should not be
copied, circulated or passed to any other individual
without the permission of Police Scotland.

PROTECTED

**You have a responsibility to ensure that the principles of the Data Protection Act (1998)
are adhered to in terms of disclosing information from this report.**

Introduction

This report details Police Scotland data pertaining to the Torry neighbourhood of Aberdeen. The data is segmented in to fiscal years (2013/14 to 2016/17) and relates to the period between 1st April and 31st December inclusive in each and covers instances of Anti-Social Behaviour and Violence, as well as the sobriety of individuals involved.

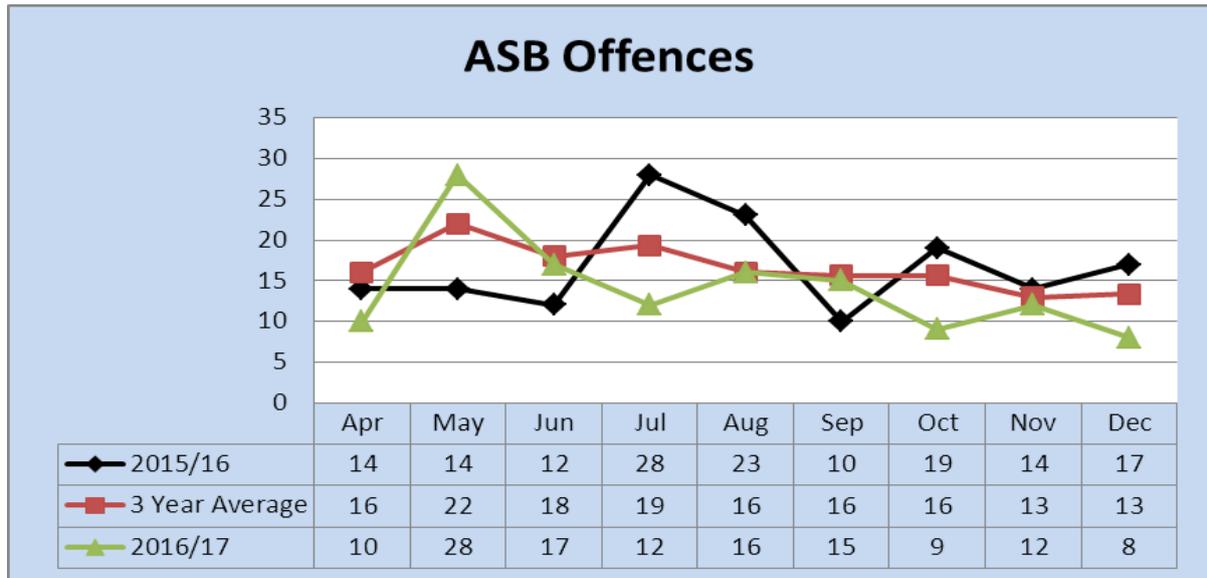
Methodology

Data has been obtained from the following source:

- **Crimefile** - Police Scotland Crime Recording System

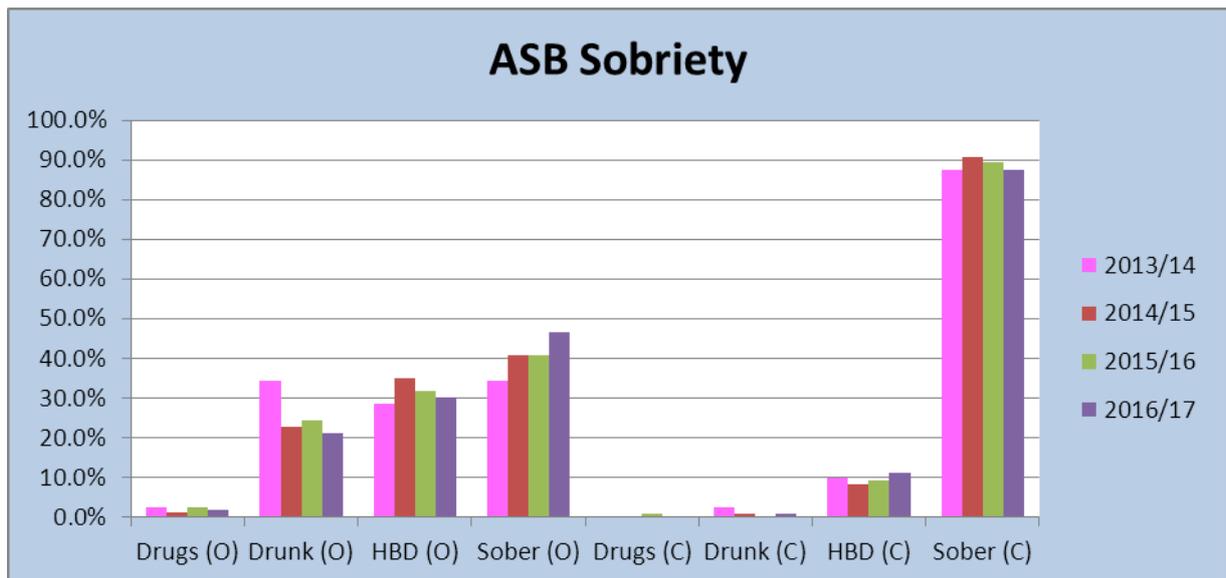
Anti-Social Behaviour

The chart below shows a breakdown of combined instances of Breach of the Peace and Threatening or Abusive Behaviour (ASB) recorded as occurring in Torry within the respective time periods.



- Year to Date (YTD) there have been 127 incidents of ASB in Torry, compared to 151 during the same period in 2015/16 and a 3 Year Average of 149. This equates at respective reductions of 15.9% and 14.8%.

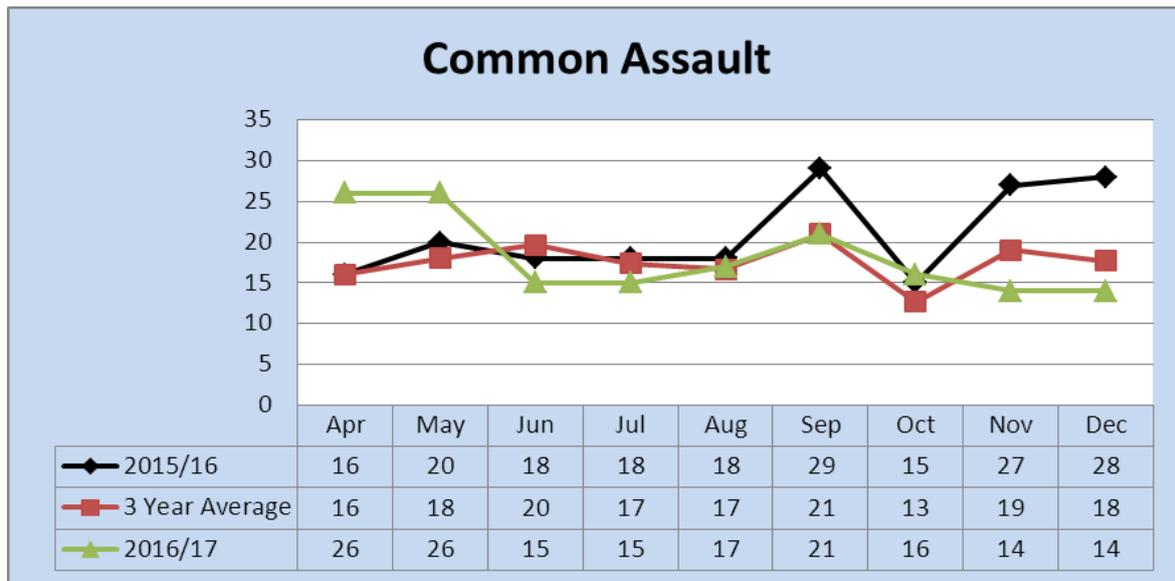
The chart below shows the respective sobriety status of offenders (O) and complainers (C) where they have been recorded, broken down by fiscal year.



- On average, 26% of offenders were Drunk, 31% Had Been Drinking and just over two fifths were Sober.
- Recorded offenders were at their most Sober in 2016/17 when 46.6% were not assessed as being under the influence of any substance. General insobriety was highest in the 2013/14 period and has fallen each YTD since.
- Each year, the overwhelming majority of Complainers were assessed as Sober.

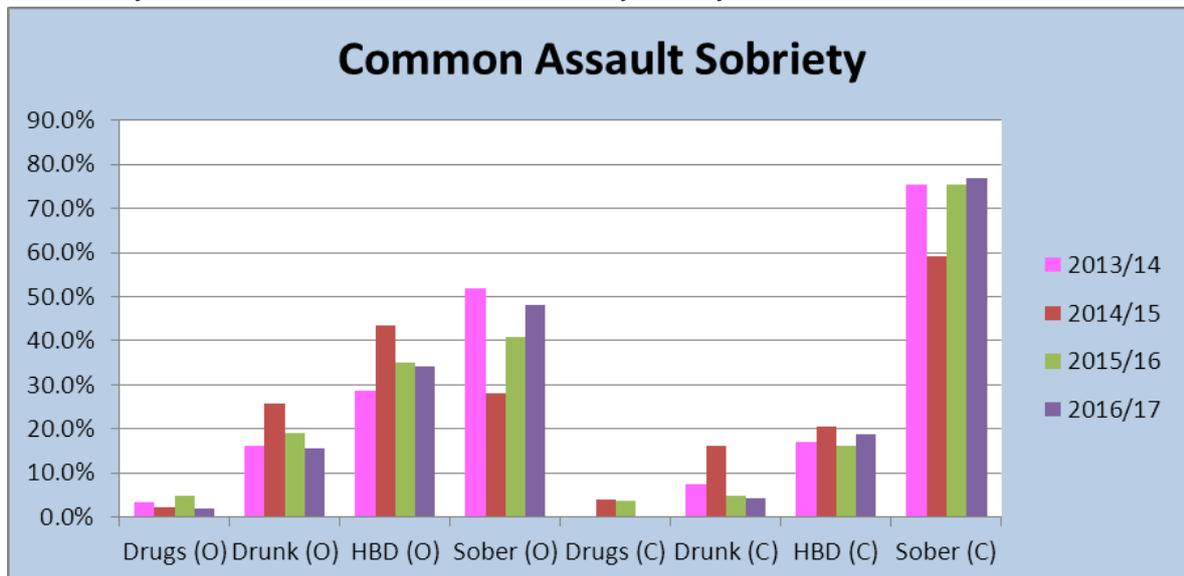
Violence

The chart below shows a breakdown of Common Assaults recorded as occurring in Torry within the respective time periods.



- The 164 offences (YTD) are 25 fewer than the same period last year, a reduction of 13.2%
- Against the 3 Year Average, there has been a rise of 3.8%; this is an increase of six offences only.

The chart below shows the respective sobriety status of offenders (O) and complainers (C) where they have been recorded, broken down by fiscal year.



- On average, 55% of offenders with a known sobriety status were under the influence of alcohol at the time of their offence. Overall, just less than a fifth were Drunk, and just over a third Had Been Drinking.
- During the 2014/15 period, offenders under the influence accounted for a 69.4% share. YTD, exactly one half of offenders were similarly intoxicated.
- With the exception of 2014/15, when 59% of complainers were Sober, at least three in four recorded victims were not under the influence of any substance at the time they were assaulted. It is worth noting that 2014/15 is the only YTD where less than 100 offenders or victims were assessed, perhaps impacting on percentage shares accordingly.

Serious Assault

YTD there have been five Serious Assaults recorded in Torry, six fewer than last year and five fewer than the 3 Year Average of ten.

Across the four years, a total of 22 offenders have had their sobriety status assessed.

- None were assessed as having abused Drugs in the lead up to their offence.
- Five of the 22 were Drunk, eight Had Been Drinking and nine were Sober.

Within the same period, 34 complainers has a sobriety status assessed.

- 23 of 34 were under the influence (4 Drunk, 19 Had Been Drinking). Ten were Sober and one victim was assessed to be under the influence of Drugs.

*Prepared by
Community Safety Analyst
Aberdeen City Council
Completed: 27th March 2017*



**SPLITTING THE BILL:
ALCOHOL'S IMPACT ON
THE ECONOMY**

AN INSTITUTE OF ALCOHOL STUDIES REPORT

February 2017

www.ias.org.uk @InstAlcStud

IAS Institute of Alcohol Studies

CONTENTS

Executive Summary	02
Introduction	06
Section I: Alcohol's impact on the UK economy	09
National Income	
Employment	
Productivity	
Regional Balance	
Trade	
Government Finances	
Economic Costs of Alcohol	
Section II: The effect of lower alcohol consumption on the economy	34
Would lower spending on alcohol be bad for the economy?	
How would lower spending on alcohol affect employment?	
How do different ways of reducing alcohol consumption affect the economy?	
Section III: Recent policy developments	47
What is the impact of the living wage on the alcohol industry?	
What is the impact of Brexit on the alcohol industry?	
Conclusion	50
Recommendations for future research	
Appendices	53

EXECUTIVE SUMMARY

Economic questions are central to the formation of alcohol policies, such as the setting of alcohol taxes, licensing requirements and marketing regulations. In particular, arguments around income, employment and trade are regularly used by the alcohol industry to resist measures to discourage consumption and harm. Such arguments are premised on the assumption that a successful alcohol industry is beneficial to the UK economy.

This report critically examines that assumption. It attempts to do three things:

- i. Collate the basic facts about the impact of the alcohol industry on the UK economy and how this has changed in recent years. This involves reviewing both the benefits (income, jobs, exports and taxes), and, as importantly, the costs (in terms of sickness, unemployment and deaths) that it generates.
- ii. Analyse how changes in alcohol consumption affect the economy – and in particular, determine whether reducing drinking is likely to have negative economic consequences.
- iii. Describe the likely effect on the alcohol industry of two major recent policy developments - the raising of the minimum wage and Britain's exit from the EU.

It finds little convincing evidence to suggest that lower spending on alcohol would harm the UK economy, and indeed offers some grounds to believe that reducing drinking could be of economic benefit.

Alcohol's impact on the UK Economy: Benefits

National Income

The alcohol industry is a small, but not insignificant, part of the UK economy, contributing £46 billion a year, around 2.5% of total GDP, to national income. This income is split evenly between the production (e.g. brewers, distillers) and retail (e.g. pubs, bars, supermarkets) of alcohol. Brewing beer for the domestic market (especially the on-trade), and distilling spirits for export are particularly significant economic activities in the UK.

The UK alcohol market shrank by 5% in real terms between 2004 and 2014, with lower per capita consumption and the shift of sales from pubs, bars and clubs to supermarkets and off-licenses contributing equally to this trend. If there had been no shift in drinking from the on-trade to the off-trade, this would be worth £6 billion to the UK alcohol market, and would have prevented any decline in revenue.

Employment, Wages and Productivity

We estimate that the alcohol industry is responsible for around 770,000 jobs, around 2.5% of all UK employment, the vast majority (506,000) of which are in pubs, clubs and bars. Such on-trade jobs are typically part-time and poorly paid: only a third of employees have full-

time positions, and their **median wage of £6.82 is the second lowest of all occupations** tracked by the Office for National Statistics. By contrast, alcohol producers provide relatively few jobs (fewer than 30,000), but these tend to be better paid, with average wages exceeding £16 per hour.

These differences in wages reflect the fact that the manufacture of alcohol has higher productivity than its sale, as a result of the high mechanisation of breweries and distilleries. However, productivity appears to have fallen in both sectors since 2011.

Despite pub closures, employment has been relatively resilient: **full-time jobs in pubs rose by 7% between 2009 and 2014**, though there are fewer part-time positions, and employment in bars and clubs has fallen.

It is sometimes argued that the alcohol industry is a particularly important employer in poorer or rural areas with few alternative sources of jobs. However, there are only seven local authorities where the alcohol producers account for more than 1% of jobs, and we find **no systematic relationship between an area's prosperity and its dependence on alcohol industry employment.**

Trade

The UK has a small surplus in alcohol trade of £1.7 billion, almost entirely attributable to the export of spirits. However, this accounts for just 2% of the country's overall current account deficit.

Government Finances

The Government raises £11 billion in tax revenue from alcohol excise duty in England. A lack of reliable figures means it is difficult to compare this against the cost of alcohol to the taxpayer, which likely ranges between £8-12 billion.

Alcohol's impact on the UK Economy: Costs

Unlike most other products, the sale of alcohol also carries a number of costs to the UK economy, due to the health and social problems associated with its consumption:

- **Presenteeism:** Though quantifying its prevalence and magnitude is tricky, evidence suggests that alcohol consumption reduces people's productivity at work.
 - 28% of UK workers admit going to work hungover, and most believe this negatively affected their performance.
- **Absenteeism:** A number of studies have found that high levels of drinking, particularly in men, is linked to higher rates of absence from work.
 - An Australian study found high risk drinkers are 53% more likely to be absent from work on any given day.
 - Studies from Sweden and Norway show that a one litre increase in total per capita alcohol consumption is associated with a **13% increase in absence in men.**

- **Unemployment:** A number of studies have found that heavy drinking is associated with a higher risk of unemployment.
 - The most prominent UK study suggests that being a problem drinker is **equivalent to the effect of not having a degree** on a person's chances of finding work.
- **Premature Death:** Alcohol-related deaths reduce the size of the labour force.
 - It has been estimated that **167,000 years of working life were lost** in England in 2015 due to alcohol, 16% of all working years lost.

Quantitative estimates of these costs are of limited reliability, but established government methodologies suggest they are **in the range of £8-11 billion (0.4-0.6% of GDP)**.

These narrow economic costs account for a fraction of the **total societal harm** associated with alcohol – including healthcare and crime costs. **These wider costs have been estimated to range between £21-52 billion.**

The Effect of Lower Alcohol Consumption on the Economy

Reducing the harm associated with alcohol is likely to involve lower consumption. For example, the World Health Organization has recommended per capita consumption as one of the key indicators of its target of a 10% reduction in the harmful use of alcohol.

Such a prospect might cause alarm on economic grounds. However, there is **little reason to believe lower alcohol consumption would have a negative effect on the economy** – indeed, it may boost national income. Lower alcohol consumption may not have any economic impact, if people maintain their spending on alcohol by buying more expensive drinks – as we have shown, recent falls in consumption would have had no impact on industry revenue if drinkers had not shifted from pubs to supermarkets.

Yet even if spending on alcohol declines, **spending on other goods is likely rise to compensate and so boost other industries** – the net effect of this shift to the alcohol industry and gain to other sectors is ambiguous.

In the 'long run' (when productive capacity is the main constraint on the economy) lower alcohol consumption is **likely to have a positive effect** by boosting productivity and labour supply, by reducing absenteeism, presenteeism, unemployment and premature mortality.

In the 'short run' (when a shortage of demand is the main constraint on the economy), the **effect is more uncertain** and depends critically on what products are substituted for alcohol. Without a detailed and rigorous modelling exercise, this is impossible to discern with any confidence, though:

- modelling in the US suggests lower alcohol spending can raise employment.
- the Office for National Statistics' economic multiplier estimates suggest a 10% decrease in alcohol spending could increase or decrease national income by at most £1 billion.

The Office for Budget Responsibility's analysis suggests that the long run effects are more relevant to the UK economy at the present time.

Such theoretical arguments are bolstered by the lack of empirical evidence to suggest that lower alcohol spending is bad for the economy. Indeed, in the only relevant academic study, econometric analysis of US states suggests that a 10% increase in per capita consumption is associated with a 0.4% decrease in per capita income growth.

Taken together, these indicators suggest that the impact of even a large shift in alcohol consumption on the economy is likely to be small – a fraction of a percentage point of GDP.

The effect of a shift in spending away from alcohol has similarly ambiguous implications for employment in the short run, but should boost employment in the long run by increasing labour force participation.

How alcohol consumption is reduced may be as economically consequential as how much it falls by. In the short run, maintaining spending in the on-trade is more important for employment; but in the long run, the higher productivity in the off-trade is more salient. Different alcohol policies affect different segments of the industry differently – for example, a minimum unit price would discourage drinking in the off-trade, but most likely have little effect on the on-trade.

Recent Policy Developments

The national living wage will have a particularly significant effect on the on-trade, given the relatively low wages that are standard in the industry. It is likely to lead to price rises in pubs, bars and clubs, which could well exacerbate the shift towards supermarkets.

There remains significant uncertainty over the implications of Britain's exit from the EU for the alcohol industry, in terms of trade access, the ability to employ migrant workers and future regulations.



SUMMARY

Promoting good health from childhood

Reducing the impact of alcohol
marketing on children in Scotland

A report by the virtual expert network on alcohol marketing

Report Summary

About this report

This report has been developed by a virtual expert group on alcohol marketing, established following discussions at the Global Alcohol Policy Conference held in Edinburgh in October 2015. The group was tasked by the then Minister for Public Health, Maureen Watt MSP, to consider the top policy options for a range of areas within advertising and sponsorship, taking into account how such policies might be implemented in Scotland.

Network members have expertise in alcohol marketing research, policy and legislation, as it relates to the protection of public health and the reduction of health and social harm caused by alcohol. In developing this report and its recommendations, the virtual network adopted the following approach:

- a) it focused on where the evidence of the effects of alcohol marketing is strongest, which is predominantly in relation to mass media advertising.
- b) it prioritised policy options to protect children and young people, responding to current concerns about children being exposed to large volumes of marketing for health-harming products.

Nature and extent of adolescent drinking in Scotland

An alcohol-free childhood is the healthiest and best option for children. However, nearly a third of children in Scotland have drunk alcohol by the age of 13, and two-thirds by age 15.¹ Although consumption among children has fallen in recent years, alcohol is still the most widely used addictive substance by young teenagers, and levels and patterns of consumption among some

adolescents are a particular cause for concern; compared to other countries, Scottish teenagers appear more likely to engage in riskier drinking practices following the initiation of alcohol use in early adolescence.²

Adolescent drinking has a range of adverse health and social consequences, particularly for teenagers who drink regularly and experience drunkenness. Adolescents are more susceptible to the intoxicating effects of alcohol due to their physical immaturity and lower tolerance levels. Drinking during adolescence also poses risks to long-term health and wellbeing, both by affecting important developmental processes,^{3,4,5} and by establishing drinking patterns that are continued in to adulthood.⁶ Risky and frequent drinking in adolescence is a predictive factor of harmful drinking in middle-age.⁷ Therefore reducing the prevalence, frequency and quantity of teenage drinking in Scotland will improve the health of young people and their health prospects as adults, and yield social and economic benefits beyond improved health outcomes.

Nature, extent and reach of contemporary alcohol marketing

It is estimated that the alcohol industry's annual spend on marketing its products in the UK is £800m.⁸ Alcohol advertising is extensive and pervasive, innovating beyond traditional advertising methods such as television, radio, magazines, cinemas and billboards, to target consumers through multiple marketing channels and techniques, making particular use of digital technology. Marketing communications focus on creating positive attitudes to brands and instilling the idea that alcohol consumption improves the experiences of life. It is seen as a key way to recruit new consumers, with some brands specifically targeting the youngest demographics of legal drinkers.⁹

An increased reliance on marketing activity to drive alcohol sales and profits, together with a growing number of marketing channels, has implications for children in terms of their overall exposure to marketing messages, as well as the particular appeal of more interactive forms of marketing such as digital media marketing.

The influence of alcohol marketing on children and young people

The alcohol industry maintains that their alcohol advertising practices are aimed at adults and do not target children and young people. However, the pervasive nature of advertising means children in the UK are regularly exposed to alcohol messages, despite the existence of regulatory codes designed to restrict exposure of under-18s to alcohol marketing. Children can also demonstrate high levels of awareness and familiarity with alcohol brands; a survey of Scottish primary schools found 10 and 11 year olds were more familiar with certain beer brands than leading brands of biscuits, crisps and ice cream.¹⁰

Research from a growing number of studies and reviews, including from Scotland and the UK, concludes that alcohol marketing has an impact on children and young people:

- **Children find alcohol marketing messages appealing.**¹¹
- **Alcohol marketing influences children's attitudes.**^{12,13}
- **Alcohol marketing encourages children's drinking;** exposure to alcohol marketing reduces the age at which young people start to drink, increases the likelihood that they will drink and increases the amount of alcohol they will consume once they have started to drink.^{14,15,16}
- **The more alcohol marketing children see, the greater the impact,** as being aware of more marketing channels increases the odds of being a drinker.^{17,18}
- **Different marketing channels influence children's attitudes and behavior.**
- **More engaging forms of alcohol marketing are more influential.** For example, owning merchandise and downloading screensavers are found to be stronger predictors of drinking among young people than just being aware of marketing.¹⁹





Failure of self-regulation of alcohol marketing

Alcohol marketing in the UK is governed by a complicated regulatory system of self- or co-regulation, with different industry-developed codes of practice applying to different media and different bodies overseeing compliance. Common across all industry codes of practice is that they focus mainly on the content of marketing messages, rather than placing limits on the amount of alcohol marketing. They also all contain rules prohibiting the targeting of under-18s by using content that is 'particularly' appealing to children, or through the selection or context in which the advert appears.

Research from various countries suggests that industry self-regulatory advertising codes are subject to under-interpretation and under-enforcement.^{20,21,22} In the UK, high levels of awareness of alcohol brands and marketing among children of all ages shows that the current system of voluntary regulation is not working. Existing advertising codes can be seen to be inadequate in a number of respects:

- **Inadequate restrictions on content:** Attempts so far to control the content of marketing messages to decrease their appeal to children have had limited impact. Children in the UK see a lot of alcohol marketing and they find the content appealing.

- **Inadequate restrictions on exposure:** The current rules on the placement of alcohol adverts to avoid targeting children have not been effective in reducing children's exposure, and in fact, between 2009 and 2011, the number of alcohol adverts seen by children increased.²³ The limited effect of the codes in preventing children's exposure to alcohol marketing is in part due to the way the rules are constructed.
- **Inadequate enforcement:** The current system of regulatory oversight relies primarily on public complaints. With the exception of television adverts, regulatory controls apply retrospectively, after advertisements have already been shown. This can result in large numbers of children seeing inappropriate advertising before action is taken. There is also a lack of statutory powers of enforcement, meaning there is little deterrent from misapplying the codes.

The way forward: putting children first

The evidence of harm caused to children and young people through exposure to alcohol marketing, and the failure of the current regulatory regime to adequately protect children from such exposure, clearly points to the need to improve the regulatory approach. There is broad support within the general population for increased alcohol marketing restrictions.^{24,25}

Analysis of regulatory regimes in other countries has identified several key components of effective alcohol marketing regulation with respect to children, which include:

- restrictions on the volume and content of alcohol marketing;
- monitoring and enforcement systems that avoid conflicts of interest.²⁶

Effective regulation depends on having clear and appropriate policy objectives, and a robust,

evidence-informed policy approach. If regulation is to work to protect children then it must be directed towards reducing children's exposure to alcohol marketing and reducing the appeal of alcohol marketing to children. There are several ways in which the current regulatory model should be improved:

- **Regulation should act in the best interests of children**, with particular reference to the fact that children's exposure to alcohol marketing impacts negatively on their rights.
- **Regulation should ensure equal consideration for all children**, addressing the in-built inequality of the current system whereby some children can be exposed to alcohol marketing, providing a certain threshold hasn't been crossed.
- **Regulation should take a comprehensive approach to protecting children**, in recognition that such an approach has the highest potential to reduce the impact of alcohol marketing on children, as well as being the most straightforward system to enforce.

- **Regulation should be put on a statutory footing**, in light of evidence from different countries that voluntary and self-regulation of alcohol marketing is not sufficiently protective of children. Adequate regulation requires a credible threat of enforcement.
- **Regulation should include young people's views**.
- **Regulation should be independent of the alcohol and advertising industries**, to ensure its effectiveness and to avoid conflicts of interest.

Legal powers to restrict alcohol marketing to protect public health

Under domestic and European law, commercial operators have a legal right to promote their goods and services through marketing communications. However, even though these rights are protected in the UK, they are not absolute and can be restricted on public health grounds, provided that the restrictions imposed are proportionate.²⁷ When assessing the proportionality of marketing



restrictions, both UK courts and the Court of Justice of the European Union (CJEU) have clearly stated that the EU and Member States have a broad margin of discretion in how they decide to protect public health, including through the imposition of extensive marketing restrictions.

The case for regulation is particularly compelling when children are at stake. Scottish Ministers have a duty under the Children and Young People (Scotland) Act 2014 to keep under consideration whether there are any steps that they could take that might give further effect in Scotland to the UN Convention on the Rights of the Child. Taking action on alcohol marketing has been specifically cited as a legitimate approach for States to take to protect children's right to health.

Competence to restrict alcohol marketing in Scotland

Within the UK, competence to act to restrict alcohol marketing is shared between the Scottish and UK parliaments. With regard to regulation of alcohol marketing, matters that are reserved to Westminster are broadcasting, consumer protection and internet services. Regulation of the press, printed adverts, billboards, outdoor displays, point of sale displays, adverts or hoardings at sporting events, and sponsorship of events, is within the competence of the Scottish Parliament. In addition, there is a view that internet services, which is a reserved matter, relates to infrastructure of internet provision, rather than the content of websites, and therefore, there maybe scope to regulate website content within Scotland.²⁸



Recommendations

A broad consensus exists in support of action on alcohol marketing in Scotland. A majority of MSPs, including all opposition party leaders, as well as key national children's charities and public health bodies have supported the pledge 'I believe alcohol marketing has no place in childhood.'

The virtual expert network is of the clear view that the most protective environment possible would be of most benefit to children and young people. While the Scottish Parliament does not have legislative competence to regulate across the full range of marketing activities, it does have powers over a number of key areas of regulation that would increase the protection afforded to children, and many adults. It also remains open to the Scottish Government to lobby the UK Government on matters of reserved competence, thus enabling it to pursue a comprehensive approach within its powers.

In making the following recommendations, the virtual expert network has had regard to matters of legislative competence, and has framed the recommendations in line with the extent of the Scottish Government's powers:

Recommendation 1: The Scottish Government should make clear that a key policy objective of alcohol marketing regulation should be to reduce the impact of alcohol marketing on children. This should form the basis of any discussions between the Scottish Government and UK Government on reserved matters.

Recommendation 2: The Scottish Government should prohibit outdoor alcohol advertising and advertising in public spaces. This includes advertising in streets, parks, on public transport, and in sports grounds.

Recommendation 3: The Scottish Government should set out a timetable for ending alcohol sponsorship of sports events, music and cultural events.

Recommendation 4: The Scottish Government should restrict alcohol advertising in newspapers and magazines to publications aimed at adults. This restriction should be limited to business-to-consumer (B2C) publications, not business-to-business (B2B).

Recommendation 5: The Scottish Government should press the UK Government to introduce restrictions on alcohol advertising on television between 6am and 11pm. The impact of such a change on children's exposure to alcohol marketing on television should, however, be monitored, and if it leads to unintended consequences, an outright ban should be pursued.

Recommendation 6: The Scottish Government should call on the UK Government to restrict alcohol advertising in cinemas to 18-certificate films.

Recommendation 7: The Scottish Government should consider its competence to legislate to restrict alcohol marketing on social media within Scotland. It should adopt measures deemed within scope. If there are steps to restrict digital alcohol marketing that are not within competence, it should lobby the UK Government to take steps to introduce such restrictions.

Recommendation 8: The Scottish Government should restrict all alcohol advertising content in Scotland, where still permitted, to promoting factual information, such as composition, origin and means of production. The Scottish Government should also call on the UK Government to take similar action at UK level for reserved matters.



Recommendation 9: The Scottish Government should immediately set up an independent taskforce to oversee development and implementation of alcohol marketing restrictions in Scotland.

Recommendation 10: The independent taskforce should explore the options for establishing an independent regulator for alcohol marketing in Scotland, which should be backed up by statutory powers of enforcement/sanction.

Recommendation 11: The independent taskforce should explore how an alcohol marketing regulator could require provision of marketing data to be provided to it.

Recommendation 12: The Scottish Government should commission a monitoring and evaluation programme to measure the effectiveness of regulatory changes in Scotland.

Recommendation 13: The Scottish Government should commission research to build the evidence base on alcohol marketing.

References

1. Scottish Schools Adolescent Lifestyle and Substance Use survey (SALSUS) Alcohol Report (2015). Scottish Government, 2016
2. Inchley J et al. eds. Growing up unequal: gender and socioeconomic differences in young people's health and well-being. *Health Behaviour in School-aged Children (HBSC) study: international report from the 2013/2014 survey*. Copenhagen, WHO Regional Office for Europe, 2016. <http://www.hbsc.org/>
3. Squeglia LM et al (2009) The influence of substance use on adolescent brain development, *Clin EEG Neuroscience*, 40 (1) 31-38
4. Bava S and S Tapert (2010) Adolescent brain development and the risk for alcohol and other drug problems, *Neuropsychology Review*, 20 (4) 398-413
5. Elofson J et al (2013) Alcohol use and cerebral white matter compromise in adolescence, *Addictive Behaviours* 38 (7)
6. McCambridge J et al (2011) Adult consequences of late adolescent consumption: A systematic review of cohort studies. *PLoS Med*, 8 (2)
7. Addiction Special Issue (2008) Destiny Matters: Childhood and Adolescent Prediction of Adult Alcohol Use and Abuse in Six Multi-decade Longitudinal Studies. Vol 103, pages 1-109
8. *Under the influence: The damaging effect of alcohol marketing on young people*. British Medical Association, 2009
9. Hastings G (2009) "They'll drink buckets loads of the stuff": An analysis of internal alcohol industry advertising documents. The Alcohol Education and Research Council.
10. *Children's Recognition of Alcohol Branding*. Alcohol Focus Scotland, Alcohol Concern, Balance North East and Drink Wise, 2015
11. Winpenny E et al (2012) Assessment of young people's exposure to alcohol marketing in audiovisual and online media, RAND Europe.
12. Chia, S.C. (2006) 'How peers mediate media influence on adolescents sexual attitudes and sexual behavior', *Journal of Communication*, 56(3): 585–606
13. Chia, S.C. (2010) 'How social influence mediates media effects on adolescents' materialism', *Communication Research*, 37(3): 400–19
14. Anderson et al (2009) Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies, *Alcohol & Alcoholism* Vol. 44, No. 3, pp. 229–243, 2009.
15. Smith L and Foxcroft D (2009) The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies, *BMC Public Health* 2009, 9:51 doi:10.1186/1471-2458-9-51
16. Jernigan, D., Noel J., Landon J., Thorton N., and Lobstein T. (2016) Alcohol marketing and youth consumption: a systematic review of longitudinal studies published since 2008. *Addiction* doi:10.1111/add.13591.
17. Gordon R et al (2011) Assessing the cumulative impact of alcohol marketing on young people's drinking: Cross-sectional data findings, *Addiction Research & Theory*, Vol 19, 1, 66-75.
18. En-Yi Lin, Sally Caswell, Ru Quan You & Taisia Huckle (2012) Engagement with alcohol marketing and early brand allegiance in relation to early years of drinking, *Addiction Research & Theory*, 20:4, 329-333.
19. Gordon R. (2010) An audit of alcohol brand websites, *Drug Alcohol Review*, 30:638–644
20. Noel JK, Babor TF, Robaina K Industry Self-regulation of alcohol marketing: a systematic review on content and exposure research, *Addiction* 2016 May 18. doi: 10.1111/add.13410. [Epub ahead of print]
21. Noel JK, Babor TF, Does Industry Self-regulation Protect Young Persons from Exposure to Alcohol Marketing? A Review of Compliance and Complaint Studies. *Addiction* 2016 May 18. doi: 10.1111/add.13432. [Epub ahead of print]
22. Noel JK, Lazzarini Z, Robaini K, Vendrame A, Alcohol Industry Self-Regulation: Who is it really protecting? *Addiction* 2016 May 18. doi: 10.1111/add.13433. [Epub ahead of print]
23. *Children's and young people's exposure to alcohol advertising*, Ofcom, 2013
24. Alcohol Health Alliance (2015), public opinion poll
25. Attitudes to alcohol: Findings from the 2015 British Social Attitudes survey, Public Health England
26. Broeck, A van den and Bruijn, A de, *Effective alcohol marketing regulations*, Dutch Institute for Alcohol Policy. 2010.
27. Alemanno, A and Garde, A *Regulating Lifestyles in Europe: How to prevent and control non-communicable diseases associated with tobacco, alcohol and unhealthy diets?* Swedish Institute for European Policy Studies, December 2013:
28. Briefing note – reserved and devolved matters in relation to the subject matter of the Levenson Inquiry. Secretariat to the Expert Group on the Levenson Inquiry in Scotland, January 2013 (updated February 2013). Available from <http://www.gov.scot/Resource/0041/00416256.pdf> [Accessed 8 November 2016]



Published: February 2017

Alcohol Focus Scotland

166 Buchanan Street, Glasgow G1 2LW

 0141 572 6700

 enquiries@alcohol-focus-scotland.org.uk

 www.alcohol-focus-scotland.org.uk

 @alcoholfocus

This page is intentionally left blank



Article

Implementing a Public Health Objective for Alcohol Premises Licensing in Scotland: A Qualitative Study of Strategies, Values, and Perceptions of Evidence

Niamh Fitzgerald ^{1,*}, James Nicholls ^{2,3}, Jo Winterbottom ⁴ and Srinivasa Vittal Katikireddi ⁵

¹ Institute for Social Marketing, UK Centre for Tobacco and Alcohol Studies, Faculty of Health Sciences and Sport, University of Stirling, Stirling FK9 4LA, UK

² Alcohol Research UK, London SW1H 0HW, UK; James.nicholls@alcoholresearchuk.org

³ Centre for History in Public Health, London School of Hygiene and Tropical Medicine, London WC1H 9SH, UK

⁴ West Dunbartonshire Health and Social Care Partnership, Dumbarton G82 3PU, UK; jo.winterbottom@ggc.scot.nhs.uk

⁵ MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow G2 3QB, UK; vittal.katikireddi@glasgow.ac.uk

* Correspondence: niamh.fitzgerald@stir.ac.uk; Tel.: +44-1786-467-362

Academic Editors: Eileen Kaner, Amy O'Donnell and Peter Anderson

Received: 31 December 2016; Accepted: 21 February 2017; Published: 23 February 2017

Abstract: The public health objective for alcohol premises licensing, established in Scotland in 2005, is unique globally. We explored how public health practitioners engaged with the licensing system following this change, and what helped or hindered their efforts. Semi-structured interviews were conducted with 13 public health actors, audio-recorded, and analysed using an inductive framework approach. Many interviewees viewed the new objective as synonymous with reducing population-level alcohol consumption; however, this view was not always shared by licensing actors, some of whom did not accept public health as a legitimate goal of licensing, or prioritised economic development instead. Some interviewees were surprised that the public health evidence they presented to licensing boards did not result in their hoped-for outcomes; they reported that licensing officials did not always understand or value health data or statistical evidence. While some tried to give “impartial” advice to licensing boards, this was not always easy; others were clear that their role was one of “winning hearts and minds” through relationship-building with licensing actors over time. Notwithstanding the introduction of the public health objective, there remain significant, and political, challenges in orienting local premises licensing boards towards decisions to reduce the availability of alcohol in Scotland.

Keywords: alcohol; licensing; outlet density; public involvement; availability

1. Introduction

Alcohol consumption is the leading cause of death amongst 15–49 year-olds worldwide [1] and is a major contributor to the preventable burden of disease in the UK and internationally [2,3]. There are over 1 million alcohol-related hospital admissions a year in England, and in 2013 there were 6592 alcohol-related deaths, a 10% increase from 2003 [4]. Alcohol consumption is also associated with adverse social outcomes like crime, job loss, and violence [5–7], causing a significant burden of harm to those other than the drinker. Furthermore, alcohol harms are socially patterned, making alcohol a key driver of health inequalities [8,9]. There is no definitive estimate of the economic cost of alcohol consumption, however, the most recent estimate for England and Wales is an annual cost of at least £21 billion [7,10]. Although there have been recent downward trends in harms, these have been from a

very high level and may reverse if fiscal policy levers remain underused [11]. In Scotland, rates of harm have stabilized over recent years, with almost 35,000 alcohol-related hospitalizations in 2015–2016 [12]. After falls in sales between 2009 and 2013, alcohol sales in Scotland have increased again recently, and levels of consumption remain very high with an average of 10.7 L of pure alcohol per adult sold in 2015 (equating to 20.8 units per adult per week), 20% higher than in England/Wales [13].

Many public health experts argue that tackling alcohol-related harms requires action to reduce its affordability, marketing, and availability [14,15]. While there has been much public debate about the potential for minimum unit pricing of alcohol to address affordability in the UK [16,17], there has also been renewed interest in local approaches to the provision of premises licences for the sale of alcohol as a means to control availability [18–21]. There is consistent evidence suggesting an association between increased availability of alcohol, including the number and proximity of alcohol outlets in an area, and higher rates of consumption and associated alcohol-related harms [22–25], including some studies from Scotland [26,27]. However, the extent to which this association reflects a causal relationship and, if so, the mechanisms by which effects are exerted, remains the subject of study, since much of the research is cross-sectional and the validity of measures of the availability of alcohol premises uncertain [25,28–32].

Many countries, including the constituent countries of the UK, have restricted which premises are allowed to sell alcohol through the issuing of permits by local authorities (or local legislators in Northern Ireland) [21,25,31,33]. Historically, UK licensing systems developed as administrative and reactive systems originally designed as a means of limiting public disorder and regulating behaviour, though health considerations have played a part, albeit limited, in motivating legislative change [18,34]. Under reforms to the licensing systems in England and Wales (2003) and Scotland (2005) many discretionary aspects of licensing were formalised. The essential principle of these reforms is that alcohol licence applications can only be refused if (a) there is a formal representation from a “responsible authority” (e.g., the health board in Scotland or the police or fire service), and (b) that representation shows the application threatens to undermine one or more of the statutory “licensing objectives” (see Table 1).

Table 1. Licensing objectives (current or proposed in the UK).

Licensing (Scotland) Act 2005 Objectives	Licensing Act 2003 (England and Wales)	Northern Ireland (Previously Proposed)
For the purposes of this Act, the licensing objectives are—	The licensing objectives are—	
(a) preventing crime and disorder,	(a) the prevention of crime and disorder;	(a) Promotion of public health.
(b) securing public safety,	(b) public safety;	(b) Promotion of public safety.
(c) preventing public nuisance,	(c) the prevention of public nuisance; and	(c) Prevention of crime and disorder.
(d) protecting and improving public health, and	(d) the protection of children from harm.	(d) Prevention of public nuisance.
(e) protecting children and young people from harm.		(e) Protection of children from harm.
		(f) Fair treatment of all stakeholders.

The introduction of a “fifth licensing objective” to “protect and improve public health” in the Licensing (Scotland) Act 2005 sets Scotland apart from the rest of the UK and is unique, globally, although some jurisdictions (including some Australian states and territories) have a requirement to consider “harm minimisation” in licensing decision-making [35]. The idea of making public health a formal consideration in licensing had first been raised at a 1997 conference convened by the then Scottish Office [36] (p. 18). From the late 1990s, health groups such as the Scottish Council on Alcohol Misuse and the Scottish Council on Alcohol (later Alcohol Focus Scotland)—working in an environment in which both licensing and public health were devolved to the new Scottish Government—pushed for a greater role for public health in regulating alcohol retail [37] (pp. 118–121). In 2003, the Nicholson Committee review of licensing, having established a health subgroup including a consultant physician, a director of public health and the director of the Central Scotland Council on Alcohol, recommended

the introduction of a public health licensing objective [38]. This recommendation led directly to the inclusion of this provision in the 2005 Licensing Act.

The 2005 Act also stipulated that local licensing boards must produce a regular Statement of Licensing Policy, part of which must include a statement on “overprovision”; that is, whether there are areas in the board’s jurisdiction in which the number or density of outlets was excessive. It further empowered boards to, following consultation, define “overprovision areas” in which the assumption would be that any licence application be refused unless it could demonstrate that it did not threaten to undermine the licensing objectives. The Act does not provide a definitive description of what constitutes overprovision, but directs that Licensing Boards can have regard to the number, capacity, and type of premises in a given locality when setting out an overprovision statement [39]. Consultation prior to the establishment of an overprovision policy involves the local Chief Constable, local health board (including local public health departments of the National Health Service (NHS)), licence holders, residents and “such other persons as the [licensing] board sees fit” [39] (Section 7, paragraph 4). Importantly, boards have to identify an area as potentially overprovided prior to consultation, rather than inviting suggestions for possible overprovision areas through the consultation process [40]. A 2014 evaluation of the Licensing (Scotland) Act 2005 conducted predominantly with licensing board members and other licensing actors found that the new public health objective was viewed as “problematical” and that the concept of overprovision was felt to be difficult to define and measure [41].

The changes in the licensing regime were followed within three years by a national alcohol strategy in which the Scottish Government proposed, and then adopted, a “whole population” or public health focused approach to reducing alcohol-related harms [42,43]. Together, these developments led various public health stakeholders in Scotland to pay more attention to alcohol licensing as a policy venue for reducing alcohol-related harm. This study aimed to explore how these public health actors attempted to influence local alcohol licensing policies and decisions in Scotland towards the licensing objective of “protecting and improving public health”, and to identify factors felt to have helped or hindered their efforts.

2. Materials and Methods

2.1. Sample

“Public health actors” were defined as individuals with a substantial remit to protect and promote public health generally or specifically in relation to alcohol, and included public health doctors in local NHS boards, or practitioners in various posts within alcohol and drug partnerships (strategic multi-agency planning and commissioning partnerships with a remit to reduce alcohol and illicit drug-related harms in a local area). Public health actors were eligible to take part in the study if they had recent and in-depth experience of engaging with local licensing boards, or trying to influence local licensing policy and decisions.

Eligible public health actors were identified in two ways: by reviewing publicly-available information describing prior efforts to protect public health through licensing; and via snowball sampling, principally via one key informant (already known to Niamh Fitzgerald) at Alcohol Focus Scotland (AFS), a voluntary sector organisation which has provided extensive support to local areas on this issue. Twelve local public health actors were identified in this way and approached to participate: 11 of these agreed to be interviewed; the twelfth individual declined to participate, citing a lack of action on this issue in her area as the reason. We also interviewed the key informant from AFS, along with another individual with a local authority licensing role recognised for long-standing and innovative work in this area. No further participants were sought: between them, the 13 interviewees covered almost all of the boards (20/22) which had declared any form of overprovision of licensed premises at the time, including 20 of the 40 licensing board areas in Scotland, as outlined in detail in Table 2 [44].

Table 2. Profile of interviewees ($n = 13$).

Descriptor	Breakdown ^a
Organisation (number of interviewees)/Role:	Alcohol and Drug Partnership (ADP) (6)/various roles including ADP co-ordinator and more junior officers of the ADP. National Health Service (NHS)/Public Health (5)/public health consultants, trainee consultants, or junior doctors. Key Informants (2): Alcohol Focus Scotland, a third sector organisation working to reduce alcohol-related harm (1); Recognised local licensing expert (1)
Health Board areas in which interviewees had experience:	Eight of 14 health board areas were covered.
Licensing Board areas in which interviewees had experience:	Twenty of 40 licensing boards were covered.
Licensing Board areas policy status:	The extent to which the sample included licensing boards which had declared overprovision (OP) was analysed using data on policies published by 30 April 2014 [44]: <ul style="list-style-type: none"> • Widescale OP declared (4) • Limited OP declared (4) • No OP declared (5) • Policy not published (7) Of the 20 licensing board areas not included in the sample, 18 had not declared OP, 1 had declared limited OP, and 1 had declared widespread OP.

^a An individual breakdown is not provided to protect participant anonymity.

2.2. Data Collection

In-depth qualitative interviews were used to explore the complexity of processes by the legislation change led to changes in practice, insight and understanding at multiple levels. Qualitative research enables insight into people's meanings and experiences and highlights social processes, which may be important in efforts to influence policy at this local level [45,46].

Interviewees were sent a study information sheet by email and followed up by telephone. Full informed consent was recorded prior to semi-structured interviews (averaging 69 min in duration) conducted by Niamh Fitzgerald between February and May 2014. Interviews were conducted mainly by telephone as we have previously found this to facilitate participation by professionals in similar roles [47]. Interviewees were also given the option of being interviewed face to face: just one (a key informant) chose to do so. This was after boards were expected to have published triennial statements of alcohol policy in November 2013. Interviewees were provided with a topic guide (summarised in Table 3) in advance, developed by Niamh Fitzgerald.

During interviews, participants were encouraged to speak freely about their experiences: questions were not asked verbatim of each participant; the topic guide and issues raised by other interviewees were used as prompts. All interviews were audio-recorded: six were transcribed from the recordings after the interview; the other seven were simultaneously transcribed during the interviews. In both cases, the recordings were used afterwards to correct the transcripts. As a further check, all transcripts were subsequently sent to interviewees to check for accuracy at which point they also had the opportunity to elaborate or clarify any points as they saw fit. Emergent themes were not discussed with participants at this point.

Table 3. Main questions in interview topic guide.

Main Questions in Interview Topic Guide	
1.	How did you get involved with the issue of overprovision of licensed premises (in your area/organisation)?
2.	Who else was involved in the initiative? How were they involved?
3.	How did you build support/win “hearts and minds” with different stakeholders?
4.	When and how were community members/the general public involved in the initiative?
5.	What data did you collect and why?
6.	How successful do you think your efforts have been?
	a. What else can/should be done locally on this agenda?
	b. What would you do differently if starting this process?
7.	What else can be done nationally on this agenda?
8.	From all that you’ve mentioned, what would you pick out as the key lessons for others trying to take action on identifying and addressing overprovision in their area?

2.3. Analysis

Analysis was thematic rather than theoretical. Notes and recordings were reviewed throughout the data collection period and full analysis was conducted afterwards using a framework approach as described by Gale et al. [48]. Niamh Fitzgerald and Jo Winterbottom independently coded two interviews manually, using open coding. They then met to discuss codes and broader themes arising and to agree on a draft coding framework. This was refined by both following analysis of three further interviews and then re-applied manually to all interviews by Niamh Fitzgerald. Formal inter-coder reliability checks were not conducted. A framework matrix was used to chart the data using Microsoft Excel (Microsoft Corporation, Redmond, WA, USA), enabling a holistic, descriptive overview of the entire data set to be taken. The themes of the study were then discussed in further detail with all authors to plan this paper.

2.4. Ethics

Ethical approval was granted by the Ethics Committee of the School of Management at the University of Stirling. When reviewing the interview transcripts for accuracy, interviewees were also invited to highlight any segments of interview which they felt might identify them, and agreement was reached as to how these would be used. For example, in some cases it was agreed that the interview identification number or the interviewee’s organisation type would not be used in conjunction with a specific quotation.

3. Results

Interviewees provided rich free-flowing descriptions of their experiences in seeking to orient local alcohol licensing towards a public health objective, outlining what they did and why, how others reacted, how they perceived the outcome of their efforts and what they had been surprised by or felt they had learned in the process. This paper focuses on how interviewees encountered differing values and beliefs about alcohol, alcohol premises licensing and evidence in general and how they viewed their role in engaging with the licensing process. These themes are reported in more detail below, drawing on several themes (2c Helping and Influencing, 2d Raising Awareness, 3c Conflicts of Interest, 4e Perceptions of Data, and 5 Attitudes and Beliefs Regarding Alcohol and Alcohol Licensing) from the overall analysis framework (summarised in Table 4).

Table 4. Overall analysis framework.

1. Learning, Expertise, Capacity, Persistence	
1a. Learning about Influencing Licensing	<i>Formal and informal mechanisms of learning for public health (PH) actors—peer support, national guidance.</i>
1b. Other Expertise	<i>Data analysis, legal and economic expertise—confidence and availability of expertise</i>
1c. Long term approach, persistence	<i>Timing, preparation, planning for future, taking a long-term view. Reviewing all licensing (L) applications;</i>
1d. Capacity	<i>Capacity to respond regularly and rapidly; Level of effort/time spent/required.</i>
2. Working with Others	
2a. Alliances	<i>PH actors from various organisations working in partnership with public sector colleagues from other organisations on licensing issues</i>
2b. PH Actors working with Licensing Actors	<i>Perceptions and reports of working with licensing standards officers, L clerks, L boards. Mechanisms for communication with L actors.</i>
2c. Helping or Influencing	<i>Efforts to influence licensing board (LB) members and how such efforts are framed/perceived—helping versus lobbying/campaigning. Presentation of “recommendations” or “options” to LBs</i>
2d. Raising awareness	<i>Efforts to inform LB and other stakeholders about alcohol harm, overprovision etc.</i>
2e. Building relationships	<i>Relationship building with LB and others; time needed to build; more than awareness—“hearts and minds”</i>
3. Power, Autonomy, Bias	
3a. Licensing board autonomy & accountability	<i>Independence and control of LBs. Mechanisms to hold LBs accountable for upholding the L Scotland Act or implementation of L objectives.</i>
3b. Legalistic licensing system	<i>Formal and legal processes and requirements; Disempowerment of LB outsiders; disempowerment of LB—fear of litigation.</i>
3c. Conflicts of interest (COIs)	<i>Ability of individuals and organisations to act independently and without bias—for PH actors and others. Types of bias—host organisation; personal interests . . . Issues about representation on forums are not included here, but in 6a, 6a, though COIs of individuals on forums would be included.</i>
3d. Power and influence of individuals	<i>The influence of individuals on action and progress. Lack of continuity when personnel/LB membership changes.</i>
4. Evidence	
4a. Defining overprovision of L premises	<i>Challenges and difficulties in defining overprovision (OP); choices re. geographical unit of analysis; historical practices and understanding of OP</i>
4b. Hard (imperfect) data	<i>Emphasis on quantitative data, challenges of measuring capacity and provision, relating harm to provision.</i>
4c. Presentation of evidence	<i>Oral and written presentations; importance of presenter, and clarity and simplicity of data presented.</i>
4d. Softer data	<i>Importance and power of qualitative evidence and public opinion—anecdote/personal experience; (Methods used to collect data are covered in 6 d)</i>
4e. Perceptions of data	<i>Ownership of evidence; acceptance of evidence; attitudes towards harder and softer evidence including public views.</i>
5. Attitudes and Beliefs Regarding Alcohol and Alcohol Licensing	
5a. Attitudes to alcohol in general	<i>Perceptions of alcohol problems; sense of problems only in other places or groups;</i>
5b. Role of licensing in relation to PH & other objectives	<i>Importance of mood of L board; focus on short term issues (e.g., disorder) or long term (e.g. health); acceptance of availability as driver of consumption and harm;</i>
5c. Views on the Effectiveness of the L system to address alcohol-related harm.	<i>Perceived limitations of the L system in improving public health. Return on time invested in taking action on this issue. L as just part of a larger alcohol policy picture.</i>
5d. Economic arguments	<i>How economic issues influence licensing decisions; lack of data/method to compare risks/benefits of new L applications; beliefs in economics being more important than PH</i>
6. Public and Stakeholder Involvement	
6a. Forum as Public Involvement mechanism	<i>Representativeness of members; appointment of members.</i>
6b. Functioning of forums	<i>Effective operation; representation of stakeholder views to the LB: conflicts within forums</i>
6c. LB statutory consultation	<i>Breadth of formal consultation; scope; standards; impact</i>
6d. PH-led consultation/research into public views	<i>Methods used; questions asked; groups and numbers involved; impact</i>
6e. PH-led public engagement/empowerment	<i>Engagement; awareness raising; support; empowerment; campaigning. Public power.</i>

3.1. Values and Beliefs about Alcohol and Alcohol Licensing

Interviewees reported that the values and beliefs of all involved in licensing were important in determining the success of their endeavours, noting the need to “*take the temperature of the licensing board to guide what you do*” [L416, Interview 1, ADP]. They reported having to address what they felt were myths and stereotypes raised by members of licensing boards and licensing forums, such as a belief that alcohol problems related only to young people’s drinking, or to those who were dependent on alcohol.

From the perspective of interviewees, the implementation of a public health objective for licensing required an acceptance of a “whole population approach” to alcohol policy, and the idea that alcohol consumption needed to fall across all groups. Many participants felt that this idea had not been fully accepted by others, and in fact, that there was a lack of consensus about alcohol problems.

“We could endlessly explain the size of the problem for a particular area but action depends on having a general consensus that there is a problem but we don’t know where. It’s different if no-one is convinced that there’s even a problem to begin with.” [L357, Interview 1, ADP]

“When we’re trying to make a case that there is too much alcohol being sold and drunk and its causing people long-term health harm, I don’t think as a society, people are generally in agreement with that necessarily . . . There’s a perspective that other people’s drinking may be harmful but my drinking is perfectly alright.” [L704, Interview 12, Public Health]

Participants tried to understand this perspective: one suggested that alcohol was a “*key feature common to every aspect of politics*”, that “*alcohol lubricates political discussion, facilitates fundraisers*” [L372, Interview number and type withheld], and that because of this “*councillors are often torn between the academic perspective and their own experience.*” [L381].

Secondly, despite the public health objective, participants did not find a consensus that addressing public health was a legitimate role of licensing, one noting that “[*some licensing board members*] will never believe in licensing having a health role and others . . . are passionate about [a health role].” [L215, Interview 8, Key Informant]. Others noted that, in certain cases, licensing boards prioritised economic development over public health considerations.

“Boards are asked to make decisions based on the five [licensing] objectives however the key element that dominates the agenda is the local economy rather than any discussions about the licensing objectives . . . It is all about profit and has very little impact on what the licensing board are supposed to do.” [L46, Interview 4, ADP]

“[In one area], they still see attracting business to the town centre as important and they still seem to think that that business has to be associated with alcohol in one form or another which is a bit of a shame.” [L256, Interview 9, Public Health]

Some interviewees tried to counter economic arguments by presenting data on the harms of alcohol such as the cost of fires, or loss of productivity due to over-consumption, however they felt that “*a piece of work needs to be done in relation to whether more jobs equals better health*” [L49, Interview 6, ADP].

There were mixed views, both amongst interviewees, and in their reports of the views of others, on whether licensing could actually make a difference to public health. Some felt that it was only a small part of a bigger policy picture, but emphasised that it is “*the one that we have local control over*” [L352, Interview 13, Public Health]. Others noted that licensing could only stop increases rather than lead to decreases in premises numbers, and could do little about online sales for home drinking. For these reasons, one participant questioned whether all the effort on overprovision was “*worth the time invested*” [L688, Interview 12, Public Health].

3.2. Values and Beliefs about Evidence

One key informant reported his view that *“if the licensing board had the full data of the extent of alcohol problems in the area they generally would be horrified. They would think ‘we have to do something’”* [L353, Interview 8]. However a greater number of interviewees were surprised that the public health evidence they presented to licensing boards *“didn’t result in the outcome we were hoping [for]”* [L122, Interview 1, ADP].

“The Licensing Board completely ignored the evidence. That let us see what an enormous task this is.” [L79, Interview 4, ADP]

“An extensive range of evidence was provided and referred to . . . to demonstrate concerns about the health and social impact . . . No evidence was identified that objectively indicated a lack of availability. So we were pretty shocked that the Licensing Board had taken that position [of not declaring overprovision] . . . We were quite flabbergasted actually.” [L327, Interview 11, ADP]

Interviewees felt that councillors did not always have a good understanding of what constituted good evidence (as they saw it). One described how a councillor who was on the licensing forum would refer to trade magazines as evidence and another councillor *“declared”* that, in his view, there were a lot of places in a particular area which actually had no pub close to them and where the residents would welcome another pub. In this latter case, the interviewee noted that *“your expert statistical backed evidence doesn’t outweigh that in that sort of scenario”* [L622, Interview number and type withheld].

Interviewees felt that representations from members of the public could be more powerful than statistics, as board members were *“more interested in the anecdotal size of the problem”* [L349, Interview 1, ADP]. Others reported that board members were unable to relate to the statistical data being presented by interviewees or just generally distrusted that kind of evidence.

“You have no idea how [the licensing board] interpret data. They don’t understand data . . . I’m not saying they’re not clever, it’s just if you’re not used to thinking in an academic way, then you can’t look at it and say how this relates to you.” [L968, Interview 10, Public Health]

“There’s a whole group of non-believers out there. I had someone from the Licensing Board say to me that he didn’t believe any statistics ever.” [L380, Interview number and type withheld]

In the quasi-judicial environment of the licensing board meetings, the public health expertise of interviewees did not have the same status as in a health service context.

“I didn’t even have an obvious place to speak . . . it’s done in a very formalistic way, the Chair introduces a topic and then asks for comments on it and people put their hands up and me, as a supposed expert, simply have to put my hand up along with other Councillors who want to have their say.

And then if one of the Councillors says something which is just completely ridiculous, which I have to say they do on occasions, you know, in the NHS I would be saying ‘excuse me but actually, they perhaps weren’t aware that this was the situation that had happened’. But you can’t just do that in these environments. So you get left looking as though you don’t know what you’re talking about and somebody who’s got completely no idea about a topic comes across as equally valid in their opinions to you as an expert” [L585, Interview 12, Public Health]

3.3. Role Perceptions

Much of the reported work of interviewees focused on the collation of data to support the development of new licensing policies, and in particular to feed information into licensing board decisions on whether or not to declare part (or all) of their area to be overprovided with licensed premises. It was emphasised that this data gathering, analysis and communication required *“a lot*

of intensive work over a prolonged period” and that collaboration with others including the police and health colleagues was important, often through small multi-agency working groups. Most participants prepared detailed reports for the licensing boards on alcohol-related harm in the board area, and presented the findings to the boards, or submitted them as part of consultations on licensing policy.

There was a tension apparent in the interviews, however, in relation to whether these efforts aimed to help the licensing board understand local data—as a kind of neutral support, providing “impartial” advice—or used the data actively to influence them towards decisions felt to favour public health. This tension manifested itself in the extent to which those analysing overprovision data presented their results in terms of options for the licensing board to take action, recommendations for a particular course of action, or a mixture of the two. One interviewee described his role as being “about providing the facts, what [the licensing board] do with it is up to them” [L172, Interview 3] but acknowledged that “in our report we did make recommendations”. Some interviewees reported that licensing board members viewed them as having a particular agenda, which made it more difficult to exert influence. Others questioned the motives of licensing board members. As public health practitioners, it felt difficult to be neutral:

“Obviously in health we’re very aware of a lot of the problems and we think this is serious and we would like to do something about it. So it’s difficult to be completely neutral.” [L989, Interview 12, Public Health]

Participants were uncertain about whether and how, they should seek to influence individual licensing board members. In one area, the interviewee had started to monitor licensing applications and objections, and the voting pattern of each individual councillor at each licensing board meeting, though it was unclear how the data were going to be used. One interviewee had been told that they were not allowed to engage licensing board members on a one to one basis, as it would be seen as “lobbying”, which was against their organisational policy. Another felt that they needed to do more of that:

“Next time I think we need to get to licensing board members more directly and start to brief them a bit more about the problems. There are opportunities to do that and we probably didn’t do enough of that. They’re elected members so we can meet with them.” [L377, Interview 1, ADP]

Most participants felt that very public campaigning, or a combative “them and us” approach to the licensing board, could be counterproductive but recognised the role of “softly, softly lobbying; winning hearts and minds” [L965; Interview 10, Public Health].

“I think lobbying of board members would generally be counter-productive . . . [It] tends not to be something that goes down well with councillors that sit on a regulatory body . . . councillors . . . have to be absolutely impartial. If the ADP [Alcohol and Drug Partnership—a strategic multi-agency group in each local area] were viewed as a lobbying group it would undermine their credibility and independence.” [L322, Interview 8, Key Informant]

“We changed the tack—instead of fighting [the licensing board], we said ‘let us support you, let us work with you. We understand the anxieties you have around this whole issue [of overprovision].’” [L120, Interview 4, ADP]

Participants emphasised the importance of this softer approach, in particular the need to build relationships and credibility with the licensing board and administrative staff over time. This was felt to be best achieved by continually engaging with the licensing process, including responding to individual applications as they came in and being regularly present at licensing board meetings—to achieve a kind of “drip, drip effect” [L502, Interview 13, Public Health] and so the licensing board members “know who you are” [L761, Interview 9, Public Health].

“They kind of get used to my face. I go to the board meetings to see how they’re getting on so they start to see me, that might be a good thing or a bad thing—oh no here she comes again, always banging her drum about alcohol. So I’m starting to build up a relationship with them as well. One board member came to me after the last meeting and asked me ‘how did you think that went? Did you think we made the right decision?’ That was quite nice, they are obviously beginning to build up some trust in me . . . ” [L166, Interview number and type withheld]

“We are developing a beautiful working relationship with the licensing board and that’s what we’re looking for, that’s what it needs to be.” [L403, Interview 4, ADP]

4. Discussion

Following the introduction of a public health objective for Scottish alcohol licensing, some local public health practitioners embraced new roles in engaging with licensing officials and local licensing boards. Their reports give a sense of evolving practice in which a variety of ways of working, and the limits of what is appropriate, are being explored. As this unfolded, practitioners encountered different values and beliefs from their own about alcohol and evidence more generally, and some adapted their approach in response.

Interviewees’ reported early approaches to this agenda demonstrate a *“naïve rationalism”* [49,50], in which simply providing enough data about health harms to licensing policymakers was expected to result in a change in policy in favour of public health. Notwithstanding successes in some areas [20], many were surprised at how little impact health evidence had in the licensing arena. This illustrates the persistence, or perhaps re-emergence, of the idea of an ideal-type model of *“evidence-based policymaking”* [34] which proposes that there *“can and should be a direct and unproblematic link between ‘the evidence’ and policy decisions and outcomes”* [50] (p. 2). In contrast, evidence from policy theory suggests that policy is neither solely nor directly based on scientific evidence, nor should it be [50,51], and this study suggests that licensing policy, as a political process, is no different.

The idea held by some interviewees that alcohol licensing could or should seek to reduce whole-population alcohol consumption, may represent an optimistic view of the evidence base [28,29], and is relatively new. Licensing has historically had a strategic focus on the public good but health considerations, and particularly long-term health, have had little traction in day to day licensing [34]. An earlier study of the Licensing (Scotland) Act 2005 found that the public health objective of licensing was not well understood and fit poorly within a paradigm traditionally focused on harms at the level of individual licensed premises rather than the population harms of concern to public health [41]. While national policy can introduce a public health objective into the *“institution”* of licensing, that policy is implemented by *“street-level bureaucrats”* [52] who are subject to a range of sometimes nonspecific requirements laid down by central government—the lack of a clear definition of the public health objective, and *“overprovision”* of licensed premises being examples of this. Local policymakers, therefore, exercise discretion *“to satisfy a proportion of central government objectives while preserving a sense of professional autonomy necessary to maintain morale”* [50]. Thus, national policy can be changed or derailed when implemented locally [34] with local policymaking taking account of multiple aspects not necessarily dictated by the *“institution”* (or legal provisions) including in this case, economic considerations, perceived public opinion and doubts about evidence [53]—all of which are commonplace and legitimate considerations for policymakers, which are not changed overnight by the introduction of legislation.

As a function of local government, licensing involves very different *“cultures of evidence”* to those with which public health professionals may be familiar [34,54–57]. The value of high-level review evidence on health indicators is considerably lower, and may be perceived as having limited transferable value if generated in other countries or contexts [50]. Academic studies have less evidential value as a matter of law than material fact (McGowan, cited in [34]). This study supports the conclusion that scientific evidence is interpreted in light of well-established ideas, values and beliefs [58], and other forms of evidence, personal experience, local knowledge, individual stories also (legitimately) carry

weight [51,59]. When there are multiple ways to understand a problem, and “evidence” is contested, persuasion and argument—how problems and solutions are framed by stakeholders and understood by policymakers—become central to the acceptance of the public health (or any) interpretation of the best way forward [49–51]. This takes time, perhaps decades, to achieve [60]. Greater awareness amongst public health practitioners of the fact that health is often one of several competing goals of policy may help them to understand that evidence presented within political discussions does not necessarily tell policymakers what to do.

In this study, public health practitioners felt that involving the public in providing evidence to the licensing board was persuasive and that building a shared understanding of alcohol problems with licensing actors was a core aspect of their work. Analysis of the translation into policy of evidence on health inequalities has drawn on actor-network theory and suggests that policy entrepreneurs who actively package the evidence are needed, but that their potential success may be limited by the political context [61]. Considering compelling approaches to persuasively argue for public health goals within the distinct political context of a licensing board, rather than assuming evidence of health benefits is sufficient, should be considered. The greater involvement of the public in local decision-making (such as through deliberative processes) may provide opportunities for doing just this [62], but further research is needed before their broader adoption could be recommended.

In this study, interviewees generally agreed that only by building positive working relationship with licensing actors could they expect to make progress. Overall, there is a sense that this, and the other “lessons” reported by participants were, in some cases, hard gained, despite being unsurprising to those familiar with policymaking theory [50,51,63]. Whilst there are many different theories of policy-making, key tenets include the tendency of policymakers to act in accordance with their beliefs using heuristics; the need to engage in long-term strategy and build strategic alliances to influence policy and the importance of stories and framing of evidence [50,64,65]. That no interviewee referenced policy studies or theory in their accounts illustrates a failure in the system by which such evidence should be communicated to, or accessed by, those who might benefit from it. Public health actors might then have utilised these strategies earlier and perhaps been less surprised by the reactions of licensing actors.

This evidence, and the experiences of these public health practitioners, also suggests that it would be naïve to think that adopting a neutral position, in which one simply provides facts/data to the licensing board, would be the most effective way to influence decisions towards public health. Furthermore a neutral position is neither desirable, nor possible. The choice of data, and framing of those data in written and verbal presentations to the licensing board cannot be value-free. Public health actors are expected, and indeed paid, to act to maximise the public health of the communities they serve, provided they do so within appropriate ethical frameworks [66–68]. The nature of public health involvement in licensing, therefore, is, and ought to be, one of advocacy—aiming to build relationships with allies and licensing actors, and be useful to those actors—while engaging in gentle attempts to make health considerations part of the routine practice of licensing [34]. This is a form of lobbying; not the overt or loud campaigning the term may bring to mind for some, but similar to that undertaken by the alcohol industry with the United Kingdom government over many years [69–71], seemingly to considerable effect [72], though with markedly different goals.

Further research in this field could examine the potential influence of greater public involvement on licensing decisions, as well as developing a clear consensus on potential mechanisms of effect of licensing in terms of benefits such as reduced alcohol-related harms [73], and how public health involvement might influence the outcomes. There is clearly a need for empirical testing of the impact of overprovision policies, public health involvement in licensing more broadly and any specific impact attributable to the introduction or continued existence of a public health objective for licensing.

Strengths and Limitations

This is the first study to specifically focus on the perspective of public health practitioners in the licensing system: it brings that perspective into focus and highlights some of the challenges that remain in establishing public health as a consideration in alcohol retail regulation. Interviews were in-depth and the sample included experienced representatives from almost all areas in Scotland where public health actors had been actively engaging with the licensing process. Participants, mostly suggested by Alcohol Focus Scotland (AFS), included practitioners from a range of backgrounds including doctors within local health boards' public health teams, and local Alcohol and Drug Partnership staff based within local authorities or health boards. While there is no reason to doubt the veracity of their reports, they are grounded within a specific perspective which may converge towards support for a whole population approach to alcohol policy, advocated by AFS. Their reports necessarily reflect the Scottish licensing context, but highlight issues relating to values, cultures of evidence, and local policymaking which can inform debates and theories elsewhere. As the findings align well with established policy theory more generally, it is also likely that they may inform other efforts to achieve structural change in the local environment for public health benefit.

5. Conclusions

Public health practitioners experienced a degree of disappointment that the introduction of the public health objective to Scottish alcohol licensing did not quickly result in a transformation in the goals and decisions of local alcohol licensing officials. Alcohol licensing is represented as a political process in which decision-making is influenced by prior values and beliefs and consideration of the needs of a broad range of stakeholders, and evidence over and above scientific data. Public health will take time to become established as a routine consideration within that environment. Public health practitioners may learn from policy theory, as their experiences reported here are strikingly in accord with such theory. Efforts to shape ideas and beliefs about alcohol and the role of licensing, through relationship-building with licensing actors over a prolonged period, seem vital to making progress going forward.

Acknowledgments: The authors would like to thank all of the participants in this study and their managers and support staff who facilitated the conduct of the research, Laura Mahon from Alcohol Focus Scotland for facilitating participant selection, the Lanarkshire Overprovision Short Life Working Group for their comments on an earlier report, Carol Chamberlain from Lanarkshire Alcohol and Drug Partnership and Garth Reid from NHS (National Health Service) Health Scotland who both facilitated funding for the study. This work was funded by Lanarkshire Alcohol and Drug Partnership and NHS Health Scotland. The opinions in the paper are those of the authors only. The Institute for Social Marketing is a member of the UK Centre for Tobacco and Alcohol Studies (<http://www.ukctas.net>). Funding from the British Heart Foundation, Cancer Research UK, the Economic and Social Research Council, the Medical Research Council and the National Institute of Health Research, under the auspices of the UK Clinical Research Collaboration, is gratefully acknowledged. Srinivasa Vittal Katikireddi is funded by a NHS Research Scotland Scottish Senior Clinical Fellowship (SCAF/15/02), the Medical Research Council (MC_UU_12017/13 and MC_UU_12017/15) and the Chief Scientist's Office (SPHSU13 and SPHSU15).

Author Contributions: Niamh Fitzgerald conceived the study, planned and conducted the interviews. Niamh Fitzgerald and Jo Winterbottom analysed the data with input from James Nicholls and Srinivasa Vittal Katikireddi. Niamh Fitzgerald led the writing of the paper, with input from all authors.

Conflicts of Interest: The authors declare no conflict of interest. The funders had no role in the design, collection, analysis, and interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

References

1. Lim, S.S.; Vos, T.; Flaxman, A.D.; Danaei, G.; Shibuya, K.; Adair-Rohani, H.; AlMazroa, M.A.; Amann, M.; Anderson, H.R.; Andrews, K.G.; et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: A systematic analysis for the Global Burden of Disease Study 2010. *Lancet* **2012**, *380*, 2224–2260. [[CrossRef](#)]

2. Murray, C.J.L.; Richards, M.A.; Newton, J.N.; Fenton, K.A.; Anderson, H.R.; Atkinson, C.; Bennett, D.; Bernabé, E.; Blencowe, H.; Bourne, R.; et al. UK health performance: Findings of the Global Burden of Disease Study 2010. *Lancet* **2013**, *381*, 997–1020. [[CrossRef](#)]
3. World Health Organization. *WHO Global Status Report on Alcohol and Health 2014*; World Health Organization: Geneva, Switzerland, 2014.
4. Health and Social Care Information Centre. *Statistics on Alcohol, England, 2015*; Health and Social Care Information Centre: Leeds, UK, 2015.
5. Gell, L.; Ally, A.; Buykx, P.; Hope, A.; Meier, P. *Alcohol's Harm to Others*; Institute of Alcohol Studies: London, UK, 2015.
6. Forsyth, A.J.M.; Lennox, J.C. Gender differences in the choreography of alcohol-related violence: An observational study of aggression within licensed premises. *J. Subst. Use* **2010**, *15*, 75–88. [[CrossRef](#)]
7. Institute for Alcohol Studies. *The Economic Impacts of Alcohol*; Institute for Alcohol Studies: London, UK, 2016.
8. Probst, C.; Roerecke, M.; Behrendt, S.; Rehm, J. Socioeconomic differences in alcohol-attributable mortality compared with all-cause mortality: A systematic review and meta-analysis. *Int. J. Epidemiol.* **2014**, *43*, 1314–1327. [[CrossRef](#)] [[PubMed](#)]
9. Department of Health (UK). *Written Evidence from the Department of Health (GAS 01)*; Department of Health: London, UK, 2012.
10. Bhattacharya, A. Which cost of alcohol? What should we compare it against? *Addiction* **2016**. [[CrossRef](#)] [[PubMed](#)]
11. Sheron, N.; Gilmore, I. Effect of policy, economics, and the changing alcohol marketplace on alcohol related deaths in England and Wales. *BMJ* **2016**, *353*, i1860. [[CrossRef](#)] [[PubMed](#)]
12. Information Services Division. *Alcohol-Related Hospital Statistics Scotland 2015/16*; Information Services Division: Edinburgh, UK, 2016.
13. NHS Health Scotland. *Alcohol Consumption and Price in Scotland, 2015*; NHS Health Scotland: Edinburgh, UK, 2016.
14. Babor, T.F.; Caetano, R.; Casswell, S.; Edwards, G.; Giesbrecht, N.; Graham, K.; Grube, J.W.; Hill, L.; Holder, H.; Homel, R.; et al. *Alcohol: No Ordinary Commodity: Research and Public Policy*, 2nd ed.; OUP: Oxford, UK, 2010.
15. Martineau, F.; Tyner, E.; Lorenc, T.; Petticrew, M.; Lock, K. Population-level interventions to reduce alcohol-related harm: An overview of systematic reviews. *Prev. Med.* **2013**, *57*, 278–296. [[CrossRef](#)] [[PubMed](#)]
16. Katikireddi, S.V.; Hilton, S.; Bonell, C.; Bond, L. Understanding the development of minimum unit pricing of alcohol in Scotland: A qualitative study of the policy process. *PLoS ONE* **2014**, *9*, e91185. [[CrossRef](#)] [[PubMed](#)]
17. Hilton, S.; Wood, K.; Patterson, C.; Katikireddi, S.V. Implications for alcohol minimum unit pricing advocacy: What can we learn for public health from UK newsprint coverage of key claim-makers in the policy debate? *Soc. Sci. Med.* **2013**, *102*, 157–164. [[CrossRef](#)] [[PubMed](#)]
18. Nicholls, J. Alcohol licensing in Scotland: A historical overview. *Addiction* **2012**, *107*, 1397–1403. [[CrossRef](#)] [[PubMed](#)]
19. Martineau, F.P.; Graff, H.; Mitchell, C.; Lock, K. Responsibility without legal authority? Tackling alcohol-related health harms through licensing and planning policy in local government. *J. Public Health* **2014**, *36*, 435–442. [[CrossRef](#)] [[PubMed](#)]
20. Mahon, L.; Nicholls, J. *Using Licensing to Protect Public Health From Evidence to Practice*; Alcohol Research UK: London, UK, 2014.
21. Foster, J.; Charalambides, L. *The Licensing Act (2003): Its Uses and Abuses 10 Years on*; Institute for Alcohol Studies: London, UK, 2016.
22. Hahn, R.A.; Middleton, J.C.; Elder, R.; Brewer, R.; Fielding, J.; Naimi, T.S.; Toomey, T.L.; Chattopadhyay, S.; Lawrence, B.; Campbell, C.A. Effects of alcohol retail privatization on excessive alcohol consumption and related harms: A community guide systematic review. *Am. J. Prev. Med.* **2012**, *42*, 418–427. [[CrossRef](#)]
23. Popova, S.; Giesbrecht, N.; Bekmuradov, D.; Patra, J. Hours and days of sale and density of alcohol outlets: Impacts on alcohol consumption and damage: A systematic review. *Alcohol Alcohol* **2009**, *44*, 500–516. [[CrossRef](#)] [[PubMed](#)]

24. Campbell, C.A.; Hahn, R.A.; Elder, R.; Brewer, R.; Chattopadhyay, S.; Fielding, J.; Naimi, T.S.; Toomey, T.; Lawrence, B.; Middleton, J.C. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *Am. J. Prev. Med.* **2009**, *37*, 556–569. [[CrossRef](#)] [[PubMed](#)]
25. Miller, P.; Curtis, A.; Palmer, D.; Busija, L.; Tindall, J.; Droste, N.; Gillham, K.; Coomber, K.; Wiggers, J. Changes in injury-related hospital emergency department presentations associated with the imposition of regulatory versus voluntary licensing conditions on licensed venues in two cities. *Drug Alcohol Rev.* **2014**, *33*, 314–322. [[CrossRef](#)] [[PubMed](#)]
26. Young, R.; Macdonald, L.; Ellaway, A. Associations between proximity and density of local alcohol outlets and alcohol use among Scottish adolescents. *Health Place* **2013**, *19*, 124–130. [[CrossRef](#)] [[PubMed](#)]
27. Shortt, N.K.; Tisch, C.; Pearce, J.; Mitchell, R.; Richardson, E.A.; Hill, S.; Collin, J. A cross-sectional analysis of the relationship between tobacco and alcohol outlet density and neighbourhood deprivation. *BMC Public Health* **2015**, *15*, 1014. [[CrossRef](#)] [[PubMed](#)]
28. Holmes, J.; Guo, Y.; Maheswaran, R.; Nicholls, J.; Meier, P.S.; Brennan, A. The impact of spatial and temporal availability of alcohol on its consumption and related harms: A critical review in the context of UK licensing policies. *Drug Alcohol Rev.* **2014**, *33*, 515–525. [[CrossRef](#)] [[PubMed](#)]
29. Gmel, G.; Holmes, J.; Studer, J. Are alcohol outlet densities strongly associated with alcohol-related outcomes? A critical review of recent evidence. *Drug Alcohol Rev.* **2015**. [[CrossRef](#)] [[PubMed](#)]
30. Gmel, G.; Holmes, J.; Studer, J. We have to become more specific: A reply to Morrison et al. *Drug Alcohol Rev.* **2015**. [[CrossRef](#)]
31. MacLennan, B.; Kypri, K.; Connor, J.; Potiki, T.; Room, R. New Zealand's new alcohol laws: Protocol for a mixed-methods evaluation. *BMC Public Health* **2016**, *16*, 29. [[CrossRef](#)] [[PubMed](#)]
32. Fone, D.; Morgan, J.; Fry, R.; Rodgers, S.; Orford, S.; Farewell, D.; Dunstan, F.; White, J.; Sivarajasingam, V.; Trefan, L.; et al. *Change in Alcohol Outlet Density and Alcohol-Related Harm to Population Health (CHALICE): A Comprehensive Record-Linked Database Study in Wales*; NIHR Journals Library: Southampton, UK, 2016.
33. Fitzgerald, N.; Angus, C. *Four Nations: How Evidence-based are Alcohol Policies and Programmes Across the UK?* The Alliance for Useful Evidence: London, UK, 2015.
34. Nicholls, J. Public Health and Alcohol Licensing in the UK: Challenges, Opportunities, and Implications for Policy and Practice. *Contemp. Drug Probl.* **2015**, *42*, 87–105. [[CrossRef](#)]
35. Davoren, S.; O'Brien, P. Regulating to reduce alcohol-related harm: Liquor licensing and the harm minimisation test. In *Stemming the Tide of Alcohol: Liquor Licensing and the Public Interest*; Manton, E., Room, R., Giorgi, C., Thorn, M., Eds.; Foundation for Alcohol Research and Education in collaboration with University of Melbourne: Canberra, Australia, 2014.
36. 1997 Alcohol Conference Action Plan Working Group Report. Available online: <http://www.gov.scot/Resource/Doc/159058/0043244.pdf> (accessed on 22 February 2017).
37. Butler, S.; Elmeland, K.; Nicholls, J.; Thom, B. *Alcohol, Power and Public Health: A Comparative Study of Alcohol Policy*; Routledge: Abingdon-on-Thames, UK, 2017.
38. The Nicholson Committee. *Review of Liquor Licensing in Scotland*; The Scottish Government: Edinburgh, UK, 2003.
39. The Scottish Government. *Licensing (Scotland) Act 2005*; Statute Law Database; The Scottish Government: Edinburgh, UK, 2005.
40. Aldi Stores v Dundee City Licensing Board. Available online: <http://www.sllp.co.uk/TWLinks/Aldi.pdf> (accessed on 22 February 2017).
41. MacGregor, A.; Sharp, C.; Mabelis, J.; Corbett, J. *An Evaluation of the Implementation of, and Compliance with, the Objectives of the Licensing (Scotland) Act. 2005: Final Report*; NHS Health Scotland: Edinburgh, UK, 2013.
42. The Scottish Government. *Scottish Government Changing Scotland's Relationship with Alcohol: A Discussion Paper on Our Strategic Approach*; The Scottish Government: Edinburgh, UK, 2008.
43. The Scottish Government. *Scottish Government Changing Scotland's Relationship with Alcohol: A Framework for Action*; The Scottish Government: Edinburgh, UK, 2010.
44. Alcohol Focus Scotland. *Review of Statements of Licensing Policy 2013 to 2016*; Alcohol Focus Scotland: Edinburgh, UK, 2014.
45. Gray, G.; Jones, M.D. A qualitative narrative policy framework? Examining the policy narratives of US campaign finance regulatory reform. *Public Policy Adm.* **2016**, *31*, 193–220. [[CrossRef](#)]

46. Ritchie, J.; Lewis, J.; Nicholls, C.M.; Ormston, R. *Qualitative Research Practice*; Sage: London, UK, 2013.
47. Fitzgerald, N.; Platt, L.; Heywood, S.; McCambridge, J. Large-scale implementation of alcohol brief interventions in new settings in Scotland: A qualitative interview study of a national programme. *BMC Public Health* **2015**, *15*, 289. [[CrossRef](#)] [[PubMed](#)]
48. Gale, N.K.; Heath, G.; Cameron, E.; Rashid, S.; Redwood, S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Med. Res. Methodol.* **2013**, *13*, 117. [[CrossRef](#)] [[PubMed](#)]
49. Russell, J.; Greenhalgh, T.; Byrne, E.; McDonnell, J. Recognizing rhetoric in health care policy analysis. *J. Health Serv. Res. Policy* **2008**, *13*, 40–46. [[CrossRef](#)] [[PubMed](#)]
50. Cairney, P. *The Politics of Evidence-Based Policy-Making*; Palgrave Macmillan: London, UK, 2016.
51. Smith, K.E. *Beyond Evidence Based Policy in Public Health: The Interplay of Ideas*; Palgrave Macmillan: London, UK, 2013.
52. Lipsky, M. *Toward a Theory of Street-Level Bureaucracy*; Institute for Research on Poverty, University of Wisconsin: New York, NY, USA, 1969.
53. Sulkunen, P.; Rantala, K.; Määttä, M. The ethics of not taking a stand: Dilemmas of drug and alcohol prevention in a consumer society—A case study. *Int. J. Drug Policy* **2004**, *15*, 427–434. [[CrossRef](#)]
54. Lorenc, T.; Tyner, E.F.; Petticrew, M.; Duffy, S.; Martineau, F.P.; Phillips, G.; Lock, K. Cultures of evidence across policy sectors: Systematic review of qualitative evidence. *Eur. J. Public Health* **2014**, *24*, 1041–1047. [[CrossRef](#)] [[PubMed](#)]
55. Phillips, G.; Green, J. Working for the public health: Politics, localism and epistemologies of practice. *Sociol. Health Illn.* **2015**, *37*, 491–505. [[CrossRef](#)] [[PubMed](#)]
56. McGill, E.; Egan, M.; Petticrew, M.; Mountford, L.; Milton, S.; Whitehead, M.; Lock, K. Trading quality for relevance: Non-health decision-makers' use of evidence on the social determinants of health. *BMJ Open* **2015**, *5*, e007053. [[CrossRef](#)] [[PubMed](#)]
57. Grace, D.; Egan, M.; Lock, K. Examining local processes when applying a cumulative impact policy to address harms of alcohol outlet density. *Health Place* **2016**, *40*, 76–82. [[CrossRef](#)] [[PubMed](#)]
58. Pierce, J.J.; Siddiki, S.; Jones, M.D.; Schumacher, K.; Pattison, A.; Peterson, H. Social Construction and Policy Design: A Review of Past Applications. *Policy Stud. J.* **2014**, *42*, 1–29. [[CrossRef](#)]
59. Jones, M.D.; McBeth, M.K. A Narrative Policy Framework: Clear Enough to Be Wrong? *Policy Stud. J.* **2010**, *38*, 329–353. [[CrossRef](#)]
60. Cairney, P.; Studlar, D. Public Health Policy in the United Kingdom: After the War on Tobacco, Is a War on Alcohol Brewing? *World Med. Heal. Policy* **2014**, *6*, 308–323. [[CrossRef](#)]
61. Smith, K.E. Health inequalities in Scotland and England: The contrasting journeys of ideas from research into policy. *Soc. Sci. Med.* **2007**, *64*, 1438–1449. [[CrossRef](#)] [[PubMed](#)]
62. Bingham, L.B.; Nabatchi, T.; O'Leary, R. The New Governance: Practices and Processes for Stakeholder and Citizen Participation in the Work of Government. *Public Adm. Rev.* **2005**, *65*, 547–558. [[CrossRef](#)]
63. Cairney, P.; Jones, M.D. Kingdon's Multiple Streams Approach: What Is the Empirical Impact of this Universal Theory? *Policy Stud. J.* **2016**, *44*, 37–58. [[CrossRef](#)]
64. McBeth, M.K.; Jones, M.D.; Shanahan, E.A. *The Narrative Policy Framework*, 3rd ed.; Westview Press: Boulder, CO, USA, 2014; Volume 3.
65. Sabatier, P.A. An advocacy coalition framework of policy change and the role of policy-oriented learning therein. *Policy Sci.* **1988**, *21*, 129–168. [[CrossRef](#)]
66. Kass, N.E. An ethics framework for public health. *Am. J. Public Health* **2001**, *91*, 1776–1782. [[CrossRef](#)] [[PubMed](#)]
67. Childress, J.F.; Faden, R.R.; Gaare, R.D.; Gostin, L.O.; Kahn, J.; Bonnie, R.J.; Kass, N.E.; Mastroianni, A.C.; Moreno, J.D.; Nieburg, P. Public health ethics: Mapping the terrain. *J. Law. Med. Ethics* **2002**, *30*, 170–178. [[CrossRef](#)] [[PubMed](#)]
68. Buchanan, D.R.; Miller, F.G. A public health perspective on research ethics. *J. Med. Ethics* **2006**, *32*, 729–733. [[CrossRef](#)] [[PubMed](#)]
69. Hawkins, B.; Holden, C. Framing the alcohol policy debate: Industry actors and the regulation of the UK beverage alcohol market. *Crit. Policy Stud.* **2013**, *7*, 53–71. [[CrossRef](#)]
70. Hawkins, B.; Holden, C. "Water dripping on stone"? Industry lobbying and UK alcohol policy. *Policy Polit.* **2014**, *42*, 55–70. [[CrossRef](#)]

71. McCambridge, J.; Hawkins, B.; Holden, C. Industry use of evidence to influence alcohol policy: A case study of submissions to the 2008 Scottish government consultation. *PLoS Med.* **2013**, *10*, e1001431. [[CrossRef](#)] [[PubMed](#)]
72. Gornall, J. Alcohol and Public Health. Under the influence. *BMJ* **2014**, *348*, f7646. [[CrossRef](#)] [[PubMed](#)]
73. Egan, M.; Brennan, A.; Buykx, P.; De Vocht, F.; Gavens, L.; Grace, D.; Halliday, E.; Hickman, M.; Holt, V.; Mooney, J.D.; et al. Local policies to tackle a national problem: Comparative qualitative case studies of an English local authority alcohol availability intervention. *Health Place* **2016**, *41*, 11–18. [[CrossRef](#)] [[PubMed](#)]



© 2017 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<http://creativecommons.org/licenses/by/4.0/>).

ABERDEEN LOCAL LICENSING FORUM

PROGRESS STATEMENT – 5 April 2017

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
Items relating to all Licensing Objectives					
1.		<u>Statistical Information</u> 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><u>Statement of Licensing Policy Refresh</u></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>	<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).</p>	All	All objectives
3.	11 February 2015	<p><u>Alcohol and Young People</u></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><u>Youth Justice Monitoring</u></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>	<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.</p> <p>On 8 November 2016, Miriam Smith advised the Forum that data could be made available through the Responsible Group which the</p>	Police Scotland representative to the Forum	Licensing Objective 1: Preventing Crime and Disorder; and Licensing Objective 5: Protecting Children from Harm

Item	Meeting Reference	Decision/Action	Update	Responsible Lead	Licensing Objective
			Convener was a member of. This would ensure there was no duplication of information or resource.		
5.	13 September 2016	<p><u>LSO Annual report 2015-16</u></p> <p>The Forum requested that the LSO Annual Report 2015-16 be presented to the Forum with an indicative submission date of mid-2017.</p>		D Sande/T-E Gilchrist	All Objectives
6.	13 September 2016	<p><u>Convener's Letter to the Licensing Board</u></p> <p>The Forum instructed the Convener to correspond with the Convener of the Licensing Board to invite a Board representative to the Forum's next meeting to provide a progress update in relation to issues raised at the Joint Meeting.</p>	At today's meeting an officer from the Council's Legal Licensing team will present the Board's response to the Forum's recommendations submitted to the Joint Licensing Meeting on 8 June 2016.	S Kelman	All Objectives
7.	13 September 2016	<p><u>Referral System in Torry</u></p> <p>The Forum requested 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>	A performance report is on today's agenda.	P Lees	All Objectives

Item	Meeting Reference	Decision/Action	Update	Responsible Lead	Licensing Objective

ABERDEEN CITY COUNCIL

COMMITTEE	Aberdeen City Local Licensing Forum
DATE	5 April 2017
DIRECTOR	Richard Ellis
TITLE OF REPORT	Membership of the Local Licensing Forum
REPORT NUMBER	LLF/17/001
CHECKLIST COMPLETED	No

1. **PURPOSE OF REPORT**

To provide information on the requirement for the Forum to appoint a Convener and Vice Convener and to nominate members for the approval of Aberdeen City Council at its statutory meeting in May 2017.

2. **RECOMMENDATION(S)**

It is recommended that members of the Forum:

- (i) Appoint a Convener of the Forum;
- (ii) Appoint a Vice Convener of the Forum; and
- (iii) Nominate members to serve on the Forum for the forthcoming Council term and agree for these nominations to be submitted to the Statutory Council meeting in May 2017 for approval.

3. **FINANCIAL IMPLICATIONS**

There are no financial implications arising from this report.

4. **OTHER IMPLICATIONS**

There are no other implications arising from this report.

5. **BACKGROUND/MAIN ISSUES**

5.1 As per item 5(4) of the Forum's Constitution, the Forum should, on an annual basis appoint a Convener and Vice Convener to the Forum

5.2 As per item 8 of the Forum's Constitution, the Forum should nominate members who would be prepared to serve on the Forum during the next Council term. Item 5 of the Forum's Constitution (attached as **Appendix A**) outlines statutory partners which must be included within the membership of the Forum in order to comply with the requirements of the Licensing (Scotland) Act 2005

5.3 A list of members who have been nominated to serve on the Forum during the next Council term will be presented to the Statutory Council meeting in May 2017 for final approval

5.4 The nomination of members to serve on the Forum for the period of the next Council term does not prejudice a member's entitlement at any time to step down from the Forum

6. **IMPACT**

Improving Customer Experience – The Council's partners and stakeholders may find the work of the Forum to be valuable, particularly as a platform for engaging with the Council and other public sector organisations and as a mechanism for analysing the Licensing Board's application of its Statement of Licensing Policy.

Improving Staff Experience – Council staff may find it beneficial to serve on a Forum with partners in the public, private and Third/Independent sectors in terms of supporting their work, increasing knowledge and expanding networks.

Improving our use of Resources – The report proposes the continuation of the Forum for the next Council term. If approved the Council would continue to provide administrative support to the Forum through Committee Services. Workload is expected to remain steady and manageable.

Corporate – The Forum is an advisory group to the Licensing Board and aligns with corporate policies to strengthen engagement with key partners and stakeholders from the public, Third/Independent and private sectors.

Public – The public may find it of interest to find out which members and which groups have been nominated to advise and support the functions of the Aberdeen City Licensing Board.

7. **MANAGEMENT OF RISK**

There is a risk that failure to appoint Conveners and Vice Conveners and failure to nominate a sufficient number of members to Council would impinge on the Forum's capacity to function.

8. **BACKGROUND PAPERS**

N/A

9. **REPORT AUTHOR DETAILS**

Iain Robertson

Committee Services Officer

 iairobertson@aberdeencity.gov.uk

 01224 522869

This page is intentionally left blank

ABERDEEN LOCAL LICENSING FORUM

CONSTITUTION

The following sets out the Constitution for the ABERDEEN LOCAL LICENSING FORUM (hereinafter referred as “the Forum”).

1. NAME

The name of the organisation shall be ABERDEEN LOCAL LICENSING FORUM.

2. AGE

In order to be eligible for membership of the forum, a person must be aged 16 years or above.

3. GEOGRAPHICAL BOUNDARY OF THE FORUM

The geographical boundary of matters that the Forum shall deal with shall coincide with the boundaries of Aberdeen City Council.

4. TERMS OF REFERENCE

The terms of reference of the Forum are as follows:-

- (i) to keep the liquor licensing system in Aberdeen under regular review and to respond to consultation exercises undertaken by the Aberdeen City Licensing Board and the Scottish Government as appropriate;
- (ii) to consider the implications of relevant local data and statistics provided by the local police force, the local Health Board and the various Aberdeen Drugs and Alcohol Groups;
- (iii) to meet the Aberdeen City Licensing Board at least once per year; and
- (iv) to give advice and make recommendations to the Aberdeen City Licensing Board in relation to any matters that the Forum considers appropriate, excepting individual licensing applications.

5. MEMBERSHIP

- (1) In meeting with the undernoted terms of the Licensing (Scotland) Act 2005 (“the Act”), requiring that all Local Licensing Forums shall -
 - (i) consist of not fewer than 5 and not more than 21 members;
 - (ii) include a Licensing Standards Officer for the Council’s area;
 - (iii) in appointing members, ensure that, so far as possible, the membership of the Forum is representative of the interests of persons or descriptions of persons who have an interest which is relevant to the Forum’s general functions, including:-
 - Holders of premises licences and personal licences

- The Chief Constable for the police area in which the Forum's area is situated
- Persons having functions relating to health, education and social work
- Young people
- Persons resident in the Forum's area

the Forum shall have a membership of 12, with one duly appointed representative from each of the following categories:-

Holder of Premises Licence

1. Representative of Licensed Trade

The Chief Constable for the Police area

2. Representative of Police Scotland

Persons having functions relating to health, education or social work

3. Scottish Fire and Rescue Service
4. Aberdeen Alcohol and Drugs Partnership
5. NHS Grampian
6. Aberdeen Samaritans
7. Community Safety Partnership
8. Education Services, Aberdeen City Council
9. Children's Services, Aberdeen City Council

Young people

10. RGU or Youth Council – *to be confirmed*

Persons resident within the Forum's area

11. Aberdeen Civic Forum

Licensing Standards Officer

12. Licensing Standards Officer

- (2) Notwithstanding the above, the Forum may invite additional representatives (co-optees) who may have an interest relevant to the Forum's general functions, to attend and participate in meetings of the Forum, but without voting rights. Such representatives will not be included for the purposes of calculating a quorum for meetings of the Forum.
- (3) Members may appoint substitutes to attend meetings of the Forum on their behalf, on the understanding that the substitute is also a duly appointed representative of one of the above 12 categories.
- (4) Members will be appointed at the first meeting of Aberdeen City Council following an election. Members will serve for the term of that Council, after which they will be eligible for re-appointment. This is without prejudice to a member's entitlement at any time to step down from the Forum.
- (5) Any vacancies or changes to membership during this term may be filled by the Forum on behalf of Aberdeen City Council. The names and addresses of applicants for membership shall be submitted in writing to the Clerk to the Forum at least 14 days before the meeting of the Forum at which the vacancy is to be filled.
- (6) If any member of the Forum should miss three meetings consecutively, it will be open to the Forum to exclude that member on a permanent basis.

This will not apply if the said member has arranged for a substitute to be present at the meetings.

6. SUB-COMMITTEES

The Forum may, as it sees necessary, appoint Sub-Committees to carry out any of its functions.

The quorum of all Sub-Committees shall be one half of the total membership, excluding co-optees.

7. MEETINGS

- (i) As laid out in the Licensing (Scotland) Act 2005, there shall be at least four meetings of the Forum per calendar year, including one meeting with the Licensing Board;
- (ii) Notice of the place, time and date of meetings of the Forum will be given to every member not later than seven days prior to the meeting; and
- (iii) Any member unable to attend in person may appoint a substitute to attend on their behalf who can express their views. The Clerk to the Forum must be given prior notification of any substitutions;
- (iv) All meetings of the Forum shall be open to members of the Press and Public.
- (v) The quorum for a meeting of the Forum shall be one-half of the number of members (but in any case not fewer than three). No decisions will be taken at any meeting unless that meeting is quorate.

8. CONDUCT OF BUSINESS

Forum members will elect a Convener, and Vice-Convener at their first meeting in each calendar year.

Meetings of the Forum are to be chaired by the Convener.

If the Office of Convener is vacant or for any other reason the Convener is unable to attend, a meeting of the Forum should be chaired by the Vice-Convener. If this is not possible, a meeting may be chaired by any other member present.

An Office Bearer may be removed from office at any of the Forum meetings or at a Special Meeting convened for this purpose at the requisition of at least half of the membership of the Forum, provided due intimation of such proposed alteration shall have been sent to each member at least seven days before such meeting.

Persons who have not been invited by the Forum to attend, and who wish to speak at a meeting of the Forum must contact the Clerk to the Forum one clear working day (excluding Saturdays and Sundays) prior to the meeting, to state the subject on which they wish to be heard.

9. VOTING

- (i) Each member present at a meeting shall be entitled to one vote. The Convener shall have a casting vote, except in cases of appointment of a member to any particular office, in which case the decision will be by lot;
- (ii) Voting shall be by way of a show of hands, but a roll call can be requested by any member of the Forum should they feel this appropriate.

10. POWERS AND DUTIES OF THE CONVENER

It shall be the duty of the Convener to:-

- (i) preserve order, and to ensure that every member of the Forum shall have a fair hearing;
- (ii) decide all matters of order, competency and relevancy;
- (iii) decide between two or more members of the Forum wishing to speak by calling on the member who has first caught his or her eye; and
- (iv) ensure that due and sufficient opportunity is given to members of the Forum who wish to speak to express their views on the subject under discussion.

The decision of the Convener on all matters within his or her competency shall be final, and shall not be open to question or discussion.

11. AGENDAS AND MINUTES

Any items to be included in the agenda for meetings of the Forum shall first be submitted to the Clerk of the Forum no later than fourteen days prior to the date of any scheduled meeting.

No items may be otherwise included in the agenda for any meeting of the Forum, save at the discretion of the Convener on the grounds of urgency.

A Minute of each meeting will be prepared by the Clerk to the Forum, and the draft Minute circulated with the agenda for the following meeting. Agendas and Minutes will be published on the Aberdeen City Council Website.

12. ALTERATIONS TO CONSTITUTION AND POWERS TO MAKE OR AMEND RULES

The Forum shall have the power to alter the Constitution of the Forum and to make or amend rules relating to the conduct and administration of the Forum at any of its meetings, or at a Special Meeting convened for this purpose at the requisition of at least half of the members of the Forum, the proposed alteration being included on the agenda prior to such meeting.

All such alterations require to be approved by at least half of the members of the Forum present and voting. The Forum shall not be permitted to alter the Constitution if such alteration would conflict with the terms of the Act.