



4 October 2012

Ms Lynsey McBain  
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Aberdeen  
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Dear Ms McBain

**Licensing resource toolkit: Factsheet 1**  
**Using evidence to support policy and decision making**

Please find enclosed a copy of *Using evidence to support policy and decision making*. This is the second part of a toolkit which Alcohol Focus Scotland is developing to provide more guidance on public health and licensing and to build on the *Rethinking Alcohol Licensing* report launched last year. I would appreciate it if you could bring this to the attention of members of the Local Licensing Forum.

The first part of the toolkit comprised of three sections: the *Changing Times* booklet, the *Licensing Process Who's Involved* sheet and the *Licensing Policy Statement Timeline*. All sections of the toolkit are available in an electronic format and can be downloaded from the Alcohol Focus Scotland website. <http://www.alcohol-focus-scotland.org.uk/public-health-and-licensing>. We also have some hard copies available of both parts – please contact [enquiries@alcohol-focus-scotland.org.uk](mailto:enquiries@alcohol-focus-scotland.org.uk) or call 0141 572 6700 if this would be of use.

If you have any queries about this toolkit, or any matters relating to public health and licensing, please do not hesitate to get in touch.

Yours sincerely

Dr Evelyn Gillan  
Chief Executive

**reducing harm caused by alcohol**

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# GOOD LICENSING PRACTICE

Evidence underpins effective licensing practice.

Evidence is necessary to promote the licensing objectives.

Without sufficient information, it will be difficult for a licensing board to meet its legal duty to seek to promote the licensing objectives.

There are many sources of evidence available relevant to each of the licensing objectives.

Local agencies can assist licensing boards to collect and analyse evidence.

## Scotland's licensing system has five objectives:

1. preventing crime and disorder
2. securing public safety
3. preventing public nuisance
4. protecting children from harm
5. protecting and improving public health

Licensing boards, which administer the licensing system in local authority areas, must seek to promote these objectives in their work. They must do this through their policy statement; when considering whether there is overprovision of licensed premises in their area; and when making decisions on licence applications or reviews.

Promotion of the licensing objectives begins with evidence collection and analysis. Licensing boards must have sufficient information on each of the licensing objectives to be able to consider and apply the most appropriate licensing measures to achieve the objectives. Evidence also provides baseline data that licensing boards need to assess the effectiveness of their policy and practice in meeting the licensing objectives.

Many different sources of evidence can be used to inform licensing policy and practice. Local agencies, such as ADPs, health boards, and the police, can help licensing boards to collect and analyse evidence.

### **Experience and knowledge of licensing board members**

Licensing board members have extensive knowledge of licensing matters in their area. Personal experience can count as evidence in policy and decision-making. But it is not enough. Some information relevant to the promotion of the licensing objectives can only be known through the examination of routinely collected statistics.

### **Published alcohol statistics/surveys**

A range of alcohol statistics are centrally collated and published quarterly, annually, biennially, including crime, health, emergency services, alcohol consumption, expenditure, and sales data. This information gives an indication of the extent and magnitude of alcohol problems, as well as trends over time.

### **Information from local agencies on request**

Some alcohol-related statistics are collected locally, but not always published. However, these may be available on request. For example, local police, social work, ambulance, and fire service statistics.

### **Research commissioned by licensing boards or local agencies**

Research commissioned by local agencies can be used to inform licensing policy and practice. For example, a citizen's panel survey in Inverclyde collected local views on licensing matters. A survey in West Dunbartonshire revealed how far the local population travelled to purchase alcohol from a supermarket. Spatial analysis in Edinburgh demonstrated that 80% of the adult population lives within 400m of an off-licensed premises.

### **Qualitative information/evidence**

Local agencies and organisations can be invited to testify on the impact of alcohol problems and alcohol availability in local communities. Families caring for an alcohol dependent member, or individuals in treatment services, can offer useful insights into how the accessibility and availability of alcohol in a local area influences the recovery journey.

Alcohol statistics and information are available at different geographical levels, from Scotland-wide, to data zones made up of 500 to 1000 household residents.

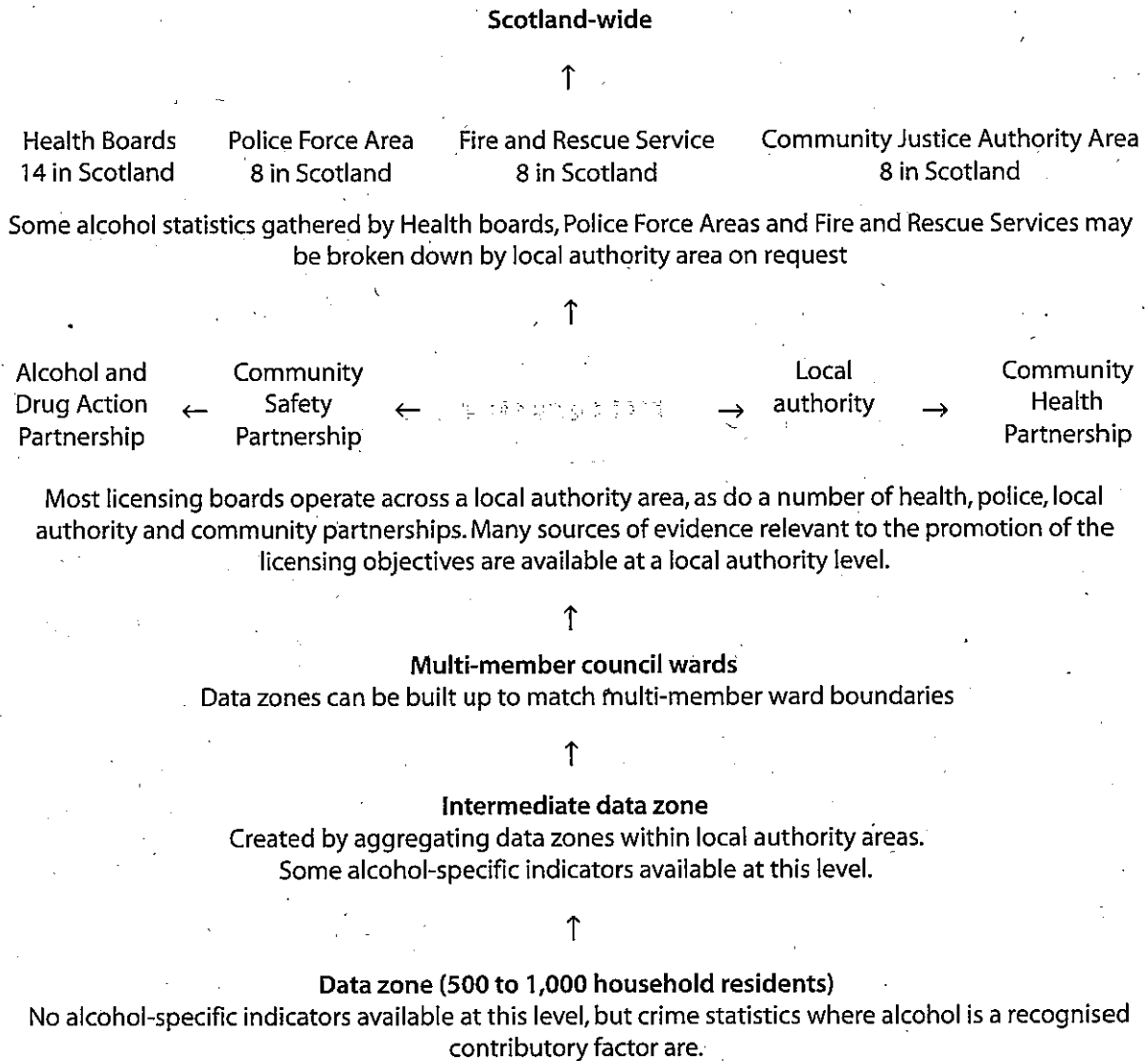
All levels of information can be used to build an alcohol profile for a local area.

Data zones and other intermediate geographies, such as intermediate data zones and multi-member wards, can be aggregated to match local authority areas. Local authority areas are amalgamated to form health boards, police force areas, fire and rescue services, and community justice authority areas.

Most licensing boards operate across a local authority area, so information at a local authority level and below will be of particular relevance.

However, national level information can be used if inference can be drawn at a local level. For example, alcohol sales data are available for Scotland. These data show that off-sales account for two thirds of the volume of pure alcohol sold in Scotland. This information is consistent with licensing board statistics showing an increase in off-sales capacity. It is also consistent with local survey data revealing that most people do most of their drinking at home. It is therefore reasonable to infer that national alcohol sales figures showing the on/off-trade split in sales more than likely reflect the situation at the local level as well, unless there is contrary evidence.

Not all alcohol statistics can be provided at every geographical level. For example, some statistics are not reliable if reported at small areas levels, such as a data zone, or below that, at a post-code level. What this means for licensing boards is that in order to promote the licensing objectives they must use the evidence that is available, at the level at which it is available, within their area.



## **Finding evidence**

Alcohol statistics and indicators are available relating to each of the licensing objectives. Appendix 1 lists information sources available and where to find them. Some statistics provide supporting evidence for several licensing objectives. For example, indicators of alcohol-related violent crime are relevant for the crime, public health and public safety objectives. Building an alcohol profile is a dedicated piece of work. Licensing boards need to plan ahead to ensure that enough time is allocated to this task in the process of developing new statements of licensing policy.

## **Comparing different areas**

Comparing indicators of alcohol harm across different areas helps to make sense of a situation in an area. Localities with worse indicators than other areas suggest there is room for improvement and plenty of scope for remedial action. Some alcohol statistics allow for comparisons to be made between smaller localities within a local authority area. Many more alcohol indicators can be compared across local authority areas, as well as to the Scottish average. However, as levels of alcohol harm in Scotland are higher than elsewhere in Europe, it needs to be noted that the Scottish average is itself not an aspirational standard.

## **Monitoring trends over time**

Observing what is happening to a range of alcohol indicators over time allows for an assessment of whether a local picture is improving or deteriorating.

## **Deciding what level of harm is acceptable**

Alcohol is a risky and harmful substance. Public authorities charged with controlling the supply of alcohol need to consider measures that can be applied to keep the risks of alcohol harm - to individuals and society - to a minimum. High levels of harm compared to the past, or in comparison with other areas, indicate that more can be done to minimise risk.

## **How to build a local profile**

Plan ahead. Building a local alcohol profile is a substantial piece of work. Ensure sufficient time is allocated to this task in the process of developing new licensing policy statements.

Contact local agencies that can help find and collate relevant information and statistics. The ADP is a good place to start. ADPs bring together police, health board and voluntary sector representatives.

Put the evidence into context by comparing different localities and considering the situation over a period of time. Benchmarking helps to identify areas for improvement.

Apply the evidence to licensing policy. Adopt policy positions based on the evidence and use the policy to drive decision-making.

Once evidence has been gathered and a local picture produced, licensing boards must next consider how local licensing practice can be best applied, or modified if necessary, to promote the licensing objectives.

The licensing system works to prevent and reduce alcohol problems in two main ways. By carefully controlling the overall availability of alcohol through the number, type and opening hours of licensed premises, and by regulating the way individual on-trade establishments and off-licences do business.

Evidence, including the experience of licensing boards, shows that applying conditions to how individual licensed premises operate can work in reducing certain types of alcohol problems. Evidence also shows that independent of the way premises are managed, the general availability of alcohol in an area can have an impact on a range of alcohol-related harms.

It is easier to observe in routine, day-to-day licensing work how the operating conditions of individual licensed premises can impact on alcohol problems. It is less easy to see the relationship between overall availability and alcohol problems. It is therefore important to ensure that the evidence linking overall alcohol availability and alcohol-related harm is not overlooked.

Over 70 research studies published since 2000 find a link between the total number of licensed premises and opening hours in a locality, and levels of alcohol harm. Localities examined include cities, states, provinces and countries. Greater access to alcohol is related to a range of alcohol problems, including: violence, alcohol-related traffic accidents, hospital admissions, mortality, self-reported injuries and suicide, sexually-transmitted disease and child abuse or neglect (Appendix 2). These problems are relevant to all of the licensing objectives.

In seeking to promote the licensing objectives, licensing boards must take account of the relationship between overall alcohol availability and harm, as well as the operating conditions of individual premises.

# Appendix 1

## Sources of evidence

### Licensing objective

Preventing crime and disorder

#### Alcohol specific offences

Drunkenness offences and drunk driving, reported by police force area (PFA). (Statistics for local authority (LA) areas may be available on request from the Scottish Government Justice Department.) Consumption of alcohol in designated places, by LA. Available online in Alcohol Statistics Scotland:

[http://www.alcoholinformation.isdscotland.org/alcohol\\_misuse/9729.html](http://www.alcoholinformation.isdscotland.org/alcohol_misuse/9729.html)

#### Proportion of victims of violent crime reporting offender under influence of alcohol

In 2010/11, 63% of victims of violent crime in Scotland perceived offender to be under the influence of alcohol. Breakdown for LA areas may be available on request from the Scottish Government Justice Department.

More crime data are held locally than are available through centrally collated surveys. For more detailed and up to date information on alcohol-specific and alcohol-attributable crimes, contact the local ADP.

#### Offences in which alcohol is known to be an aggravating factor

Local data may be available from some police force authorities on the number of local cases of vandalism, breach of the peace, assault or anti-social behaviour, where alcohol has been flagged as being a contributory factor.

#### Alcohol-related domestic abuse

Local police data may be available on percentage of reported domestic violence incidents in which alcohol was identified as a factor.

### Licensing objective

Securing public safety

#### Fire statistics

Number of fires in Scotland where impairment due to suspected alcohol/drugs use was a contributory factor, including fatalities and non-fatal casualties. Statistics provided by fire rescue service (FRS) area. LA area may be available on request.

<http://www.scotland.gov.uk/Resource/Doc/361231/0122132.pdf>

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



## Licensing objective

Protecting and improving public health

### Published statistics

#### Alcohol-related hospital admissions

General acute admissions by selected diagnoses, including acute intoxication and alcoholic liver disease. Emergency admissions and psychiatric admissions. By LA and health board (HB).

[http://www.alcoholinformation.isdscotland.org/alcohol\\_misuse/1407.html](http://www.alcoholinformation.isdscotland.org/alcohol_misuse/1407.html)

Statistics for intermediate datazones available on request from NHS Information Services Division (ISD) or local HB. Historical statistics are available to assess long-term trends.

#### Alcohol-related deaths

Figures available for HB and LA, from 1979 onwards. Assessment of long-term trends possible, benchmarking against other LA areas, Scottish average and England/Wales average.

<http://www.gro-scotland.gov.uk/statistics/theme/vitalevents/deaths/alcohol-related/index.html>

Community health partnership (CHP) Profiles <http://www.scotpho.org.uk/>  
Statistics for intermediate datazones available on request from ISD or HB.

#### Chronic liver disease deaths and hospital admissions

Figures available for HB and LA, from 1982 onwards for deaths and 1996 onwards for hospital admissions. Assessment of long-term trends possible, benchmarking against other LA areas, Scotland, UK and other European countries. Available at: <http://www.scotpho.org.uk/health-wellbeing-and-disease/chronic-liverdisease/data/mortality>

#### Alcohol-related brain damage

Statistics not routinely published, but can be made available on request from ISD and HB.

#### Proportion of individuals who are alcohol dependent

Estimates for HB and LA available after September 2012 from Scottish Health Survey data.

### Local information available on request

#### Alcohol-related ambulance call outs

Scottish Ambulance Service reports that alcohol is involved in 68% of all life-threatening emergencies at weekends in Scotland. In Glasgow city there are around 3000 alcohol-related emergency incidents at weekends each year. Statistics for other local areas may be obtainable from local ambulance services.

#### Alcohol-related A&E attendances

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

#### Alcohol brief interventions (ABI)

There are three priority settings for the delivery of ABIs: primary care, ante-natal and A&E. Currently the number of ABIs delivered is reported as an aggregate figure. A breakdown may be available from HB.



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### Licensing objective

Preventing public nuisance

#### Perception of alcohol abuse as a social problem

Percentage of population by criminal justice authority area (CJAA) and PFA. Alcohol Statistics Scotland.

[http://www.alcoholinformation.isdscotland.org/alcohol\\_misuse/9729.html](http://www.alcoholinformation.isdscotland.org/alcohol_misuse/9729.html)

#### Perceptions of prevalence of neighbourhood problems

Statistics on vandalism/graffiti/damage to property, rowdy behaviour, noisy neighbours/loud parties, rubbish/litter lying around, percentage of people who think 'alcohol abuse' is problem in their area. By LA area. Available from ADPs.

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

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### Licensing objective

Protecting children from harm

#### Children's alcohol consumption and related harm

Percentage of 13 and 15-year-olds reporting drinking, number of units and type of alcoholic drink consumed, sources of purchased alcohol, drinking location, and negative effects experienced of drinking in the last year. By LA.

[http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus\\_national10.htm](http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus_national10.htm)

**Test-purchasing** - number/type/location of premises that have failed

**Social Work** - statistics may be available from local social work departments on caseload in which problem alcohol use has been identified. A 2004 audit from West Dunbartonshire Social Work Department noted addiction problems in 50% of all cases held by Children and Families Team; 72% of all cases in the Criminal Justice Team; and 61% of accommodated children and young people.

**Alcohol treatment services** - statistics may be available on users of services who are responsible for a child/children.

## **Licensing objectives**

Alcohol sales figures in Scotland and England/Wales, including volumes of alcohol sold on/off-trade, litres consumed per head of population and price paid per unit.

<http://www.healthscotland.com/documents/4558.aspx>

Number, type, and capacity of licensed premises available by licensing board area. Broad categories of licence type, such as off-sales, should be broken down to allow more detailed analysis of trends. For example, independent convenience store, "metro" format of major supermarket retailer, large supermarket, takeaway etc., Information should be stored in a database, searchable by category and easily retrievable.

The financial costs of alcohol use covering health, crime, social services and workplace costs. Profiles available for LAs.

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

## Appendix 2

### Impact of overall alcohol availability on alcohol problems: The evidence

Violence	<p>Consistent relationship with outlet density and trading hours.<sup>1,2</sup></p> <p>Bar density more strongly associated with rates of assault than restaurant density.<sup>3</sup></p> <p>Late night trading hours associated with higher assault rates.<sup>4,5</sup></p> <p>More violence linked to off-premises than on-premises in two studies.<sup>6,7</sup></p> <p>Number of licensed premises linked to alcohol-related crime in Glasgow.<sup>8</sup></p> <p>Closure of alcohol outlets linked to decrease in assault rates in a US city.<sup>9</sup></p> <p>Cutting pub late night opening by two hours produced a large relative reduction in the rate of assaults in an Australian city.<sup>10</sup></p>
Hospital attendances	<p>Significant positive association with outlet density and licensed hours:</p> <p>Alcohol-related hospital admissions increase in London hospital after extension in licensed hours.<sup>11</sup></p> <p>More off-sales premises in England linked to alcohol-related hospitalisations of under-18s.<sup>12</sup></p> <p>Reduction in off-licensed hours associated with a significant decrease in hospital admissions for acute intoxication among adolescents and young adults in Swiss city.<sup>13</sup></p> <p>Reduction in the density of premises selling beer significantly decreased alcohol-related hospitalisation among young people aged 10 to 19 years in Sweden.<sup>14</sup></p>
Underage drinking	<p>Outlet density found to be significant factor at the community level in the prevalence of teenage high risk drinking.<sup>11,12,13,15,16,17</sup></p>
Property crime/damage	<p>People living closer to alcohol outlets in high density areas are more likely to report damage to property.<sup>1 (3 studies)</sup></p>
Car crashes/injuries/fatalities	<p>Linked to increased outlet density and hours of sale.<sup>1 (6 studies)</sup></p> <p>Alcohol-involved pedestrian collisions significantly and positively related to number of on-sales per kilometer of road in US city.<sup>18</sup></p>
Drink driving	<p>Self-reported drinking after driving goes up with increased outlet density.<sup>1</sup></p> <p>10% increase in outlet density associated with 3% increase in drink driving incidents in US state.<sup>19</sup></p>
Child maltreatment and neglect	<p>Areas with greater amounts of bars found to have higher rates of child maltreatment.<sup>1 (2 studies)</sup></p>
Domestic violence	<p>Domestic violence increases as the number of premises selling alcohol goes up.<sup>20,21</sup></p>
Murder	<p>Significant positive relationship found with outlet density.<sup>1</sup></p>
Mortality	<p>Increase in alcohol outlets over five-year period associated with rising alcohol consumption and a 27% increase in the alcohol mortality rate.<sup>22,23</sup></p> <p>Privately-run liquor stores (as opposed to state-run) found to have a bigger effect on local rates of alcohol-related death.</p>
Suicide	<p>Significant association with outlet density.<sup>1</sup></p>
Sexually-transmitted disease	<p>A decrease of one alcohol outlet per mile of roadway was associated with 21 fewer cases of gonorrhoea per 100,000 people.<sup>24</sup></p>