Licensing for Public Health

Public health may be defined as
'the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society'.

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Introduction

This publication has been jointly developed by Alcohol Focus Scotland and Scottish Health Action on Alcohol Problems (SHAAP). It follows up the many requests received, particularly at the National Licensing Conference 2008, from licensing officials and board members for more clarity on what is meant by 'public health', and for guidance on what licensing boards and licensing forums could and should do with regard to public health. A review of licensing board policy statements undertaken in 2008 found that measures to address public health were not included in all statements.[1]

A public health principle has been enshrined in the new Licensing (Scotland) Act 2005 due to come into force in September 2009. This legislation applies to both the on-trade (pubs, clubs, restaurants) and off-trade (supermarkets, convenience stores, off-licences) in Scotland. *Protection and Improvement of Public Health* is one of five licensing objectives that licensing boards must take into consideration when granting or renewing licences. This booklet gives licensing boards and local licensing forums information on what the public health principle might mean for them in practice.

Liquor licensing has always served a public health function. Regulation ensures the purity and safety of alcohol products sold to the public, reducing the incidence of death from drinking contaminated alcohol. Establishing and enforcing a minimum purchase age promotes public health by seeking to prevent children from harming themselves. Measures aimed at reducing alcohol-related public disorder also promote public health in that they lessen the risk of alcohol-related violence and injury. What the new Licensing Act does for the first time is to make the protection and the improvement of public health an explicit purpose of the licensing system.

What is Public Health?

Public health may be defined as 'the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society'.[2]

The concept of health is complex and means more than just the absence of disease. Health can be influenced by many aspects of our lives including our physical, emotional, and mental experiences, as well as social and environmental conditions. In developing interventions to protect and improve our population's health, we need to consider the role and interplay of all these factors.

Historically, some of the most significant advances in population health have been achieved through changes to the environment in which we live. During the 19th and 20th centuries, improvements in sanitation and housing were critical in reducing ill-health and premature death, as were measures to tackle air pollution and the introduction of health and safety regulations in the workplace. Now the major causes of death and disability in our society are due to chronic diseases, often associated with lifestyle factors such as smoking, diet and alcohol use, affecting not only the individual, but families and communities 'second-hand'. A lot of time and energy has consequently been directed at motivating people to adopt healthier lifestyles.

However, efforts to improve population health also need to address the societal and environmental factors that cause or reinforce unhealthy behaviour.

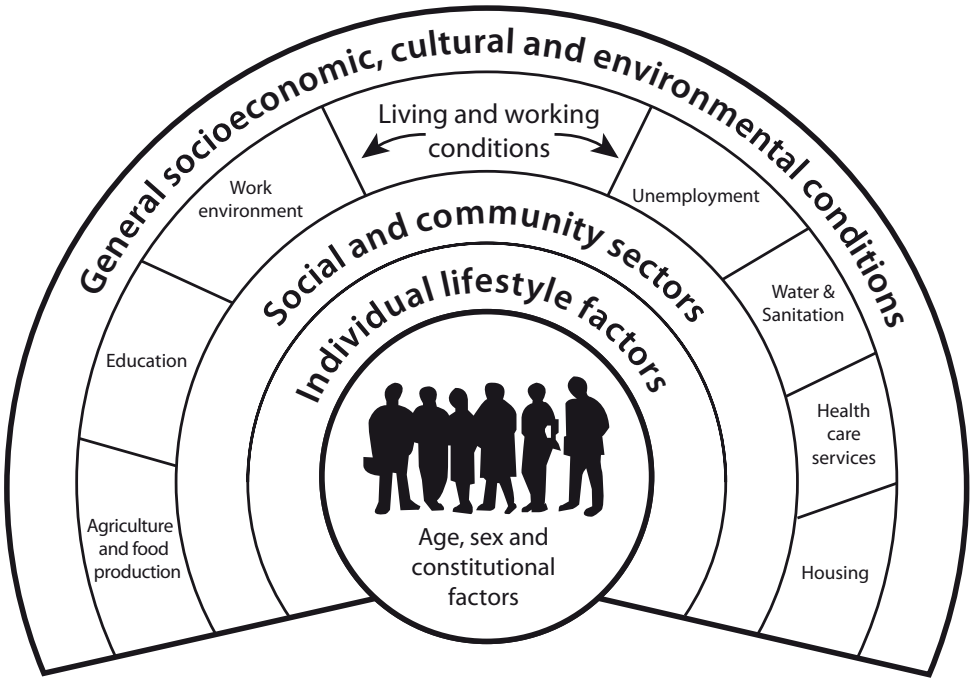

Figure 1 : The main determinants of health [3]

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Alcohol's impact on public health in Scotland

Alcohol is a potentially addictive, psychoactive drug that is legally available for consumption throughout the UK. If drunk up to the recommended limit (not more than 21 units of alcohol per week for men and 14 units for women), the risks of developing alcohol-related health harm are low (but not zero). The more alcohol is consumed, the greater the risk of health harm. When men are regularly drinking more than 50 units of alcohol a week and women are regularly drinking more than 35, the health risks become severe.

Trends in alcohol consumption

Over the past 50 years alcohol consumption in the UK has gone up from 5.7 litres of pure alcohol per person (16+) in 1960, to 11.5 litres in 2007. From the mid-1990s there was a particularly noticeable rate of increase when consumption rose by 20% (Figure 2). [4]

Furthermore, 2007 sales data, available for the first time at a sub-UK level, indicate that adults in Scotland are drinking nearly two litres more pure alcohol per year than people in England and Wales. [5]

The rise in UK alcohol consumption has coincided with a fall in the real price of alcohol [6] and a relaxation of licensing laws which have resulted in alcohol being available to the public in more places, for longer periods of time. Latest survey estimates reveal 40% of men and 33% of women in Scotland are drinking twice the recommended daily limits. [7]

Alcohol consumption in the UK per adult
1986 to 2007

Figure 2 : Alcohol consumption in the UK

A majority of 15-year-olds and just over half of 13-year-olds surveyed in Scotland report having consumed an alcoholic drink (a whole drink, not just a sip). Of those pupils who said they drank in the last week (11% of 13-year-olds and 31% of 15-year-olds), half of 13-year-olds and 72% of 15-year-olds had been "really drunk" at least once. [8]

Problem alcohol use extends across all ages and all social groups. As alcohol consumption has increased, rates of alcohol-related harm in Scotland have escalated. Problem alcohol use is linked to a whole range of health, social and economic harms. It affects individuals, families, communities and costs the country billions of pounds each year. [9] Long-term, daily drinking substantially increases the risk of developing chronic alcohol-related health conditions, such as cirrhosis of the liver. Less frequent drinking which involves consuming a large volume of alcohol on each drinking occasion, (commonly known as 'binge drinking'), can also lead to adverse health consequences. These include alcohol poisoning, and a substantially increased risk of accidental injury and/or of being involved in a crime. This type of drinking is associated with anti-social behaviour and public disorder.

Health costs

- Scotland has one of the fastest growing chronic liver disease and cirrhosis death rates in the world; [10]
- Men in Scotland are twice as likely to die an alcohol-related death than men in England; [11]
- Alcohol related deaths disproportionately affect those living in the most disadvantaged areas. Men in deprived areas are 7 times more likely to die an alcohol related death. [12]

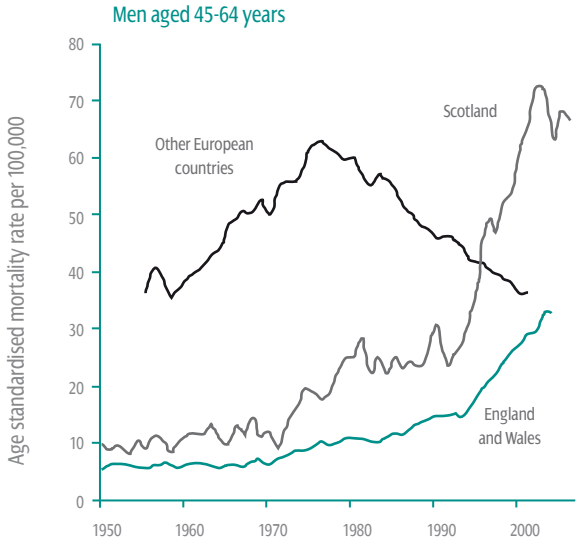

Figure 3 : Chronic liver disease mortality rates, 1950 to 2006

Source: Leon & McCambridge 2006 (updated) [13]

We know what measures are likely to be effective in reducing the harm caused by alcohol use and therefore protecting and improving public health. [20]

Many of these measures can be implemented through local licensing decisions and can be grouped into three broad categories: supply reduction, demand reduction, and harm reduction. [21]

Supply reduction - aims to restrict the physical availability of alcohol.

Limiting the availability of alcohol has the potential to reduce consumer demand. We know from the evidence that if we reduce alcohol consumption we reduce alcohol-related problems. Measures aimed at reducing supply include:-

- Restricting the number and density of outlets licensed to sell alcohol; *
- Limiting opening hours and days of opening;*
- Enforcing minimum age of purchase laws and other licensing breaches;*
- Responsible server training to prevent over-service.

Demand reduction – aims to motivate people to drink less.

Measures aimed at motivating users to consume less alcohol overall and less per drinking occasion include:-

- Controls on the price of alcohol – raising taxation, setting minimum prices, banning price promotions and happy hours; *
- Education campaigns targeted at consumers or potential consumers – public awareness campaigns on responsible drinking, providing information on units/recommended limits etc;
- Effective enforcement of bans/rules on alcohol advertising and alcohol sponsorship of events.

* The measures marked with an asterisk have all been ranked as highest in effectiveness by international alcohol policy experts [22] and endorsed by the World Health Organisation. Evidence of the effectiveness of education campaigns is weak so should only be used in conjunction with stronger measures. Server training is most effective when backed up by credible enforcement.

Licensing Legislation - regulating availability to reduce harm

Harm reduction – aims to modify the drinking environment.
Modifying the drinking environment where alcohol is sold and consumed aims to minimise potential harm linked to alcohol use. Such measures don't necessarily require a change in the pattern or level of alcohol use. Examples include:-

- Improving city centre environments, especially around licensed premises, for example, good lighting, general tidiness, intolerance of vomit and urination in public places;
- Training of bar staff and security staff on how to monitor and prevent problematic behaviour including intoxication, dealing with under age persons and with rowdy customers;
- The use of plastic or toughened glassware;
- Measures to prevent overcrowding in licensed premises.

Research carried out in pubs in Glasgow, published in early 2005, identified a number of factors which affected the likelihood of alcohol-related problems being observed in the premises. See Annex 1.

To minimise the health harms from drinking all three types of intervention - supply reduction, demand reduction and harm reduction - can be implemented. However, in public health terms the most effective measures for reducing alcohol harm will involve a reduction in alcohol intake. Toughened glassware may serve a useful function in preventing injuries due to broken glasses being used as weapons in potentially violent venues; but far better for short - and long-term health is that the amount of alcohol consumed is moderated and so the risk of alcohol-related violence and other harms occurring is lowered.

In terms of what licensing authorities can do, the measures that will best promote and protect public health are likely to vary according to local circumstances and individual licensing decisions. Apart from universal measures such as controls on the price of alcohol or enforcement of the law, other measures may be more effective if applied strategically in response to local conditions – whether a locality is urban or rural; whether decisions relate to an off-licence or on-licensed premise; and the nature and extent of alcohol problems in the area.

Developing a licensing strategy to promote and protect public health

Producing an effective local licensing strategy will involve research, monitoring and evaluation of policies and interventions.

Step 1: Building the evidence base and identifying priorities for action

Collecting information on the type and incidence of alcohol-related problems in a locality is essential to enabling informed choices on interventions to reduce harm, and for establishing a baseline against which to measure change. Existing sources of data can be used to build up a health profile of the area, as well as information gathered from other agencies, local residents, licensees and others. Involving a wide range of stakeholders helps to obtain a comprehensive picture and identify priorities for action. It is important to try and find ways of engaging with the whole community and not just with those with the 'loudest' voices. Local licensing forums can help with this process.

There are several useful sources of information within NHS Scotland, local partnerships and police forces.

- Local drug and alcohol information tables (2008)A compendium of statistics providing the latest figures on alcohol consumption, availability and rates of acute and chronic health harm for every local authority area in Scotland;
  http://www.drugmisuse.isdscotland.org/publications/abstracts/localinformation2008.htm
- Alcohol Statistics Scotland (these are produced annually);
  www.alcoholinformation.isdscotland.org
- SALSUS National Report: Smoking, drinking and drug use among 13 and 15-year-olds in Scotland in 2006;
  http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus_national06.htm
- Departments of public health in NHS Boards can provide information and also expertise in measuring need and monitoring and evaluating policies and programmes;
- Alcohol and Drug Partnerships (previously Alcohol and Drug Action Teams - ADATs);
- Community Safety Partnerships.

Step 2: Drafting and implementing the strategy

A strategy is likely to set out: an overview of current circumstances relating to the sale and use of alcohol in a local area; a vision for the future; an identification of objectives, priorities for action and measurable outcomes; arrangements for implementation, monitoring and evaluation.

To enhance effectiveness, and to avoid duplication, it is important that a licensing strategy links up with the alcohol work being undertaken by partnership agencies in the area, through the coordination of objectives and agreeing strategic frameworks for delivery.

Consultation on the draft strategy and communicating/publicising the strategy can help to engage the local community in the process of implementation and in the outcomes of the strategy.

Step 3: Measuring Success

The strategy will need to be monitored and reviewed regularly to assess its effectiveness in meeting targets and objectives. Some outcomes relating to public health may only become evident in the longer-term in which case it will useful to identify intermediate outcomes to measure progress towards the ultimate objective of improved public health.

Some positive outcomes in public health terms could include:

Medium-term

- Development of stronger links between the different agencies and individuals dealing with alcohol-related problems/harm, e.g., licensing authorities, health professionals, police, licensees;
- Improved local knowledge on the nature and extent of alcohol-related harm through the establishment of standard procedures for collecting data on alcohol-related incidents and better information sharing.

Longer-term

- Reduction in alcohol consumption (sustained over the long-term)
- Reduced pressure on accident and emergency services responding to alcohol-related incidents
- Reduction in incidents of alcohol-related violence
- Reduction in the number of alcohol-related hospital admissions
- Reduction in alcohol-related mortality.

Further Reading

Licensing Toolkit, Alcohol Concern
www.licensingtoolkit.org.uk
Practical guidance for licensing authorities on devising a strategy including: gathering information and consulting with stakeholders; identifying outcome indicators; and measuring alcohol-related outcomes.

Safe, Sensible, Social: Alcohol strategy local implementation toolkit, HM Government
http://www.crimereduction.homeoffice.gov.uk/drugsalcohol/drugsalcohol097.pdf

Managing the night time economy: Best Practice Guide, Greater London Authority, March 2007
http://www.london.gov.uk/mayor/strategies/sds/docs/bgp-nte/bpg-nighttime-economy.pdf

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Endnotes and References

1. *Licensing Law and the Impact of the Public Health Objective – A Review Paper,* Alcohol Focus Scotland, August 2008. http://www.alcohol-focus-scotland.org.uk/pdfs/Licensing%20and%20Public%20Health%20Review.pdf
2. Acheson D (1998) *Independent Inquiry into Inequalities in Health Report*, Department of Health.
3. Dahlgren G and Whitehead M (1991), *Policies and Strategies to Promote Social Equity in Health*, Stockholm: Institute of Futures Studies.
4. *Alcohol Factsheet 2008,* HMRC. The amount of alcohol cleared by customs and excise for sale in the UK is used as an indicator of per capita alcohol consumption. An alternative source of data on alcohol consumption comes from population surveys, however, these are recognised to be an inaccurate measure of the total amount of alcohol consumed as people consistently under-report the amount of alcohol they drink. Data on consumption trends can also be obtained from industry sales figures.
5. Data supplied to the Scottish Government by The Nielsen Company. HMRC data on the amount of alcohol cleared for sale is only available at a UK level, and the same has applied to alcohol industry sales figures until recently. In work undertaken for the Scottish Government, market analysts The Nielsen Company disaggregated UK alcohol industry sales data to a Scotland and England/Wales level for 2005 to 2007. The results suggest that average consumption in Scotland is nearly 2 litres more pure alcohol per adult than in England/Wales. http://www.scotland.gov.uk/Topics/Health/health/Alcohol/resources
6. In 2007 alcohol was 69% more affordable than it was in 1980. *See Trends in the affordability of alcohol in the UK, 1980 to 2007*, Institute of Alcohol Studies.
7. *Revised Alcohol Consumption Estimates from the 2003 Scottish Health Survey,* Scottish Government, May 2008.
8. *Scottish Schools Adolescent Lifestyle and Substance Use Survey, National Report 2008, Scottish Government.* http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus_national08.htm
9. *Costs of Alcohol Use and Misuse in Scotland,* Scottish Government, May 2008.
10. *Changing Scotland's Relationship with Alcohol: a discussion document,* Scottish Government, 2008.
11. *Trends and geographical variations in alcohol-related deaths in the UK 1991- 2004,* ONS, 2007.
12. *Alcohol Statistics Scotland 2009*, ISD.
13. Graph based on Liver cirrhosis mortality rates in Britain from 1950 to 2002: an analysis of routine data, The Lancet, Vol. 367, January 2007. Rates for England and Wales (to 2004) and Scotland (to 2006) subsequently updated by Prof. David Leon and General Registrar for Scotland. Reproduced from *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach,* Scottish Government, June 2008.
14. *Trends and geographical variations in alcohol-related deaths in the UK 1991- 2004,* ONS, 2007.
15. *Alcohol Project: Interim Analytical Report*, Prime Minister's Strategy Unit, Cabinet Office, 2003.
16. *Scottish Health Survey,* Scottish Government, 2003.
17. *Scottish Crime and Victimisation Survey,* Scottish Government 2006.
18. *Scottish Prisoner Survey 2008,* Scottish Prison Service.
19. *Understanding harmful drinking: Two: Alcohol and Assaults,* QIS, 2006.
20. See *Babor et al, Alcohol: No Ordinary Commodity, 2003*, for effectiveness ratings for policy-relevant strategies and interventions.
21. Categories defined by Tim Stockwell in 'Alcohol supply, demand, and harm reduction: What is the strongest cocktail?' *International Journal of Drug Policy,* 17 (2006) 269-277.
22. Babor, *T. et al, Alcohol: No Ordinary Commodity,* Oxford University Press, 2003.

Annex 1

In 2005 NHS Greater Glasgow Health Board published a report called 'Factors associated with alcohol-related problems within licensed premises.' This was based on research conducted in licensed premises within Glasgow City Centre. The following is summarised from the report.

Protective factors

- Lack of congestion, not overly crowded
- Inappropriate persons (e.g. drunken or underage) being refused entry or refused service
- Good standards of cleanliness and housekeeping
- Friendly staff
- Quick and efficient service
- Calling last orders in plenty of time
- Managing the exit of patrons
- Monitoring patrons, including at entry, the bar and the exit
- Promotion of food (full meals and snacks)
- Higher percentage of customers sitting
- Staff trained in responsible service
- Good range of reasonably priced soft drinks
- Good communication between staff

All mean there is more likely to be relaxed, social drinking.

Risk factors

- Unsupervised pool tables
- TV showing aggressive, offensive, sexual or intoxicated images
- Music which has a lot of offensive words or includes sexually explicit words
- Congestion anywhere in the premises (at the door, bar, stairs, toilets, dance floor, etc.)
- Higher percentage of customers standing
- Drunk or underage persons allowed in and served
- Vomiting
- Drug dealing or drug use
- Drunk customers in the premises
- Staff being hostile or aggressive towards patrons
- Staff allowing aggression or watching conflict
- Staff sending people outside to fight
- Late intervention in situations by staff
- Patrons served double at closing time or being served after closing time
- Smokiness and/or lack of ventilation
- High level of noise and movement
- Lack of bar wiping, table clearing, toilet cleanliness
- Openly sexual or sexually competitive activity (such as "pulling")
- In-house promotion or entertainment focussing on alcohol and "sexy dancing"

In summary, the physical environment and the way this is managed has a direct outcome on the likelihood of alcohol related problems being observed. To download the Executive Summary of the report go to: www.alcohol-focus-scotland.org.uk/leaflets_publications/publications/

Annex 2

Examples of licensing practice to reduce alcohol-related health harm

Some Licensing Boards and Licensing Forums have already found ways to implement some of these measures. The new Licensing Act gives both Boards and Forums even further scope since it provides an overall remit to 'protect and improve public health' and also brings in new requirements in many areas including licensing hours, promotions and server training.

Price and availability

Restrictions on hours of alcohol sales and service, if used strategically, have the potential to reduce drinking and alcohol-related problems. Restrictions on the hours or days of sale of off-licensed premises will have a bigger impact on people who do not have access to a ready supply of alcohol, such as young people under the age of 18 who drink. The new Licensing Act gives licensing boards new powers to vary licensing hours. Borders Licensing Forum has undertaken work to consider the effect of the board's decision to extend late night extensions from 2am until 3am. Data was compiled from the police, the local drug and alcohol team and the community. It looks likely that the Board will revert to its earlier policy of having a 2am deadline for late night extensions.

Overprovision – some Licensing Boards have remitted their Forums to consider the issue of overprovision. The Greater Glasgow and Clyde Alcohol Action Team has undertaken some initial work to develop local measures of overprovision to help inform licensing decisions.

Enforcement of the ban on price promotions and other controls on price contained in the Licensing (Scotland) Act 2005. A considerable body of evidence supports the use of price controls as a means of reducing the full range of alcohol harms. Some Licensing Boards, including City of Glasgow and South Ayrshire, already have policies on promotions in place and Edinburgh has considered licensee 'fitness' in the light of promotional fliers produced from premises. The new Licensing Act bans 'irresponsible promotions' and gives a list of definitions including if an alcoholic drink is supplied free of charge or at reduced price on the purchase of one or more drinks, involves the supply of unlimited amounts of alcohol for a fixed price, is based on the strength of a drink or is likely to appeal to person largely under the age of 18. The Act also states that the price of alcohol cannot be varied within a 72 hour period. The Scottish Government has said it further intends to end '3-for-the-price-of-2' type promotions, outlaw below-cost selling and introduce minimum pricing.

Restrictions on the type of alcohol that can be sold in off-licensed premises. (A supermarket in Ealing was banned from selling beer, cider and ale with an alcohol content of more than 5.5% abv, and another off-licence was prohibited from selling single cans of beer/cider as this practice was viewed as being linked to harmful consumption).

Restrictions on who alcohol can be sold to. Many premises operate a voluntary 'Challenge 21' or 'Challenge 25' scheme where alcohol is not sold to someone who looks under 21 or 25, unless that person can provide suitable evidence that they are legally entitled to buy alcohol (i.e. over 18). It seems likely boards will be given additional powers to set the alcohol purchase age at 21 in off-licence type premises.

The drinking environment

Banning drinking games, marketing and other forms of entertainment that promote excessive drinking. KPMG review of industry social responsibility standards found inducements by DJs to consumers to drink greater quantities and encouragement to drink more and faster through shots and shooters being 'downed in one'.

Adequate lighting, seating, ventilation (poor ventilation, excessive heat, excessive noise levels have been found in some studies to increase levels of aggression). Perth and Kinross and Edinburgh Licensing Boards have proposed compulsory seating for 25% and 50% respectively for the patrons of on-licensed premises.

Design of establishments and spacing of furniture to reduce crowding.

Cleanliness - Many studies have shown violence more likely to occur in bars that are untidy and poorly kept.

Ensuring there is adequate transport provision, particularly at late-opening venues.

Providing free water and reasonably-priced non-alcoholic drinks as an alternative to drinking alcohol, both of which are a requirement in the new Licensing Act.

Sufficient toilet provision, and ensuring that toilets are kept clean, tidy and well monitored.

Ensuring adequate staffing (some studies show inadequate staffing may facilitate aggression due to the time spent queuing).

Annex 2

Ensuring that male and female staff are available at times as required to address the different needs of men and women. Male security staff may be unwilling to intervene in female scuffles or enter women's toilets when additional assistance is required.

Meals - Less intoxication and aggression is found in bars where full meals and free snacks are available. Perth and Kinross Licensing Board have proposed a ban on serving alcohol at pavement tables unless with food, which must be more than crisps or nuts.

Sectarianism - Because of public safety concerns, some boards, including Glasgow, have policies aimed at preventing premises from undertaking activities which could be seen as sectarian such as displaying particular colours or images.

Enforcing the law & promoting good practice in the sale of alcohol.

Responsible server schemes may help prevent intoxicated customers being served alcohol but only if properly enforced. The new Licensing Act makes staff training a requirement and Licensing Standards officers will have an important role in checking that staff have undertaken adequate training.

Police-led initiatives such as test purchasing and also localised activities such as marking bottles or bags (usually in off-licence premises) to help track any purchases going to children or young people.

Composition of Forums - For the Local Licensing Forums to truly represent the community it is important that they are well balanced with a range of views represented. In some areas Forums have been found to be 'trade heavy'. In Aberdeen there were initially eight trade representatives however three of these have now resigned to make way for other interests. Many forums are working to better include representation from young people (such as through Young Scot) and community councils.

Schemes that recognise overall good practice in licensed premises, e.g. 'Best Bar None', and extending these across on- and off-licensed premises.

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