

North Ayrshire Licensing Board

Policy, the Health Objective and Overprovision

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What I will Cover

- Short history of the changes in licensing – why evidence-based policy now drives the system
- The health objective – why is it relevant
- Health and overprovision
- Aim – to raise issues and stimulate discussion



A recent history of licensing-1

- Pre 2005 Act – licensing about quarterly renewal of applications, few policies, no objectives, health not relevant, no factual basis for overprovision
- 2005 Act –introduced licensing objectives and made it a policy led system
- But 2005 Act largely aimed at ‘traditional’ problems of late night town centre behaviour- off-sales largely unregulated, health objective an afterthought



A recent history of licensing-2

- 2009- Some Boards/Clerks tempted to avoid policies in case it fettered discretion
- Case Law- Brightcrew etc- in the absence of policy the onus is on Board to link the reason for refusal to the sale of alcohol in the particular premises- a policy reverses that onus onto the applicant – eg M&S, BP
- On the hoof decisions likely to be challenged- decisions made on the basis of evidence led policy far more difficult to challenge
- NAC Overprovision policy – complex, applied inconsistently and no Board ‘ownership’



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Licensing now- a piece in a Bigger Jigsaw

- Need for policy to reflect the needs of our area
- Christie Commission – the big issues (eg deprivation) can only be resolved by all partners working together – including the Licensing Board
- Cost of failure demand
- Shifting resources towards prevention- licensing also has a role to play
- Audit Scotland scrutiny
- Why licensing?- Increasingly clear evidence of a clear link between the price and availability of alcohol to consumption levels, and to alcohol related harm.
- Government controls pricing, licensing controls availability



Health -the National Picture

National focus on:-

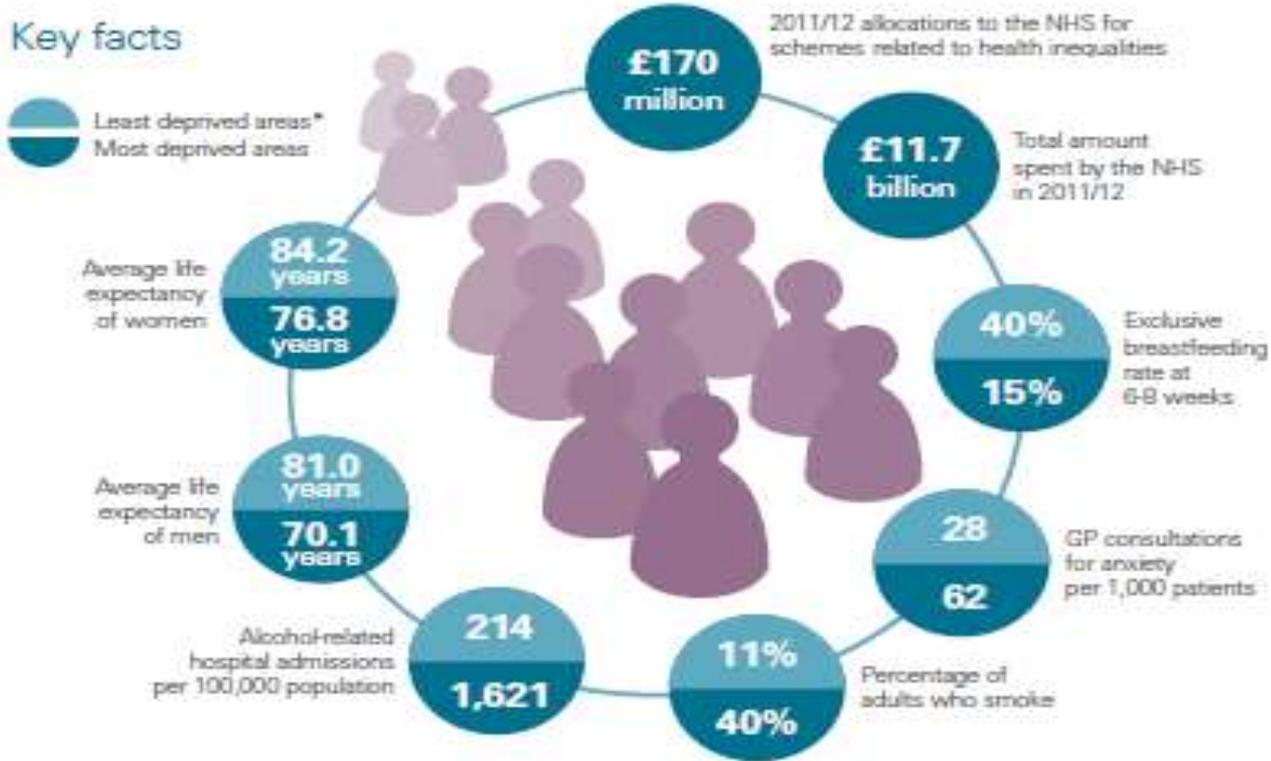
- Health inequalities- male life expectancy in Fullarton is 62
- Most deprived 20%- 21 years of unproductive ill-health
- 4 Pillars for Public Sector Change- prevention and better partnership working
- Alcohol abuse costs Scotland £3.6bn per year-£900 per person
- Clear link between alcohol consumption and ill-health, crime, and deprivation



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Health Inequalities

Key facts



* These comparisons refer to people living in the one-fifth most deprived and one-fifth least deprived areas.



Governmental Focus on Health

(Changing Scotland's Relationship with Alcohol)

A Framework for Action 2009

- Alcohol recognised as a barrier seriously hindering the government's strategic outcomes
- Whole population approach, not just targeting problem groups
- Aims to reduce overall consumption by making alcohol less easily accessible and controlling promotion
- Acceptance that alcohol not an ordinary commodity
- On-going monitoring of 2005 Act measures to control the availability of alcohol and whether further measures are needed



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Alcohol Sales

2013 National Data- MESAS-1

- But surely we should only tackle those who have a problem with alcohol? (The industry argument)- Read on.....
- In 2012 10.9 litres of pure alcohol were sold per adult in Scotland (21 units per adult per week) -suggests a whole population approach correct
- On-trade sales of alcohol decreased by 34% from 5 litres in 1994 and 3.3 litres in 2012. Off-trade sales increased by 45% from 5.2 litres in 1994 to 7.6 litres in 2011. Trend is that an increasing percentage of alcohol is sold through the off-trade.
- 2010 67% was sold through the off-trade and this rose to 69% in 2012. UK data that 50% of all alcohol sold by 4 main supermarket chains



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Alcohol Sales

2013 National Data- MESAS-2

- Alcohol sales 19% higher in Scotland than E&W – 86% Of difference is in higher off trade sales, mainly spirits
- Average pricing levels - off-trade 49p; on-trade 153p per unit.
- 60% of off sales are at less than 50p per unit (73% in 2010)
- Deprivation - consumption levels highest in top 20% but harm levels greatest in bottom 20%
- Health inequalities and trends- alcohol related hospital discharges and deaths
- Alcohol related mortality more than doubled since 1980s (double England and Wales)
- Alcohol is wholly attributed cause of 1 in 20 deaths
- Any downward trend attributable to economic downturn not strategy



North Ayrshire Data -1

- Scotland is the 'sick man of Europe'. Being below the Scottish average is not necessarily good.
- 4 out of 6 neighbourhood areas are significantly worse than the Scottish average
- Three Towns – 59 out of 66 IDZs
- Kilwinning- 22 out of 31
- Irvine -67 out of 83
- Garnock Valley -24 out of 24



North Ayrshire Data -2

- Hospital discharge rates for alcohol related conditions- 3rd worst local authority in Scotland, 4th worst for 15-24 year olds, 31 out of 38 IDZs above Scottish average
- 8 areas more than twice national average, Saltcoats Central nearly three times. Saltcoats Central has increased by 50% in 10 years.
- In 1998 North Ayrshire was average but our figures have increased faster than Scotland's.
- % of 15 year olds who drink once a week is the 9th highest in Scotland



North Ayrshire Data -3

- Alcohol related deaths- North Ayrshire just above Scottish average but 7th worst local authority area
- Alcohol related hospital admissions for under 18s- Ayrshire and Arran had the highest level in the UK, 52% higher than the second worst (Sept 2013)
- Cost of alcohol harm to North Ayrshire is £58.6m or £433 per head of population. Including wider societal costs this rises to £791 per person (West Dunbartonshire- £449/£792). Cost to Social Work alone is £8m
- Crime, fire and social work figures will paint the same picture in exactly the same neighbourhoods
- Glasgow study linking number of premises to crime levels



Conclusions from Data

- The off-trade sells 69% of all alcohol. Four main supermarket chains sell 50% of all alcohol, including most of the cheap stuff. The off trade share is increasing while on-trade sales have declined by one third since 1994. Drinking culture changed to home drinking/pre-loading
- Big increase in last 15 years driven by wine consumption, and female drinking as well as price.
- Deaths, hospital admissions, domestic abuse, fire, crime and police incidents outwith the town centre – linked to low cost alcohol from large supermarkets
- Board experience-Youth crime and disorder/under age and outdoor drinking driven by off-sales, often by agent purchase?
- Crime and disorder on Friday and Saturday nights in town centres – pubs and clubs but pre-loading on supermarket alcohol



Conclusions from Data

- As North Ayrshire's figures are almost identical to West Dun, assuming 6% addiction, which impacts on 4-5 others nearly 30% of population impacted by addiction
- Addiction just the tip of a growing iceberg
- Impact on ability to train suitable workforce
- Impact on work absence rate
- Impact on area's ability to attract new business and regeneration
- Impact on the attractiveness of the area as a place to live and work
- Impact on families



What can be done?

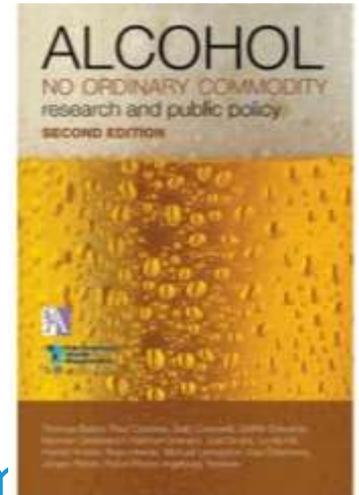
World Health Organisation identifies two key components of a successful alcohol strategy as:

Price

- Taxation, minimum pricing, price promotion

Availability

- Number of premises and occasional licences, licensed hours, capacity / display area



What is being done nationally?

Key Features of the Government's Health Strategy in 2012

Licensing (Scotland) Act 2005

- Test purchasing
- Refusal of new licenses in areas deemed overprovided
- Mandatory training for Licensing Board members, licence holders and staff
- Ban on irresponsible promotions in the on-trade
- Restriction on place of display in off-trade
- Public health objective for licensing
- Licensing Standard Officers
- Local Licensing Forums
- Public right to object



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Key Features of the Government's Health Strategy in 2012-2

Alcohol etc. (Scotland) Act 2010

- Ban on quantity discounts in off-sales
- Restrictions on alcohol display and promotions in off-sales
- Mandatory Challenge 25 age verification policy
- Powers to introduce a social responsibility levy on licence holders
- Health Boards to be notified of premises licence applications
- Annual Chief Constable reports to be provided



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Key Features of the Government's Health Strategy in 2012-3

Alcohol (Minimum Pricing) (Scotland) Act 2012

- A minimum unit price for all alcohol sold through licensed premises in Scotland
- Expiry of minimum unit pricing (MUP) after 6 years of implementation unless the Scottish Ministers make provision for it to continue after the end of 5 years implementation (the sunset clause)
- A report for Scottish Parliament on the operation and effect of MUP after 5 years of implementation (the review clause)



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Key Features of the Government's Health Strategy in 2012-4

Initiatives to tackle alcohol-related violence

- Diversionary activities for young people/advice for parents and carers
- Identification of those affected by parental substance misuse
- Education and awareness
- Routine screening and Alcohol Brief Interventions (ABIs) in the NHS, with funding, resources, training and a target for delivery
- Additional investment for treatment and care services
- Essential services review of specialist services
- A target for specialist alcohol treatment waiting times
- Establishment of Alcohol and Drug Partnerships
- Improved identification and treatment of offenders with alcohol problems



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What can the Board Do?



The most obvious control for protecting and improving public health lies in the policy on overprovision of licensed premises within the locality determined by the board.

Sir Crispin Agnew of Lochnaw QC

Issues for overprovision-1

- Inevitably have to compare to Scottish (health) or Strathclyde (crime) average
- Use of 6 neighbourhoods sound - people travel outwith their immediate area to get supermarket alcohol- Whitecrook survey
- What types of premises to include? -Is the off-trade the problem given the huge decline in sales and the cost per unit?
- The supermarket problem- 50% of all alcohol sold from 4 chains
- Data led – clear evidence to support overprovision in 4 neighbourhoods but insufficient evidence in North Coast and Arran?
- Evidence required for applications against policy.



Issues for overprovision-2

- Applications outwith the overprovision area which draw trade from it.
- Relinquished licence equals surplus capacity or not?
- Applying policy consistently- Economic Development /jobs v health/crime- local shops- policy should drive decisions
- Overprovision retains the status quo -how can the present licensing regime reduce consumption?
- Key Benefit –Awareness of problem, community ownership/whole population approach – culture shift.



Other uses of the Health Objective in Licensing Policy Statements

- Hours- early opening and alcoholism
 - off sales hours – supermarkets open to 8 on Fri/Sat?
- Advisory recommendations in many policies
 - SHAAP/AFS – Licensing for Public Health
 - Provision of information on sensible drinking and units of alcohol (20 policies)
 - Policy in place to deal with drunk customers (17)
 - Providing or promoting soft drinks (14)
 - Encouragement of Pubwatch/Best Bar
 - Conditions on toughened glass
 - Health Impact Assessments
 - Community Action Partnerships

