

SCOTTISH BORDERS LOCAL LICENSING FORUM

MINUTE of MEETING of the SCOTTISH BORDERS LICENSING FORUM held in Committee Room 1, Council Headquarters, Newtown St Boswells on 26 June 2012 at 4.00 p.m.

Present: M. Ballantyne (Convener), Dr E Baijal, J. Swanson, G. Todd, I. Tunnah, Chief Inspector K Simpson, E. Whitehead.
Apologies: S. Bell, A. Craig, H. Davies, A Vickery, S. Walker.
In Attendance: Legal and Licensing Services Manager (A. Isles), Committee and Elections Officer (K. Mason).

CHAIRMAN'S REMARKS

1. The Chairman welcomed Dr Eric Baijal, Joint Director of Public Health, NHS Borders to the meeting.

QUORUM

2. With reference to paragraph 3 of the Minute of 28 March 2012, on the advice of the Legal and Licensing Services Manager it was agreed that the quorum of the Local Licensing Forum be reduced to 3 members.

DECISION

AGREED that the Quorum of the Licensing Forum be reduced to 3 members and that accordingly the Terms of Reference be amended to reflect this decision.

MINUTE

3. A Note of Meeting of 28 March 2012 had been circulated.

**DECISION
NOTED.**

ALCOHOL DATA PROJECT

4. Chief Inspector Simpson advised that further meetings had been held and data sets had been identified by the front line services. Data would be gathered for the months of June and October 2012. Information from the data gathering exercise would be fed to Erin Murray to enable her to provide a pictorial. More Members from the Board would be appointed to the Steering Group. The Legal and Licensing Services Manager advised of the requirement for all members of the Licensing Board to train or retrain (as appropriate) before they were able to determine applications. It was suggested that refresher training for Board Members take place on an annual basis and that Forum Members might also be invited to attend.

DECISION

(a) NOTED the position.

(b) AGREED that the Legal and Licensing Services Manager would investigate the possibility of arranging a joint training session for Board and Forum Members.

MEMBER

Mr J Swanson joined the meeting during discussion of the above item.

LICENSING OBJECTIVES

5. (a) Preventing Crime and Disorder
Chief Inspector Simpson advised that premises licences which had been suspended were now reinstated. Although one premise had featured again and a further premises licence review would be lodged.
- (b) Securing Public Safety
Chief Inspector Simpson in referring to local common riding festivals and the practice of alcohol being taken off the premises and consumed outside the premises, reported that this was impossible to police. However, there appeared to have been no problems and licensed premises staff had cleared up afterwards in Hawick. I. Tunnah advised that the Board had sent out letters prior to common ridings taking place reminding staff in licensed premises that it was against the law for drinks to be carried outside the premises after 10.00 p.m. in open vessels, but this action had been perceived to have been heavy handed and so the message to staff was – “please manage when you can”. It was hoped that the general public would be educated and that a gradual change would take place. The Legal and Licensing Services Manager indicated the implementation of By Laws relating to consuming of alcohol in public places was being reconsidered by the Council.
- (c) Preventing Public Nuisance
Chief Inspector Simpson advised that 4 premises were being monitored owing to neighbourhood noise complaints. Mediations were taking place. Any ongoing issues would be referred to the Board for a review.
- (d) Protecting and Improving Public Health
Chief Inspector Simpson referred to the “responsible drinking campaign” for Rugby Sevens and local festivals.
- (e) Protecting Children From Harm
Chief Inspector Simpson advised that one Test Purchase operation had taken place with 6 premises being visited and there had been no failures. Two off-sale premises had been charged for selling alcohol to young persons. In referring to visits to Hawick Common Riding during early openings, Police and the Licensing Standards Officer had noted that two premises had openly allowed children to the bar area without challenging them. During discussions it was noted that parents were buying alcohol for their children, and a suggestion was put forward that it might be helpful for a leaflet to be made available presenting information on underage drinking. The Chairman undertook to liaise with supermarkets in Galashiels to ascertain whether it would be possible for a scheme to be put in place whereby other shops/supermarkets could be informed when the sale of drinks had been refused to underage persons.

MEMBER

Chief Inspector Simpson left the meeting.

- (f) It was noted that occasional licences were granted for events associated with schools and uniformed youth organisations. It was agreed that K Mason issue a copy of licences issued under delegated powers (which was made available to Board members at the June meeting) to Members of the Forum, from which information could be extracted referring to licences issued for school events and uniformed youth organisations. Thereafter if the Forum was concerned about the number of licences issued, discussions could take place with the Director of

Education and Lifelong Learning about licences issued for school events. A suggestion was made that the Licensing Forum give presentations to Parent Teacher Associations.

Dr Baijal referred to Borders Alcohol and Drugs Partnership (BADP) and asked if there was a shared understanding of the work of that body and that of the Licensing Forum. Dr Baijal undertook to email K. Mason a guide relating to the work of the BADP for onward circulation to Forum Members. During the discussions it was suggested that a representative from BADP be invited to give a presentation to the Licensing Forum on their work and similarly a presentation be made by the Licensing Forum to the BADP on the Forum's remit.

DECISION

(a) NOTED.

(b) AGREED that:

- (i) that the Chairman liaise with supermarkets in Galashiels regarding the implementation of a scheme whereby other shops/supermarkets could be informed when the sale of drinks had been refused to underage persons;**
- (ii) K Mason forward a copy of licences issued under delegated powers to Forum Members;**
- (iii) Dr Baijal forward a copy of the guide on the BADP to K Mason for circulation to Members of the Forum; and**
- (iv) the Chairman contact BADP regarding presentations.**

FORUM MEMBERSHIP

6. Owing to the reduced number of members of the Forum arrangements would need to be made to advertise vacancies. It was important that a young person be appointed as a member of the group and the Chairman and Dr Baijal would liaise with the Director of Education and Lifelong Learning about this.

It was noted that travelling expenses would be reimbursed on completion of the appropriate claim form.

DECISION

AGREED that the

- (a) Chairman and Dr Baijal liaise with the Mr Glenn Rodger, Director of Education and Lifelong Learning relating to the recruitment of a motivated 6th year pupil for one year at a time as a Member of the Forum; and**
- (b) Chairman liaise with the Clerk to the Licensing Board in relation to placing adverts/issuing press releases relating to the appointment of new members of the Forum.**

ATTENDANCE AT LICENSING BOARD MEETINGS

7. Discussions took place relating to the attendance of Forum Members as observers at Licensing Board meetings. K. Mason to ascertain from the Clerk to the Licensing Board if those observing Board meetings would be illegible to claim for travelling expenses.

DECISION

- (a) **AGREED that**
- (i) **Elaine Whitehead would attend Licensing Board meetings on 24 August, 23 November and 14 December 2012;**
 - (ii) **Gillian Todd would attend the Licensing Board meeting on 27 July 2012; and**
 - (iii) **K Mason would check if Forum Members observing Licensing Board meetings would be illegible to claim for travelling expenses.**
- (b) **NOTED that John Swanston could not make any commitment and that Dr Baijal would consult his diary and liaise with the Chairman on a suitable date for him to attend the Licensing Board meetings.**

OBSERVATION FORM

8. Members discussed and amended the Observation Form a copy of which forms an appendix to this Minute. K Mason undertook to make copies of this available for Forum Members attending Licensing Board Meetings.

DECISION

NOTED that K. Mason would pass on the Observation Forms to Forum Members attending Licensing Board meetings.

JOINT MEETING – LICENSING FORUM/LICENSING BOARD

9. The Chairman suggested that the joint meeting of the Licensing Forum/Licensing Board be held on Wednesday 7 November 2012 at 4.00 p.m.

DECISION

AGREED that K. Mason would advise the Clerk to the Licensing Board that the date suggested by the Licensing Forum for the joint meeting was 7 November 2012 at 4.00 p.m.

The meeting concluded at 5.00 p.m.

SCOTTISH BORDERS LOCAL LICENSING FORUM

FEEDBACK/OBSERVATION

Case Number:
Completed By:

Date

No. Board Members

	Yes	No
Are 5 Licensing Objectives mentioned?		
Are the Boards questions based on 5 Objectives?		
Are the Boards decisions based on 5 Objectives?		
Comments		

	Yes	No
Do all members of the Board appear prepared for the meeting?		
If No, how many were? If no, how did they fail to be prepared?		

	Yes	No
Do the Board appear to refer to relevant reports when making decisions?		
Comments		

	Yes	No
Do the Board appear to refer to relevant Objectives when making decisions?		
Comments		

	Yes	No
How many Board members take part in the discussion?		
Comments		

	Yes	No
How many times are Board given legal advice during the meeting?		
Did the Board adjourn and if so did they give reasons why?		
Comments		

General Comments



Report of Alcohol Data Capture for June 2012

Erin Murray: Business Consultant, SBC

Susan Walker: ADP Development Officer, Alcohol & Drugs Partnership

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1. Introduction

Since the 1st June 2012, Police, Ambulance Service, Fire Service and Emergency Department within the BGH have started to record data whenever an individual presents to their service and alcohol has been a contributory factor.

This is the first time all front line services in Borders have focussed on capturing this type of data which can be used to support the Scottish Borders Licensing Board in the development of licensing policy. The impact of the sale or supply of alcohol on overall public health must now be a consideration by Licensing Boards and to allow such policies to be evidence based, public bodies have a duty to ensure the availability of alcohol data is accessible and in a useable format for Boards.

This report aims to highlight the data captured from the first month (June 2012) by each service for the Alcohol Data Group (Appendix 1).

2. Summary

June 2012 was the first month where the impact of alcohol on frontline services was analysed. The initial main points are:

Emergency Department (ED) attendances:

- 8% of the attendances within ED for the month of June had alcohol as a contributing factor.
- 51% of the patients with alcohol as a contributing factor who attended ED came into the department over the weekend (Saturday/Sunday).
- 40% of the attendances with alcohol as a contributing factor took place between 11pm – 5.00am.
- The ED incidents demonstrated that alcohol related harm affects all age groups and both genders.
- 37% of those attending with alcohol as a contributing factor required admission to an acute ward.
- The estimated BGH running costs equalled £118,009.

Lothian and Borders Police Incidents:

- 12.6% of all incidents were flagged as alcohol related.
- 57% of the police incidents involving alcohol took place between 18:00 on Friday through to 03:00 on Monday

- The concentrations of incidents occur in the main town centres and this may be influenced by the night time economy and the availability of alcohol and police resources.

Fire Service:

- There was 1 incident where "impairment due to suspected drugs/alcohol" was a contributory factor in the fire in the Scottish Borders in June 2012
- The estimated cost for fire in a domestic dwelling is £5,363.20 for 4 hours of Fire Service time.

Thing to consider (caveat):

- There is no data / information available to confirm where people purchase or consume their alcohol. This has implications for looking at the whole provision of sale or supply of alcohol. (i.e. not just 'on-sales').
- June 2012 is the first month of recording data and specifically chosen because of the Borders' festival season.

3. Alcohol Related Data: Emergency Department (ED), NHS Borders

Data capture within ED is completed on an information system called TrakCare. If alcohol is identified by medical staff as contributory factor to the patients attendance this is recorded. This data capture is mandatory for all patients. A monthly report on this data is then automatically sent to ADP Support Team.

3.1. *Percentage of attendances at ED during June 2012*

Diagram 1 demonstrates that 8% of the attendances within ED for the month of June had alcohol as a contributing factor.

Diagram 1 – Emergency Attendance Numbers

Total number of attendances at ED	Number of attendances where alcohol noted as contributing factor	Percentage of overall attendances where alcohol noted as contributing factor
1976	155	8%

3.2. Attendance where alcohol contributed by day of week and hour

Diagram 2 shows that 51% of the patients with alcohol as a contributing factor who attended ED came into the department over the weekend (Saturday/Sunday).

Diagram 2 – ED Attendance with Alcohol as a Contributing Factor by Day of Week

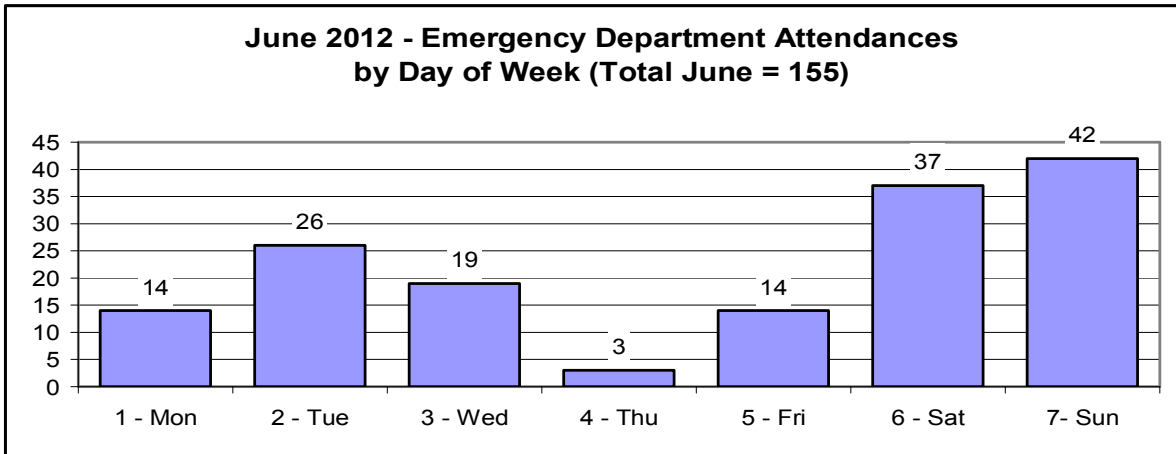
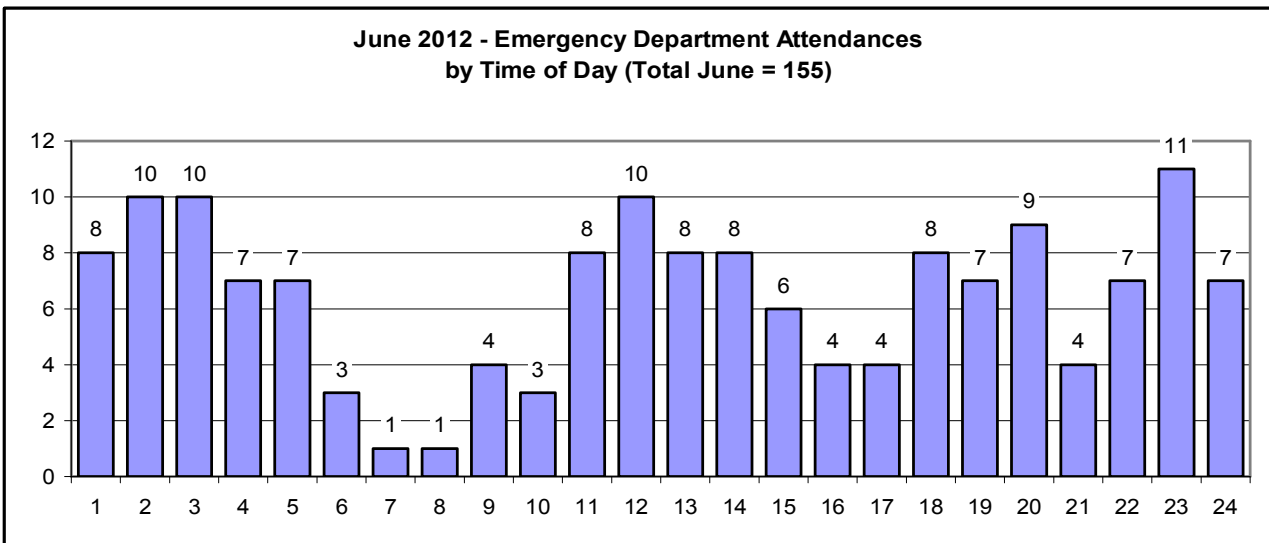


Diagram 3 shows the hour of the day in which the attendance took place. Note that 40% of the attendances took place between 11pm – 5.00am. Further months information is needed to confirm if this pattern is typical for emergency department attendances or if the ‘festival season’ impacts on the timing of attendances.

Diagram 3 – ED Attendance by Time of Day Where Alcohol is a Contributing Factor



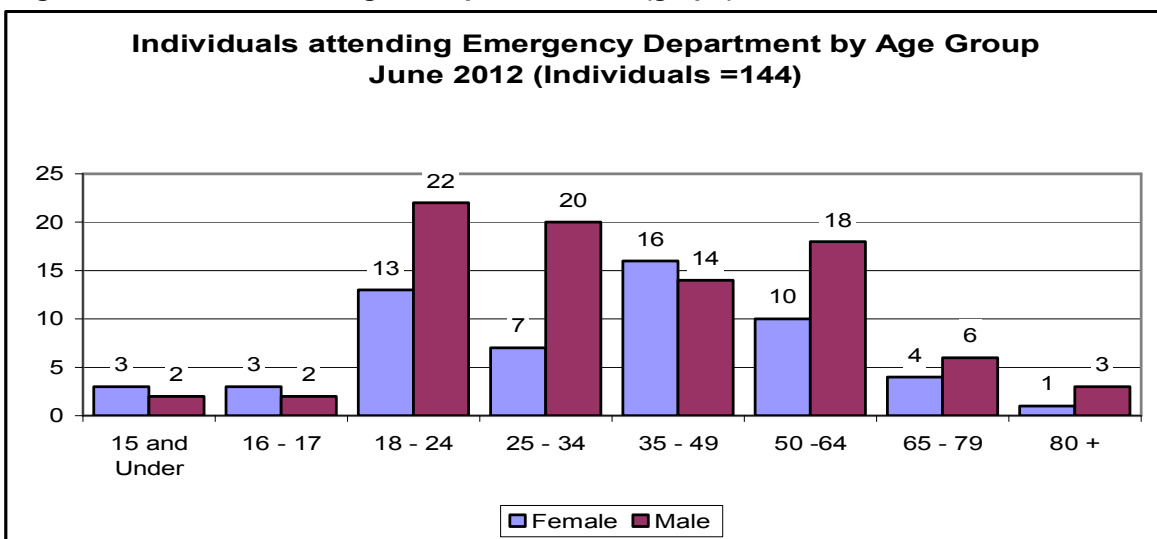
3.3. Age Group and Gender

Diagram 4 shows that during June 2012, of the 144 individuals who attended ED with alcohol as a contributing factor, 60% were males and 40% female however in the under 18s this was reversed. The age group which had the highest percentage of alcohol related attendance was the 18-24yr olds with almost a quarter of attendances. Diagram 5 also demonstrates why there is a need to not just target young people or those who are dependant on alcohol but instead use a population approach to reduce the amount that everyone is drinking which in turn will reduce the alcohol related harm in the population.

Diagram 4 – ED Attendance by Age Group and Gender

Age Group	Female	Male	Grand Total	% Female	% Male
15 and Under	3	2	5	60.0%	40.0%
16 - 17	3	2	5	60.0%	40.0%
18 - 24	13	22	35	37.1%	62.9%
25 - 34	7	20	27	25.9%	74.1%
35 - 49	16	14	30	53.3%	46.7%
50 -64	10	18	28	35.7%	64.3%
65 - 79	4	6	10	40.0%	60.0%
80 +	1	3	4	25.0%	75.0%
Grand Total	57	87	144	39.6%	60.4%

Diagram 5 - ED Attendance Age Group and Gender (graph)



3.4. ED attendance by Home Address

Diagram 6 shows the home address of those patients who attended ED where alcohol was a contributory cause to their attendance. Diagram 6 shows the number of incidents by an area and Diagram 7 show the rate of incidents by intermediate geography (an intermediate geography is an that holds between 2,500 and 6,000 household residents).

Diagram 6 – ED Attendance by Home Address Where Alcohol is a Contributing Factor

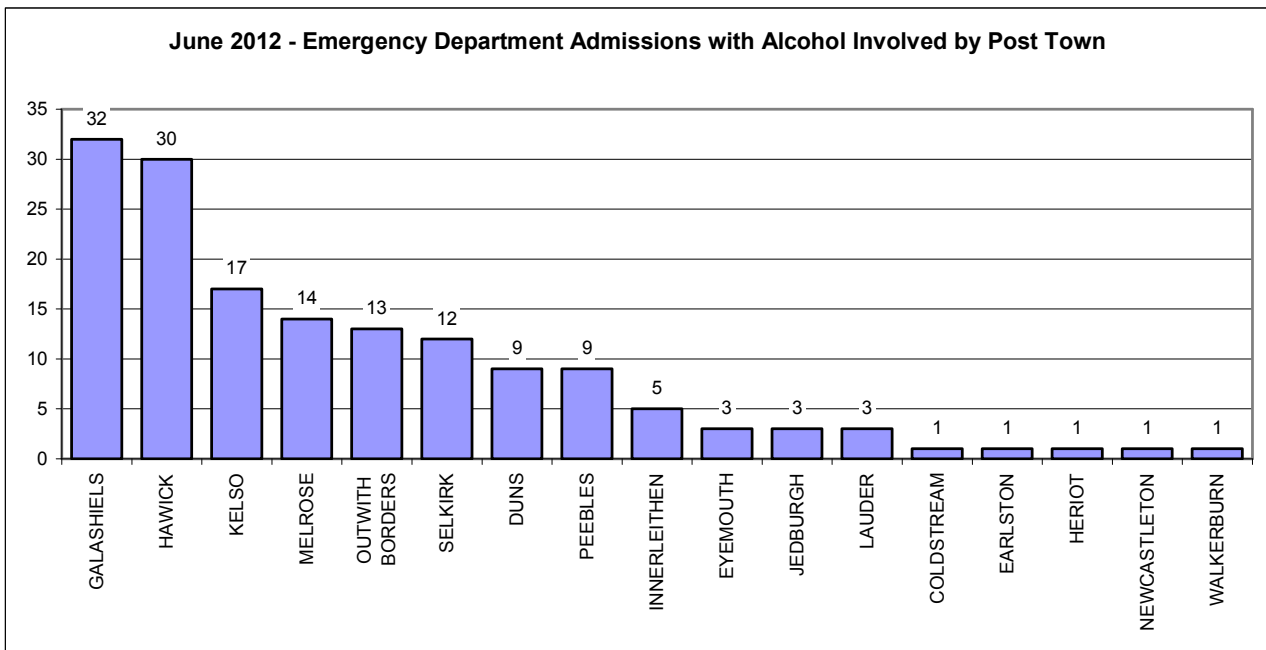
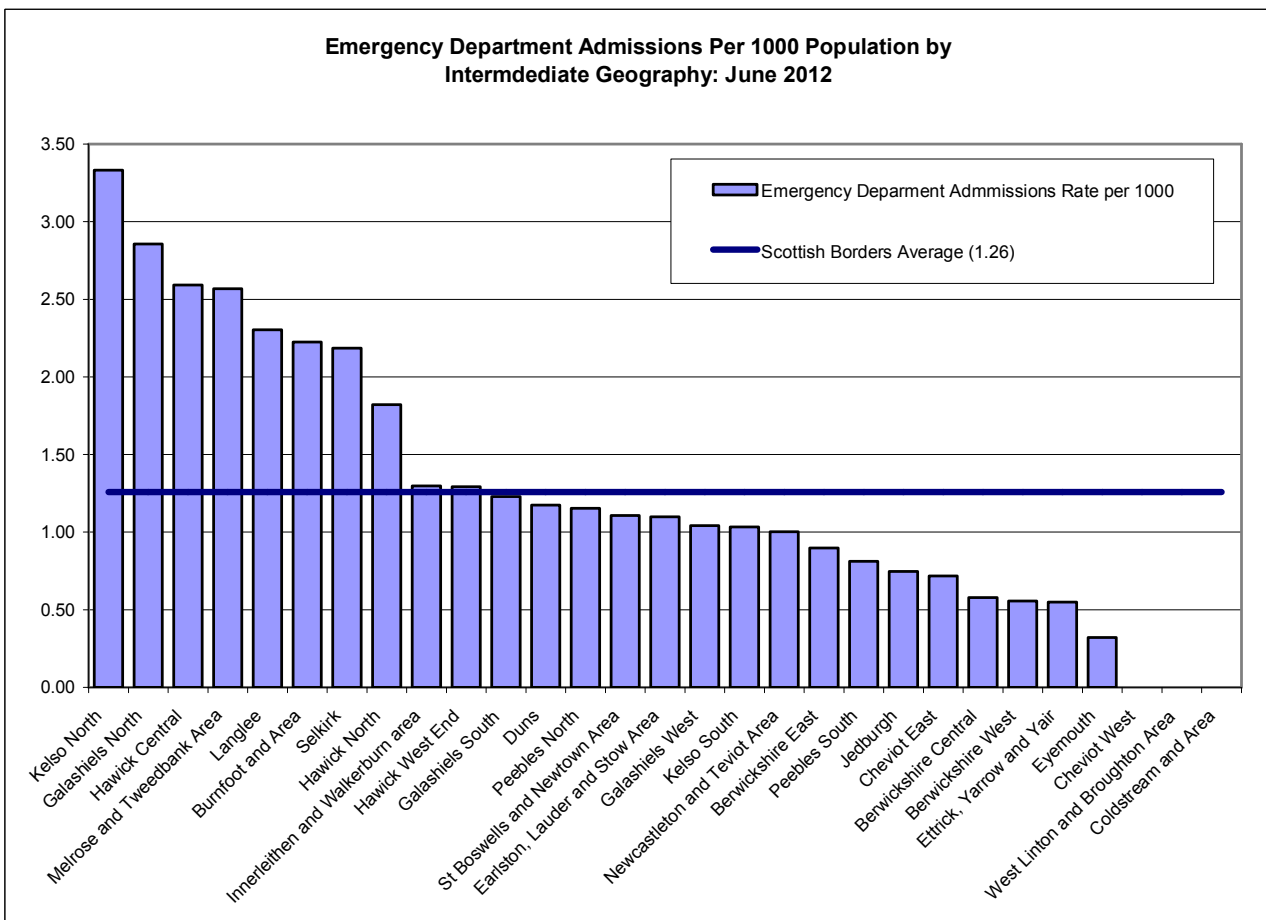


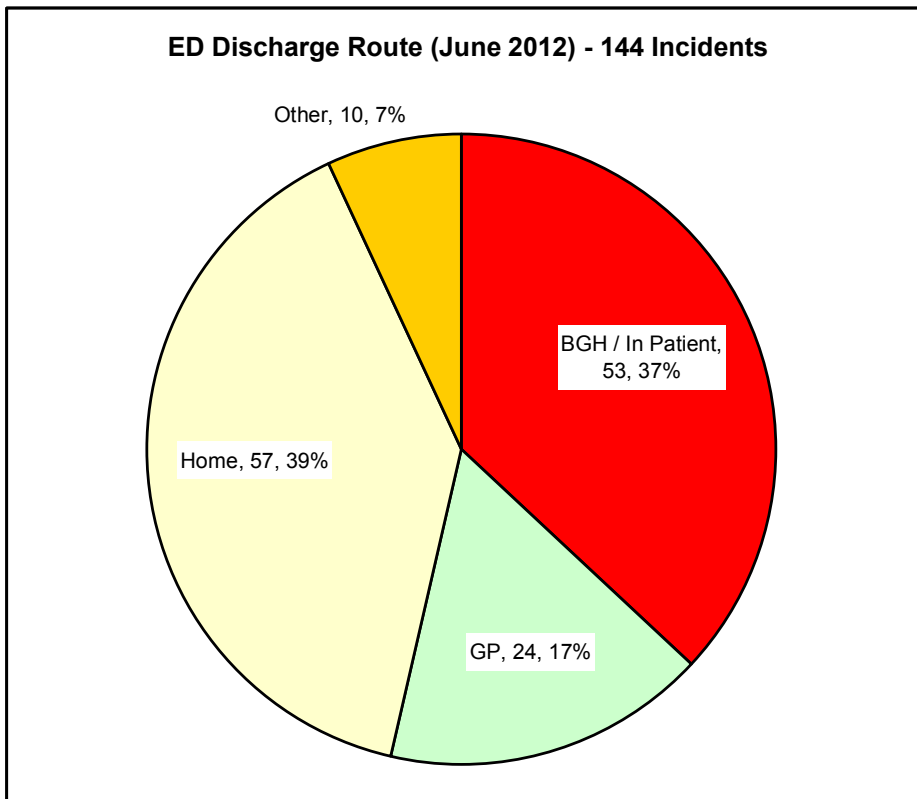
Diagram 7 – ED Attendance by Rate per 1000 by Intermediate Geography Where Alcohol is a Contributing Factor



3.5. ***ED Discharge Route***

Not all patients require admission to hospital but of the 144 incidents where alcohol was a contributing factor, 37% required admission to an acute ward.

Diagram 8 – ED Discharge Route



3.6. ***Estimated Hospital Running Costs***

Based on the Information Service Divisions (ISD) hospital running costs for 2010/2011 the cost of ED attendance within the BGH was £15,984 (£111 per case) and the cost of inpatient attendance was £102,025 (£1925 per case). This gives an estimated total monthly cost of £118,009 which would equal to over £1.4 million for the year if June was typical month.

Alcohol Focus Scotland provided an estimated cost of alcohol related harm for the Scottish Borders for 2010/2011 to be £4.31 million. This included costs for hospital admissions, ED attendances, ambulance journeys, outpatient attendances, alcohol services, prescription costs and GP consultations.

4. Alcohol Related Data: Lothian & Borders Police (G Division)

4.1. Percentage of STORM calls with Alcohol Related Flag

During the month of June there was a concerted effort to ensure any incidents that Police dealt with where alcohol was involved, were flagged appropriately on STORM. STORM is the Police Command and Control incident management system where all calls made to the Police that require a Police officer to respond are recorded through the system. This includes details of information reported by the informant, police activity including attendance and response times and incident closure from the resultant enquiry.

During the month of June there was a significant increase in reporting as demonstrated in Diagram 9, with Diagram 10 detailing that 12.6% of all incidents were flagged as alcohol related. .

Diagram 9 – Percentage of STORM calls with Alcohol Related Flag – G Division

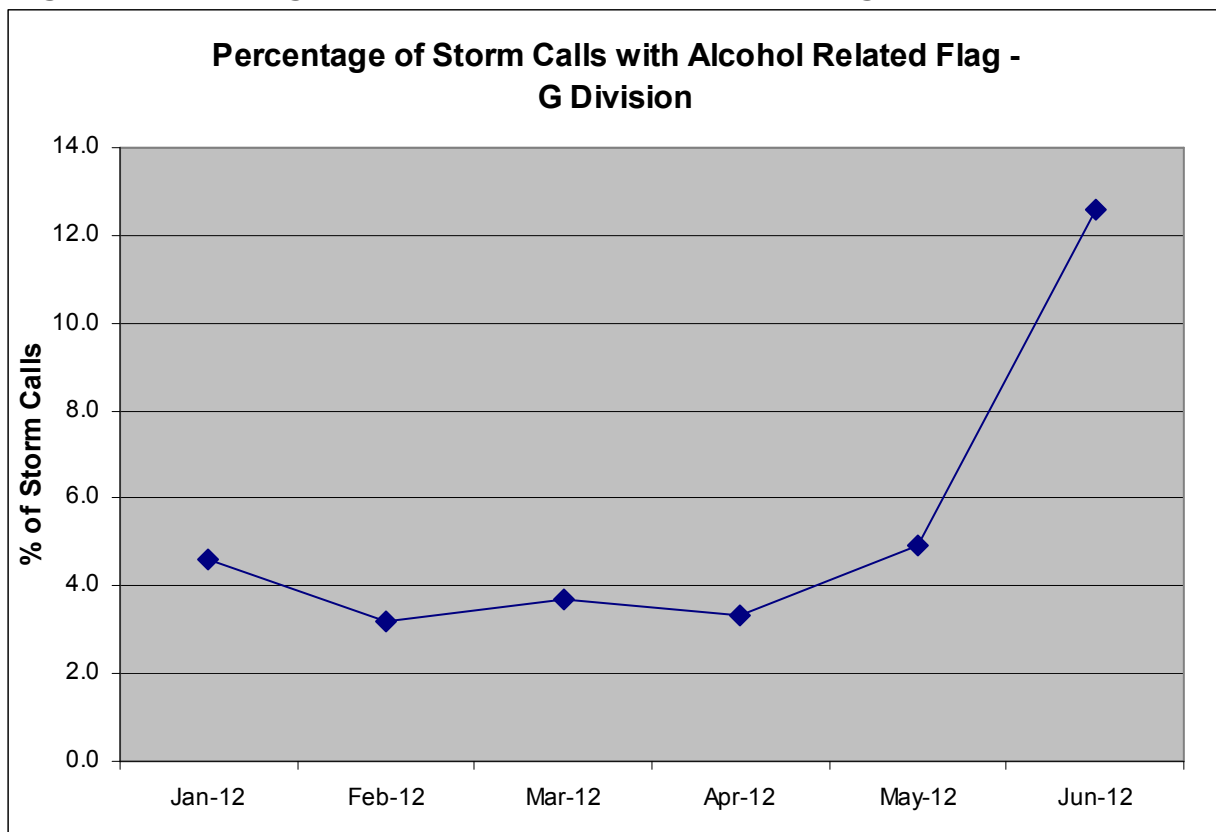


Diagram 10 – Data for STORM Calls with Alcohol Related Flag

	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Alcohol Flag	124	83	107	84	138	357
Total Calls	2697	2602	2905	2515	2798	2840
% Alcohol Related	4.6	3.2	3.7	3.3	4.9	12.6

4.2. Police Incidents by day of week and hour

Diagram 11 shows that 55% of the police incidents involving alcohol occurred between the hours of 9pm and 3am.

Diagram 11 – Police Incidents Involving Alcohol by Time of Day

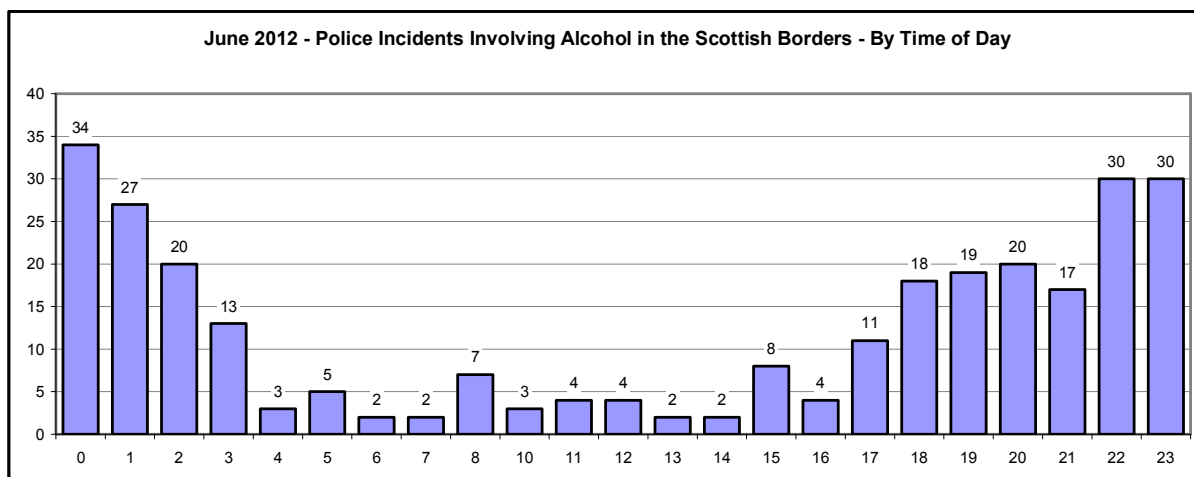


Diagram 11 shows that 57% of the police incidents involving alcohol took place between 18:00 on Friday through to 03:00 on Monday. This may reflect the weekend culture and resources. Note that between 18:00 and 20:59 (a 3 hour period) on a Friday the number of incidents are equal to the total for Monday, Tuesday or Thursday.

Diagram 12 – Police Incidents Involving Alcohol by Day & Time Group

TIME GROUP	1 - Mon	2 - Tue	3 - Wed	4 - Thu	5 - Fri	6 - Sat	7 - Sun	Grand Total	TIME %
A. 00:00 to 02:59	5	2	11	7	7	29	20	81	28.4%
B. 03:00 to 08:59	1	1	3	2	4	13	8	32	11.2%
C. 09:00 to 17:59	4	4	2	6	8	10	4	38	13.3%
D. 18:00 to 20:59	3	5	6	2	19	16	6	57	20.0%
E. 21:00 to 23:59	6	7	3	2	21	34	4	77	27.0%
TOTAL	19	19	25	19	59	102	42	285	100.0%
DAY %	6.7%	6.7%	8.8%	6.7%	20.7%	35.8%	14.7%	100.0%	

Diagram 13 – Police Incidents Involving Alcohol by Day of Week

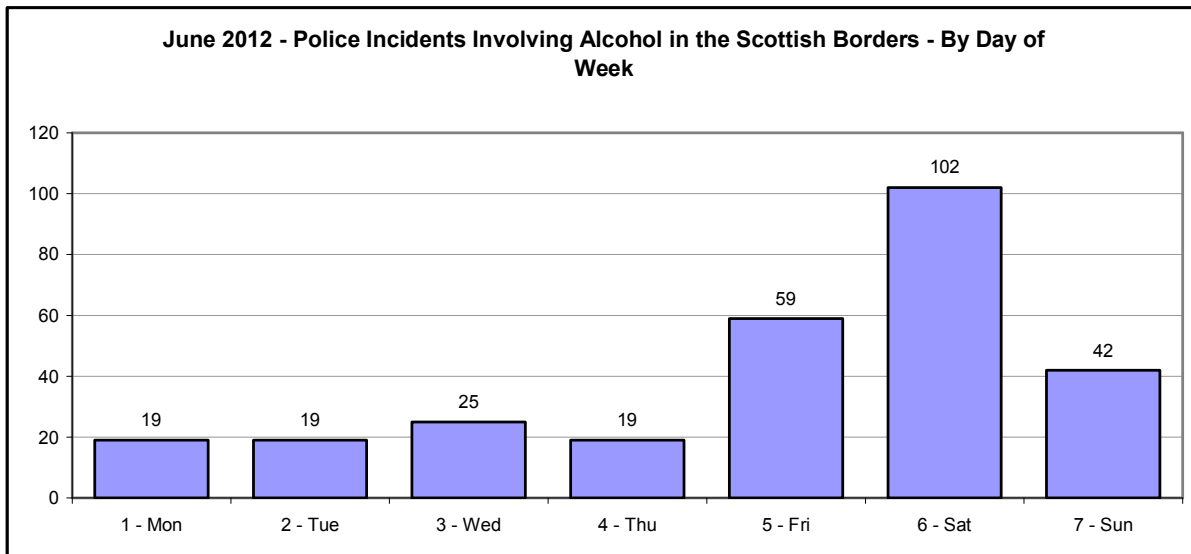
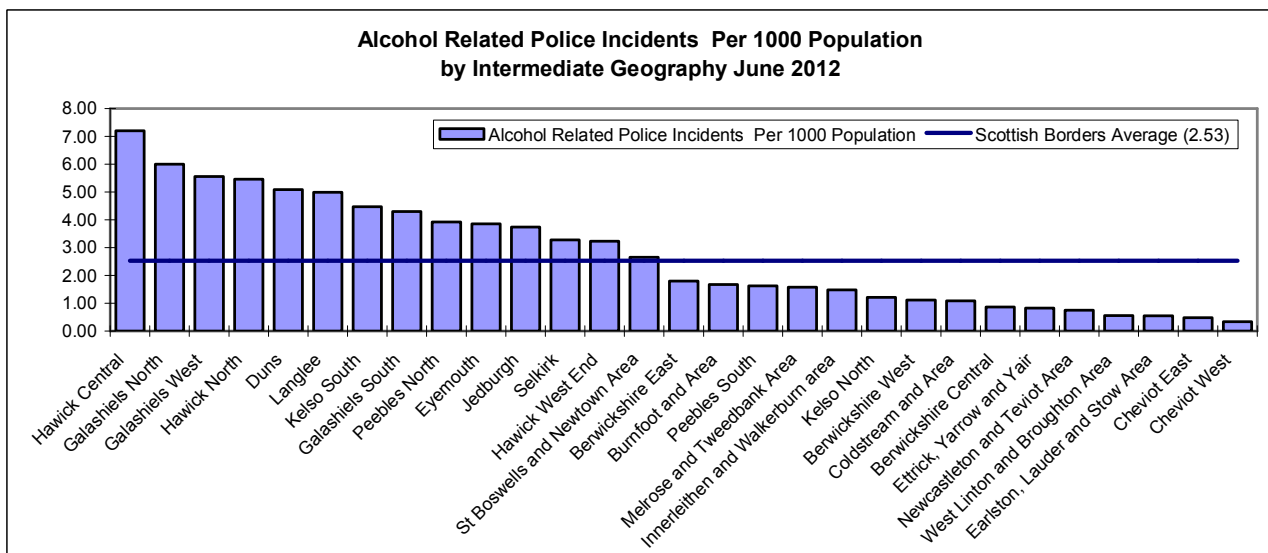


Diagram 11 shows the number of alcohol related police incidents per 1000 people for each Intermediate Geography for June 2012¹. This means that for Hawick Central there were 7 incidents for every 1000 people, more than double the Scottish Borders average of 2.53.

The concentrations of incidents occur in the main town centres and this may be influenced by the night time economy and the availability of alcohol and police resources.

Diagram 14 – Police Incidents Involving Alcohol Per 1000 Population by Intermediate Geography



¹ Population is based on the 2010 mid year estimates from NRS.

4.3. **Border Festivals that took place in June 2012**

The diagram below show the number of incidents that occurred in an intermediate geography (IG) for specific events compared to the whole month. Note that over half of the incidents in Duns occurred the weekend of the Jim Clark rally.

Diagram 15 – Events in the Scottish Borders and Police Incidents

Event	Date	Number of Police Incidents – in the IG	Total in Month for the IG	%
Denholm Ride Out	02/06/2012	1	3	33.3%
Jim Clark Rally (Duns)	01/06/2012 – 03/06/2012	7	13	53.8%
Hawick Common Riding	8/06/12 – 9/06/12	10	59	16.9%
Selkirk Common Riding	15/06/2012	3	18	16.7%
Chirnside Civic Wk	16/06/12 – 23/6/12	5	10	50.0%
Melrose Festival	18/06/12 – 23/06/2012	1	8	12.5%
Beltane Festival	22/06/12 – 23/06/12	5	23	21.7%
Braw Lads	30/06/2012	11	64	17.2%

5. Alcohol Related Data: Scottish Ambulance Service

No data submitted as yet.

6. Alcohol Related Data: Fire Service

There was one (1) incident where "impairment due to suspected drugs/alcohol" was a contributory factor in the fire in the Scottish Borders in June 2012. The source of ignition was a cooker within a private dwelling in the Melrose and Tweedbank Area. The estimated cost for fire to the Fire Service in a domestic dwelling is £5,363.20 for 4 hours activity.

The number of false alarms where "impairment due to suspected drugs/alcohol" was a contributory factor were not recorded (this will be captured in the October 2012 session). Each false alarm is estimated to cost £1,132 per hour of activity.

7. Proximity to Off Sales

The location of off sales was compared to the locations of household within the Scottish Borders. The results were:

- 74% of households are within 0.5 miles of any off sale.
- 97% of household are within 10 miles of a large or medium sized supermarket.

8. Conclusions / Final thoughts

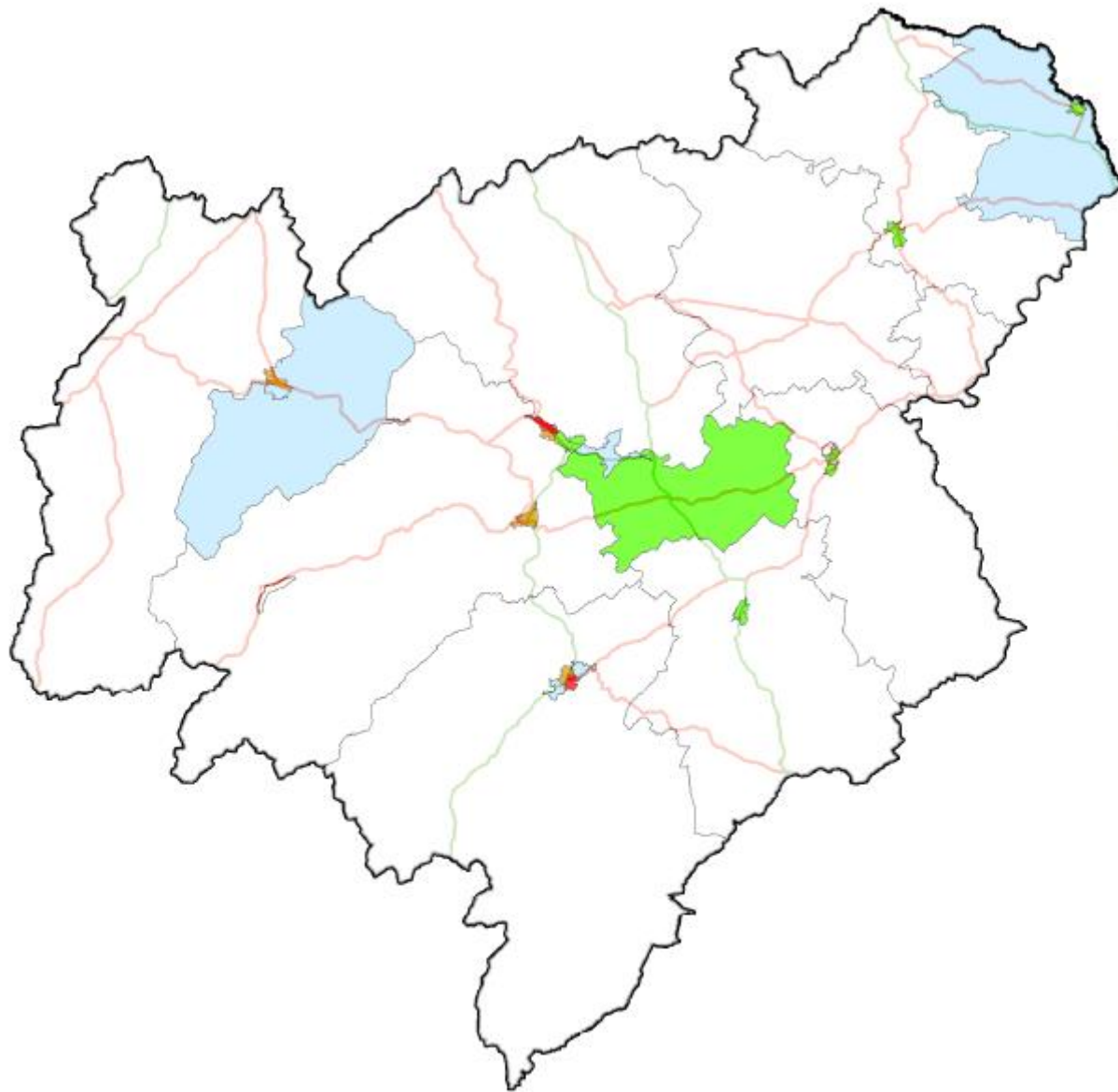
This was a successful first attempt to quantify the impact of alcohol use on Borders' frontline services. Data capture in October will provide further information, in particular relating to whether 'Festival Season' makes a difference in alcohol related incidents.

The Emergency Department at the BGH have decided to ensure that this data capture will be mandatory and will continue with the 'alcohol contributed' monitoring on a monthly basis.

Police will also continue to monitor, but will make concerted effort to record alcohol related activity again in October 2012.

Other data that will be reported on in final report to Licensing Board

- Localities to use for assessing overprovision
- Number and type of licensed premises in the Scottish Borders
- Alcohol consumption and dependence
- Alcohol related deaths and alcohol related hospital admissions



June 2012 Alcohol Related Police Incidents in the Scottish Borders

Police Incidents June 2012 Incidents

- A. 1 to 5 (10)
- B. 6 to 10 (6)
- C. 11 to 15 (7)
- D. 16 to 20 (4)
- E. 20 to 25 (2)

Source: Lothian Borders Police

1:500,000

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GOOD LICENSING PRACTICE

Using evidence to support policy and decision-making

Key Points

- 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.

Why is evidence necessary to licensing?

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.

What counts as 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.

Using different levels of information

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

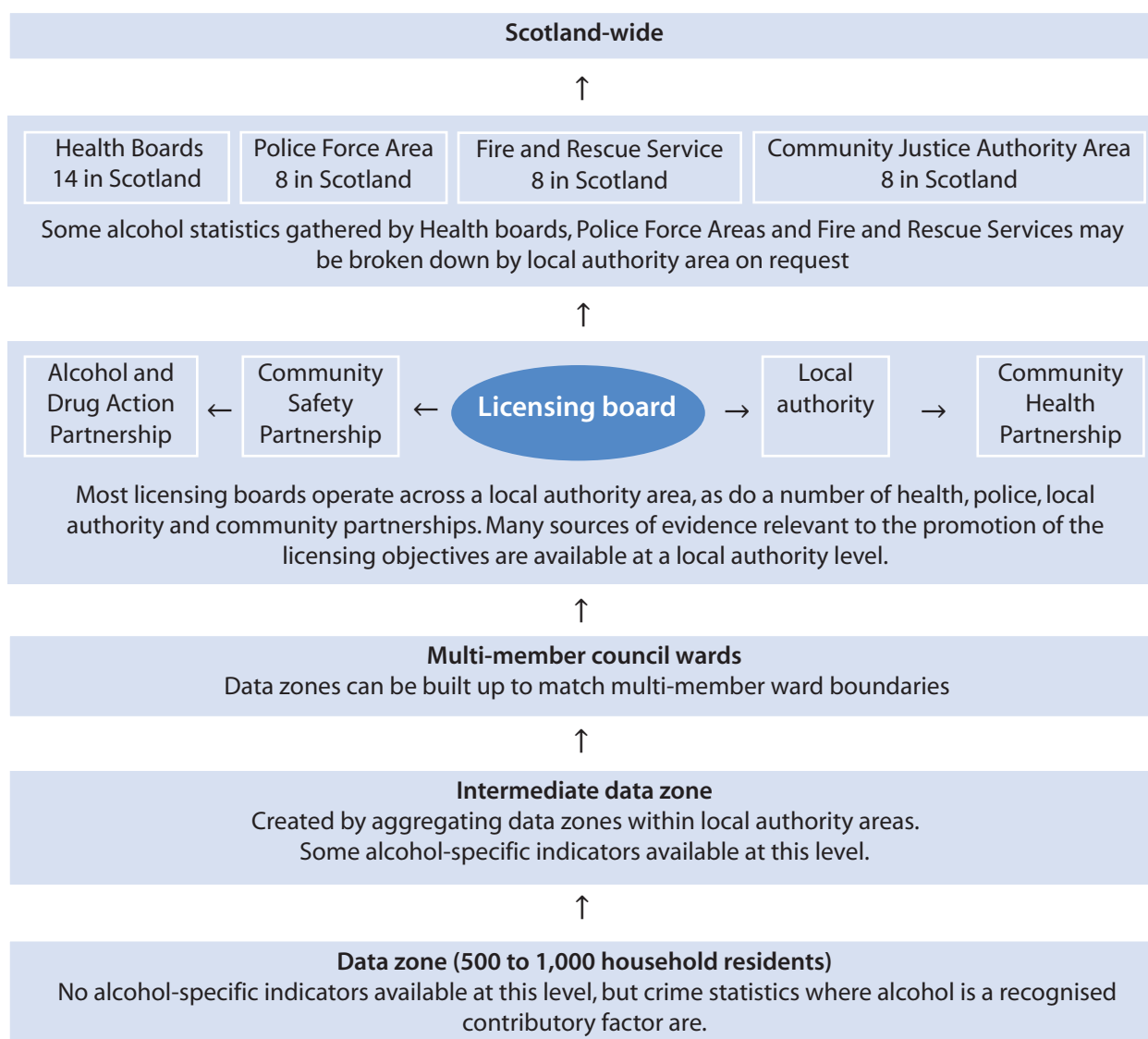
All levels of information can be used to build an alcohol profile for a local area.

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.



Building a local alcohol profile

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.

Putting evidence into context

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

Step 1	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.
Step 2	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.
Step 3	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.
Step 4	Apply the evidence to licensing policy. Adopt policy positions based on the evidence and use the policy to drive decision-making.

Licensing action to prevent and reduce alcohol problems

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

a	Licensing objective Preventing crime and disorder
<p>Published alcohol statistics/surveys</p> <p>Alcohol specific offences Drunkness 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</p> <p>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.</p> <p>Local information available on request 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.</p> <p>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.</p> <p>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.</p>	
b	Licensing objective Securing public safety
<p>Published statistics</p> <p>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</p> <p>Local information available on request Incidents of anti-social behaviour and other types of public disorder linked to alcohol use. May be available from Community Safety Partnerships on request.</p>	

C**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

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.

d

Licensing objective
Preventing public nuisance

Published statistics

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

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.

Local information available on request

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

e

Licensing objective
Protecting children from harm

Published statistics/surveys

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

Local information available on request

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.

f

Licensing objectives
Other relevant evidence

Alcohol sales statistics

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>

Licensing statistics

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.

Financial cost of alcohol

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

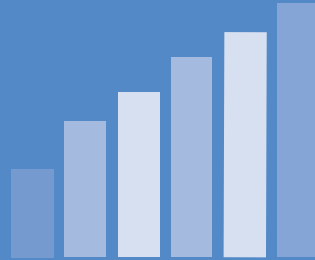
Appendix 2

Impact of overall alcohol availability on alcohol problems: The evidence

Type of harm	Summary results and selected research findings
Violence	<p>Consistent relationship with outlet density and trading hours:^{1,2}</p> <ul style="list-style-type: none"> • Bar density more strongly associated with rates of assault than restaurant density.³ • Late night trading hours associated with higher assault rates.^{4,5} • More violence linked to off-premises than on-premises in two studies.^{6,7} • Number of licensed premises linked to alcohol-related crime in Glasgow.⁸ • Closure of alcohol outlets linked to decrease in assault rates in a US city.⁹ • Cutting pub late night opening by two hours produced a large relative reduction in the rate of assaults in an Australian city.¹⁰
Hospital attendances	<p>Significant positive association with outlet density and licensed hours:</p> <ul style="list-style-type: none"> • Alcohol-related hospital admissions increase in London hospital after extension in licensed hours.¹¹ • More off-sales premises in England linked to alcohol-related hospitalisations of under-18s.¹² • Reduction in off-licensed hours associated with a significant decrease in hospital admissions for acute intoxication among adolescents and young adults in Swiss city.¹³ • Reduction in the density of premises selling beer significantly decreased alcohol-related hospitalisation among young people aged 10 to 19 years in Sweden.¹⁴
Underage drinking	<p>Outlet density found to be significant factor at the community level in the prevalence of teenage high risk drinking.^{11,12,13,15,16,17}</p>
Property crime/damage	<p>People living closer to alcohol outlets in high density areas are more likely to report damage to property.^{1 (3 studies)}</p>
Car crashes/injuries/fatalities	<p>Linked to increased outlet density and hours of sale.^{1 (6 studies)}</p> <ul style="list-style-type: none"> • Alcohol-involved pedestrian collisions significantly and positively related to number of on-sales per kilometer of road in US city.¹⁸
Drink driving	<ul style="list-style-type: none"> • Self-reported drinking after driving goes up with increased outlet density.¹ • 10% increase in outlet density associated with 3% increase in drink driving incidents in US state.¹⁹
Child maltreatment and neglect	<p>Areas with greater amounts of bars found to have higher rates of child maltreatment.^{1 (2 studies)}</p>
Domestic violence	<ul style="list-style-type: none"> • Domestic violence increases as the number of premises selling alcohol goes up.^{20,21}
Murder	<p>Significant positive relationship found with outlet density.¹</p>
Mortality	<ul style="list-style-type: none"> • Increase in alcohol outlets over five-year period associated with rising alcohol consumption and a 27% increase in the alcohol mortality rate.^{22,23} • Privately-run liquor stores (as opposed to state-run) found to have a bigger effect on local rates of alcohol-related death.
Suicide	<p>Significant association with outlet density.¹</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.²⁴</p>

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Alcohol Focus Scotland is Scotland's national alcohol charity working to reduce the harm caused by alcohol.

www.alcohol-focus-scotland.org.uk

The licensing resource toolkit is a range of resources developed by Alcohol Focus Scotland to facilitate and support good licensing practice. The toolkit aims to provide guidance on key areas of the new approach to licensing and promotion of the licensing objectives. This factsheet is the first of three, covering evidence-gathering, assessing overprovision, and writing a statement of licensing policy.

www.alcohol-focus-scotland.org.uk/licensing-toolkit



ITEM NO 7

4 October 2012

Ms Kathleen Mason
Local Licensing Forum
Scottish Borders Council
The Licensing Unit
Council Headquarters
Newtown St Boswells
TD6 0SA

CORPORATE SERVICES
- 8 OCT 2012

ADMIN & LEGAL

Dear Ms Mason

**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 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

20th July 2012

23 JUL 2012

18 Larkspur Court
Galashiels
TD1 2LZ

To: Licensing Forum, Galashiels

ADMIN & LEGAL

STREET PASTORS

ITEM NO 9

Dear Licensing Forum Members,

For some time now, the Galashiels Fellowship of Churches has been investigating a project called Street Pastors. Street Pastors originally started in London in 2003 and has spread rapidly throughout the United Kingdom, with many projects now well established in Scotland.

The main role of a Street Pastor is to make themselves available to care, listen & support vulnerable people on the streets on a Friday or Saturday night. Those taking part in the project undergo some twelve months of training to ensure their safety and competence. A Team consists of three members, although in larger towns and cities there can be two or three teams out on a given night.

Results have been truly remarkable. By bringing a calming influence to the streets, crime rates have dropped dramatically during the times that Street Pastors are out on the streets. In Dunfermline for example, violent crime dropped by 50% from 40 (year up to April 2007) to 20 (year to April 2010). Over the same period of time, anti-social behaviour crime, including vandalism, dropped from 599 to 374, dishonesty fell from 596 to 424 and other offences, including drug and offensive weapons dropped from 169 to 96. In 2010, nearly 3000 bottles and glasses were lifted and disposed of, some 2000 pairs of flip flops were given out (for young females who were unsteady on their feet and were unable to walk in high heels), 275 foil blankets issued and some 500 spikies given out (spikies are small plastic 'bungs' which fit into a bottle top, leaving a small hole for a straw but ensuring that the drink isn't 'spiked' with drugs).

In towns smaller and larger, the percentage drop in street crime has been similar, indeed in some areas, the cost savings through crime reduction have been so great that police have been using some of the savings to help finance Street Pastors.

The Fellowship of Churches recognises that crime rates in the Scottish Borders are generally lower than that of major towns and cities. However, having been out on the streets of a large town to see Street Pastors in action (Perth) and also observing Galashiels in the early hours of a Sunday morning, the problems and issues, whilst obviously smaller in number, are very similar.

The Fellowship envisages that, in the longer term, the project could be run in a similar model to that of a rural area in England, not too dissimilar to the Scottish Borders. There, the police let Street Pastors know if a particular town has a special event on where it would be helpful if Street Pastors were in attendance. This may be during one of the annual festivals, or when a major sporting event is taking place. As well as being out in Galashiels on a normal Saturday night, available Street Pastors would also go to whatever town had been identified by the police. We are currently making contact with Churches in other towns to gauge their feelings.

Street Pastors works in partnership with the local authority and the police. It is also of great importance to the project to liaise with other bodies such as the Licensing Board, Community Safety Forum, Community Council etc. I enclose various pieces of information about Street Pastors, including a DVD about the Aberdeen project, which although much larger, gives a feel about what the project involves. I hope that these will be of use in giving you a picture of how Street Pastors works.

We would welcome the Licensing Board's views on our proposals. Should you wish, we are also available to meet with you, to give clarification on any points or concerns.

We look forward to hearing from you.

Yours sincerely