

SHETLAND ISLANDS AREA LICENSING BOARD

Clerk: Jan-Robert Riise
Depute Clerk: Susan Brunton

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If calling please ask for
Leisel Malcolmson
Direct Dial: 01595 744599

Dear Sir/Madam

Date: 3 July 2018

You are invited to attend the following meeting:

**Shetland Islands Area Licensing Board
Council Chamber, Town Hall, Lerwick
Tuesday 10 July 2018 at 10am**

Apologies for absence should be notified to Leisel Malcolmson at the above number.

Yours faithfully

Depute Clerk to the Board

AGENDA

- (a) Hold circular calling the meeting as read.
- (b) Apologies for absence, if any.
- (c) Declarations of Interest.
- 1. Applications for Occasional Licence (enclosed)
- 2. Licensing (Scotland) Act 2005
New Three Year Policy Statement - 2018/2021: Overprovision Assessment.
(enclosed)

SHETLAND ISLANDS AREA LICENSING BOARD – MEETING 10 JULY 2018

1. Applications for Occasional Licence

	<u>Applicant</u>	<u>Premises</u>	<u>Hours Applied For</u>	<u>Event or Occasion</u>
(a)	Da Nort Rock Rally	Meeting Room/Hall Hagdale Baltasound Unst Shetland ZE2 9DS	12 noon Thursday 26 July 2018 – 1am Friday 27 July 2018 12 noon Friday 27 July 2018 – 1am Saturday 28 July 2018 12 noon Saturday 28 July 2018 – 1am Sunday 29 July 2018	Nort Rock Rally
	LSO comments:	Application equates to 60 hours, is in excess of the 48 hours permitted under the scheme of delegation by Shetland Islands Area Licensing Board. The Board shall therefore need to determine this application.		
	Police comments:	No objections.		
(b)	Reawick & District Boating Club	Marquee Lower Skeld Skeld Shetland ZE2 9NL	5pm Friday 20 July 2018 – 1am Saturday 21 July 2018 11am Saturday 21 July 2018 – 1am Sunday 22 July 2018	Skeld Regatta
	LSO comments:	<p>Although I do not have any objections to this application, I would like to bring to attention a complaint received following last year's event.</p> <p>The complaint was received from local residents, who told me that they had felt threatened by the behaviour of young people who were causing a disturbance in their car park during the event.</p> <p>Clearly, the applicant cannot be held responsible for the behaviour of individuals in the surrounding area of an event but these individuals were there as a result of the licensed event taking place.</p> <p>I have contacted the applicant to inform her of the complaint from last year to ensure the committee were aware of this and can take any appropriate action prior to this year's event.</p>		
	Police comments:	No objections		



Agenda Item

SHETLAND ISLANDS AREA LICENSING BOARD
10 July 2018
Licensing (Scotland) Act 2005
New Three Year Policy Statement - 2018/2021
Overprovision Assessment

1. Introduction

- 1.1 The purpose of this report is to advise Members of the comments received from the consultation exercise carried out to assist the Board in the preparation of a new three year Licensing Policy Statement and Overprovision Assessment. Members shall have an opportunity today to discuss the comments and adjust the draft Licensing Policy Statement and Overprovision Assessment as the Board thinks fit.

2. New Three Year Policy Statement

- 2.1 Section 6 of the Licensing (Scotland) Act 2005 requires all Licensing Boards to publish a Statement of Licensing Policy every three years. In terms of an amendment to the Act in 2016 the period for the policy of the Statement of Licensing Policy has been tied to the election of councillors for local government areas. A new policy must be produced within 18 months of each election, and therefore in this case by 4 November 2018.
- 2.2 The Statement of Licensing Policy should set out the policies which the Licensing Board will generally apply to promote the licensing objectives when making decisions on applications. Those licensing objectives are:
- preventing crime and disorder;
 - securing public safety;
 - preventing public nuisance;
 - protecting and improving public health; and
 - protecting children from harm.
- 2.3 In preparing the Statement of Licensing Policy, the Board is required to have regard to the guidance issued by the Scottish Ministers and to carry out a consultation exercise.

3. Overprovision Assessment

- 3.1 In terms of Section 7 of the 2005 Act the Board must include a statement in their Policy as to the extent to which the Board considers there to be overprovision of:
- (a) licensed premises; or
 - (b) licensed premises of a particular description, in any locality within the Board's area.
- 3.2 It is for the Licensing Board to determine the 'localities' within the Board's area for the purposes of the Act. In considering whether there is overprovision for the purposes

of Section 7 in any locality, the Board must have regard to the number and capacity of licensed premises in the locality.

- 3.3 In carrying out the Overprovision Assessment, the Board is required to have regard to the guidance issued by the Scottish Ministers and to carry out a consultation exercise.

4. Outcome of the Consultation Exercise

- 4.1 The consultation exercise covered both the Policy Statement and the Overprovision Assessment. It was concluded on 31 May 2018.

- 4.2. The consultation exercise elicited comments on the Policy Statement as follows:

a) Shetland Islands Area Licensing Forum

The Licensing Forum has suggested three changes to the Licensing Policy Statement. They are suggesting that Appendix 1 be amended to delegate to the Clerk the granting of a general extension for Shetland Folk Festival, Shetland Fiddle and Accordion Festival and the Simmer Dim Motorcycle Rally. They also propose changing the reference to “legal highs” in paragraph 27.5 to “novel psychoactive substances.” Finally, they suggest that the times should be highlighted in paragraph 20.4.

Their submission is attached as Appendix 1. Attached to their submission was the documents which they referred to, including the Statement of Licensing Policy and Alcohol Licensing Statistics- Shetland. I have not provided a copy of either of these documents as Appendix 1 as the amendments were minor and the Statement of Licensing Policy is available at:

https://www.shetland.gov.uk/about_introduction/documents/StatementofLicensingPolicyMarkupversion-january2018.pdf

The Alcohol Licensing Statistics- Shetland were produced by Shetland Health Board and form part of Appendix 4.

b) Alcohol Focus Scotland-

This body has made substantial comments with particular attention on licensing hours; children and young persons’ access to licensed premises and occasional licences. They have also provided comments on development of new policy. This document is annexed as Appendix 2.

c) Shetland Licensing Standards Officers

These Officers’ comments on general extensions and E-cigarettes are annexed as Appendix 3.

- 4.3 The Consultation exercise elicited comments on Overprovision as follows:

a) Shetland NHS Board

The Shetland Health Board have presented substantial evidence in support of their view that there is Overprovision of off-sales licences in the Lerwick area. This is Appendix 4.

b) Shetland Islands Area Licensing Forum

The Forum has discussed Overprovision and agreed that the number of off sales premises within Lerwick, per head of population give rise to concern and could be construed as overprovision. This is covered in Appendix 1.

c) Alcohol Focus Scotland

This body have provided evidence of the availability of alcohol and the harm profile for Shetland Islands Area. This is Appendix 5.

d) Shetland Licensing Standards Officers

The Licensing Standards Officers agree with the Forum's views regarding off sales premises.

e) Delting Community Council

Delting Community Council have requested clarity on how over provision in a local area is defined. This is Appendix 6.

5. Recommendation

I recommend the Board:

1. Consider the comments and suggestions provided on their Policy Statement, and decide what amendments they wish to make to their Policy Statement.
2. Consider the evidence presented on Overprovision and decide if they wish to conclude that there are any areas of Overprovision in Shetland which they wish to note in their Policy Statement.
3. Thereafter adopt their Statement of Licensing Policy for the period November 2018 to November 2021 or instruct the Depute Clerk to provide an updated draft to a further meeting of the Board.

Depute Clerk to the Licensing Board

Ref: Z/Gen SB/AM

From: Licensing@Governance & Law
Sent: 29 June 2018 09:55
To: Brunton Susan@Legal Services
Subject: FW: Licensing Forum : Licensing Policy Statement/Overprovision
Attachments: NHS SHB 2018 Alcohol Statistics.pdf; Overprovision data 2018.xls; Statement of Licensing Policy Mark up version -May 2018.doc

From: Da Wheel <admin@dawheel.co.uk>
Sent: 31 May 2018 15:00
To: Licensing@Governance & Law <Licensing@shetland.gov.uk>
Subject: Licensing Forum : Licensing Policy Statement/Overprovision

Clerk of the Licensing Board

Please find attached the evidence drawn together by members of the Local Alcohol Licensing Forum to be brought to the attention of the Shetland Area licensing Board as part of the consultation on the Statement of Licensing Policy 2018 - 2021.

The Forum have discussed the Statement of Licensing Policy and have made the tracked comments to the document itself. A large part of the discussions had were around Overprovision. As a result the Forum have agreed that the number of off sales premises within Lerwick, per head of population, gives rise to concern and could be construed as overprovision. The evidence was presented to the Forum and has been attached for perusal and consideration by the Board.

Shetland has a total of 152 licensed premises (taken in March 2018). For the purposes of overprovision, clubs are not to be included in this assessment, so the total without clubs (16) for Shetland is 136. A breakdown of the types of premises in shown in the attachment, on tab named Premises type .

The types and numbers of premises are also listed in tab named Area Table, showing the numbers of off sales, on sales and on and off sales premises in each ward of Shetland.

Lerwick has a total of 39 Licensed premises, broken down into:

- 2 Public Halls
- 10 Off Sales/Local Convenience stores
- 2 Supermarkets
- 5 Hotels
- 5 Public Houses
- 11 Restaurant
- 4 Nightclubs

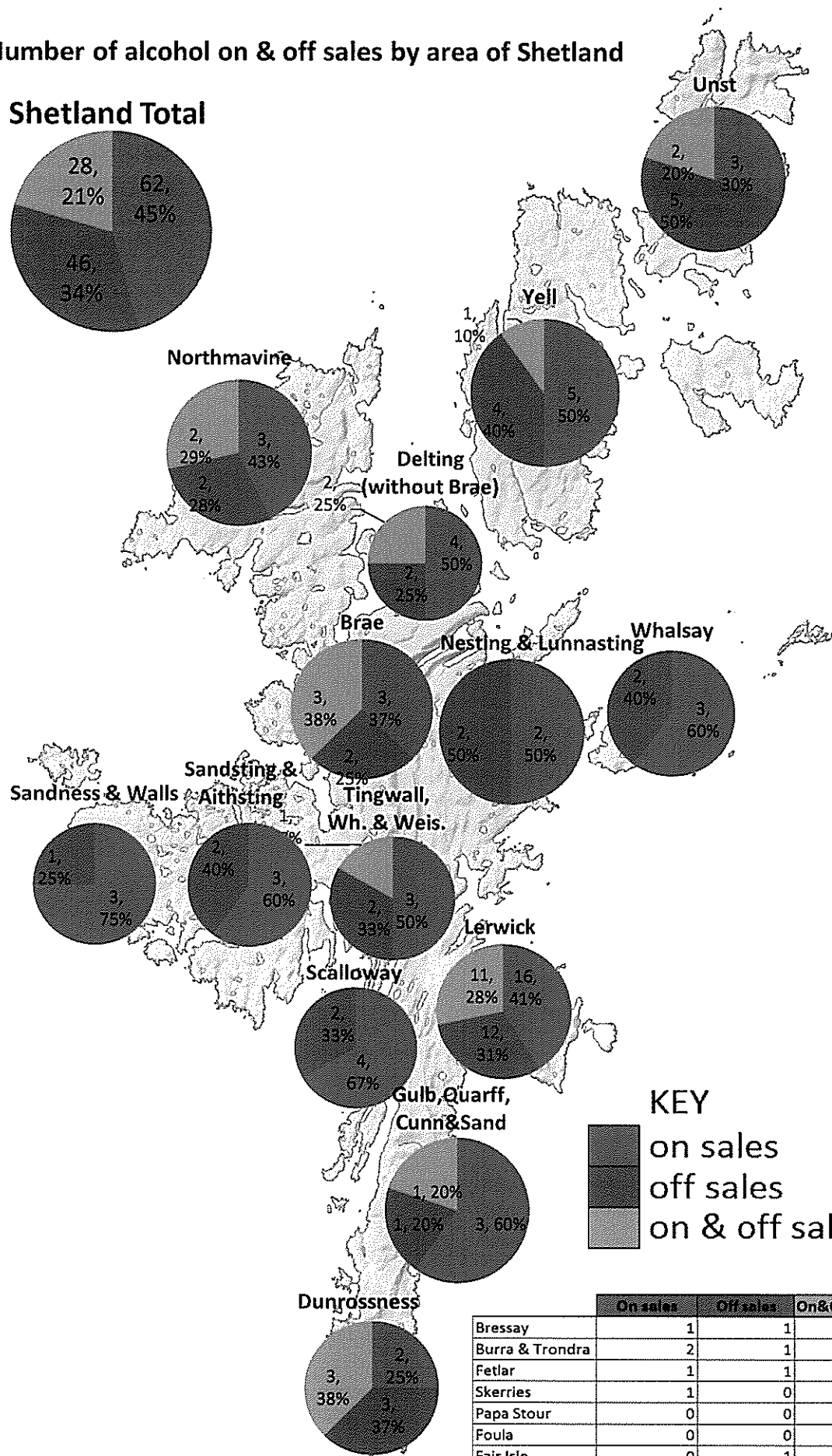
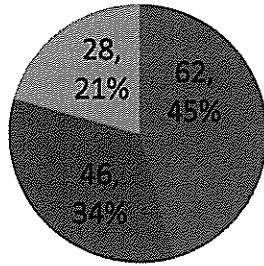
Lerwick has the most premises, as expected being the highest population centre, with 16 on sales, 12 off sales and 11 on and off sales premises.

The Forum would appreciate the Licensing Board reviewing the evidence and taking into consideration that the current level of off sales premises within Lerwick appear to have a negative impact to the health of the local population. Should the Board agree with the submitted evidence they may conclude that there is overprovision and include this in the Licensing Policy Statement.

Debbie Leask
Chairperson of the Licensing Forum

Number of alcohol on & off sales by area of Shetland

Shetland Total



	On sales	Off sales	On&Off sales
Bressay	1	1	1
Burra & Trondra	2	1	0
Fetlar	1	1	0
Skerries	1	0	0
Papa Stour	0	0	0
Foula	0	0	0
Fair Isle	0	1	1



**AFS RESPONSE TO THE SHETLAND ISLANDS AREA DRAFT STATEMENT OF LICENSING
POLICY– MAY 2018**

GENERAL COMMENT

Alcohol Focus Scotland (AFS) welcomes the opportunity to respond to Shetland Islands Area Licensing Board's consultation on the statement of licensing policy. Licensing law prescribes that a licensing board should consult on its draft policy statement and we consider this an important mechanism for enabling representatives of the local area to have their say on the proposed approach to alcohol licensing in their community.

The licensing system plays a key role in minimising the risks of harm to individuals and society from the sale and consumption of alcohol. AFS is therefore keen to support the development of licensing policy and practice in Scotland that works most effectively to prevent and reduce alcohol problems.

A range of factors will affect levels of alcohol consumption and harm, but the evidence consistently indicates that ease of access to alcohol is a contributory element. The relationship between alcohol availability, consumption and harm means that licensing policy can make a positive contribution to alleviating and preventing alcohol problems, or it can exacerbate them.

As a national organisation, we do not have sufficient local knowledge of the Shetland Islands area to enable us to comment in detail on some of the specific policy content. However, we offer our opinion on the general approach and policy direction, which we hope the Licensing Board will find useful. As such, we have only commented on those aspects of the policy where we felt it most appropriate, and also on the topics identified by the Board as being of particular interest.

Having reviewed the draft, it is unclear how the redraft was informed and what evidence has underpinned the changes made. We hope that the Board will consider all evidence received at this stage and will draw a clear line of reasoning from the evidence received to the policy adopted.

COMMENT ON TOPICS IDENTIFIED AS OF PARTICULAR INTEREST

Consultation and links to other policies, strategies and legislation

It is critical that the licensing system does not operate in isolation, and we are pleased to see this noted within the draft statement. The Board should take into account the views of local partners, communities, and other strategies and plans which have relevance to alcohol when developing and implementing their policy. The Licensing Scotland Act (2005) and accompanying guidance should inform the Boards approach to how this can best be achieved, for example by responding to the recommendations of relevant Forums.

We note that the draft policy references links to human rights legislation, equalities duties, Scottish Government strategies, and the local planning authority. The policy recognises that boards are bound by human rights legislation. Action on human rights in Scotland is currently being driven through Scotland's National Action Plan for Human Rights (SNAP) and there a range of links between alcohol-related harm and the realisation of human rights in Scotland.

In place of the general reference to "any strategy of the Scottish Government designed to address the social, health and crime and disorder issues raised by the misuse of alcohol", Scotland's alcohol strategy '*Changing Scotland's relationship with Alcohol a Framework for Action*' is of key relevance to the policy and should be included. This established a whole population approach to reducing alcohol harm and identified action on availability as one of three key mechanisms - alongside price and marketing - to achieve this. The Scottish Government's consultation on the strategy, published in 2008 recognised that the main mechanism for controlling alcohol availability was licensing legislation.

In relation to planning, the Board states that there "may be a common approach in the reasoning behind planning and licensing decisions and conditions attached to planning permissions may relate to one or more of the five licensing objectives." We are pleased to see that the Board recognises the functions to be separate and that they will not be bound by decisions made by the Council.

We note that community planning strategy is referenced in relation to the preventing crime and disorder licensing objective. However, there is no reference within this section of the policy to other local strategic bodies and plans, such as community planning and the health and social care partnerships. The alcohol licensing regime provides a locally led system for regulating the sale of alcohol and is one of the key mechanisms by which availability can be limited at a local level. As alcohol licensing is the responsibility of licensing boards, it will be essential that boards can identify where they share similar objectives to Community Planning Partners, and that they understand how they can best support each other towards these ends. In many respects, licensing boards and CPPs are already working towards shared goals and stand to benefit from more collaborative approaches. It will therefore be important that the new Licensing Policy aligns with community planning Local Outcome Improvement Plans (LOIPs). We note that community planning strategy is referenced in relation to the preventing crime and disorder licensing objective.

The Board should be explicit in its new policy that it will liaise closely with the Local Alcohol and Drugs Partnership. AFS would also recommend that the new policy references relevant locality plans, the ADP strategic plan, and the strategic plan of the Health and Social Care Partnership (HSCP).

Licensing hours

We now know that 73%¹ of alcohol is purchased in off licenses and it will be important that the new policy reflects and responds to this situation. The current approach of the Board is to generally permit off sales hours from 10am until 10pm. These hours are the maximum allowed by law. AFS believes that in areas of high-rates of alcohol harm, the maximum permitted off-sales hours should be the exception and not the norm.

The policy states that, when determining licensed hours for off-sales premises, the Board will take into account the history of problems associated with the operation of off-sales premises in its area to date. In addition, it states that it is concerned to ensure that the licensing objectives relating to crime, children, public health and public nuisance in particular are promoted in this area and will consider very carefully whether earlier closing hours may be justified in any particular case. However, AFS would stress that the temporal availability of alcohol in off-sales premises has the potential to impact upon all of the objectives, not just those stated.

In relation to on-sales specifically, the policy acknowledges that the licensing objective of protecting and improving public health is relevant to licensed hours, and intends to keep the terminal hours of 1am for the generality of premises and 3am on weekend nights for nightclubs.

We welcome the Board's belief that in many cases, special events can be accommodated within normal licensed hours and should not be regarded in need of extended licensing hours.

In order to ensure that the licensing objectives are met and effectively promoted, (particularly public safety, preventing crime and disorder, securing public safety and preventing public nuisance), we would urge the licensing board to seek the views of the local community as well as police and health representatives on the impact of granting a general extension of licensed hours to licensed premises for the Fire Festival or Up Helly Aa celebrations. This is particularly the case for the Lerwick Up Helly Aa celebrations, for which the Board intends to allow licensed premises to stay open until 9am.

The policy should also state potential conditions that they may place on premises for which a general extension to licensed hours has been granted; these could include, for example, employment of door supervisors and the provision of CCTV. We would also welcome clarity in the policy around the meaning of 'other events associated with the Lerwick Up Helly Aa'.

¹ Giles, L., & Robinson, M. (2017). *Monitoring and Evaluating Scotland's Alcohol Strategy: Monitoring Report 2017*. Edinburgh: NHS Health Scotland

Children and young persons' access to licensed premises

AFS notes the policy's encouragement of applications from those who wish to operate a licensed premises which will accommodate children. Evidence shows that children and young people are influenced by the behaviour of adults they observe and this should be taken into account when considering the appropriateness of licensing applications. We support the Board's clarity in the policy that any applicants who wish to allow children and young people access to the premises will have additional responsibilities placed upon them. In such circumstances, it is wholly appropriate that applicants give careful consideration to their responsibilities to protect children from harm, and the Board should expect applicants to demonstrate how they will promote this objective as part of the application process.

The policy statement would benefit from setting out more clearly its general approach to issues relating to children's access to licensed premises. While each application will be considered on its merits, this could include indicating the hours during which children would normally be permitted entry to particular types of premises, based upon the views expressed during consultation.

The Board could also set out in the policy any conditions it may consider applying relating to access to licensed premises by children and young persons, in addition to the mandatory conditions. This could include, for example, requiring children in licensed premises to remain under the supervision of an adult, not allowing children in rooms where there is a bar counter, or not allowing children to sit at the bar counter.

The policy will also require to be updated to reflect legislative changes, such as extending the objective to protect children and 'young people' from harm. The Board should give consideration as to whether it will apply the same policy to young persons or should have a different policy from that applied to children. AFS would be interested to hear the views of children and young person's and their representative organisations on this issue; however, it would seem sensible to apply the same policy for the purposes of alcohol licensing.

Occasional Licences

AFS has identified that occasional licences are causing concern in some areas of the country, with licensing stakeholders reporting that this as an area where 'loopholes' in the legislation are being regularly exploited. People have reported to us that occasional licences are significantly increasing alcohol access and availability (although they were not being taken into account in overprovision assessments) and in some cases are being used to circumvent the requirement to have a premises licence to sell alcohol. As such we would suggest that the board give careful consideration to this issue and what may be the most appropriate response in a Shetland Islands area context.

We agree that the Board should give careful consideration to ensuring the licensing objectives are being met when dealing with repeat occasional applications, but would suggest that the Board goes further by adopting a policy whereby any more than six (at the most) back-to-back occasional applications be automatically referred to the Board for a decision.

AFS is also aware that there is concern across Scotland regarding occasional licenses being granted for events mainly or exclusively targeted at families where children would be present. As such, we would suggest that the Board set out its approach to considering the appropriateness of occasional licence applications within the policy.

SPECIFIC COMMENT ON DEVELOPMENT OF NEW POLICY

Context

The current policy sets out the context in which the Shetland Islands Area Board operates. It identifies the Shetland Islands as a group of more than 100 islands of which 15 are inhabited, and provides information on the number of premises, personal and occasional licences issued in the area. However, it is also appropriate to consider policy formulation in the context of the nature and scale of problems related to alcohol use in Shetland Islands. That way the most suitable, proportionate and effective policy measures can be identified and adopted to achieve the licensing objectives. Including more detail in the context section about the scale and nature of alcohol related problems in Shetland Islands could also support stakeholders/communities to better understand the factors that the Board must take into account, both when making decisions and determining policy.

Although the Board recognises its duty to promote the five licensing objectives more generally within the preamble of the policy statement, it also suggests that the objectives “provide a starting point”. We would reiterate that the licensing objectives should be central to the Board’s work.

Accessibility and participation

The sections of the policy dealing with Board meetings and hearings outline that the Board will dispose of its business in an open and transparent manner, with board meetings taking place in public and information (including decisions made) being made available to the public on the Board’s website. During a series of regional licensing seminars, hosted by AFS in 2016, a lack of public participation in the licensing process was reported across the country. Barriers to participation can relate to poor accessibility of licensing processes, but inconsistencies in policy and practice can also prevent meaningful engagement.

Licensing boards should ensure that their administrative processes provide transparency and accountability, for example by: having a set of published standing orders; board papers and minutes being published on time; board minutes recording the names of board members voting for/against a decision; and holding hearings on statements of licensing policy.

AFS recommends that the policy also indicate that any meeting or hearings will be conducted in as informal a manner as possible, and detail the types of information and support that can or will be made available to enable people to participate.

In addition, policy statements should be easily understood by all licensing stakeholders, including by members of the public without technical expertise. Ensuring that the new

policy is written in plain, accessible language could help facilitate the involvement of a wide range of stakeholders.

Conditions attached to licences

AFS would recommend that the new policy sets out examples of the different types of conditions that could be applied, relevant to each of the objectives, and for a wide range of premises.

AFS has produced a Licensing Resource Pack which provides examples of licensing conditions relevant to each objective, and research which demonstrates the impact of particular licensing conditions on harms. This can be accessed via our website: <http://www.alcohol-focus-scotland.org.uk/media/291077/afs-licensing-resource-pack.pdf>

Need for licensed premises

The purpose of alcohol licensing is to regulate the sale of alcohol and licensed premises according to the terms laid out in licensing legislation and with regard to the promotion the licensing objectives. Commercial considerations are irrelevant to a policy which is designed to protect the wider public interest. AFS therefore welcomes this section of the policy which states that licensing decisions will not be based upon commercial demand.

Overprovision

AFS welcomes the specific consultation that is underway on overprovision, specified in the draft policy statement. We would suggest that this consultation on overprovision within the Shetland Islands is published and promoted separately in order to maximise participation, including of the public, in responding to this call for views.

Given recent legal challenges (E.g. Martin McColl Ltd v Aberdeen City Licensing Board, 2015), AFS would emphasise the importance of ensuring that overprovision assessments and decisions demonstrate a factual basis and can be deemed reasonable and proportionate to achieving the objectives of licensing (although a licensing board exercises discretion and judgement in the performance of its duties).

Although boards have flexibility in deciding how to address overprovision in their area, they must follow the process set out in the guidance to the Licensing (Scotland) Act 2005 when assessing overprovision, including with regards to consultation and the publication of policies. The formulation of the statement required by Section 7 of the Act involves the following process:

- the selection of appropriate localities based on a broad understanding of provision across the Board's area;
- the identification of the number of licensed premises or premises of a particular description in those localities and their capacities;
- consultation with the relevant persons;
- an assessment of the information gathered from those persons;

- reaching a decision as to whether it can be demonstrated that, having regard to the number and capacity of licensed premises or licensed premises of a particular description in a locality, it is undesirable to grant further licences or further licences for premises of a particular description on the ground of overprovision, and;
- producing a statement in its published policy.

It is unclear whether the Board intends to have further consultation on overprovision once appropriate localities have been selected, and the number of licensed premises in these areas have been identified. We recommend that the Board looks to evidence on alcohol outlet density, such as that published by AFS and the Centre for Research on Environment, Society and Health in April (available on [our website](#) and on the [CRESH Web Map](#)).

More information and guidance on the process for consultation and developing an overprovision policy is available in the AFS [Licensing Resource Pack](#).

Promotion of the licensing objectives

As s.6 of the Licensing Scotland Act (2005) makes clear, the policy statement must seek to promote the licensing objectives. For all objectives AFS would suggest the following format:

1. State the licensing objective.
2. Give a statement as to what the licensing board is trying to achieve with this objective (AFS is pleased to note that Shetland Islands Area Board has already attempted this for each objective).
3. List concerns in the area relating to this objective – identify what evidence was used to identify these concerns. (Evidence is probably best quoted in an appendix.)
4. List what the licensing board intends to do. Note that this could include declaring overprovision, controlling licensed hours, or applying certain conditions – referring to the relevant section/s in the policy.
5. List any suggested actions the licensing board would like to see the licensed trade in the area undertake to meet this objective.

The current policy does well in setting out the factors which applicants should consider in relation to each objective, and the control measures that they can put in place to address any concerns. However, this could be strengthened further by providing more detail about the conditions the Board can/will apply in relation to each of the objectives. It would also be good to provide more of Shetland Islands context in relation to each objective e.g. relevant statistics or evidence of the current situation, identification of any issues that are a particular concern, measures which have had an impact etc.

The existing policy states that applicants should be able to demonstrate that all those factors which impact on the objectives have been considered. AFS would recommend that the Board explicitly asks that applicants demonstrate how they have done this as part of the application process, rather than specifying that they 'may be expected' to do so. For example, the Board could ask that applicants supply a written statement detailing how they will promote the objectives. Having a statement of licensing objectives attached to their

licence could help to focus applicant's attention on the objectives and ensure that they are afforded proper consideration in any proceedings. In addition, it is appropriate that the Board should go further and look to the evidence in respect of each of the five licensing objectives, also expecting applicants to provide evidence that suitable measures will be implemented and maintained.

Specific to the objective of Preventing Crime and Disorder, the proportion of alcohol now bought to consume at home or in other private dwellings underlines the need for the new policy to reference the importance of licensing for preventing crime and disorder in private spheres as well as the public.

Specific to the objective of Protecting and Improving Public Health, AFS welcomes that the Board encourages licensees to display materials which promote awareness of units of alcohol and the recommended guidelines for consumption, and suggests the potential for the use of a condition on a premises licence for this purpose. AFS would recommend that the Board makes clear that any information provided should be based on the Chief Medical Officer's (CMO) low risk guidelines. The Board might also wish to consider providing materials to licensees which is independently produced. The World Health Organisation has stated categorically that the alcohol industry should not be involved in health promotion, and the Government has a duty to ensure access to information and advice on alcohol is based on the best available scientific evidence and is impartial. NHS Inform is the best website in Scotland for impartial health advice: <https://www.nhsinform.scot/>

Alcohol deliveries and internet sales

Alcohol deliveries and internet sales are an emerging area of concern and should be considered as part of the policy development process. Remote alcohol sales and distribution across wide geographic areas have the potential to undermine efforts to control the availability of alcohol and reduce alcohol-related harm. Online sales are not a new issue but are a continuously evolving and expanding area of retail. Applications from large online retailers represent what we consider to be a considerable advancement of the online market for alcohol.

There is a distinct lack of information available about the business operations of online retailers, or the extent to which they contribute to alcohol sales and availability. For example, there is no data available pertaining to their distribution areas, or the volumes and types of alcohol they sell. Without this information, it is impossible to make informed decisions about alcohol licensing or create robust alcohol policies, relevant to the needs of local communities.

A further concern relates the potential impact of on-line sales to children and young people. It is unclear how age verification can and will be effectively implemented when alcohol is being purchased on-line, or delivered to people's homes. Unlike supermarkets, which employ their own delivery staff, on-line alcohol retailers may rely on various contract carriers, who may not receive any instruction in this regard. This has the potential to make alcohol much more readily accessible to young people, at precisely the time when rates of

youth drinking have begun to decline, and could undermine progress made in meeting the licensing objective to protect children from harm. Recent media coverage has also demonstrated the pressure that delivery drivers are under to deliver quickly and how this may compromise adherence to regulations.

AFS would therefore urge boards to set out their approach to online retailers in their policies, and to place conditions on online retailers to request details of sales and distribution areas, as well figures on delivery refusal rates.

Enforcement and Licensing Standards Officers

The section dealing with enforcement makes particular mention of LSOs and how resources are to be targeted. During the 2016 regional licensing events, LSOs themselves highlighted that they had achieved various successes, and that their roles had continued to evolve/develop in recent years. This was reflected in the views of other stakeholders, who greatly valued the support they had received from LSOs. LSOs were seen to have a vital role in both establishing links with and supporting the community. It was also felt by some that, due to the efforts of LSOs, fewer licensing reviews were reaching board level, as there were fewer breaches of conditions/legislation and improved relationships. As such, the new policy should make clear the support that LSOs can provide to communities and stakeholders, as well as providing contact details for the relevant persons or departments.

However, it should also be recognised that there are decreasing resources available to support LSOs in their roles. Scottish Government data shows that the number of LSO posts has decreased every year since 2011 (a total decrease of 10% from 2011 – 2017).² The number of licences has increased by 2% over the same time period.³ In some areas the LSO's role has also been extended to cover other licensing considerations, such as civic licensing, reducing the time they can devote to alcohol licensing issues. AFS would therefore recommend that the Board commits to ensuring that the LSOs are enabled to carry out their functions efficiently.

Supplementary statement

The introduction to the policy states that the Board may publish a supplementary statement. AFS welcomes that the draft policy is explicit that the Board will keep the policy under review and make revisions as necessary, as well as consulting before publishing a Supplementary Licensing Policy Statement. It could be beneficial if the policy gave an indication of the reasons why such a supplementary statement might be issued e.g. if the Board identifies that the objectives are not being achieved, circumstances change, or new evidence emerges.

² Scottish Government, Statistical Bulletin Crime and Justice Series: Scottish Liquor Licensing Statistics, 2011-2016 <http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/PubLiquor>

³ Ibid

From: Licensing@Governance & Law
Sent: 29 June 2018 09:54
To: Brunton Susan@Legal Services
Subject: FW: Consultation on the Licensing Policy Statement & E cigarette use.
Attachments: E-cigs Press Release

From: Manson Dawn@Environmental Health & Trading Standards
Sent: 31 May 2018 16:39
To: Licensing@Governance & Law <Licensing@shetland.gov.uk>
Subject: FW: Consultation on the Licensing Policy Statement & E cigarette use.

This time with attachment

Regards

Dawn

From: Manson Dawn@Environmental Health & Trading Standards
Sent: 31 May 2018 16:14
To: Licensing@Governance & Law <Licensing@shetland.gov.uk>
Subject: Consultation on the Licensing Policy Statement & E cigarette use.

Hello

As Licensing Standards Officer, I would wish to make the following comments on behalf of all LSO's within Shetland Islands Council with regards to the document.

We would wish to see the events which have been deemed to of local or national significance to be added to the general extension. These events are the Sim Dim Motorcycle Rally, Shetland Folk Festival and the Fiddle and Accordion Festival and apply for occasional licences each year. These events have been well run and no concerns raised over the years and would welcome these to be granted the extension subject to Police and LSO comments each year.

In terms of overprovision, we agree with the submission from the Local Licensing Forum for off sales premises.

Also, with regards to the E cigarette consultation, the use of these devices should be treated as cigarettes and only to be used outside licensed premises.

We wish for the board to take the view of the Royal Environmental Health Institute of Scotland in the link below

Regards

*Dawn Manson Ch.EHO MREHIS
Lead Environmental Health Officer
Shetland Islands Council
Old Anderson High School
Lovers Loan
Lerwick
Shetland
ZE1 0BA*

Direct Dial: 01595 744831



RĒHĪS
Chartered Environmental Health Officer
2018

From: John Sleith <js@rehis.com>
Sent: 31 May 2018 15:44
To: Manson Dawn@Environmental Health & Trading Standards
Subject: E-cigs Press Release

Dawn,

As discussed...

**ROYAL ENVIRONMENTAL HEALTH INSTITUTE FOR SCOTLAND
NEWS RELEASE**

ENVIRONMENTAL HEALTH EXPERTS CALL FOR E-CIGARETTE BAN IN ALL ENCLOSED PUBLIC SPACES

- **Royal Environmental Health institute for Scotland backs Commonwealth Games e-cigarette ban and seeks wider advertising ban at event venues**
- **Successful outcomes from years of antismoking campaigning and education could be lost if regulation is ignored**

5May 2014: A leading Scottish environmental health organisation has thrown its weight behind the campaign to regulate the use and promotion of e-cigarettes.

The Royal Environmental Health institute for Scotland (REHIS) has called on the Scottish Government to ban the use of e-cigarettes in enclosed public places and also prohibit the sale of e-cigarettes to anyone under the age of 18.

Speaking ahead of the organisation's annual conference in Edinburgh, REHIS President Colin Wallace also backed the ban on the use of e-cigarettes at Commonwealth Games venues in Glasgow and called for a ban on e-cigarette advertising at these venues.

"Recent research has shown that the use of e-cigarettes has rocketed over the past few years, however, there are still serious questions to be answered on the long term health implications of these devices," said Mr Wallace. "We fully back the decision to ban e-cigarettes from Commonwealth Games venues but it needs to go further. Organisations like ScotRail, Starbucks and Wetherspoon pubs have already banned their use and we would like to see that being adopted in every public place.

"The advertising of these products is also a concern. If no steps are taken to regulate the promotion of e-cigarettes, including displays and advertising at points of sale, there is a real danger that the successful outcomes of years of antismoking campaigning and education may be lost. At a time when Scotland is promoting health and wellbeing to its population at a greater level than ever before and welcoming visitors from across the Commonwealth [to celebrate the country's biggest sporting event,] it is self-defeating to have advertising promoting these products appearing at or near the city's sporting venues.

"The manufacture of these products also remains largely unregulated meaning that users cannot be entirely sure what it is they are using or the 'doses' of nicotine they are absorbing into their bodies.

“REHIS fully supports any measures that reduce the incidence of smoking but it is important that there is appropriate regulation in place for alternative nicotine delivery devices too. Nicotine is a highly addictive substance however we believe that a lack of regulation is resulting in users of many of the e-cigarette brands currently flooding the market being denied accurate information on the ingredients of the vapour liquid they are inhaling.”

REHIS has long campaigned for measures to reduce the incidence of smoking amongst adults and children in Scotland and as part of this work the organisation has worked closely with a number of organisations including ASH Scotland.

“One of the biggest health problems we face is exposure to second hand tobacco smoke, especially exposure to children,” continued Mr Wallace. “That is why we are also using our annual conference to fully support proposals to ban smoking in vehicles where children are present.”

The REHIS Annual Conference will take place at the Royal College of Surgeons in Edinburgh on Wednesday 7th and Thursday 8th May.

Other subjects being discussed during the two day conference include climate change impacts on public health, reducing alcohol harm in Scotland and the contribution of illicit drug use to mortality and morbidity.

Mr Wallace added: “REHIS also continues to have serious concerns about the reducing numbers of Environmental Health (EHO) staff in Scotland’s local authorities. In 1985, 677 EHOs were employed in Scottish local authorities. Across the last five years EHO posts have fallen from 551.5 to 482 and Food Safety Officer posts have fallen from 105.6 to 79.6. Technical support staff posts have risen by 3 (426 to 429) across the same period. These figures come from annual FOI requests by Stewart Maxwell MSP, an Honorary Vice-President of REHIS, between 2008 and 2013 and illustrate a continued decline. Our concern is about how, with these reductions in competent staff, can local authorities continue to protect the health of the public they serve.”

Ends

Issued on behalf of The Royal Environmental Health Institute for Scotland by Wave PR Ltd. For further information please contact Jonathan Kennedy on 0141-225-0404 or 07799-768968.

Notes to editors:

The Royal Environmental Health Institute of Scotland (the Institute) has been in existence for almost 140 years and has around one thousand members, the majority of whom are Environmental Health Officers working in that capacity for Scottish local authorities. The Institute is Incorporated by Royal Charter, is an independent self-financing organisation, is an independent awarding body for the profession and for a wide range of community training qualifications, and is a registered Scottish charity (No. SC009406). The Institute neither seeks nor receives grant aid and its charitable activities are funded significantly by the subscriptions received from its members.

The objects for which the Institute is established are for the benefit of the community to promote the advancement of Environmental Health by:

- stimulating interest in and disseminating knowledge concerning Environmental Health;
- promoting education and training in matters relating to Environmental Health; and
- maintaining, by examination or otherwise, high standards of professional practice and conduct on the part of Environmental Health Officers in Scotland.

Environmental Health Officers in Scotland are part of a graduate only profession and by virtue of their under-pinning academic education, professional practical training, professional qualifications and experience are well placed to

apply a holistic public health approach to the education of the public and to the enforcement of a wide range of environmental and public health legislation.

The Institute is an independent awarding body for the profession and currently accredits the BSc (Hons) Environmental Health degree courses delivered at the University of Strathclyde and at the University of the West of Scotland as well as the MSc Environmental Health degree courses delivered at the University of Strathclyde and at the University of Derby (distance learning option). Environmental Health students, graduate and under-graduate, who wish to pursue a career as an Environmental Health Officer require to undertake a period of professional practical training and to successfully complete the Institute's Professional Examination which determines their professional competence to practice.

In terms of EU Directive 2005/36/EC on the recognition of Professional Qualifications within Member States and under the European Communities (Recognition of Professional Qualifications) Regulations 2007 the Royal Environmental Health Institute of Scotland is a UK Competent Authority for the Profession titles Environmental Health Officer and Chartered Environmental Health Officer.

John Sleith
Director of Professional Development
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REHIS
Chartered Environmental Health Officer
2018

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Susan Brunton
Depute Clerk to the Licensing Board
Governance and Law
Corporate Services Department
8 North Ness
Lerwick
Shetland ZE1 0LZ

Date 30th May 2018
Your Ref
Our Ref

Enquiries to Elizabeth Robinson
Extension
Direct Line 01595 807495
E-mail elizabethrobinson2@nhs.net

Dear Susan

Licensing Policy Statement – Overprovision Statement

Thank you for your letter of 25th January 2018, which invited comments on the review of the Shetland area Licensing Policy Statement and overprovision.

I attach a report which contains data and information about alcohol and licensing in Shetland. The report shows the level of alcohol-related harm in Shetland. We also know that there is a strong link between availability of alcohol and alcohol related harm,¹ and, in the absence of further legislation, that the alcohol licensing system is the only realistic tool available to regulate the availability of alcohol.

Our report shows that alcohol is too easily available in Shetland, and it is our contention, based on the data available, that there is overprovision of alcohol outlets in Lerwick specifically. On the basis that off-sales licenses provide increased opportunities for unregulated drinking, we would like to see the Shetland Area Licensing Board adopting a statement of over-provision of off-sales premises in Lerwick.

We would also very much welcome it if the Licensing Board were to move to a position, whereby the onus is on the person or organisation applying for an alcohol license to demonstrate in their application for a licence the ways in which they will be upholding the five Licensing Objectives. For example, 'we will protect and promote public health by....'.

Yours sincerely

Elizabeth Robinson
Public Health Principal

¹ Alcohol Focus Scotland cites over 50 studies undertaken since 2000 which have found an association between alcohol availability and alcohol-related problems such as alcohol-related deaths, hospital attendance, crime rates, underage drinking, child maltreatment and neglect, deprivation, and domestic violence. (AFS 2017)



ALCOHOL LICENSING STATISTICS- SHETLAND

Elizabeth Robinson
NHS SHETLAND PUBLIC HEALTH TEAM

Introduction

For the purpose of determining overprovision the key areas of data are probably:-

- alcohol-related deaths per intermediate data zone;
- alcohol-related hospital admissions/or emergency admissions per intermediate data zone;
- alcohol-related crimes per intermediate data zone;
- alcohol-related Police incidents per intermediate data zone.

If the figures show that an area is above the Scottish average for alcohol-related deaths and hospital admissions, then this substantiates a finding that there is overprovision of licensed premises within that area and a policy is necessary to protect and improve public health. If the figures for alcohol-related crimes for an intermediate data zone are above the average, (Scottish or Police Force area) this will support an Overprovision Policy based on preventing crime and disorder, and securing public safety. If the figures for alcohol-related Police incidents in an intermediate data zone are above the comparator, then this would support an overprovision area based on securing public safety and preventing nuisance.

The figures in this document strongly support the recommendation that **Lerwick** should be seen as an area of overprovision of alcohol, on the grounds of protecting and improving public health, preventing crime and disorder, securing public safety and preventing nuisance.

Alcohol Focus Scotland Report (Islands Specific)

- Crime rates in the neighbourhoods with the most alcohol outlets were 6.9 times higher than in neighbourhoods with the least
- The link between alcohol outlet availability and harm was found even when other possible explanatory factors, such as age, sex, urban/rural status and levels of income deprivation had been taken into account
- The Islands (Shetland, Orkney and Western Isles) have an annual average of 17.7 alcohol-related deaths for those aged 20 and over. This is equivalent to 24.5 deaths per 100,000 adults, which is 12% higher than the Scottish rate of 21.8 deaths per 100,000 adults
- The local authority areas have an average hospitalisation rate ratio for neighbourhoods of 142.5, which is 42% higher than the ratio of Scotland of 100
- Neighbourhoods had an average for 4.8 alcohol outlets within 800m (approximately a 10-minute walk) of the population centre
- 12% of neighbourhoods had total outlet availability higher than the national average
- The Scotland-wide association between alcohol outlet availability and income deprivation is statistically significant, with 40% more places to buy alcohol in the most deprived neighbourhoods than in the least deprived neighbourhoods.
- In the Islands, the most deprived neighbourhoods had more places to buy alcohol than the least deprived neighbourhoods though these are not statistically significant
- Figure 1 shows that Lerwick North 04 and Lerwick North 02 have the highest total alcohol sales in Shetland:

- **Lerwick North 04:** The number of recorded crimes of violence, sexual offences, domestic housebreaking, vandalism, drugs offences, and common assault is 1143 per 10,000 people, which is 368% of the Scottish average.
 - This datazone is in the top 10% of neighbourhoods in Scotland.
- **Lerwick North 02:** The standardised ratio of hospital stays related to alcohol misuse is 283, which is in the top 10% of neighbourhoods in Scotland. Furthermore, the number of recorded crimes of violence, sexual offences, domestic housebreaking, vandalism, drugs offences, and common assault is 478 per 10,000 people, which is 154% of the Scottish average.



Figure 1: Map showing to total alcohol sales in Lerwick, relative to the Scottish average for 2016

Source: <http://www.alcohol-focus-scotland.org.uk/media/310756/alcohol-outlet-availability-and-harm-in-the-islands.pdf>

Hospital Statistics

- There is an average of 4 deaths per year on Shetland that are directly attributable to alcohol (<https://www.nrscotland.gov.uk/>)
- In a 1-year period (2016-2017) there were 140 alcohol related hospital discharges in Shetland, with a yearly average of 149 (<http://statistics.gov.scot/>)
 - Assuming each patient receives minimum level of acute care (A&E attendance, mental health assessment and alcohol assessment), annual cost to NHS Shetland: £83,887 (excludes ongoing care costs)
 - Average cost of stepping inside A&E: £148
 - Initial mental health assessment: £301
 - Drugs and alcohol assessment: £114
 - Source: <https://improvement.nhs.uk/resources/reference-costs/>
- Figure 2 demonstrates a slow increase in the number of alcohol related conditions occurring within the population of Shetland, which translates to increasing number of patients and hospital stays. Figure 3 further suggests that in addition to all alcohol-related conditions increasing e.g. liver cirrhosis, acute intoxication, alcohol dependence syndrome etc., the number of mental and behavioural disorders related to alcohol have also increased dramatically in the last decade
- Figure 4 highlights that each of these acute admissions is likely to be a new patient, with the average number of stays per patient only being one. This refutes the suggestion that a low number of repeat patients are responsible for the majority of alcohol-related admissions (<http://www.isdscotland.scot.nhs.uk>)
- In 2016-2017, 92% of alcohol related admissions to hospital were emergencies (NHS ISD)

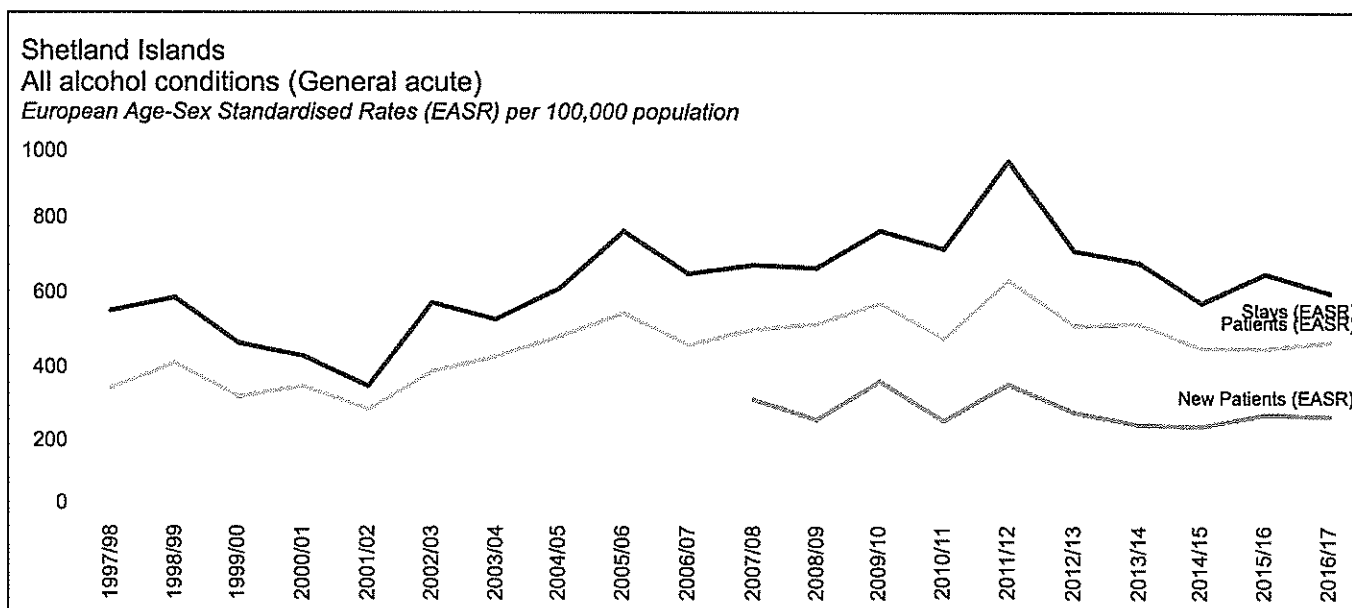


Figure 2: Line graph showing the general trend of all alcohol conditions in Shetland presenting to hospital in an acute fashion. A general increase over time can be seen.

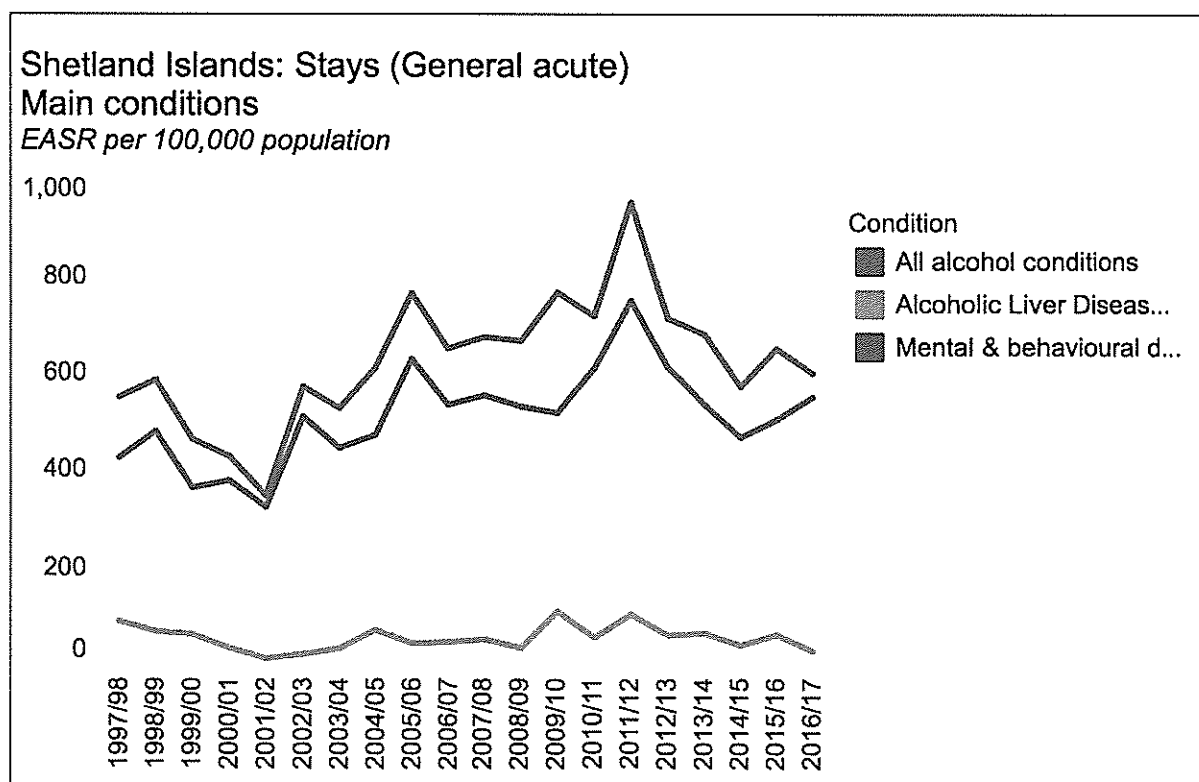


Figure 3: Line graph showing the general trend of hospital stays in Shetland relating to acute, alcohol related presentations. This highlights a rapid increase in mental and behavioural disorders as a result of increased alcohol consumption.

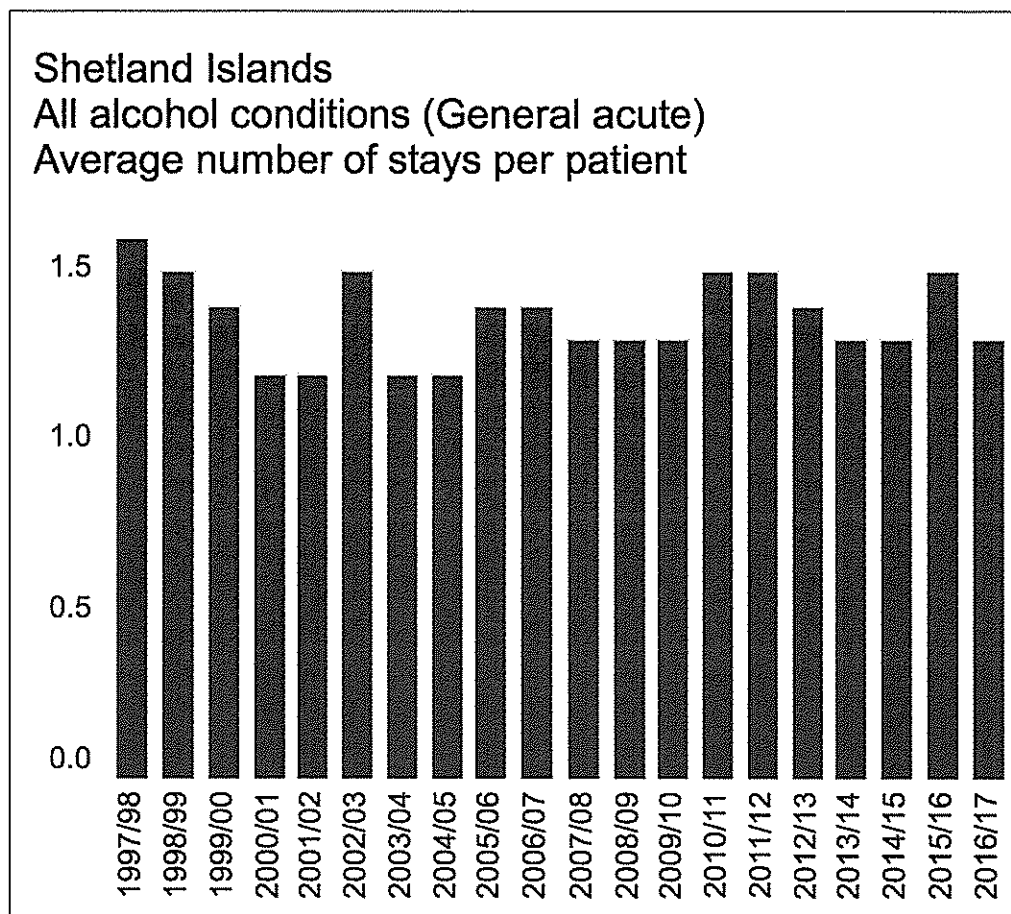


Figure 4: A bar graph detailing the average number of acute stays per patient in the Shetland Islands. This information suggests that each admission is likely to be a new, unique patient.

Shetland Licensing

- Licences in force on 31 March 2017
 - On sale licence: 105
 - Off sale licence: 46
 - Occasional licences granted during 2016-17: 119
 - Personal licences: 386
 - Revoked licences: 0
- At March 2018 Lerwick had a total of 39 Licensed premises, broken down into
 - 2 Public Halls
 - 10 Off Sales/Local Convenience stores
 - 2 Supermarkets
 - 5 Hotels
 - 5 Public Houses
 - 11 Restaurant
 - 4 Nightclubs
- On-trade licensing, off-trade licensing, total licensing and personal licenses are all statistically significantly worse than the national average (see figure 5)
 - On-trade= 105 per 10,000 (national average= 26.5)

- Off-trade= 46 per 10,000 (national average= 11.6)
- Total licensing= 151 per 10,000 (national average= 38.1)
- Personal licensing= 386 per 10,000 (national average= 128.6)

Source: <https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do>

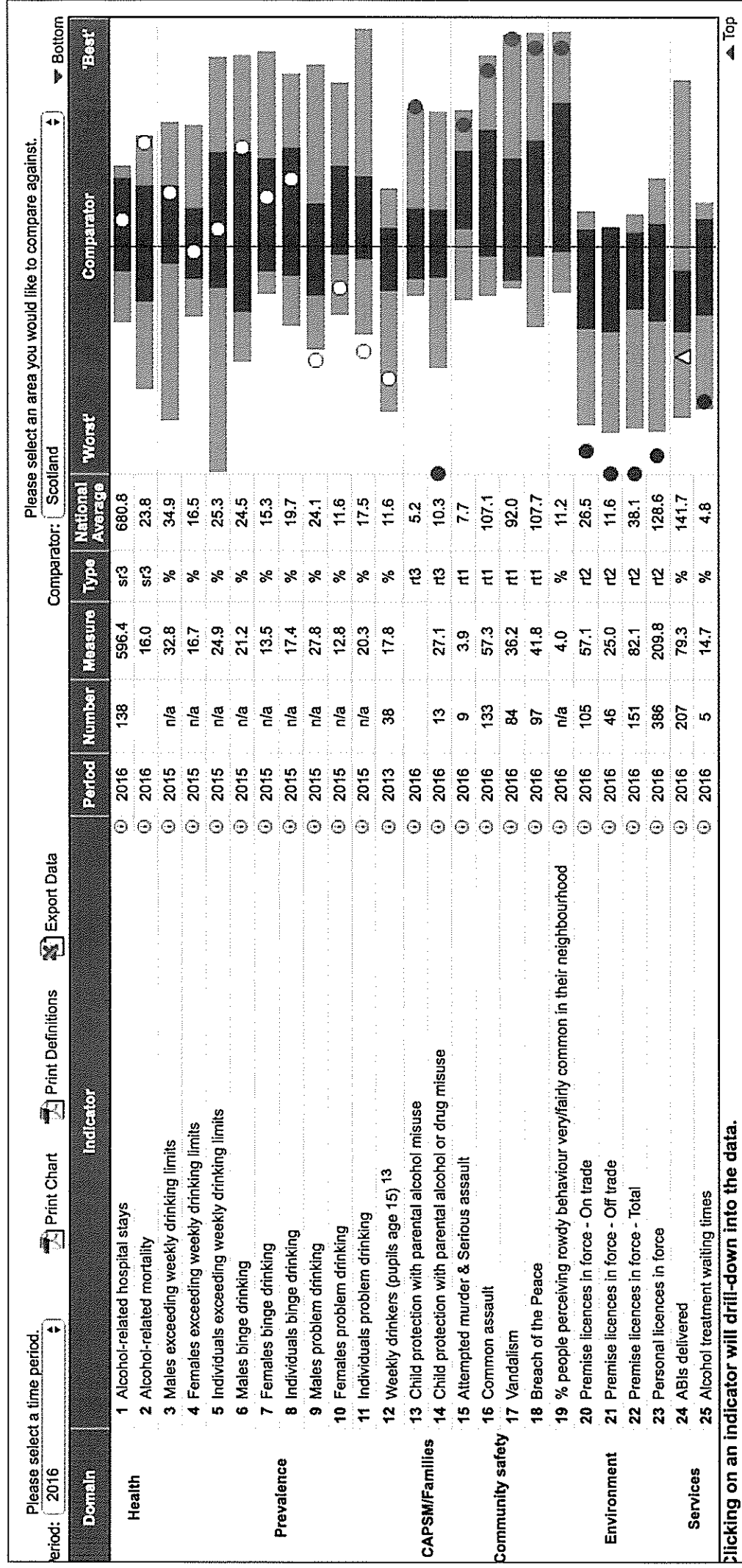


Figure 5: A spine chart demonstrating the licensing and drinking practises on the Shetland Islands. Red= statistically below the national average, white= statistically no different from the national average, blue= statistically better than the national average



Alcohol Outlet Availability and Harm in the Islands

April 2018

This document sets out the findings from research by Alcohol Focus Scotland (AFS) and the Centre for Research on Environment, Society and Health (CRESH), which investigated whether alcohol-related health harm (hospitalisations and deaths) and crime rates across Scotland were related to the local availability of alcohol outlets. The relationship between income deprivation and alcohol outlet availability was also examined.

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Key findings

- The Islands are **ranked 30th out of 30 local authority areas for alcohol outlet availability** in Scotland.
- **Crime rates in the neighbourhoods with the most alcohol outlets were 6.9 times higher** than in neighbourhoods with the least.
- The link between alcohol outlet availability and harm was **found even when other possible explanatory factors**, such as age, sex, urban/rural status and levels of income deprivation, **had been taken into account**.
- The **total number of alcohol outlets in the Islands increased by 4 (1.1%)** from 354 in 2012 to 358 in 2016.

Introduction

Alcohol availability refers to the ease of access to alcohol, whether to drink on the premises (e.g. pubs, clubs or restaurants) or to drink off the premises (e.g. shops and supermarkets). Alcohol availability includes the number, capacity and opening hours of alcohol outlets. Studies from other countries have consistently found an association between alcohol availability and alcohol-related problems, particularly outlet availability (the number of alcohol outlets in a given area). Previous research carried out in 2014 by this research team (the Centre for Research on Environment, Society and Health at the Universities of Edinburgh and Glasgow) suggests that this relationship is also true for Scotland. This profile provides a summary of the updated analysis for the Islands. A Scotland profile is also available.

Information was gathered on the number of places selling alcohol, health harms and crime rates within neighbourhoods across the whole of Scotland and for each local authority area. Researchers compared data zones (small areas representing neighbourhoods that have between 500 and 1000 residents) to see if there was a relationship between the number of alcohol outlets in a neighbourhood and the rates of alcohol-related deaths and hospitalisations. The profiles also consider, for the first time, the relationships between alcohol outlet availability and crime and deprivation rates.

Alcohol Outlet Availability in the Islands

Alcohol outlet availability within neighbourhoods

Alcohol outlet availability was calculated by measuring the number of outlets within 800m (approximately a ten minute walk) of each data zone (neighbourhood)'s population centre. There are 95 neighbourhoods in the Islands. The average number of outlets for each neighbourhood was calculated to obtain ranks for outlet availability for all local authority areas within Scotland (with the area ranked 1st having the highest availability and 30th the lowest availability).

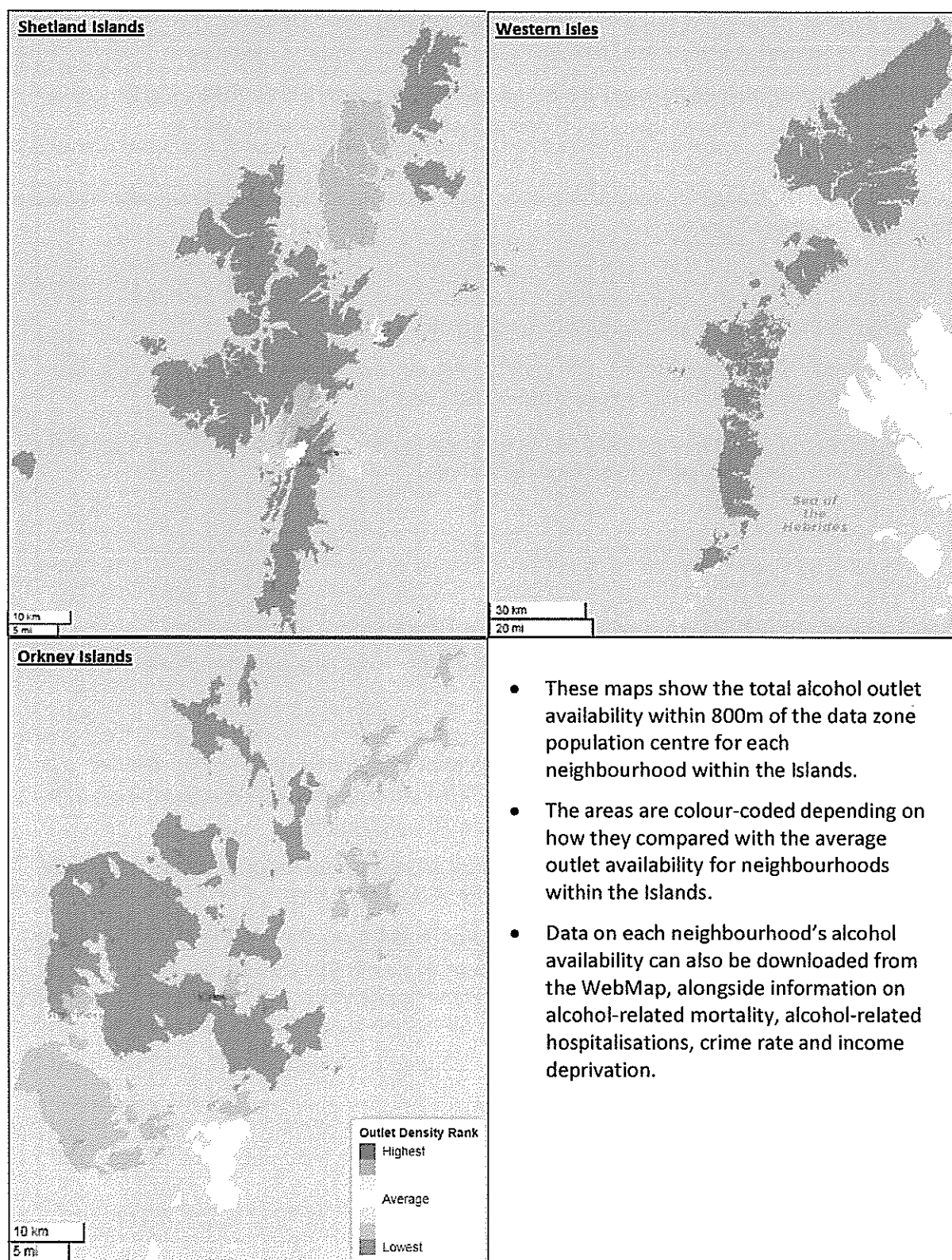
The Islands is **ranked 30th out of 30 local authority areas for alcohol outlet availability** in Scotland. In the Islands, in 2016:

- There were **358 alcohol outlets: 241 on-sales and 117 off-sales outlets**.
- Neighbourhoods had **between 0 and 33** alcohol outlets within 800m of the population centre.
- Neighbourhoods had an average of **4.8 alcohol outlets** within 800m of the population centre, compared to the Scottish average of 16.8 outlets. **12% of neighbourhoods had total outlet availability higher than the Scottish average.**
- Neighbourhoods had an average of **3.3 on-sales outlets** within 800m of the population centre, compared to the Scottish average of 11.4 outlets. **11% of neighbourhoods had on-sales outlet availability higher than the Scottish average.**
- Neighbourhoods had an average of **1.5 off-sales outlets** within 800m of the population centre, compared to the Scottish average of 5.4 outlets. **7% of neighbourhoods had off-sales outlet availability higher than the Scottish average.**

The Islands have an **alcohol outlet availability lower than Scotland as a whole**. For a more complete picture, it is also useful to compare alcohol outlet availability between neighbourhoods *within* the local authority. This can be done by using the CRESH WebMap, as demonstrated in the next section.

The Islands Outlet Availability Map

Using the WebMap available at <https://creshmap.com/shiny/alcoholtobacco/>, alcohol and outlet availability (or 'density') can be mapped for data zones across Scotland. This can be done for on-sales, off-sales, and total outlets. Options are to compare against the Scottish average, the rural/urban average, local authority average or deprivation average for each data zone.



Alcohol outlet availability in the Islands from 2012 to 2016

The change in the number of alcohol outlets within the local authority area was examined.

- The **total number** of alcohol outlets **increased by 4 (1.1%)** from 354 in 2012 to 358 in 2016. This is a **smaller increase than that found across Scotland as a whole (2.9%)**.
- The **number of on-sales outlets decreased by 2 (0.8%)** from 243 in 2012 to 241 in 2016. This is **in contrast to the 1.5% increase found across Scotland as a whole**.
- The **number of off-sales outlets increased by 6 (5.4%)** from 111 in 2012 to 117 in 2016. This is a **smaller increase than that found across Scotland as a whole (6.4%)**.

To take account of any changes in population over time, changes in alcohol outlet availability were calculated per 10,000 adult population:

- The **total number** of alcohol outlets per adult population **increased by 0.5%**. This is **similar to the 0.6% increase found across Scotland as a whole**.
- The **number of on-sales outlets per adult population decreased by 1.4%**. This is **similar to the 0.8% decrease found across Scotland as a whole**.
- The **number of off-sales outlets per adult population increased by 4.7%**. This is **similar to the 4% increase found across Scotland as a whole**.

Alcohol-Related Health Harm and Crime in the Islands

The study looked at the relationship between alcohol outlet availability and alcohol-related deaths, alcohol-related hospitalisations and crime.

- The Islands have an **annual average of 17.7 alcohol-related deaths** for those aged 20 and over (from 2011-2016). This is equivalent to **24.5 deaths per 100,000 adults**, which is **12% higher than the Scottish rate** of 21.8 deaths per 100,000 adults.
- The local authority areas have an **average hospitalisation rate ratio for neighbourhoods of 142.5**, which is **42% higher than the ratio for Scotland** of 100.
- The Islands' **average neighbourhood crime rate is 204.4 crimes per 10,000 population**, which is **38% lower than the Scottish average** of 331.2 per 10,000 population.

Alcohol-Related Death Rates and Alcohol Outlet Availability

In the Islands, alcohol-related deaths were higher in neighbourhoods with the most places to buy alcohol compared to neighbourhoods with the least. None of these relationships were found to be statistically significant.

When looking at areas smaller than the whole of Scotland, a number of factors can influence if a statistically significant relationship is found. In addition, deaths are rare events that are particularly difficult to analyse in areas with relatively small populations (see [Interpreting the Findings](#) for more detail).

Crucially, the Scotland-wide association between alcohol outlet availability and alcohol-related deaths was statistically significant, with alcohol-related deaths rates in neighbourhoods with the most outlets double those in neighbourhoods with the least.

Alcohol-Related Hospitalisation Rates and Alcohol Outlet Availability

In the Islands, alcohol-related hospitalisations were higher in neighbourhoods with the most places to buy alcohol compared to areas with the least. None of these relationships were found to be statistically significant.

When looking at areas smaller than the whole of Scotland, a number of factors can influence if a statistically significant relationship is found (see [Interpreting the Findings](#) section for more detail).

Crucially, the Scotland-wide association between alcohol outlet availability and alcohol-related hospitalisations was statistically significant, with alcohol-related hospitalisation rates in neighbourhoods with the most outlets almost double those in neighbourhoods with the least.

Crime Rates and Alcohol Outlet Availability

In the Islands, a **statistically significant relationship was found between alcohol outlet availability and crime rates**: neighbourhoods with more places to buy alcohol had higher crime rates than neighbourhoods with the least.

The data used was from the Crime Domain of the Scottish Index of Multiple Deprivation, which includes crimes of violence, sexual offences, domestic house breaking, vandalism, drug offences and common assault. The data however does not record whether the perpetrators of crime had consumed alcohol and excludes some offences which are commonly associated with alcohol consumption, such as breach of the peace, or anti-social behaviour.

Crime rates were associated with the number of all types of alcohol outlets (total, on-sales and off-sales):

- Crime rates in the **neighbourhoods with the most alcohol outlets were 6.9 times higher** than in neighbourhoods with the least.
- Crime rates in the **neighbourhoods with the most on-sales outlets were 6.7 times higher** than in neighbourhoods with the least.
- Crime rates in the **neighbourhoods with the most off-sales outlets were 6.5 times higher** than in neighbourhoods with the least.

The above relationships were found even when other explanatory factors were accounted for, namely urban/rural status of the neighbourhoods and level of income deprivation. This means that **the association between outlet availability and crime rate is not explained by more crime being committed in more urban or deprived areas.**

Income Deprivation and Alcohol Outlet Availability

The Islands have an **average income deprivation rate for neighbourhoods of 7.9%**. This is **37% lower than the Scottish average** of 12.5%. Data for income deprivation were obtained from the Scottish Index of Multiple Deprivation 2016 Income Domain, which is represented as a percentage of the total population in receipt of benefits. More information on this measure is available in the Methodology section.

In the Islands, **the most deprived neighbourhoods had more places to buy alcohol than the least deprived neighbourhoods**. None of these relationships were found to be statistically significant.

When looking at areas smaller than the whole of Scotland, a number of factors can influence if a statistically significant relationship is found (see Interpreting the Findings section for more detail).

Crucially, the Scotland-wide association between alcohol outlet availability and income deprivation was statistically significant, with 40% more places to buy alcohol in the most deprived neighbourhoods than in the least deprived neighbourhoods.

Interpreting the Findings

The relationship between alcohol outlet availability and health and social harms

The strong relationship found in Scotland between the number of alcohol outlets, crime rates and alcohol-related health outcomes suggests that the local availability of alcohol may influence drinking behaviours and associated alcohol-related problems. This relationship meets the criteria of statistical tests and is termed **statistically significant**. Judgements as to statistical significance of each result were made throughout by applying a 95% significance level ($p < 0.05$).

These results agree with findings from other studies in Scotland and beyond showing that there is an association between alcohol outlet availability and many types of health and social harms, such as violence, hospital attendance, underage drinking, and drink driving. See Section 5 of the [Alcohol Focus Scotland Licensing Resource Pack](#) for more detailed evidence.

A relationship was found between outlet availability and harm in both urban and rural areas

There is a significant relationship between outlet availability and harm in both the urban and the rural areas of Scotland. However, in some very rural local authorities (e.g. Orkney Islands, Shetland Islands and Eilean Siar) no statistically significant relationship between alcohol outlet availability and alcohol-related health harm was found. These areas have relatively low population and fewer data zones, which can make it difficult to find a statistical relationship between any two factors.

Other explanatory factors were taken into account

When assessing whether there is a relationship between alcohol outlet availability and harm, a number of other factors that may explain the results were taken into account in the analysis. When looking at whether alcohol outlet availability was related to alcohol-related deaths, alcohol-related hospitalisations and crime, the degree of income deprivation and the rural/urban status of the area were taken into account. For alcohol-related deaths and hospitalisations, the analysis also took into account the age and sex demographics of the population. This means that the relationships found are not explained by levels of deprivation, how populated an area is, or the demographics of the population. When looking at the relationship between income deprivation and outlet availability, population levels were taken in account. This means that the relationships found are not explained by the size of populations in a neighbourhood.

Factors affecting whether a statistically significant relationship can be found

When looking at areas smaller than the whole of Scotland a number of factors can influence if a statistically significant relationship is found. Being able to assess whether there is a relationship depends on the ability to compare areas of high alcohol outlet availability with areas of low availability. At a national level, there is sufficient variation in the number of alcohol outlets across the country to be able to make this comparison. However, within some local authorities, where the alcohol outlet availability is more evenly spread across the area, there may not be enough variation in exposure to outlet availability to enable a comparison. In addition, if the whole area is over-supplied then it will not be possible to detect a difference between one locality and another.

For the smaller local authority areas it can be difficult to find a statistical relationship between outlet availability and harm if there are too few neighbourhoods. For example, both Clackmannanshire and the Islands authority areas have less than 100 neighbourhood areas. In addition, outlet availability tells us something about the amount of alcohol available in an area but there are also other factors such as the size of the premises, level of alcohol sales, the opening hours and how far people travel to buy alcohol.

Deaths in particular are rare events that are especially difficult to analyse in areas with relatively small populations. In addition to this, mortality data was only available for a 6 year period, compared to the 10 year period available for the previous analysis; the boundaries of data zones changed between 2012 and 2016, limiting the number of years of death data that could be included. For this reason, coupled with falling mortality in general, the number of deaths analysed are small in some local authorities.

Whilst taking all of these factors into account, not finding a statistically significant relationship between alcohol outlet availability and harm may simply be because there is no relationship within that area.

Developing the most accurate picture of alcohol availability

The number of alcohol outlets in an area tells us something about the amount of alcohol available in an area but there are other factors that affect how readily accessible alcohol is. For example, the size of the premises (a supermarket will provide a greater volume and variety of alcohol than a small corner shop), the opening hours of the premises and how far people travel to buy alcohol. Currently, the number of alcohol outlets is the only information available for the whole of Scotland.

If more detailed information on the alcohol capacity of premises, their opening hours, alcohol sales and the catchment of the customers were collected this would enable further improvements in our understanding of the relationship between alcohol outlet availability and alcohol-related harm. Even without this more detailed information, a clear and statistically significant relationship between the availability of alcohol outlets and alcohol-related harm was found for Scotland as a whole.

Methodology

Summary

We investigated whether alcohol outlet availability was associated with alcohol-related health outcomes (hospitalisations and deaths) and overall crime rates for Scottish data zones. This analysis builds on previous research, updating analysis of the relationship between alcohol outlet availability and harm in Scotland using more recent outlet availability, mortality and hospitalisation data. It also expands the analysis of alcohol-related harms to include crime data, and assesses whether the availability of alcohol outlets found in Scottish neighbourhoods is related to the degree of income deprivation in these areas. This builds upon analysis published in 2015, using a similar methodology.

Geographical units

The data zone is the key small-area (neighbourhood) geographical unit used by the Scottish Government in the dissemination of official statistics, with populations of between 500 and 1000. There are 6,976 data zones in Scotland; the data zones used were devised for the 2011 census. Differences for data zones were compared across Scotland as a whole, and within 30 local authority areas. Twenty-nine of the local authority areas in place since 1996 were used. The three island local authorities (Shetland Islands, Orkney Islands and Eilean Siar) were grouped together as separately they have too few data zones to be able to carry out these analyses.

Alcohol outlet availability

The locations of outlets licensed to sell alcohol for consumption on the premises (on-sales) and off the premises (off-sales) were obtained in 2016 from each local licensing board. The datasets were checked for errors (e.g. duplications), resulting in verified locations for 11,522 on-sales alcohol outlets and 5,107 off-sales outlets. Outlets selling alcohol for consumption both on and off the premises were counted as on-sales outlets. The resulting dataset corresponds closely with official figures (counts by local authority) from the Scottish Liquor Licensing Statistics 2015-16.

Alcohol outlet availability was measured for each data zone as the number of on-sales, off-sales, or total outlets within 800m of the population centre of the data zone (800m represents a 10-minute walk at average pace). This 800m zone (area 2.0 km²) was assumed to represent the typical neighbourhood experienced by the population of a data zone.

The example in Figure 5 shows that a circle with a radius of 800m around this data zone's population centre (red star) contains 73 on-sales outlets: including a number within neighbouring data zones. Data zones were grouped into five availability groups, from lowest (group 1) to highest (group 5). The highest availability group contains the 5% of data zones with the greatest outlet availability. Groups 2-4 were defined by dividing the remaining data zones into four groups containing equal numbers of neighbourhoods based on rank of outlet availability.

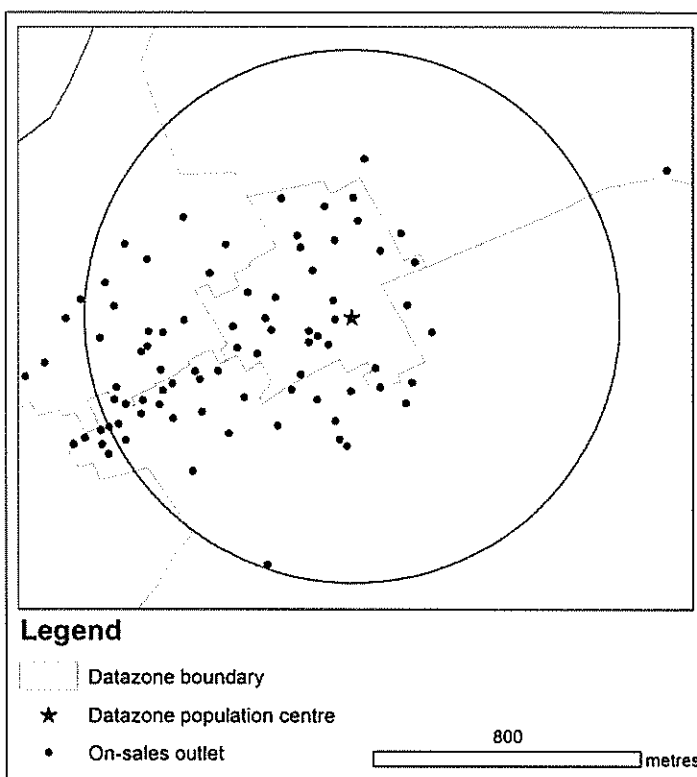


Figure 7. Calculating alcohol outlet availability for a data zone

For very rural areas, where the population is widely dispersed across the data zone, this measure might be a less accurate representation of numbers of outlets that are easily accessible.

Analysis

Multivariate regression models were used to assess whether alcohol outlet availability was related to alcohol-related deaths, alcohol-related hospitalisations and crime within data zones, independent of the degree of income deprivation in the areas and their rural/urban status. For both alcohol-related deaths and hospitalisations, the analysis also took into account the age and sex structure of the population. The models estimated the risk of alcohol-related harms in each of the outlet availability groups relative to a reference group, the group containing the neighbourhoods with the lowest outlet availability.

In testing the relationship between outlet availability and income deprivation, a bivariate analysis was used to compare the mean alcohol outlet availability rates per 10,000 population over 18 years old in groups of data zones with different levels of income deprivation. The 'high' and 'low' income deprivation groups of areas compared in the analysis contained the fifth of data zone areas with the greatest and least income deprivation.

Population

Data zone population data was used in the analysis of the relationship between outlet availability and income deprivation, and between outlet availability and alcohol-related deaths. Population data from the National Records of Scotland was used to describe data zone populations from 2011-2016.

Mortality

The mortality data were supplied by the National Records of Scotland. These data were given for data zones for the period 2011-2016 combined. The time period was set due to the availability of population estimates at 2011 data zone level. The definition of an alcohol-related death is based on International Classification of Diseases codes, and the 2006 National Statistics definition of alcohol-related deaths.

Hospitalisations

The hospitalisations data were extracted from the Scottish Index of Multiple Deprivation 2016 Health Domain. SIMD alcohol-related hospitalisation was based upon the number of continuous inpatient stays, 2011-2014, with a diagnosis of an alcohol-related condition. Hospitalisations are represented for each data zone as a ratio of the number of hospitalisations recorded in the data zone relative to the number that would have been 'expected' based upon the average rates for Scotland, standardised by age and sex.

Crime

The crime data were extracted from the Scottish Index of Multiple Deprivation 2016 Crime Domain. Crimes included in the domain are crimes of violence, sexual offences, domestic house breaking, vandalism, drug offences and common assault recorded during 2014-15, per 10,000 population.

Income Deprivation

Data for income deprivation were obtained from the Scottish Index of Multiple Deprivation 2016 Income Domain. The Income Domain is a count of the number of people claiming selected means-tested benefits in 2013-14 and 2015 divided by the total population in 2014. It is therefore a percentage of the total population in receipt of benefits. The benefit data originates from the Department of Work and Pensions and HMRC.

Urban/Rural

The urban/rural status of data zones were defined using the Scottish Government 6 Fold Urban Rural Classification. In this analysis the six classifications were combined into three categories 'urban' (combining 'large urban areas' and 'other urban areas'), 'small towns' (combining 'accessible small towns' and 'remote small town') and 'rural' (combining 'accessible rural' and 'remote rural').

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Susan Brunton
Depute Clerk to the Licensing Board
Governance and Law
Corporate Services Department
8 North Ness
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Shetland ZE1 0LZ

Dear Susan

Licensing Policy Statement – Overprovision Statement

Thank you for your letter of 25th January 2018, which invited comments on the review of the Shetland area Licensing Policy Statement and overprovision.

I attach a report which contains data and information about alcohol and licensing in Shetland. The report shows the level of alcohol-related harm in Shetland. We also know that there is a strong link between availability of alcohol and alcohol related harm,¹ and, in the absence of further legislation, that the alcohol licensing system is the only realistic tool available to regulate the availability of alcohol.

Our report shows that alcohol is too easily available in Shetland, and it is our contention, based on the data available, that there is overprovision of alcohol outlets in Lerwick specifically. On the basis that off-sales licenses provide increased opportunities for un-regulated drinking, we would like to see the Shetland Area Licensing Board adopting a statement of over-provision of off-sales premises in Lerwick.

We would also very much welcome it if the Licensing Board were to move to a position, whereby the onus is on the person or organisation applying for an alcohol license to demonstrate in their application for a licence the ways in which they will be upholding the five Licensing Objectives. For example, 'we will protect and promote public health by....'.

Yours sincerely

Elizabeth Robinson
Public Health Principal

¹ Alcohol Focus Scotland cites over 50 studies undertaken since 2000 which have found an association between alcohol availability and alcohol-related problems such as alcohol-related deaths, hospital attendance, crime rates, underage drinking, child maltreatment and neglect, deprivation, and domestic violence. (AFS 2017)

Delting Community Council

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File Ref: 2018/04/7.18

Depute Clerk
Shetland Islands Council
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Dear Sir/Madam

Shetland Islands Area Licensing Board – Licensing (Scotland) Act 2005 – Draft Statement of Licensing Policy 2018-21

Delting Community Council held their monthly meeting recently and discussed this draft statement of licensing policy.

Members feel that a clear licensing policy on how we define over-provision in a local area is needed.

Yours faithfully

Alison J Foyle

Alison Foyle (Mrs)
Clerk

RECEIVED

- 3 MAY 2018

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