

A Rare Opportunity to Improve Determinants of Health

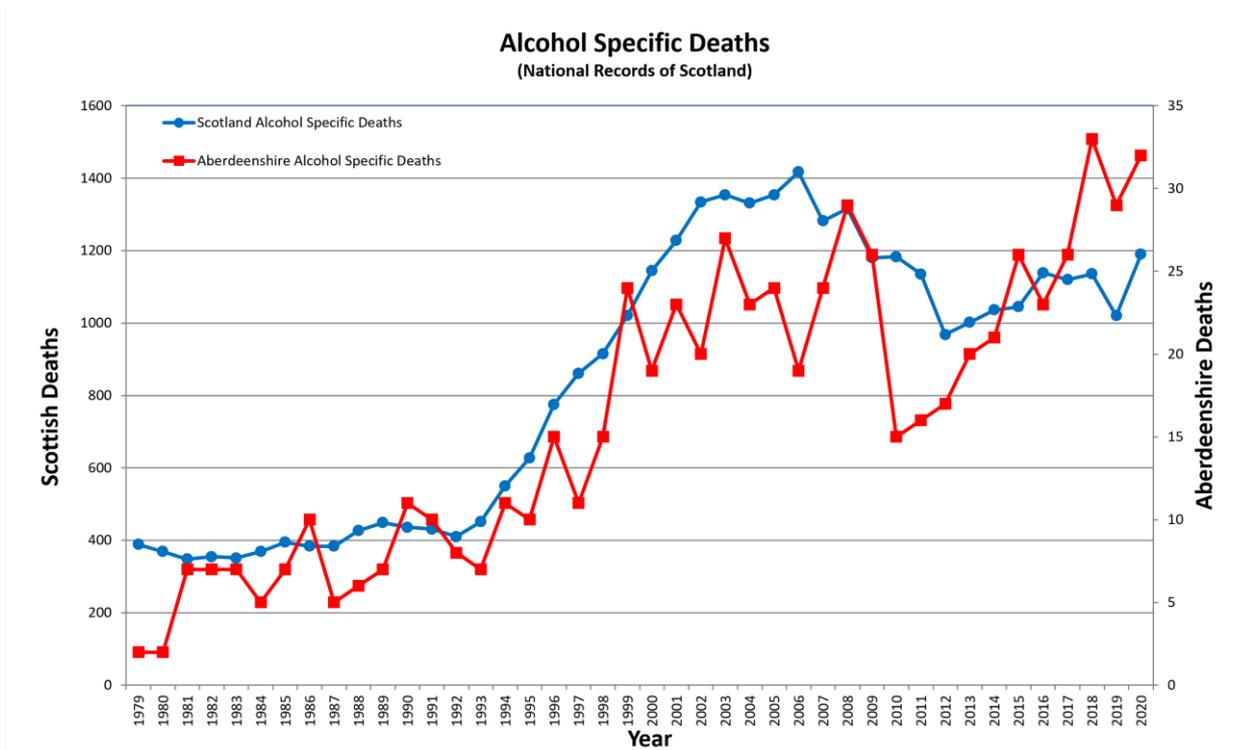
Influencing Aberdeenshire’s Alcohol Licensing Board

1 Aim

1.1 The purpose of this paper is to offer Aberdeenshire General Practices and Medical Centres a rare opportunity to improve a key determinant of health in their community: alcohol availability.

2 Background

2.1 Alcohol is a harmful commodity where any level of consumption conveys some risk of harm. Excessive consumption of alcohol can result in a wide range of health problems such as damage to the liver and brain, cancers, accidents, suicide, sexually transmitted disease, child neglect and violence as well as risks to the unborn child and social harms experienced by and around high-risk drinkers. Long-term alcohol use is the third leading cause of premature death in the UK, the main driver of chronic liver disease and leading cause of death in our most productive age group.



- 2.2 Changes in alcohol-specific death rates are the easiest to observe. They have more than doubled in the past 10 years in Aberdeenshire, reminiscent of that seen during a period of de-regulation during the 1990. Alcohol-related deaths are typically 3 times greater than alcohol specific deaths. This trend is likely to continue in the wake of the pandemic where alcohol consumption increased in groups known to already drink at harmful and hazardous levels, despite an overall population-level drop in consumption.
- 2.3 Evidence collated by the World Health Organisation says that much of this harm can be prevented by adopting appropriate policies on alcohol price, availability, and marketing.

3 How can Alcohol Availability be Addressed?

- 3.1 Alcohol is a harmful commodity, but one that's very much embedded in our daily lives. So, making it available in a way that doesn't promote harmful consumption by considering the density of alcohol outlets, distance to travel, opening hours and display shelf-space is important.
- 3.2 Aberdeenshire Council's quasi-judicial Licensing Board is responsible for regulating the number and density of alcohol outlets and their opening hours as well as setting legal conditions on the sale of alcohol. They do so by assessing alcohol license applications against a local alcohol licensing policy and 5 statutory 'licensing conditions', which includes an obligation to 'protect and improve public health'. The law requires that policy be reviewed and updated, and alcohol outlet over-provision be assessed within 12 months of a local authority election.
- 3.3 The intensity of regulation of different sectors does not necessarily match the risk:
- Pub, club and restaurant on-sales. Accounts for ~25% of alcohol supply and their operation is strictly regulated.
 - Supermarket off-sales. Accounts for ~75% of alcohol supply and is lightly regulated.

- Online-sales and delivery. This sector has seen rapid growth in recent years but the contribution to supply in Aberdeenshire is unknown. This sector has little to no regulation.

3.4 As of 31 March 2021, there were 531 premises with an alcohol license in force in Aberdeenshire (370 on-sales & 161 off-sales) - approximately 17 times the number of Aberdeenshire GP practices.

Year	2017/18	2018/19	2019/20	2020/21
On-sales licenses*	420	427 (↑ 1.6%)	447 (↑ 4.7%)	370 (↓ 17%)
Off-sales only licenses	213	213 (- 0%)	196 (↓ 8%)	161 (↓ 17.9%)
On-sales applications	11	17 (↑ 54.6%)	7 (↓ 58.9%)	77 (↑ 1000%)
Off-sales applications	4	7 (↑ 75%)	6 (↓ 14.3%)	67 (↑ 1017%)
Occasional licenses granted	1326	1270 (↓ 4.2%)	1440 (↑ 13.4%)	640 (↓ 55.6%)
License applications refused	0	0	0	0
Licensing statistics for Aberdeenshire (*also includes dual on/off sales licenses)				

4 Influencing Change

- 4.1 Local licensing policy directs how alcohol license applications be considered by Licensing Boards. Licensing Boards across Scotland tend to be wary of change in the face of the risk of well-resourced supermarkets and 'big-alcohol' appealing Board decisions or launching judicial reviews of policy where Boards are not confident in the qualitative and quantitative evidence to support their decisions. For example, it took 5 years for the Aberdeenshire Licensing Board to include a presumption against providing occasional licenses for events targeted at children (such as primary school sports days) in the current licensing policy.
- 4.2 We've found that GPs have insights and experience of the local impact of alcohol and the ways alcohol is made available in their local community which is highly respected by the Licensing Board and far more influential than the provision of epidemiological statistics about health harm. Indeed very [recent clinical papers](#) have emphasised the importance of such influence.

Policy Impact

- 4.3 Alcohol policy has a dramatic effect on health outcomes. For example:

- There is a direct relationship between alcohol availability, consumption levels and health harms. In Aberdeenshire there is a statistically significant correlation between the density of alcohol outlets in an area and both alcohol-related hospital admissions and alcohol-specific deaths. Our poorest communities are hit hardest with many more licensed premises in the most deprived areas.
- There is a correlation between late opening hours, the consumption of higher strength products and alcohol-related harm.
- Robust age verification procedures minimise risk to the developing brains of children and young people as well as their risk of becoming problematic drinkers as adults in the face of increasingly predatory unregulated online making of alcohol to young people. Regulation of online alcohol sales falls way behind the rapid growth in sales. Buying alcohol online does not meet the same protection standards as other modes of alcohol supply, making it easy for minors to access at the touch of a button.

5 What can be done to reduce alcohol harm?

5.1 There is a range of interventions that Licensing Boards could take to reduce alcohol related harm in Aberdeenshire:

- 1) Accept that the ongoing increase of alcohol deaths in Aberdeenshire demonstrates that a state of alcohol outlet over-provision has been reached. A presumption against awarding new off-sales licenses should be adopted unless an applicant can demonstrate that the award of a license would not increase the net supply of alcohol (eg by rescinding an already held license elsewhere).
- 2) Recognise the concept of 'cumulative impact' on a community from multiple alcohol outlets rather than seeking proof that alcohol harm can be attributed to a particular establishment.
- 3) Conclude that awarding alcohol sales licenses in the areas experiencing or vulnerable to the greatest harm would be inconsistent with the statutory licensing objective to protect and improve public health.

- 4) Conclude that there are no exceptional circumstances that justify licenses that allow 24 hour or extended-hour drinking.
- 5) Upgrade licensing conditions for off-sales premises to be as rigorous as that set for on-sales premises. This might include ensuring that customers do not need to go through alcohol display areas to purchase non-alcoholic provisions necessary for life.
- 6) Give public and professional sentiments from people who live and work in our communities sufficient weight and do not dismiss those views as 'mere anecdote'.
- 7) Recognise that promotion of economic activity is not a statutory function of the Licensing Board or a statutory licensing objective. A Licensing Board placing such considerations above the protection and improvement of public health or other licencing objectives is likely to be *ultra vires*.
- 8) Accept that off-sales hours of 10 am 10 pm are maximum allowable hours under the law and not a minimum. They can be reduced to protect and improve public health.
- 9) Better regulate the online purchase and delivery of alcohol to minimise harm to children and young people.
- 10) Help on-sales establishments be part of the solution by requiring them to support health improvement interventions.
- 11) Reduce off-sale periods by at least 1 hour per day.
- 12) Reduce off-sales alcohol shelf displays by at least 10% visible space.
- 13) Reduce on-sale periods after midnight by at least 1 hour per day.
- 14) Adopt a policy presuming against the award of off-sales licenses unless the applicant can demonstrate why they should be an exception.

6 How can I Help?

- 6.1 Community health and social care staff know their community and have a powerful voice that Licensing Boards listen to. The Aberdeenshire Alcohol and Drug Partnership will be making representations to the Licensing Board later this year. This will include an analysis of available epidemiological statistics and the views of community members such as

people in recovery from alcohol harm and their families. We'd also like to include the collated views of community health and social care professionals in this submission, as well as preparing a video capturing the sentiments of community members and staff.

- 6.2 You can help by [completing this survey](#) by 29 August 2022 and indicating whether you'd be willing to be filmed or by directly uploading a clip of you sharing your views.
- 6.3 If you have other suggestions for how you can help, please do get in touch. Thank you.

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