

# **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: 6 February 2019

You are invited to attend the following meeting:

**Shetland Islands Area Licensing Board  
Council Chamber, Town Hall, Lerwick  
Wednesday 13 February 2019 at 10am**

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

Yours faithfully

Depute Clerk to the Board

Clerk to the Board: Jan R Riise

## **AGENDA**

- (a) Hold circular calling the meeting as read.
- (b) Apologies for absence, if any.
- (c) Declarations of Interest.
  - 1. Application for Extension of Licensed Hours
  - 2. Application for a Personal Licence
  - 3. Overprovision Assessment
  - 4. Variation of Certain Fees



**SHETLAND ISLANDS AREA LICENSING BOARD – 13 FEBRUARY 2019**

**1. Application for Extension of Licensed Hours**

<b><u>Applicant</u></b>	<b><u>Premises</u></b>	<b><u>Extended Hours Applied For</u></b>	<b><u>Event or Occasion</u></b>
(a) Brae Community Hall	Brae Community Hall Brae Shetland ZE2 9QJ	1am - 2am Sunday 17 March 2019  Except from letter of support from Brae Community Hall:-  <i>“We are applying for the extension of one hour on hop night to help with making the leaving of our patrons safer. We feel that it will make for a less frantic exodus meaning things will be more relaxed with people feeling they can take their time and hopefully leave in a more orderly fashion.</i>  <i>We hope you will look at this application favourably”</i>	Delting Up-Helly-Aa Hop
LSO comments:	No response received.		
Police comments:	No objections to application.		



**SHETLAND ISLANDS AREA LICENSING BOARD**  
**13 February 2018**  
**Application for a Personal Licence**

Agenda  
Item

**2**

1. Summary

- 1.1 Calan Joe Watt, an applicant for a Personal Licence, has a relevant conviction. The Licensing Board is asked to make a decision on whether to –
- a. hold a hearing for the purpose of considering and determining the application; or
  - b. grant the application

2. Statutory Provisions

- 2.1 The application process a personal licence is set out in Part 6 of the Licensing (Scotland) Act 2005.
- 2.2 The Act requires the Board to notify the application to the Chief Constable who must inform the Board whether or not the Applicant has any previous conviction relevant for the purposes of the Act.
- 2.3 If the Applicant has been convicted of a relevant offence, the Chief Constable may, if he considers it necessary for the purposes of any of the licensing objectives that the application be refused, include a recommendation to that effect. If the Chief Constable makes a recommendation that the licence be refused, the Board must hold a hearing to consider and determine the application. The Chief Constable did not make such a recommendation.
- 2.4 If the Chief Constable does not make a recommendation that the application be refused, the Board may hold a hearing or grant the application. The Board cannot refuse the application without a hearing.
- 2.5 The Act requires the Board to have regard to the Notice provided by the Chief Constable.

3. Current application

- 3.1. Calan Joe Watt made an application for a personal licence in the prescribed form on 10 December 2018.
- 3.2 The application was referred to the Chief Constable on 14 December 2018.
- 3.3 The Chief Constable notified the Board that the Applicant was convicted at Aberdeen Sheriff Court on 24 April 2017 of relevant offences, namely (1) assault to injury, an offence inferring personal violence, in respect of which the Court fined him £300 and (2) a contravention of section 38(1) of the Criminal Justice and Licensing (Scotland) Act 2010, an offence which is similar in nature to breach of the peace, in respect of which he was admonished and ordered to pay compensation of £100 .

4. Conclusion

- 4.1 The Chief Constable notified the Board of the relevant convictions of this applicant for a Personal Licence but did not make a recommendation that this application be refused. The Board's may
- a. grant the application; or
  - b. fix a hearing
- to consider and determine the application.

Depute Clerk to the Licensing Board  
Ref: SB/DKA



**SHETLAND ISLANDS AREA LICENSING BOARD**  
**13 February 2019**  
**Licensing (Scotland) Act 2005**  
**Overprovision Assessment**

1. Introduction

- 1.1 The purpose of this report is to provide the outcome of the Overprovision Assessment Public Consultation exercise and allow the Board to make a decision on whether or not they require to make a policy statement that there is an area of Overprovision in their Statement of Licensing Policy.

Background

- 2.1 During the consultation process which led to the adoption of the Statement of Licensing Policy for 2018-21, the Board received comments from three consultees which argued that there was an overprovision of off sales premises in the Lerwick Area.

- 2.2 The Board deemed it necessary to conduct a public consultation exercise to ensure that it had gathered all the evidence it reasonably could before it made a final decision on formulating a policy statement on Overprovision and in the meantime included the following in their Statement of Licensing Policy:

“9.4 The Board has identified a potential area of overprovision of off-sales premises in the locality of Lerwick. The Board is carrying out a full overprovision assessment to establish whether the evidence supports the adoption of a Policy Statement that there is overprovision in this area.”

- 2.3 The Board wrote to all premises licence holders in the Lerwick Area and NHS Shetland. The Consultation document was published on the Board's website and was open to the public. Views were sought on the following questions:

1. The correct locality is Lerwick as a whole and not part of Lerwick or some other area.
2. The Board would seek any other evidence on the extent of overprovision in the area of Lerwick as a whole or any other specific area within Lerwick.
3. The Board are particularly keen to obtain the views of the public who live in the Lerwick area

Outcome of the Consultation Exercise and Next Steps

- 3.1 The consultation exercise concluded on 31 December 2018. No further evidence was presented as a result of the consultation exercise.
- 3.2 As no further evidence was gathered during the public consultation exercise the Board now needs to make a final decision on the question of whether they wish to highlight an area of overprovision in their Statement of Licensing Policy based

on the evidence gathered during the consultation process on the Statement of Licensing Policy.

- 3.3 The Consultation exercise elicited comments on Overprovision from Shetland NHS Board; Shetland Islands Area Licensing Forum; Alcohol Focus Scotland; Shetland Licensing Standards Officers and Delting Community Council. Three of these consultees argued that there is an overprovision of off-sales premises in the Lerwick area. Shetland Islands Area Licensing Forum submitted Appendix 1 to this report; NHS Shetland submitted Appendix 2 to this report and the Licensing Standards Officers agreed with the submission of the Shetland Licensing Forum.
- 3.4 Members may recall that Alcohol Focus emphasised in the comments they made on the Policy Statement that the Board has to demonstrate a factual basis for their overprovision assessment and that the Board's response is reasonable and proportionate. The Board should take into account the outcome of the specific Overprovision Consultation in considering what is a proportionate response.
- 3.5 The case law on the question of overprovision guides Members to identify particular evidence relating to the particular area or application under consideration. General evidence that increased availability of alcohol leads to increased harm from alcohol does not of itself justify or lead to a conclusion that there is overprovision in any particular area.
- 3.6 The evidence which led Shetland NHS, the Licensing Forum and the Licensing Standards Officers to conclude that there is an overprovision of offsales premises in Lerwick was the statistical evidence gathered by NHS Shetland.
- 3.7 The statistics provided by Shetland NHS note that the highest concentration of licensed premises is in Lerwick. They also record that in part of Lerwick (Lerwick North 04) the number of certain offences puts that area in the top 10% of areas with the incidence of crimes of that nature in Scotland. In respect of the number of hospital stays related to alcohol misuse the statistics for another part of Lerwick (Lerwick North 02) are in the highest 10% of areas in Scotland in regard to the number of hospital stays related to alcohol misuse.
- 3.8 Alcohol Focus Scotland also provided some statistical information in connection with the Licensing Policy Statement. However, the information they provided was not designed in response to the overprovision consultation and is not relevant to the particular question at issue as it is looking at wider concerns, being a survey over the areas of three Boards, and does not provide evidence relating specifically to the Lerwick area.

#### Decision required

The Board is asked to:

- 4.1 Decide whether on the balance of probabilities it is satisfied that there is an overprovision of offsales premises in the Lerwick area based on the evidence detailed at paragraph 3.7 and;



- 4.2 Instruct the Depute Clerk to amend paragraph 9.4 of the Statement of Licensing Policy Principles to reflect their decision.

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

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**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 is 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.

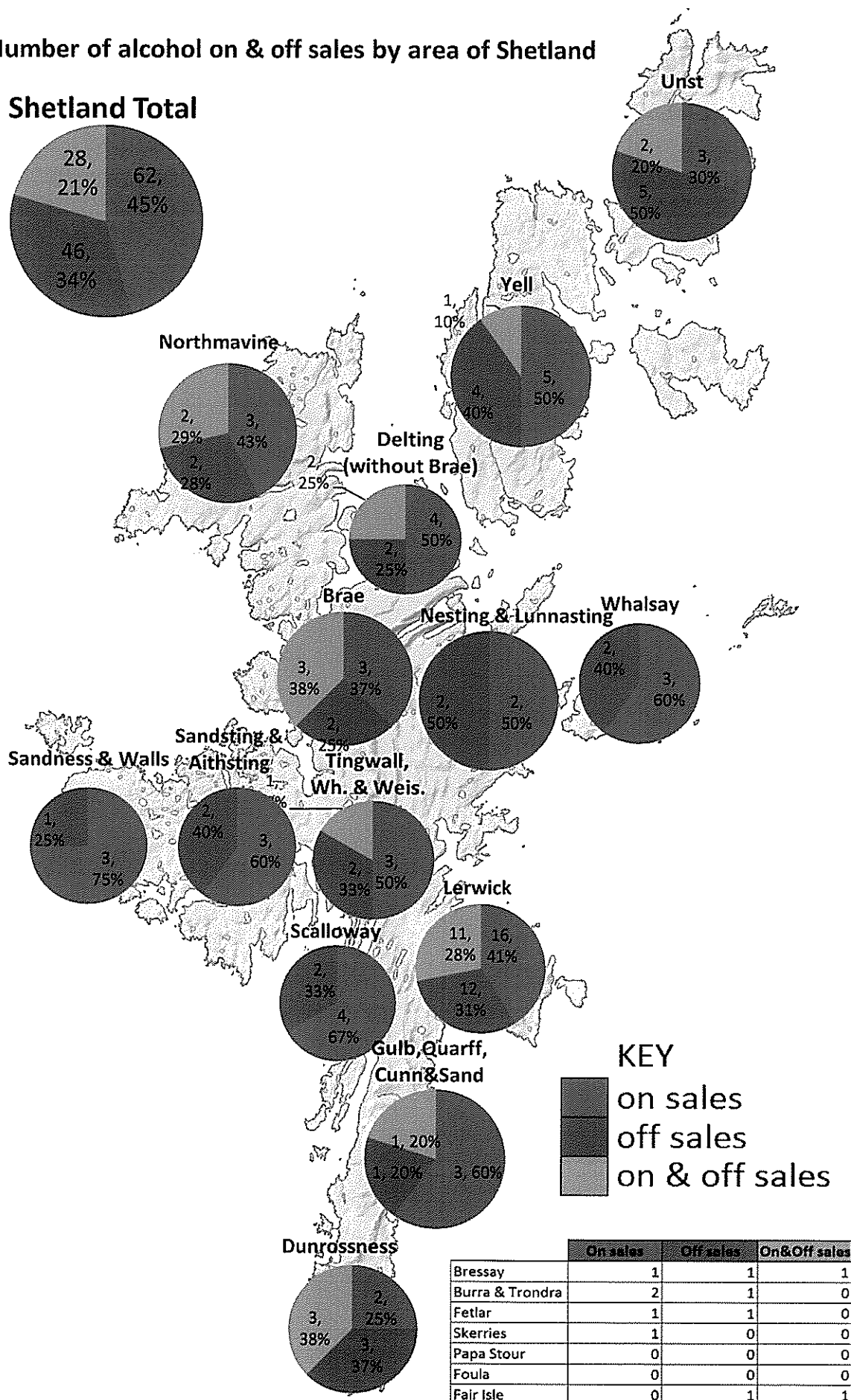
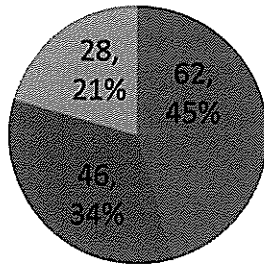
The Forum would appreciate the Licensing Board reviewing the evidence and taking into consideration that the current level of off sales premises within Lerwick appear to have a negative impact to the health of the local population. Should the Board agree with the submitted evidence they may conclude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

Debbie Leask  
Chairperson of the Licensing Forum



## Number of alcohol on &amp; off sales by area of Shetland

## Shetland Total







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Shetland ZE1 0LA

Telephone 01595 743060  
Fax 01595 695326  
<http://www.shb.scot.nhs.uk/>

Date 30<sup>th</sup> May 2018  
Your Ref  
Our Ref

Enquiries to Elizabeth Robinson  
Extension  
Direct Line 01595 807495  
E-mail [elizabethrobinson2@nhs.net](mailto:elizabethrobinson2@nhs.net)

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

Dear Susan

## Licensing Policy Statement – Overprovision Statement

Thank you for your letter of 25<sup>th</sup> 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,<sup>1</sup> 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

<sup>1</sup> 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.

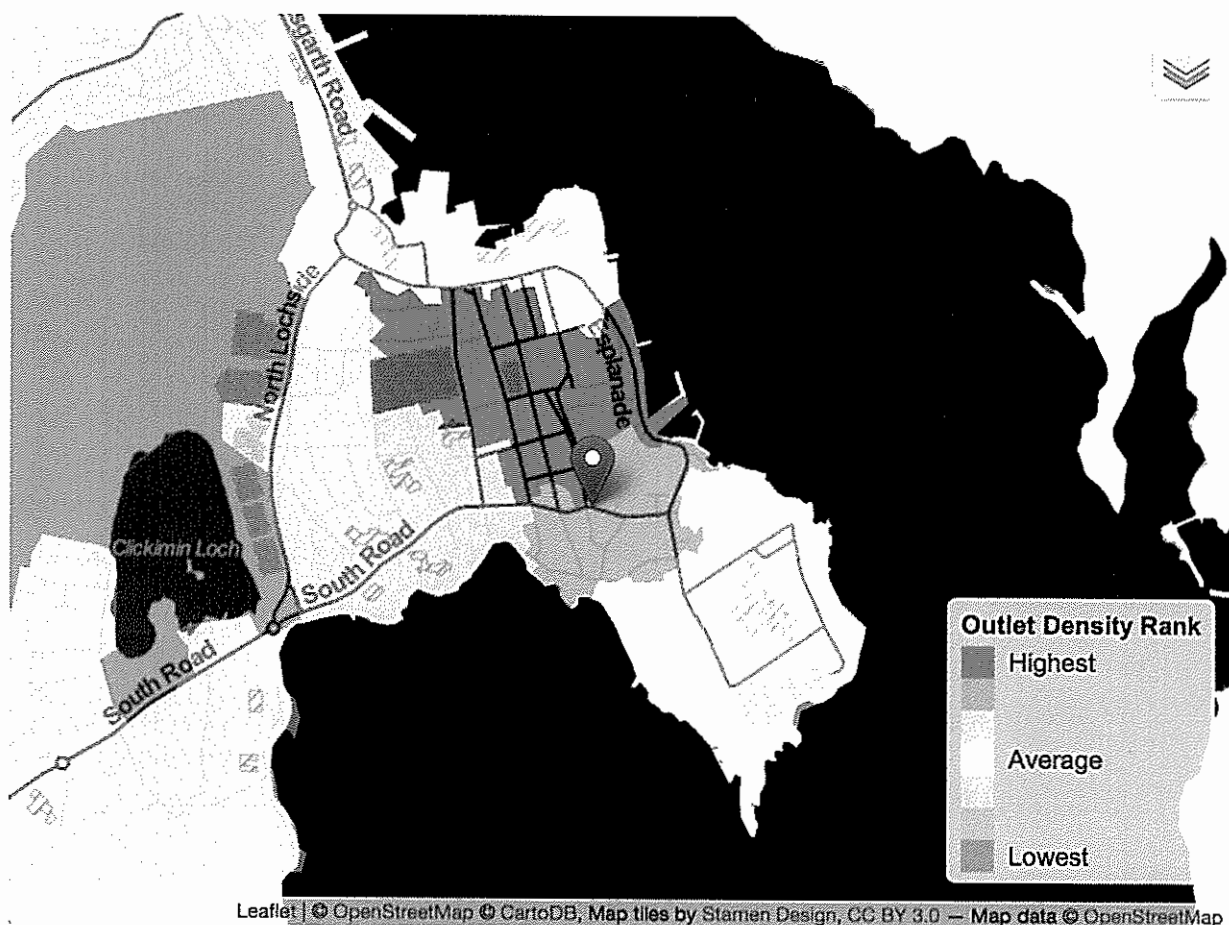
If the figures show that an area is above the Scottish average for alcohol-related deaths and hospital admissions, then this substantiates a finding that there is overprovision of licensed premises within that area and a policy is necessary to protect and improve public health. If the figures for alcohol-related 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.

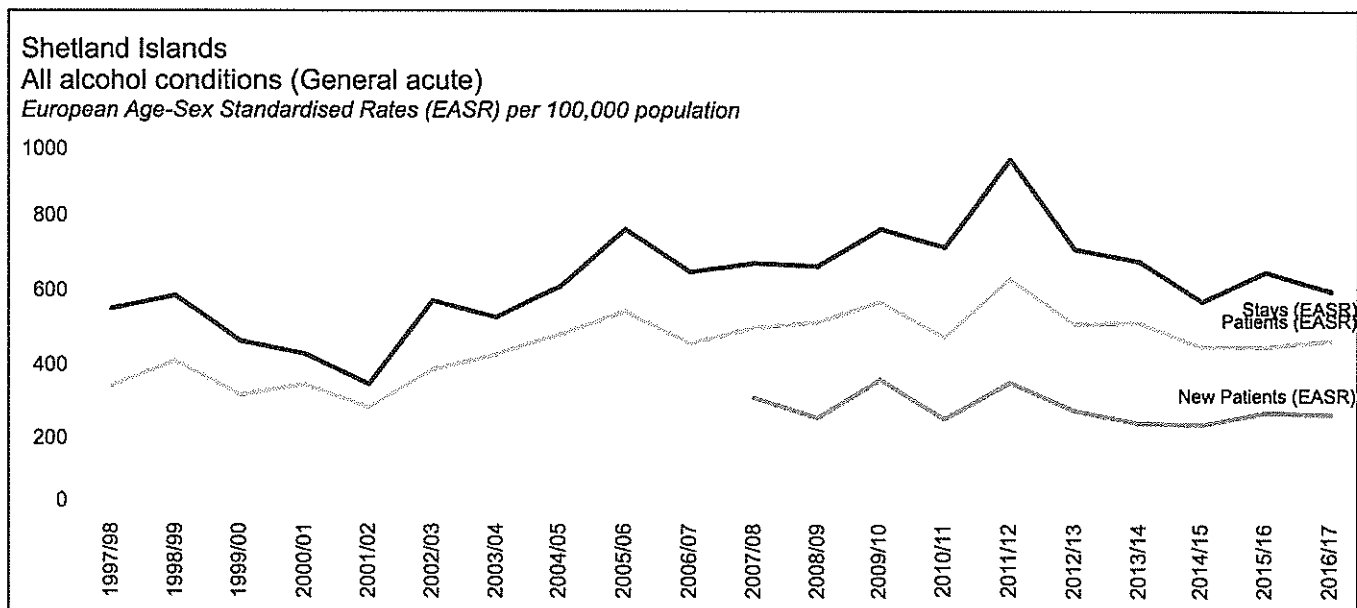


**Figure 1:** Map showing to total alcohol sales in Lerwick, relative to the Scottish average for 2016

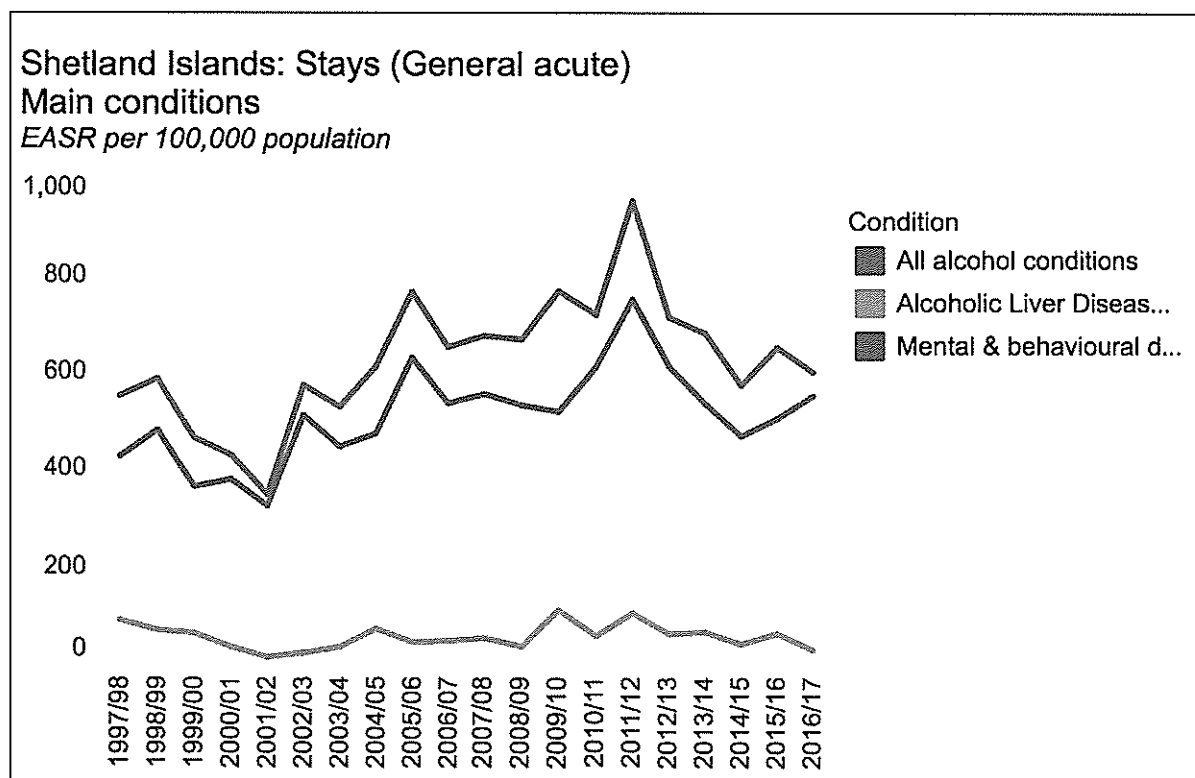
Source: <http://www.alcohol-focus-scotland.org.uk/media/310756/alcohol-outlet-availability-and-harm-in-the-islands.pdf>

## Hospital Statistics

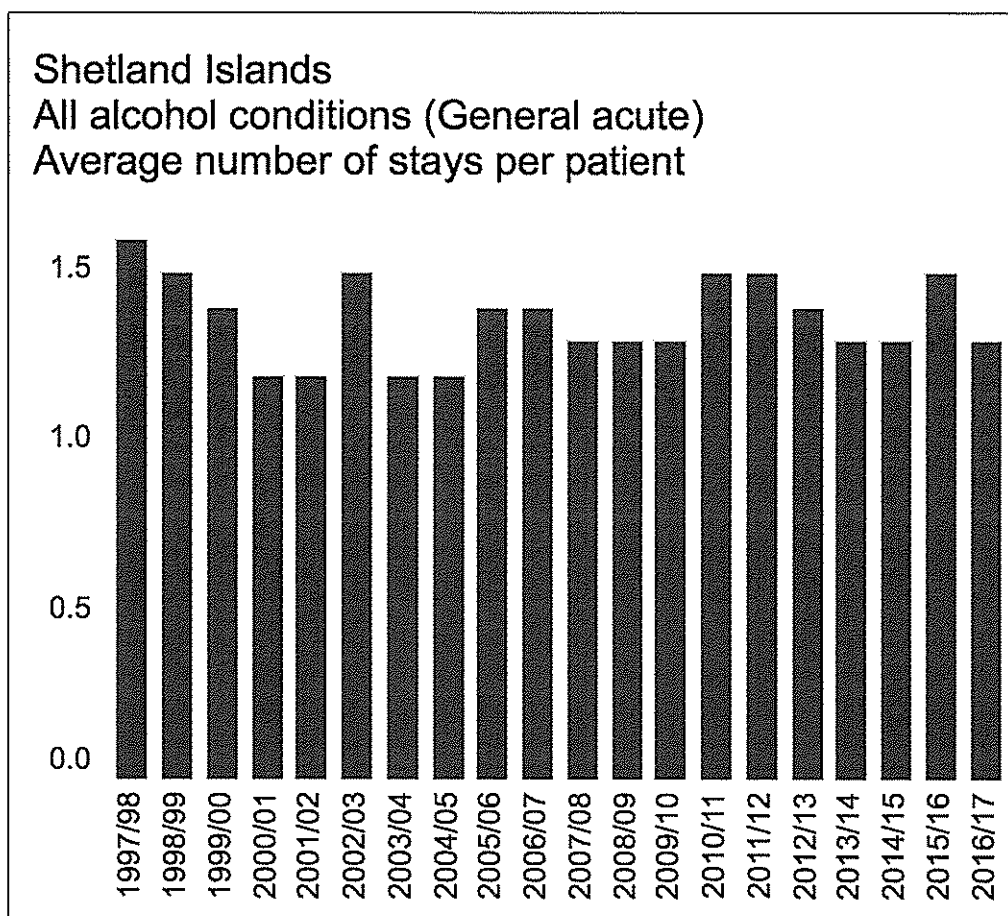
- There is an average of 4 deaths per year on Shetland that are directly attributable to alcohol (<https://www.nrscotland.gov.uk/>)
- In a 1-year period (2016-2017) there were 140 alcohol related hospital discharges in Shetland, with a yearly average of 149 (<http://statistics.gov.scot/>)
  - Assuming 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>



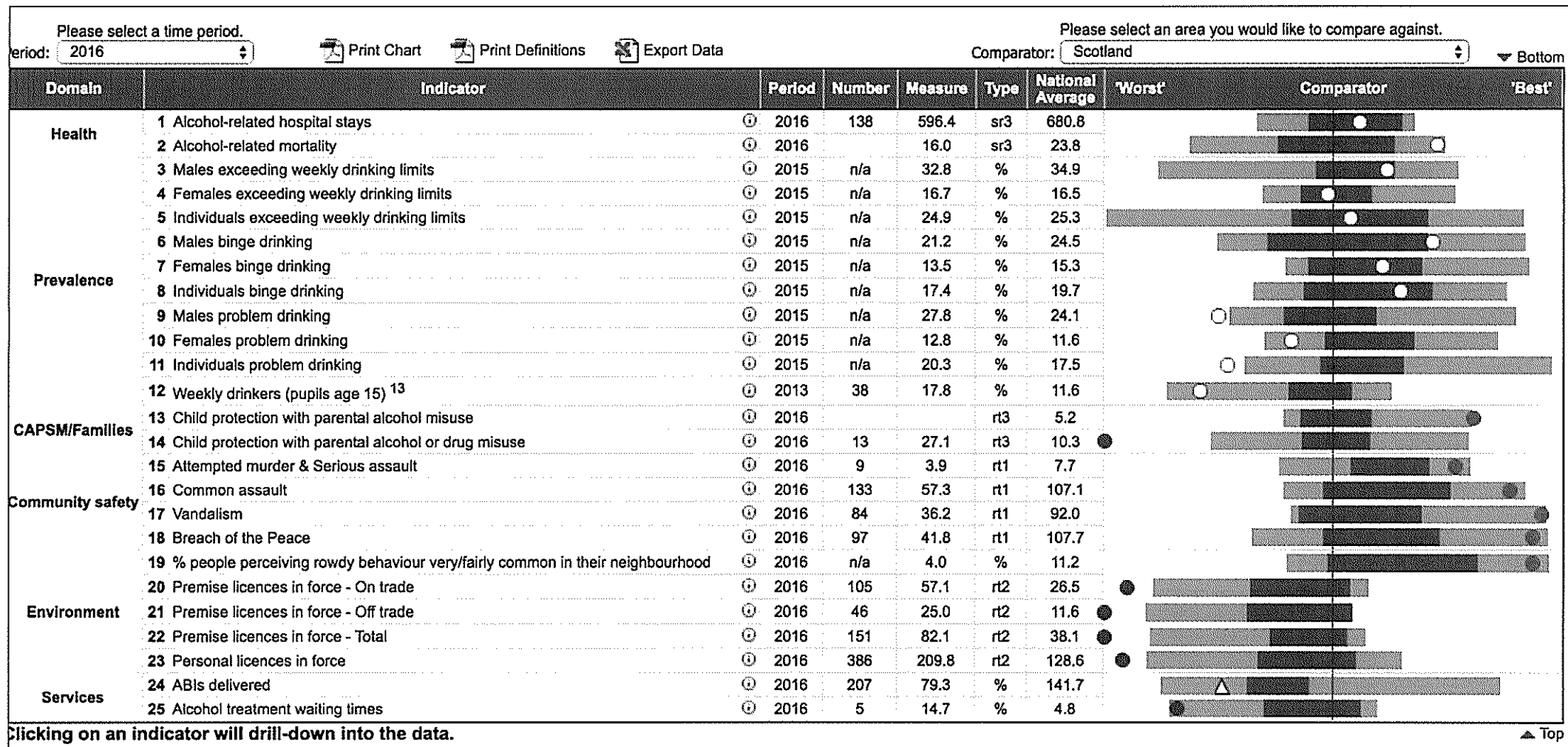


Figure 5: A spine chart demonstrating the licensing and drinking practises on the Shetland Islands. Red= statistically below the national average, white= statistically no different from the national average, blue= statistically better than the national average





## 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).

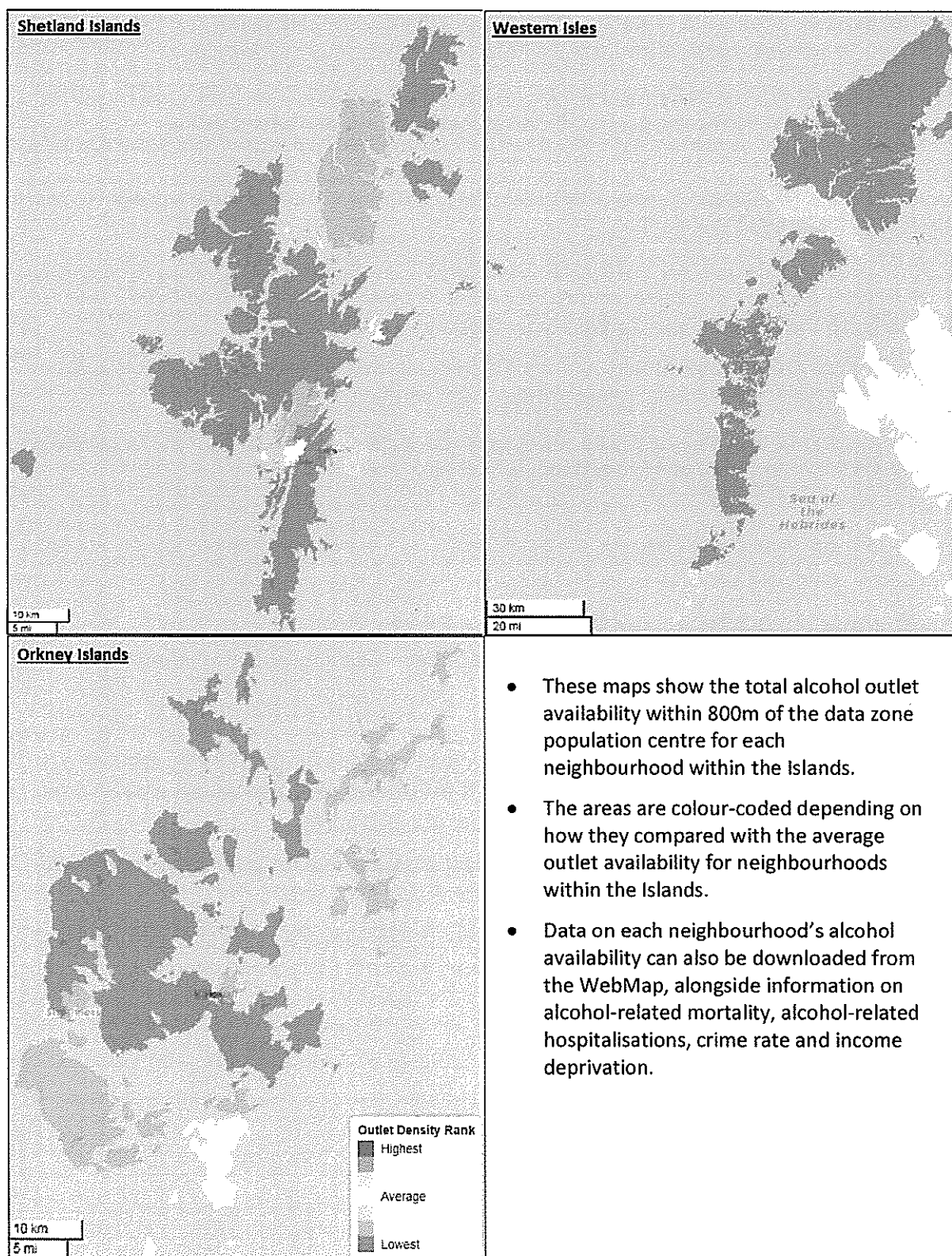
The Islands is **ranked 30th out of 30 local authority areas for alcohol outlet availability** in Scotland. In the Islands, in 2016:

- 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 km<sup>2</sup>) 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.

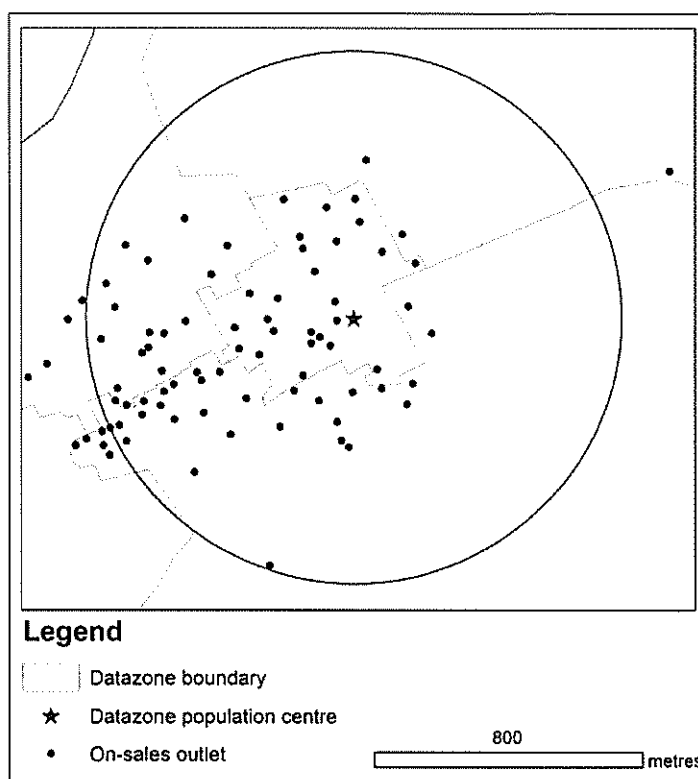


Figure 7. Calculating alcohol outlet availability for a data zone

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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- 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).<sup>2</sup> The number of licences has increased by 2% over the same time period.<sup>3</sup> 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.

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

<sup>3</sup> Ibid





**Shetland Islands Area Licensing Board  
13 February 2019  
Licensing (Scotland) Act 2005 - Variation of Certain Fees**

1. Introduction

- 1.1 The purpose of this report is to invite the Board to increase the fees for certain applications in respect of licensed premises.
- 1.2 The Licensing (Fees) (Scotland) Regulations 2007 (“the Regulations”) made under the Licensing (Scotland) Act 2005 (“the Act”) provide a system of fees payable to licensing boards in respect of applications made under the Act. The fees set down in the Regulations are intended to reflect the Scottish Government’s intention that the licensing system is self-funding and the payment of an annual fee is intended to ensure that the system is sufficiently resourced.

2. Background

- 2.1 The Licensing (Fees) (Scotland) Regulations 2007 (the “Regulations”) made under the Licensing (Scotland) Act 2005 make provision for the charging of fees in respect of application and the performance of functions by licensing boards in Scotland. The maximum fees chargeable in respect of applications for licences and the annual fees are set by the Scottish Ministers; this Board charges the maximum amount permissible under the Regulations.
- 2.2 The fees chargeable for minor variations and certain other applications are set by the Scottish Ministers and specified in the Regulations. These apply throughout Scotland and are only variable by the Ministers.
- 2.3 Every licensing board in Scotland has the power to determine the fees chargeable for seven types of application and function shown in column 1 of the table in Appendix 1 to this report. These applications and functions are set out in the column 2 of the table. The Board initially set these fees in 2008, and revised them in 2014 and 2017 in line with inflation.
- 2.4 The Board has a duty in terms of regulation 13 of the Regulations to have regard to the desirability of ensuring that the total fees payable to the Board in respect of any period are likely to be broadly equivalent to the expenses incurred by the Board, and the council for the area of that Board, in administering the Act. The Board financial advisers consider that that duty includes a duty to take into account the effect of inflation in the economy.
- 2.5 The financial advice received is that it would be appropriate to increase the fees now chargeable by the Board by 3% with effect from the commencement of the financial year 2019/20. The Board is asked to consider increasing the fees to the levels shown in column 3 of the table.

3. Summary

- 3.1 The Board has a duty under the Regulations to ensure that the total fees payable to the Board are likely to be broadly equivalent to the expenses incurred.
- 3.2 The Board has the power to increase some of the fees chargeable.

3.3 An increase in fees by the amount equivalent to the rate of inflation would reflect the Board's increased operating costs.

4. Recommendation

4.1 I recommend that: the Board increases the fees in respect of the applications and functions specified in the table in the Appendix to this report by an amount equivalent to the rate of inflation since they were most recently revised or by such other amount as the Board considers appropriate.

Depute Clerk to the Board

6 February 2019

## Appendix 1 –

Column 1 - Application type	Column 2 – Current Fees	Column 3 – Proposed Fees
Variation of licence (other than a minor variation, or a variation to substitute a new premises manager) (section 29(1))	£155	£160
Transfer on application of licence holder (section 33(1))	£155	£160
Transfer on application of licence holder, which includes an application for variation (section 33(1))	£230	£240
Transfer on application of person other than licence holder (section 34(1))	£155	£160
Transfer on application of person other than licence holder, which includes an application for variation (section 34(1))	£230	£240
Temporary premises licence (section 47(2))	£230	£240
Replacement personal or premises licence (section 92(1))	£35	£36