

REPORT TO: LICENSING BOARD – 29 JUNE 2017
REPORT ON: OPTIONS FOR OVERPROVISION POLICY
REPORT BY: CLERK TO THE LICENSING BOARD
REPORT NO: 317-2017

1. **PURPOSE OF REPORT**

To present the Licensing Board with the Overprovision Policy Preferred Option Paper (**see appendix 1**).

2. **RECOMMENDATIONS**

It is recommended that the Licensing Board:

- Consider the content of the paper and its recommendations to adopt a new Overprovision Policy.
- Remit to the Clerk to consult on any option adopted in terms of Section 7(3) and (4) of the Licensing (Scotland) Act 2005 and to report back to the Board on 26 October 2017;

3. **FINANCIAL IMPLICATIONS**

None.

4. **BACKGROUND**

4.1. Council officers have been reviewing the Board's options regarding an Alcohol Overprovision Policy. The previous policy was successfully overturned on **12 August 2016**, following the **Aldi Stores Ltd v Dundee City Licensing Board** case. The policy has not been in operation since the ruling.

4.2. The Sheriff decided that the Board had not properly consulted on overprovision areas. The Board should have decided what locality they considered to be overprovided and then gone out to consultation on a final proposal, rather than listing options at the consultation stage. Furthermore, the Sheriff made comment that the Board was selective with the information they used. The Board had assessed off sales capacities only. Initially the Board decided to adopt a whole city approach (excluding the Central Waterfront) that was not permissible at that time. However, a recent change in legislation allows a whole area approach to be taken and factors other than numbers and capacity can now be considered, including licensed hours.

5. **MOVING FORWARD**

Any future over provision policy must address the following issues:

- Dundee City Licensing Board must have regard to the Scottish Government Guidance to Licensing Boards and decide whether there is sufficient information which demonstrates a causal link between evidence of alcohol related harm and the operation of licensed premises in the locality.
- The approach has to be reasonable, taking into consideration localities and the information available before considering whether there is overprovision.
- To stand up to scrutiny, the Board should consider more than one locality even if it later focuses on only one or two.

6. PROPOSED NEW OVERPROVISION POLICY MODEL

- 6.1. Figure 1 - Whole board approach for Off-sales & On-Sales – excluding On/Off sales for the City, by Ward & City Centre/ Central Waterfront

	Off-sales (Supermarkets, Convenience Stores)	On-sales (Vertical Drinking Establishments – Pubs, Bars)	On/Off sales (Restaurants, Cafes', Hotels)	Occasional
City Wide	x	x	✓	Case-by-case
Ward	x	x	✓	Case-by-case
City Centre/ Central Waterfront	x	x	✓	Case-by-case

- 6.2 Reasons for adopting this model

It is recommended that the above position is adopted by the Board for consultation. This option focuses on Off-sales and On-Sales in pubs and bars across the city. It is well recognised from the summary data below that Dundee is overprovided for in terms of these premises. Within Off-sales, there is strong evidence that cheaper and easily accessible alcohol leads to excessive drinking in the home. The attached report (**see appendix 2**) links availability to harm in the City.

- 6.3 Summary of availability

- Overall there are **446** alcohol outlets in Dundee City. Neighbourhoods have between **2** and **199** outlets within an 800m radius, with an average of **40**.
- **59%** of datazones in Dundee City have an outlet density above **16** outlets within an 800m radius (a density of **16** represents the average for Scotland).
- There are **162** on-sales alcohol outlets, with a neighbourhood average of **13** on-sales outlets within 800m radius.
- There are **130** off-sales alcohol outlets, with a neighbourhood average of **13** off-sales outlets within an 800m radius.
- The rest is made up of **154** on & off sales alcohol outlets, with a neighbourhood average of **14** outlets within an 800m

- 6.4 On/Off sales (Other than Restaurants, Cafes, Hotels)

The onus would be on applicants for premises other than restaurants, cafes and hotels to demonstrate to the Board that their applications would not compromise the licensing objectives or otherwise undermine the policy.

7. PROPOSED TIMESCALES & NEXT STEPS

If the proposal is accepted by the Board then the following procedure is suggested:-

- Consultation with interested parties during July-September 2017.
- Report on consultation to be submitted at the Licensing Board meeting on 26 October 2017.
- Any new policy to take effect from the Licensing Board meeting on 22 November 2017.

8. POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality and Impact Assessment and Risk Management. There are no issues in this regard to report on.

An Equality Impact Assessment has been carried out and will be made available on the Council website <http://www.dundee.gov.uk/equanddiv/equimpact/>.

9. CONSULTATIONS

The Executive Director of Corporate Services and the Head of Democratic and Legal Services, Head of Human Resources and Business Support, Head of Communities and Head of Customer Services and IT and other members of the Council Management Team have been consulted in the preparation of this report.

10. BACKGROUND PAPERS

Aldi Stores Ltd –v- Dundee City Licensing Board, Judgment of Sheriff Veal dated 12 August 2016.

Roger Mennie
Clerk to the Licensing Board

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Dundee City Council Licensing Board – Overprovision Policy Options

Option A (preferred option) – whole board approach for Off-sales & On-Sales – excluding On/Off sales for the City, by Ward & City Centre/ Central Waterfront

	Off-sales (Supermarkets, Convenience Stores)	On-sales (Vertical Drinking Establishments – Pubs, Bars)	On/Off sales (Restaurants, Cafes', Hotels)	Occasional
City Wide	x	x	✓	Case-by-case
Ward	x	x	✓	Case-by-case
City Centre/ Central Waterfront	x	x	✓	Case-by-case

Option B – whole board approach for Off-sales, On-sales & On/Off Sales – excluding the City Centre/ Central Waterfront for On/Off Sales

	Off-sales (Supermarkets, Convenience Stores)	On-sales (Vertical Drinking Establishments – Pubs, Bars, Night Clubs)	On/Off sales (Restaurants, Cafes', Hotels)	Occasional
City Wide	x	x	x	Case-by-case
Ward	x	x	x	Case-by-case
City Centre/ Central Waterfront	x	x	✓	Case-by-case

Option C - whole board area approach for Off-Sales, On-Sales & On/Off Sales

	Off-sales (Supermarkets, Convenience Stores)	On-sales - (Vertical Drinking Establishments – Pubs, Bars, Night Clubs)	On/Off sales (Restaurants, Café's, Hotels)	Occasional
City Wide	x	x	x	Case-by-case
Ward	x	x	x	Case-by-case
City Centre/ Central Waterfront	x	x	x	Case-by-case



The Public Health and Social Impact of Alcohol Availability in Dundee

June 2017

1. Executive Summary

The Licensing (Scotland) Act 2005 places a direct obligation on local licensing boards to consider the protection and improvement of public health when granting or reviewing licences. This report collates and presents the current data with regards to the public health and social impact of alcohol consumption and provision in Dundee City to inform an evidence-based policy statement for Dundee City.

In Tayside, approximately 29% of men and 15% of women drink alcohol at levels that are considered hazardous or harmful (over 14 units per week). However, there is evidence of changing attitudes towards alcohol in 13-15 year olds, with more young people less accepting of trying alcohol and getting drunk nowadays.

In Scotland, Dundee City has one of the highest rates of alcohol-related deaths of all local authority areas in Scotland.

Alcohol-related harm disproportionately affects those living in the most disadvantaged areas and therefore widens health inequalities.

In 2015, there was nearly 1600 alcohol-related A&E attendance by Dundee City residents. Individuals from the most deprived areas in Dundee City account for just under six times the rate of presentation to A&E compared with those in the least deprived areas.

The drinking of alcohol has a significant impact on health care and policing resource in Dundee City. Alcohol is a recorded factor in 58.5% of serious assault offences. The estimated financial burden from all alcohol-related harm to Dundee City is approximately £71.05 million.

Since 1994, off-trade sales of alcohol have increased markedly in Scotland whereas on-sales trade has decreased. Almost three-quarters of alcohol currently sold in Scotland is purchased from off-sales trade. The contribution made to alcohol-related harm from off-sales outlets is greater than that from on-sales outlets.

Neighbourhoods with higher numbers of alcohol outlets have significantly higher alcohol-related hospitalisation and death rates. Dundee City has the fourth highest alcohol outlet availability in Scotland.

Alcohol-related harm in a population is directly associated with alcohol consumption levels which, in turn, is directly associated with alcohol availability.

Alcohol availability (e.g. outlet density and opening hours) and alcohol affordability (price) are the two main factors affecting how much alcohol is drunk in Scotland.

Given the evidence of alcohol-related harm in Dundee City, the impact on health inequalities and the impact of drinking in private settings where friends and families are also exposed and affected, Dundee City Alcohol and Drugs Partnership would recommend that the Licensing Board for Dundee City includes in its policy statement that no further off-sale licenses are granted.

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3. Introduction

In response to rapidly increasing rates of alcohol-related harm in Scotland, the Scottish Government implemented a co-ordinated strategic approach in the mid-2000s to tackle the availability and affordability of alcohol. A Framework for Action was produced, in addition to the passing of three Parliamentary Acts. The approach was evidence-based and contains the main strategic elements advocated by WHO.¹

One of the pieces of legislation to be enacted was the Licensing (Scotland) Act 2005. This was implemented in September 2009 and required licensing boards to promote the following five objectives in their work:

1. Preventing crime and disorder
2. Securing public safety
3. Preventing public nuisance
4. Protecting children from harm
5. Protecting and improving public health.

In addition, licensing boards must publish a statement of their licensing policy every three years which must seek to promote the five licensing objectives. The Licensing (Scotland) Act 2005, therefore, places a direct obligation on local licensing boards to consider the protection and improvement of public health when granting or reviewing licences.

The policy statement must also include a statement on overprovision of licensed premises within its area and the licensing board must subsequently pay regard to the content of the policy statement when making licensing decisions. The purpose of the policy statement is to enable a licensing board to take a strategic approach to managing alcohol provision in its area. To date, some elements of Scotland's alcohol strategy have been successfully implemented and rates of alcohol-related hospitalisations and deaths have been declining in recent years. However the rates are still much higher than they were in the 1980s and significantly higher than in England and Wales and what is more, the decline in rates seen now appears to be stalling.² Also, there are persisting and significant inequalities arising from alcohol-related harm so much still needs to be done.

Increasing price, reducing availability and controlling the marketing of alcohol are the most effective and cost-effective measures to prevent and reduce alcohol-related harm.³ To support the work of Dundee Licensing Board and inform an evidence-based policy statement for Dundee City this report collates and presents the current data with regards to the public health and social impact of alcohol consumption and provision in Dundee City.

¹ World Health Organization. Global strategy to reduce the harmful use of alcohol. Available from: http://www.who.int/substance_abuse/activities/gsrhua/en/ [Accessed May 2017]

² Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

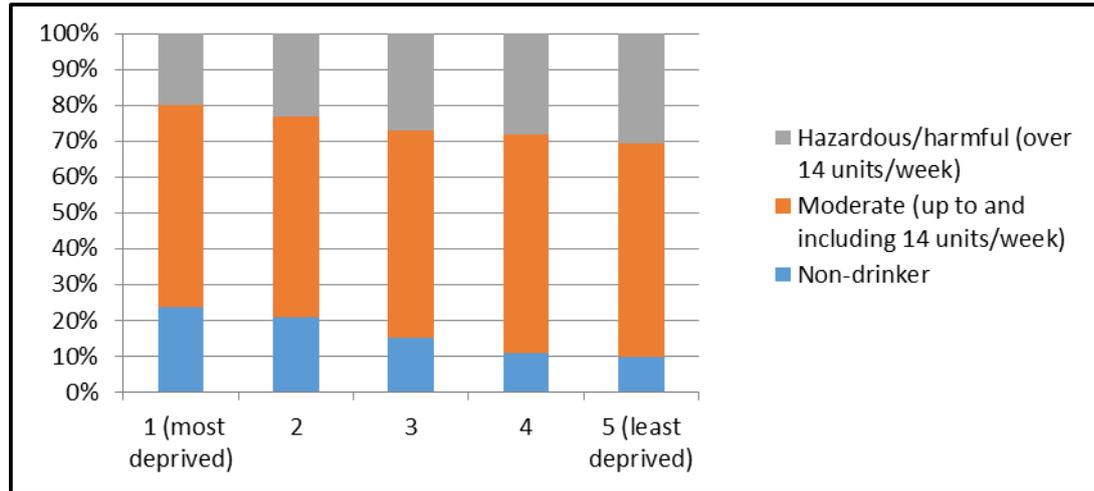
³ Chisholm D, Rehm J, Van Ommeren M, Monteiro M. Reducing the global burden of hazardous alcohol use: a comparative cost-effectiveness analysis. *Journal of studies on alcohol*. 2004;65(6):782-93.

4. Current trends in alcohol consumption

A considerable proportion of adults in Tayside drink alcohol in excess of safe government guidelines. The Scottish Health Survey showed that for Tayside, during the period 2012-2015, 29% of men and 15% of women were drinking alcohol at levels that are considered hazardous or harmful (over 14 units per week).⁴

Alcohol consumption varies with socioeconomic deprivation, with a greater proportion of adults in the least deprived areas drinking at hazardous or harmful levels (Chart 1).

Chart 1. Weekly drinking category, by SIMD 2012 quintiles (age-standardised), Scotland 2015



Source: Scottish Government / National Statistics, The Scottish Health Survey 2015

However, it appears that attitudes towards alcohol are changing, particular in younger people. The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2013 showed that in Tayside⁵:

- 40% of 13 year olds and 67% of 15 year olds report having been drunk at least once (compared to 56% and 74% respectively in 2010).
- 3% of 13 year olds and 20% of 15 year olds reported drinking alcohol in the week prior to the survey (14% and 32% respectively in 2010).

These mirror the overall Scottish trends whereby, the proportion of 13-15 year olds reporting ever having had a drink has been declining since the 2000s and was the lowest ever in 2013. The SALSUS 2013 survey showed that the most common sources of alcohol for under-age young people in Tayside were friends, relatives or the home either with or without permission (i.e. as a result of off-sales as opposed to on-sales trade).

⁴ Scottish Government / National Statistics. The Scottish Health Survey 2015 Edition. Available from: <http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey> [Accessed May 2017]

⁵ Scottish Government / National Statistics. Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): National Overview 2015. Available from: <http://www.isdscotland.org/Health-Topics/Public-Health/SALSUS/> [Accessed May 2017]

5. Alcohol related harm

Excessive consumption of alcohol can result in a wide range of health problems for an individual. Some adverse health effects may occur after drinking over a relatively short period, such as acute intoxication (drunkenness) or poisoning (toxic effect). Others develop more gradually, only becoming evident after long-term heavy drinking, such as damage to the liver and brain. In addition to causing physical problems, excessive alcohol consumption can lead to mental health problems such as alcohol dependency.

However, the harm that arises from alcohol use does not only impact on individuals but significantly affects friends, families and the broader community.

In this section, data concerning the impact of alcohol on health, crime and disorder, social and economic activity within a local and national context will be considered.

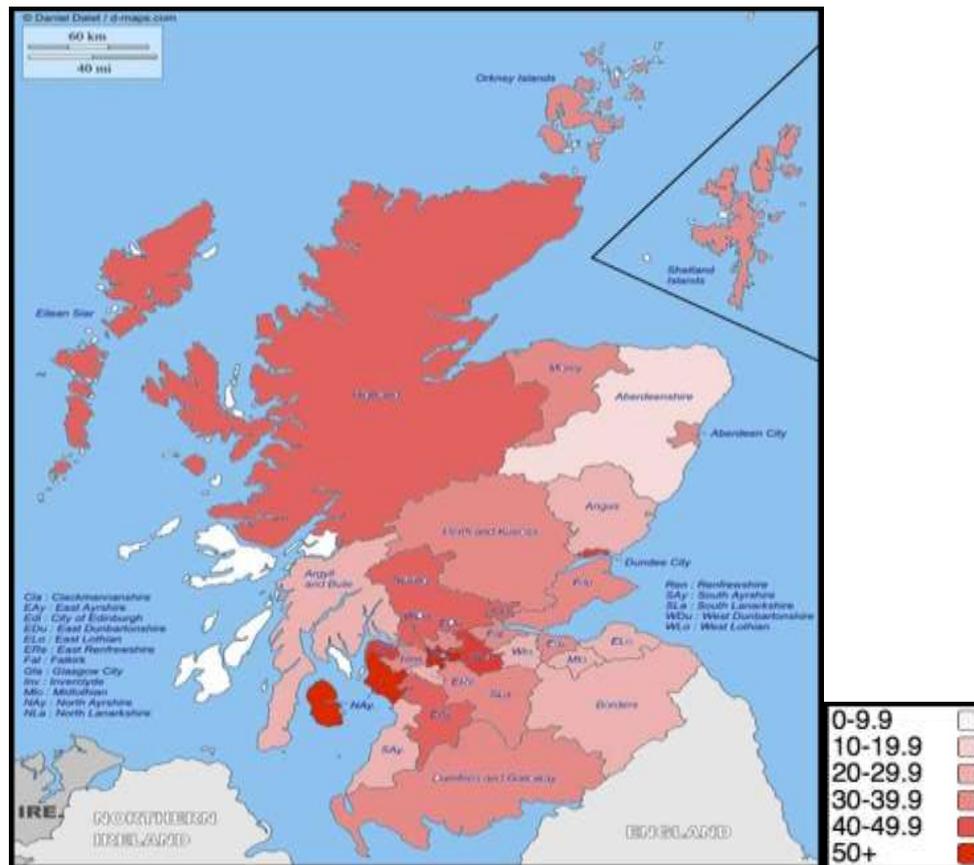
3.1 Health

The most reliable and robust indicators of alcohol-related harm are alcohol-related death and hospitalisation rates.⁶

3.1.1 Alcohol-related deaths

In 2008, Scotland had one of the fastest growing chronic liver disease and cirrhosis death rates in the world.⁷ Within Scotland, Dundee City had one of the highest rates of alcohol-related deaths of all local authority areas in Scotland (Chart 2) and more recent data show that this is still the case⁸.

Chart 2. Alcohol- related death rates in men per 100,000 population Scotland 2009



⁶ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Sipton D, Van Heelsum A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

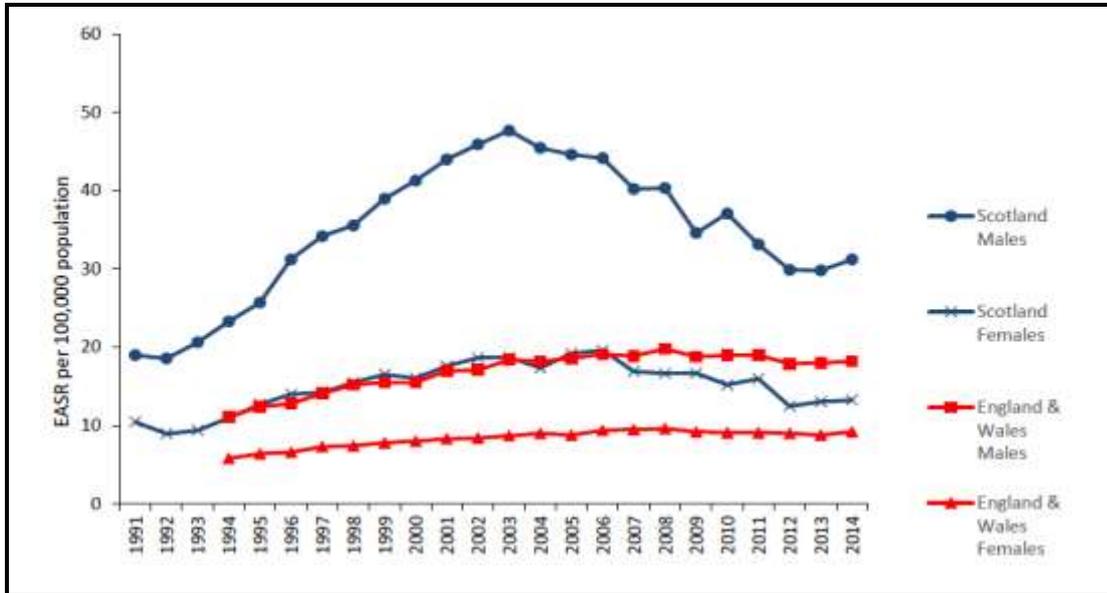
⁷ Scottish Government. Changing Scotland's Relationship with Alcohol: a discussion document. 2008 Available from: <http://www.gov.scot/Publications/2009/03/04144703/0> [Accessed May 2017]

⁸ National Records of Scotland. Alcohol Related Deaths. 2016. Available from: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-related-deaths> [Accessed May 2017]

Source: ONS, Northern Ireland Statistics and Research Agency, Scottish Record Office (July 2013)

Alcohol-related mortality rates in Scotland have declined in recent years but rates of alcohol-related mortality and morbidity in Scotland continue to be much higher than in the 1980s and significantly higher than England and Wales.⁹ Furthermore, the decline in alcohol-related mortality rates shows evidence of stalling (Chart 3).

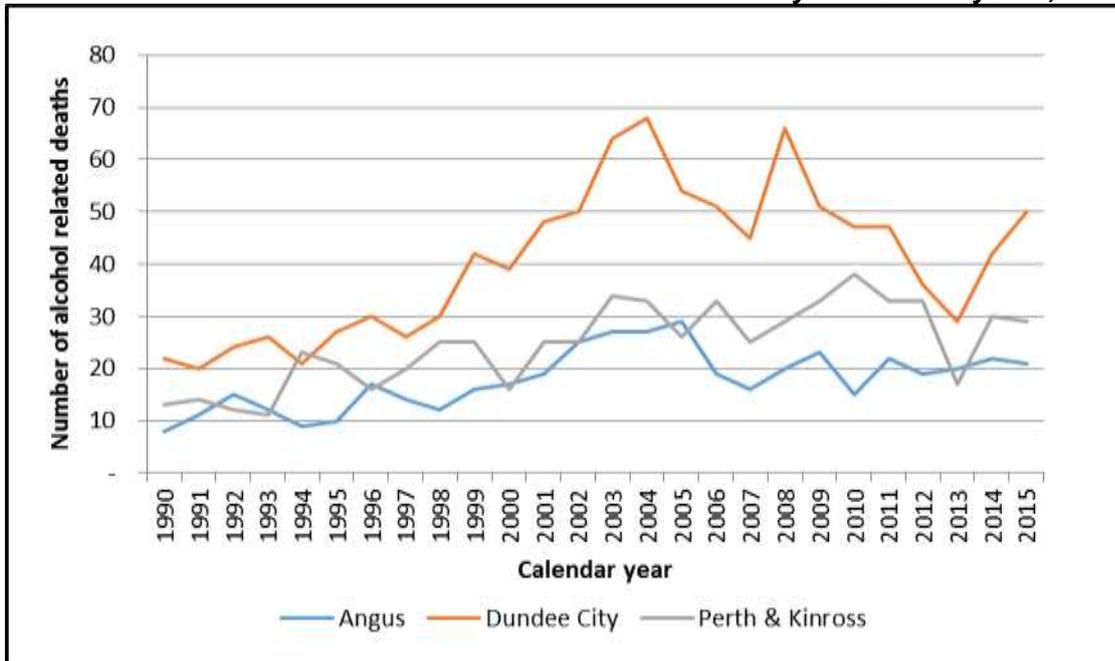
Chart 3. Alcohol-related mortality, by gender, for Scotland and England and Wales, 1991-2014



Source: Monitoring and Evaluating Scotland’s Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

In Dundee City, following an increase in the number of alcohol-related deaths from 1990 to 2004, numbers fluctuated then decreased between 2004 and 2013 but are now starting to rise again (Chart 4).

Chart 4. Alcohol-related death rates in the local authority areas of Tayside, 1990-2015



⁹ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A. Monitoring and Evaluating Scotland’s Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

Source: National Records of Scotland Alcohol Related Deaths Report 2015

Alcohol-related deaths disproportionately affect those living in the most disadvantaged areas. In 2014, the alcohol-death rates for people living in the most deprived 10% of areas in Scotland was eight times the rate for those living the least deprived 10% of areas.¹⁰

The annual alcohol-related death rate of Dundee City is markedly higher than that of Scotland's (Table 1). Of note, however, the Scottish average is a poor benchmark, given that Scotland has one of the highest levels of alcohol-related harm in Western Europe and is consistently the UK country with the highest rate of alcohol-related deaths.^{11, 12}

Table 1. Alcohol related deaths in Scotland and Dundee City, 2009-2011

	2009	2010	2011
Scotland			
Population	5,327,700	5,347,600	5,373,000
Total number alcohol related deaths	1100	1152	1150
Alcohol related deaths per 100,000 population	20.6	21.54	21.40
Dundee City			
Population	148,100	148,130	148,210
Total number alcohol related deaths	59	78	87
Alcohol related deaths per 100,000 population	39.8	52.7	58.7

The mortality rate in the UK from alcohol is highest in the age group of 55 to 69¹³.

3.1.2 Alcohol-related hospital admissions

The harmful use of alcohol is known to be a *causal* factor in over 200 diseases and injury conditions.¹⁴

In 2015/16 there were 869 alcohol related hospital discharges in Dundee City residents.

The number of alcohol-related discharges in Dundee city has broadly remained constant (with some fluctuation) over the past ten years (Chart 5). This is in contrast to Perth and Kinross where the trend for alcohol-related hospital discharges has been decreasing.

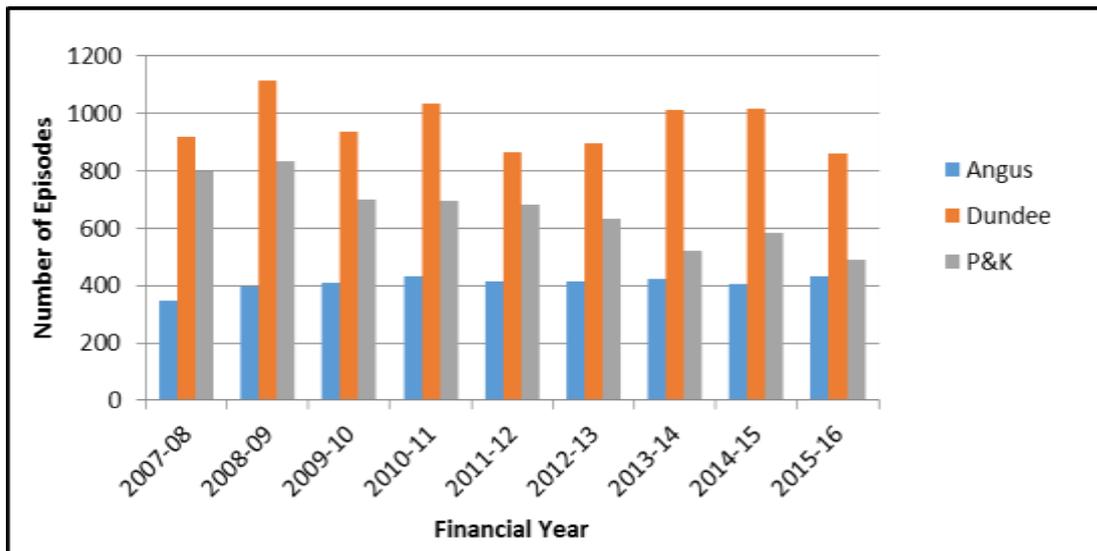
¹⁰ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsom A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

¹¹ Beeston C, Reid G, Robinson M, Craig N, McCartney G, Graham L and Grant I (on behalf of the MESAS project team). Monitoring and Evaluating Scotland's Alcohol Strategy. Third Annual Report. Edinburgh: NHS Health Scotland; 2013

¹² Office for National Statistics. Alcohol-related deaths in the UK: registered in 2015. 2017. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2015> [Accessed May 2017]

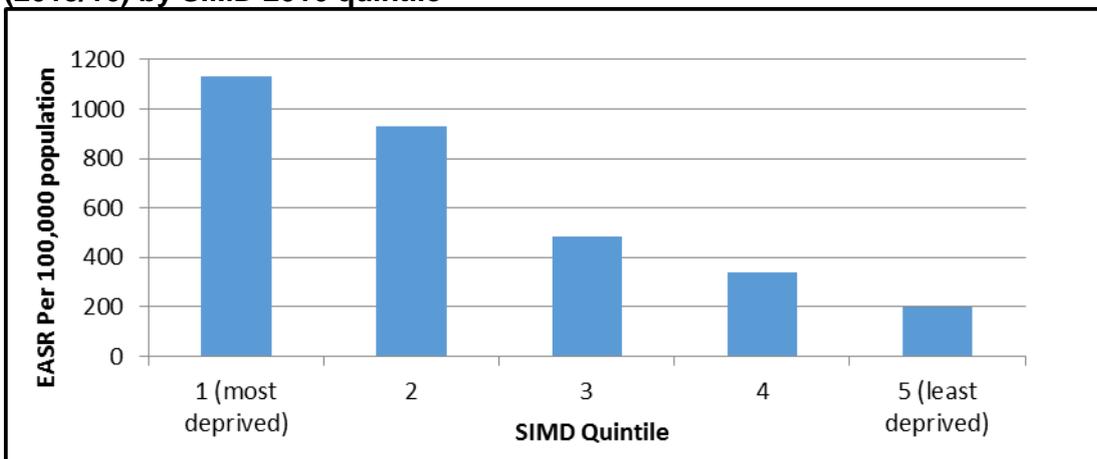
¹³ Office for National Statistics. Alcohol-related deaths in the UK: registered in 2015. 2017. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2015> [Accessed May 2017]

¹⁴ World Health Organization. Global status report on alcohol and health 2014. Available from: http://www.who.int/substance_abuse/publications/global_alcohol_report/en/ [Accessed May 2017]

Chart 5. Alcohol related hospital discharges in Tayside

Source: SMR01 Discharges by financial year 2007/08 to 2015/16 (Extracted 11/01/2017)

The alcohol-related hospital discharges in Dundee City residents show a marked inequality gradient (Chart 6) providing further evidence that people living in socioeconomically deprived areas are disproportionately affected by alcohol-related harm.

Chart 6. Dundee City alcohol related acute hospital standardised discharge rates (2015/16) by SIMD 2016 quintile

Source: SMR01 & NRS Midyear population estimates

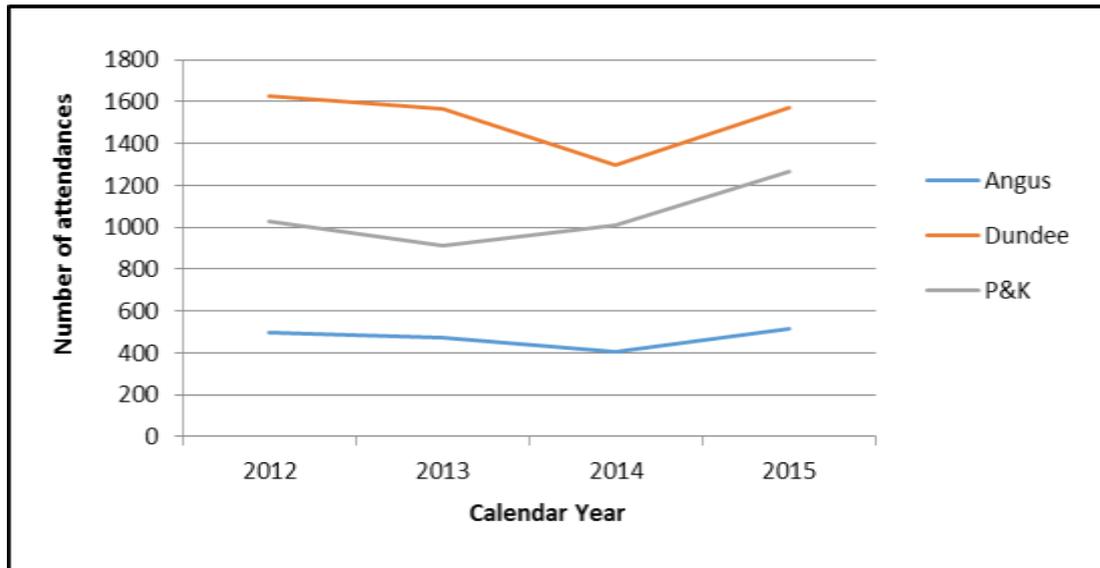
3.1.3 Alcohol-related A&E attendances

Across Scotland, alcohol is a contributory factor in approximately 11% of attendances to A&E departments.¹⁵

In 2015, there were nearly 1600 alcohol-related A&E attendances by Dundee City residents and this number has remained relatively constant over the past four years (Chart 7).

Chart 7. Alcohol Related A&E Attendances in Tayside, 2012 -2015

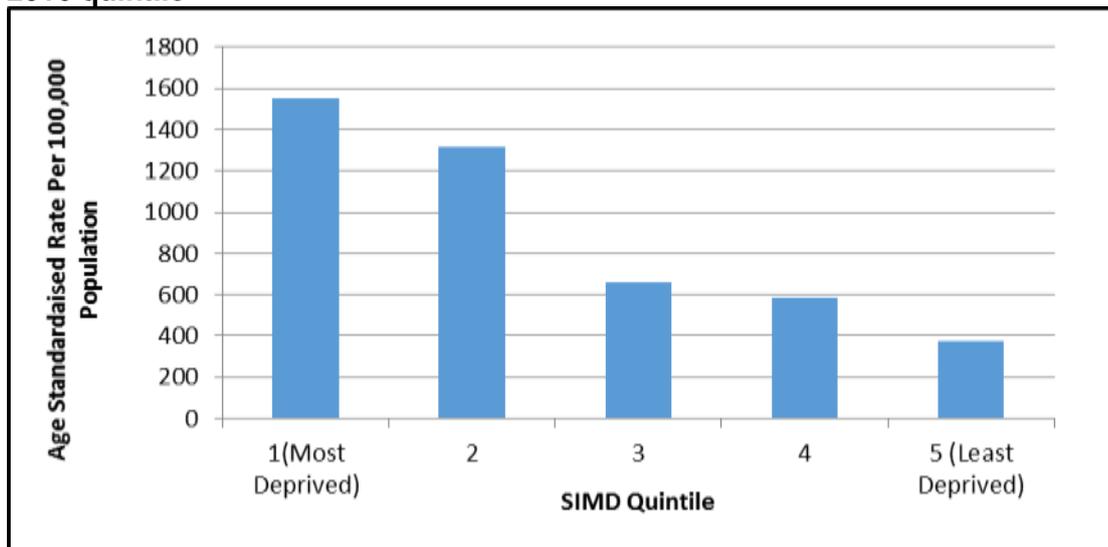
¹⁵ Audit Scotland. Drug and Alcohol Services in Scotland. 2009. Available from: http://www.audit-scotland.gov.uk/docs/health/2009/nr_090326_drugs_alcohol.pdf [Accessed May 2017]



Source: NHS Tayside Business Unit Symphony (January 2016)

In keeping with the findings in alcohol-related hospital discharges and alcohol-related mortality, there is a marked inequality gradient present in alcohol-related A&E attendances. Individuals from the most deprived areas in Dundee City account for just under six times the rate of presentations to A&E compared with those the least deprived areas (Chart 8)

Chart 8. Alcohol Related A&E attendance rate (2015) in Dundee City residents by SIMD 2016 quintile



Source: A&E systems accessed by NHS Tayside Business Unit

3.2 Crime and Disorder

In 2013/14, the overall crime rate in Dundee City (6,220 per 100,000 population) was notably higher than the overall Scotland rate (5,080 per 100,000 population). Alcohol is known to be an aggravator in a significant proportion of incidents attended to by police, in particular petty assault and serious assault (Table 2). The Scottish Crime and Justice Survey for 2014/15 reported that in just over half (54%) of violent crimes the victim thought that the offender was under the influence of alcohol.¹⁶

Table 2: Offences recorded in Dundee and their relationship with alcohol 2013/14

¹⁶ Scottish Government / National Statistics. Scottish Crime and Justice Survey 2014/15: Main Findings. Available from: <http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey/publications> [Accessed May 2017]

Offence Type	Total number of incidents	Incidents where alcohol is involved		Rate per 100,000 population
		Number	Percentage	
Petty Assault	2072	958	46.2%	646
Vandalism	1786	153	8.6%	103
Breach of the Peace	197	53	26.9%	36
Drugs Offences	1098	133	12.1%	89
Serious Assault	82	48	58.5%	32
Sexual Crimes	316	66	20.8%	45
Culpable & Reckless Conduct (not with firearms)	101	23	22.7%	16
Indecent Exposure (now termed Sexual Exposure of Genitals)	7	<5	-	-

Source: Police Scotland data

3.3 Social impact of alcohol

Alcohol is considered the drug that causes the greatest harm in Scotland.¹⁷

Work done nationally to ascertain the wider impact of alcohol beyond the harm caused to the drinker found that 1 in 2 people reported having experienced harm as a result of someone else's drinking and reported lower life satisfaction compared to others.¹⁸ 1 in 3 people in Scotland reported having being exposed to heavy drinkers in their lives and people who know heavy drinkers were more likely to report experiencing harm from others' drinking in private places such as the home or private parties (from off-sales alcohol trade).

Living with a problem drinker can result in relationship problems, tensions within the household, arguments and chaotic lifestyles. This can have a direct impact on children for whom there is worry, fear and uncertainty, the potential for neglect and an impact on school attendance.¹⁹

In Dundee City, the number of registrations of children on the Child Protection Register due to parental alcohol misuse has increased in recent years to 39 over the academic year 2015/16, representing over a quarter (25.5%) of all registrations (Table 3).

Table 3. Child Protection Registrations in Dundee City, 2012/13 – 2015/16

Academic year	Registrations	Number due to parental alcohol misuse	Percentage due to parental alcohol misuse (%)
2012/13	129	27	20.9
2013/14	131	30	22.9
2014/15	126	34	27.0
2015/16	153	39	25.5

¹⁷ Sharp C, Marcinkiewicz A, Rutherford L. Attitudes towards alcohol in Scotland: results from the 2013 Scottish Social Attitudes Survey. NHS Health Scotland; 2014

¹⁸ Hope A, Curran J, Bell G, Platts A. Unrecognised and under-reported: the impact of alcohol on people other than the drinker in Scotland. Glasgow: Alcohol Focus Scotland; 2013.

¹⁹ Hope A, Curran J, Bell G, Platts A. Unrecognised and under-reported: the impact of alcohol on people other than the drinker in Scotland. Glasgow: Alcohol Focus Scotland; 2013.

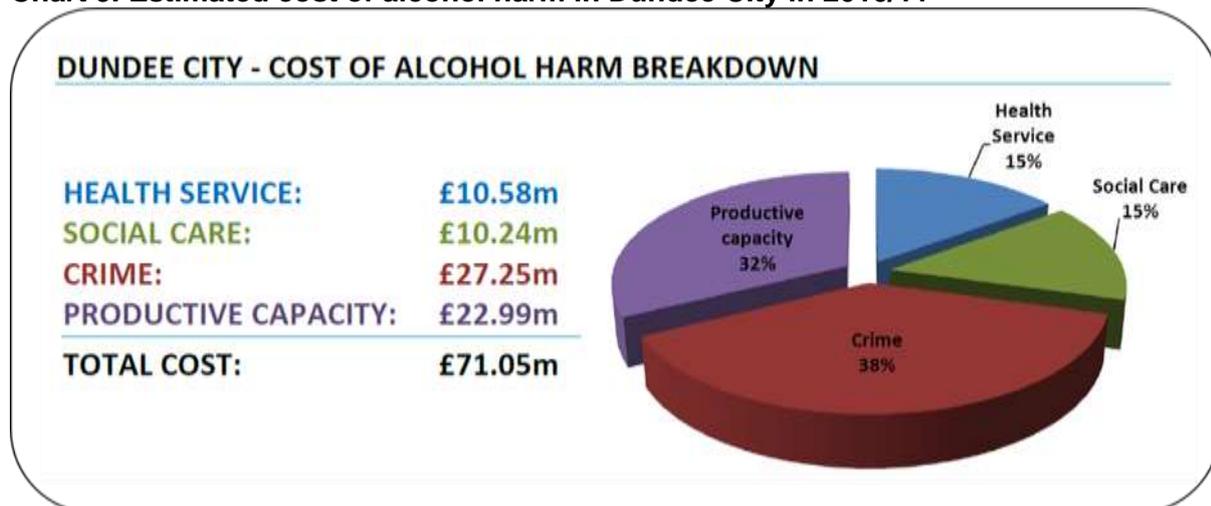
3.4 Economic impact of alcohol

Alcohol can result in direct economic costs, indirect costs and intangible costs as outlined in the examples below:

- **Direct costs:** cost to health, police, social and justice services incurred when managing alcohol-related impact on individuals
- **Indirect costs:** costs incurred due from lost productivity (due to e.g. absenteeism, unemployment), reduced earning potential and lost working years due to premature morbidity or death
- **Intangible costs:** costs assigned to pain and suffering and more generally to a diminished quality of life. These are costs borne not only by the person consuming hazardous or harmful quantities of alcohol, but frequently families and others linked to the individual.

There is substantial evidence that alcohol imposes major costs to the Scottish economy. Quantifying these costs is tricky but the total cost of alcohol harm in Dundee City each year is estimated to be in the region of £71 million.²⁰ This figure takes into account the impact of alcohol on health, social, crime and productive capacity (figure 7) but not the intangible costs.

Chart 9. Estimated cost of alcohol harm in Dundee City in 2010/11



Source: The cost of alcohol in Dundee City 2010/11, Alcohol Focus Scotland

²⁰ Alcohol Focus Scotland. The cost of alcohol in Dundee City 2010/11. Available from: <http://www.alcohol-focus-scotland.org.uk/media/61453/The-Cost-of-Alcohol-Dundee-City.pdf> [Accessed May 2017]

3.5 Summary

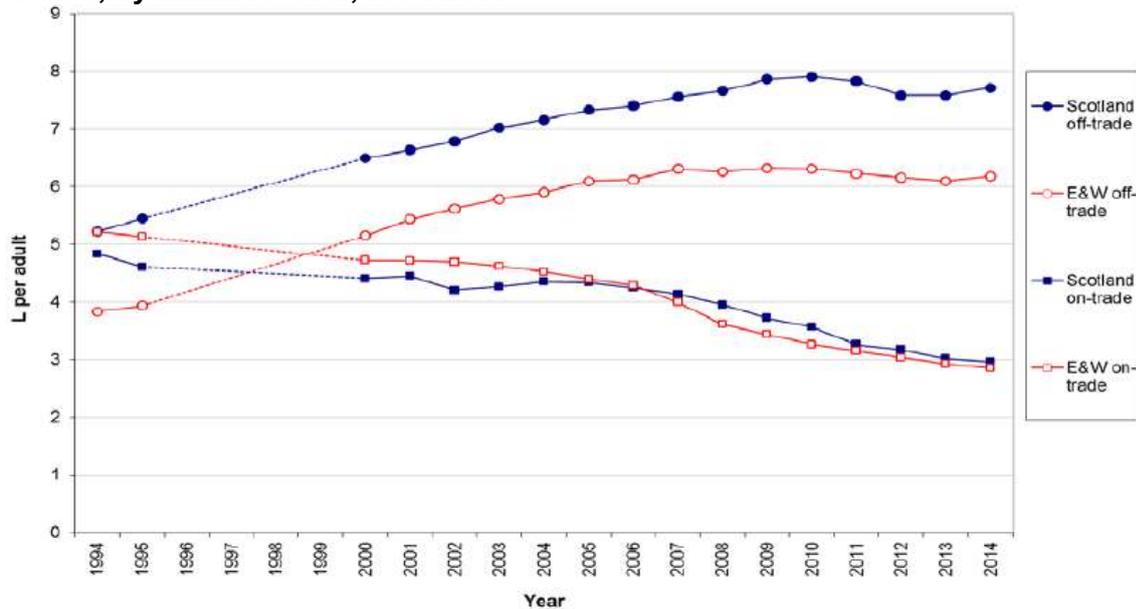
- Scotland has high levels of alcohol-related mortality and morbidity – much higher than previous historic trends before 1990s and much higher than other UK and Western European countries.
- Within Scotland, Dundee City is one of the local authorities with the highest rates of alcohol-related mortality and morbidity.
- The drinking of alcohol has a significant impact on individuals, families and communities in Dundee City. It also increases the demand on healthcare, policing resource, community safety provision and other social care services.
- The estimated financial burden to Dundee City is approximately £71.05million.
- Although individuals in the least socioeconomically deprived areas on average drink more alcohol, individuals living in the most socioeconomically deprived areas experience greater alcohol-related harm.
- Much of the data presented in the section relies on the recording of the contribution of alcohol in, for example, police and healthcare summaries. Therefore the figures presented are likely to be an under-estimation of the true picture of the impact of alcohol-related harm in Dundee City.

6. Current trends in alcohol sales

Alcohol consumption levels in a population are best estimated using alcohol sales data. Although surveys provide a useful indicator to alcohol consumption trends, it has been estimated that surveys of population consumption only account for approximately 50% of sales based data and therefore alcohol sales data are preferred as the more accurate measure of alcohol consumption.^{21,22}

In 2014, 10.7 litres of pure alcohol were sold per adult in Scotland.²³ In recent years there has been a marked divergent trend in off-trade sales versus on-trade sales. Between 1994 and 2010, on-trade sales decreased by 28% whereas off-trade sales increased markedly by 52% (Chart 10).

Chart 10. Litres of pure alcohol sold per adult (aged ≥16 years) in Scotland and England & Wales, by market sector, 1994-2014



Source: Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

In 2015, 20% more alcohol was sold per adult in Scotland than in England and Wales, and almost all of this (97%) was because of higher sales in supermarkets and off-licences.²⁴ Almost three-quarters of alcohol currently sold in Scotland is purchased from off-sales trade.

The reason for this is thought to be principally due to the differences in average price of a unit of alcohol between off-sales and on-sales trade. The average price of a unit of alcohol sold in supermarkets and off-licences has roughly stayed the same since 2000, whereas the average price of a unit of alcohol has consistently increased in pubs and clubs. The average price per unit of alcohol in Scotland in 2015 in pubs, clubs and restaurants was £1.74, compared to only

²¹ Beeston C, Geddes R, Craig N, Gordon R, Graham L, McAuley A, McCartney G, Reid G, Robinson M, Van Heelsum A (on behalf of the MESAS project team). Monitoring and Evaluating Scotland's Alcohol Strategy. Fourth Annual Report. Edinburgh: NHS Health Scotland; 2014

²² World Health Organization. International guide for monitoring alcohol consumption and related harm. 2000 Available from: <http://apps.who.int/iris/handle/10665/66529> [Accessed May 2017]

²³ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

²⁴ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

52p in supermarkets and off-licences.²⁵

²⁵ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsum A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

7. Alcohol Outlet Density

As part of the policy statement Licensing Boards are required to make a statement with regards to overprovision of licensed premises within its area.

How many or what density of licensed premises that constitutes overprovision is a matter for a licensing board to decide, based on the assessment of the evidence. National guidance does not stipulate what constitutes 'overprovision'. Whether an area is overprovided in alcohol is, ultimately, a value judgement. However, the law empowers the licensing board to consider (as part of the five licensing objectives) the welfare of the community it serves, the health, social and economic consequences of over consumption and the overall best interests of society.

In the case of *Tesco Stores Limited v City of Glasgow Licensing Board, 2012* the sheriff commented, when rebutting the appeal of *Tesco Stores Limited* against a licence which had been declined "The pursuer demands a standard appropriate to a court not a licensing board. Unlike a court judgement, it is sufficient for a board to make a value judgement."

The extent to which alcohol is available is strongly associated with alcohol consumption²⁶ and, in turn, alcohol-related harm.^{27,28,29,30,31} Greater density of alcohol outlets leads to increased physical availability to consumers and lower alcohol pricing (due to greater competition between retail outlets for sales).

In Scotland research has shown that neighbourhoods with higher numbers of alcohol outlets have significantly higher alcohol-related death rates and alcohol-related hospitalisation rates.³² Residents of neighbourhoods with the highest availability are more than twice more likely to die from an alcohol-related death than those with the fewest outlets.³³ Furthermore, higher densities of off-sales alcohol outlets are largely found in the most deprived areas of Scotland.³⁴ When considering the impact of off-sales outlets versus on-sales outlets, the contribution made to alcohol-related harm from off-sales outlets is notably greater than that of on-sales outlets.³⁵ Reasons for this are thought to include: the alcohol available to buy from off-sales outlets is generally cheaper than from on-sales outlets; large volumes of alcohol are obtainable from off-sales outlets and there is a lack of supervision of alcohol consumption when alcohol is purchased from an off-sales outlet.³⁶

²⁶ Bryden A, Roberts B, McKee M, Petticrew M. A systematic review of the influence on alcohol use of community level availability and marketing of alcohol. *Health & place*. 2012;18(2):349-57.

²⁷ Gruenewald PJ, Freisthler B, Remer L, LaScala EA, Treno A. Ecological models of alcohol outlets and violent assaults: crime potentials and geospatial analysis. *Addiction*. 2006;101(5):666-77.

²⁸ LaScala EA, Johnson FW, Gruenewald PJ. Neighborhood characteristics of alcohol-related pedestrian injury collisions: a geostatistical analysis. *Prevention Science*. 2001 Jun 1;2(2):123-34.

²⁹ Pereira G, Wood L, Foster S, Haggart F. Access to alcohol outlets, alcohol consumption and mental health. *PLoS One*. 2013 Jan 16;8(1):e53461.

³⁰ Theall KP, Scribner R, Cohen D, Bluthenthal RN, Schonlau M, Lynch S, Farley TA. The neighborhood alcohol environment and alcohol-related morbidity. *Alcohol and alcoholism*. 2009 Sep 1;44(5):491-9.

³¹ Treno AJ, Johnson FW, Remer LG, Gruenewald PJ. The impact of outlet densities on alcohol-related crashes: a spatial panel approach. *Accident Analysis & Prevention*. 2007 Sep 30;39(5):894-901.

³² Richardson EA, Shortt NK, Pearce J, Mitchell R. Alcohol-related illness and deaths in Scottish neighbourhoods: is there a relationship with the number of alcohol outlets. Edinburgh: Centre for Research on Environment, Society and Health and Alcohol Focus Scotland. 2014.

³³ Richardson EA, Shortt NK, Pearce J, Mitchell R. Alcohol-related illness and deaths in Scottish neighbourhoods: is there a relationship with the number of alcohol outlets. Edinburgh: Centre for Research on Environment, Society and Health and Alcohol Focus Scotland. 2014.

³⁴ Shortt NK, Tisch C, Pearce J, Mitchell R, Richardson EA, Hill S, Collin J. A cross-sectional analysis of the relationship between tobacco and alcohol outlet density and neighbourhood deprivation. *BMC public health*. 2015;15(1):1014.

³⁵ Richardson EA, Hill SE, Mitchell R, Pearce J, Shortt NK. Is local alcohol outlet density related to alcohol-related morbidity and mortality in Scottish cities?. *Health & place*. 2015;33:172-80.

³⁶ Forsyth AJ, Davidson N. Community off-sales provision and the presence of alcohol-related detritus in residential neighbourhoods. *Health & place*. 2010;16(2):349-58.

Dundee has the fourth highest alcohol outlet availability in Scotland (number of outlets within 800m radius).³⁷ The density of off-sales and on-sales outlets in Dundee City is shown in Charts 11 and 12 respectively. On-sales outlets are concentrated around Dundee City Centre, the Waterfront and Broughty Ferry, whereas off-sales outlets continue to be prevalent in higher concentrations compared to the on-sales outlets further afield.

Dundee City is the smallest local authority area in Scotland by area and second only in population density to Glasgow City. Therefore it would be difficult to discern the impact of alcohol sales provision at a geographical level smaller than Dundee City overall, particular with regards to the off-sales trade.

³⁷ CRESH and Alcohol Focus Scotland. Alcohol outlets and health in Scotland. 2014

Chart 11. Density of off-sales outlets in Dundee City (number of outlets within 800m of datazone's population centre)

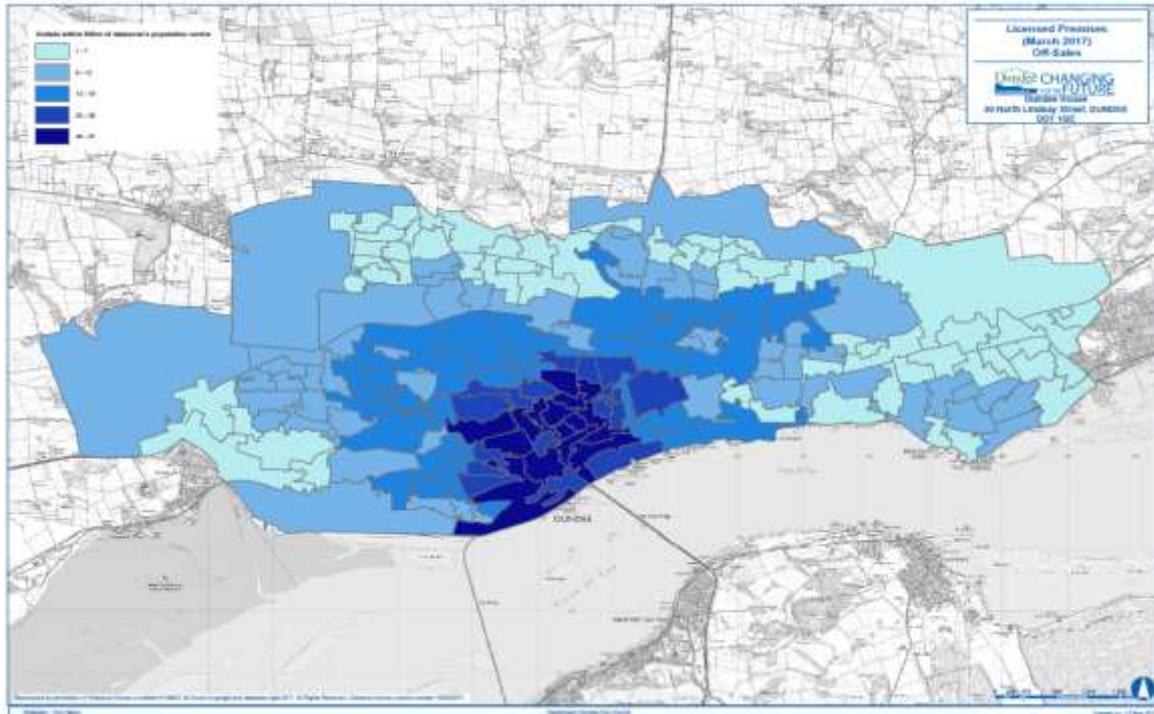
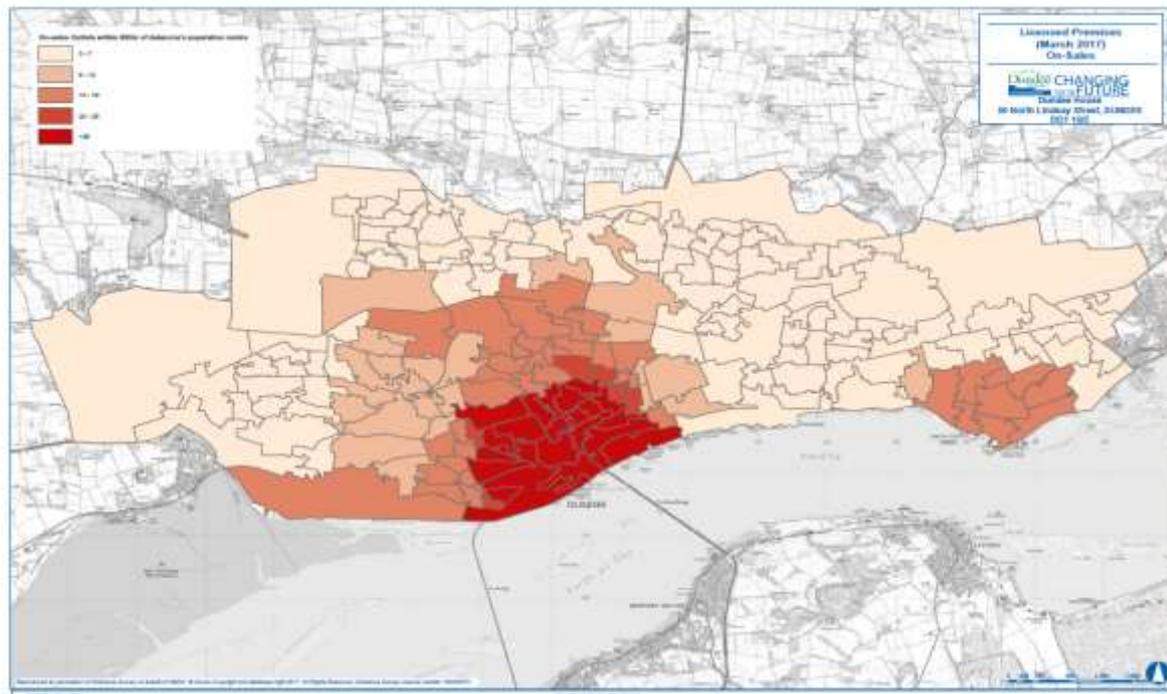


Chart 12. Density of on-sales outlets in Dundee City (number of outlets within 800m of datazone's population centre)

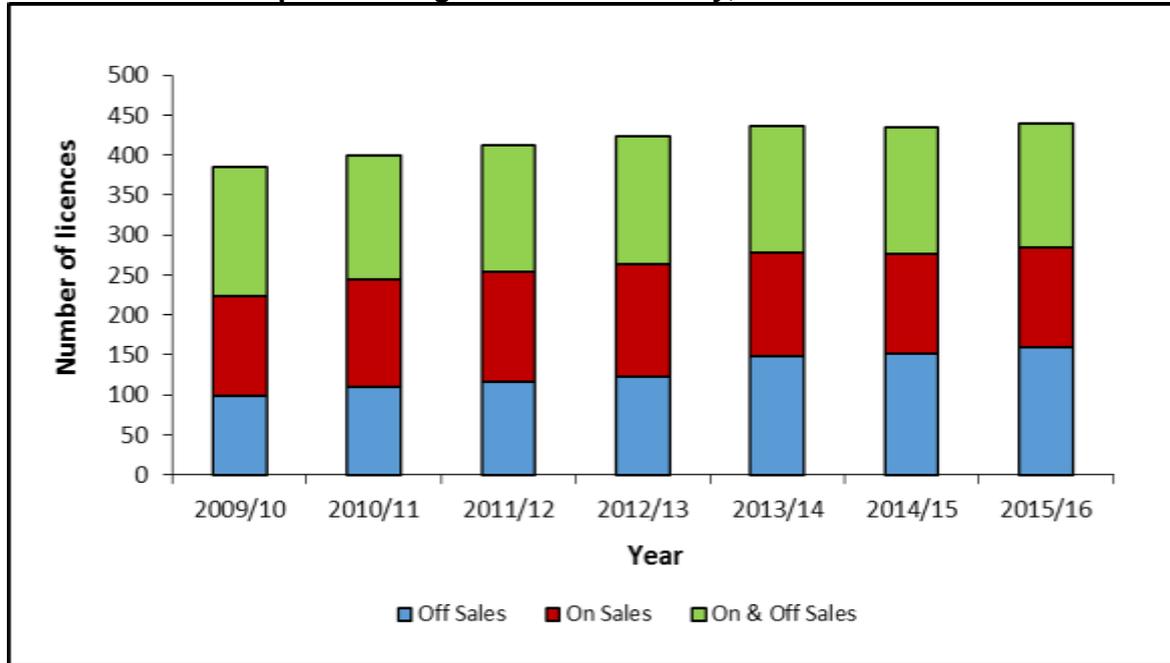


8. Alcohol licensing

8.1 Licenses for on- and off-sales of alcohol

In Dundee City, the number of premises licences operational in Dundee City has increased in recent years (Chart 13) and as of 4th May 2017, the total stood at 454.

Chart 13. Licensed premises figures in Dundee City, 2009/10 – 2015/16



Source: Licensing team, Dundee City Council

The number of personal licences issued by Dundee City has also increased. In the period 2009/10, 848 individuals were issued with a personal licence. In 2013/14 it was 1,436, representing a relative increase of 69.3%.

9. Benefits of reducing alcohol availability

Alcohol-related harm in a population is directly associated with alcohol consumption levels.³⁸ The increased availability of alcohol in the commercial and public setting results in an increased availability of alcohol in the social setting and vice versa, therefore contributing to changing the social and cultural norms that promote harmful use of alcohol.

Alcohol-related harm disproportionately affects those living in the most disadvantaged areas and therefore widens health inequalities. Addressing health inequalities is a major public health challenge for Dundee and therefore action to reduce health inequalities by mitigating the effects of alcohol-related harm through the restriction of alcohol licensing should be a key public health objective for Dundee City Licensing Board.

Population-based policy options – such as the use of taxation to regulate the demand for alcoholic beverages, restricting alcohol availability and implementing bans on alcohol advertising – have been shown to be the most effective strategies to reduce the harmful use of alcohol. These strategies have been shown to be not only greatly effective but also highly cost-effective in reducing alcohol-attributable deaths and disabilities at a population level.^{39,40}

Examples of evidence-based strategies to reduce the availability of alcohol include regulating the density of alcohol outlets.⁴¹

³⁸ Beeston C, McAdams R, Craig N, Gordon R, Graham L, MacPherson M, McAuley A, McCartney G, Robinson M, Shipton D, Van Heelsom A. Monitoring and Evaluating Scotland's Alcohol Strategy. Final Report. Edinburgh: NHS Health Scotland; 2016.

³⁹ Chisholm D, Rehm J, Van Ommeren M, Monteiro M. Reducing the global burden of hazardous alcohol use: a comparative cost-effectiveness analysis. *Journal of studies on alcohol*. 2004;65(6):782-93.

⁴⁰ Anderson P, Chisholm D, Fuhr DC. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *The Lancet*. 2009 Jul 3;373(9682):2234-46.

⁴¹ Campbell CA, Hahn RA, Elder R, Brewer R, Chattopadhyay S, Fielding J, Naimi TS, Toomey T, Lawrence B, Middleton JC, Task Force on Community Preventive Services. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *American journal of preventive medicine*. 2009 Dec 31;37(6):556-69.

10. Recommendations

“Preventing and reducing harmful use of alcohol is often given a low priority among decision-makers despite compelling evidence of its serious public health effects.”

WHO Global strategy to reduce the harmful use of alcohol

Alcohol availability (e.g. outlet density and opening hours) and alcohol affordability (price) are the two main factors affecting how much alcohol is drunk in Scotland.

Given the evidence of alcohol-related harm in Dundee City, the impact on health inequalities and the impact of drinking in private settings where friends and families are also exposed and affected, Dundee City Alcohol and Drug Partnership (ADP) would recommend that the Licensing Board for Dundee City includes in its policy statement that no further off-sale licenses are granted.

Dundee City ADP would be keen to work with the Licensing Board to review and implement an effective overprovision policy statement that can help to prevent and reduce alcohol problems. This will have the effect of enhancing community life, improving health and well-being, reducing health inequalities, and boosting local productivity and economic performance. Reducing harmful alcohol consumption will lower the financial burden of alcohol-related problems, with the potential for some of the cost-savings to be redirected towards more sustainable economic development for Dundee City.