EDINBURGH ALCOHOL AND DRUG PARTNERSHIP SUBMISSION TO THE LICENCING BOARD'S POLICY CONSULTATION

Contents

Summary:

This report reflects the expert views of the organisations that make up the Edinburgh Alcohol and Drug Partnership (the Partnership). It argues that the level of alcohol-related harm to the health and public safety of Edinburgh's citizens is excessive and that over-provision of alcohol outlets is a key cause of this harm.

It offers these preliminary recommendations that the licensing board:

- acknowledges the high level of alcohol-related harm in Edinburgh and the importance of regulating licensing to reduce it
- expresses a clear intention to declare areas of high alcohol-related harm to be overprovided
- requests further data analysis during the consultation period to identify the areas of the city where this policy will have greatest impact

The Partnership is confident that the board's adoption of an active approach to reducing over-provision will make a very significant contribution to reducing the toll of alcohol-related harm in the city and is keen to help the board to develop its policy.

Introduction

This submission is on behalf of Edinburgh Alcohol and Drug Partnership, which co-ordinates the development and implementation of an alcohol and drug strategy for Edinburgh. Constituent organisations (including NHS Lothian and Police Scotland) are making submissions and recommendations that focus on the impact of licensing on particular areas of the city. The Partnership strongly endorses these views. This submission is intended to be complementary to them and it will:

- identify the causes of this harm
- summarise the local strategy to reduce alcohol-related harm
- describe the effective strategies available to address alcohol-related harm, with particular reference to licensing

The ADP considers two other areas of information to be germane:

- Levels of alcohol-related harm in Edinburgh – these are described in the submission from NHS Lothian Public Health Department
- Neighbourhood specific information on levels of over provision and alcohol related harm; this is being provided by a research team from Edinburgh University and will be provided to the board by NHS Lothian Public Health along with a partnership recommendation for the board's overprovision policy.

What is the Edinburgh Alcohol and Drug Partnership?

EADP is a Partnership between the City of Edinburgh Council, NHS Lothian, Police Scotland, the third sector and people with lived experience of addiction and recovery. It is the forum where these organisations work together to make Edinburgh a city that has a healthy attitude towards drinking and where recovery from problem alcohol or drug use is a reality.

Determinants and causes of alcohol-related harm

The degree of harm caused by alcohol is largely determined by the volume of alcohol consumed. Three main factors heavily influence levels of consumption:

1) how cheap alcohol is **(affordability)**
2) the social norms (in and outside the home) surrounding its consumption **(acceptability)**[10]
3) how easy it is to purchase or consume alcohol **(availability)**

Affordability

At an aggregate population level, the amount of alcohol people drink is directly linked to how affordable it is – i.e. its cost relative to income[11]. Alcohol is much more

affordable to buy now than it was in the past, particularly in supermarkets and other off-sales premises where we now buy most of our alcohol. This increased affordability has led to higher consumption and higher levels of alcohol-related ill-health and social harm[2].

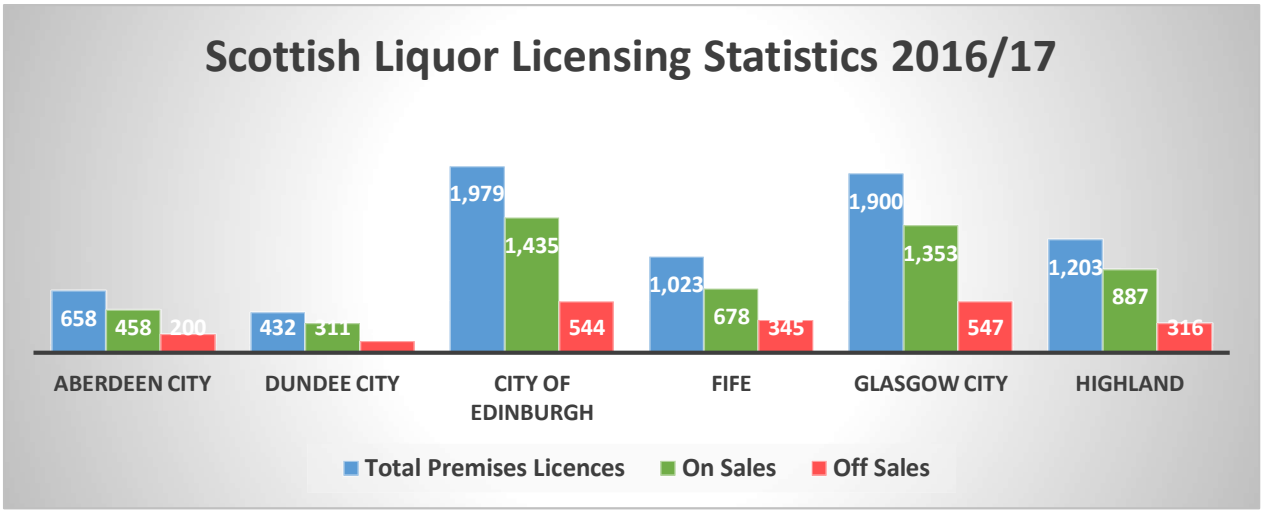
As part of the national strategy to address alcohol use in Scotland, the Scottish Parliament passed the Alcohol Minimum Pricing (Scotland) Act in May 2012. The Partnership strongly supports this policy.

In 2017, 73% of alcohol in Scotland was sold through off-sales premises and it is the growth in these sales that has driven rising levels of consumption over time[1]. The on-sales environment offers several social controls that potentially reduce the likelihood of overconsumption. Licensing regulations prevent an intoxicated individual being served any additional alcohol, and the time-limited opening of the on-sales premises means there is a limit to how much alcohol can be consumed. These social controls do not exist in the same way for alcohol purchased as off-sales and consumed at home. However, the numbers of intoxicated people gathered in off-sales premises and their environs create significant and costly challenges to public order and these premises are the scenes of most alcohol-related violence.

Availability

Availability refers to the ease with which alcohol is acquired. It depends primarily on how easy it is to reach an outlet that sells alcohol (proximity and convenience of travel), but other factors may also play a part: legal restrictions on who can buy alcohol; hours of sale; settings in which alcohol is sold (such as whether it is market only in specialist office-licenses or, as in the UK, principally in shops that sell other goods); the capacity of outlets (shelving space of off-sales outlets, floor space of on-sales).

There are over 2000 premises licensed to sell alcohol in Edinburgh. The city has the highest outlet availability in Scotland, approaching **three times more** than the national average in 2017[16]. At that time, the average density for all datazones in Edinburgh was 22.0 outlets per km^2, while the average density for Glasgow is 13.7 outlets per km^2, and for all Scottish datazones is 8.0 outlets per km^2. To an extent this reflects the Edinburgh tourism economy and its geography, but not entirely.



Density of outlets is linked to alcohol consumption and this is in turn linked to alcohol-related harm. This may be for several reasons: the greater number of outlets may increase the visibility and impact of the alcohol industry's marketing; prices may be reduced through greater competition; alcohol becomes more easily, impulsively bought; and drinking and drunkenness are normalised.

The research evidencing the link between harm and outlet density is extensive[e.g.17,18]. It is complex and international, but a review of the evidence[19] reported that:

> "Taken together, the evidence suggests that higher levels of Alcohol Outlet Density are associated with:
> - more frequent alcohol consumption
> - increased overall alcohol consumption
> - greater average levels of drinking among students
> - alcohol-related violence
> - self-reported injuries
> - alcohol-related road traffic crashes
> - sexually transmitted infections
> - child abuse and neglect
> - suicide."
>
> Public Health England, 2016, p114

The **research linking density of outlets and social disorder is strong** and consistent – areas with high concentrations of alcohol outlets, especially on-sales premises, experience significantly greater levels of violence and public disorder than those with lower concentrations.[19]

The international evidence linking high levels of outlet density and chronic health harm is still developing. Variations in planning, regulation, patterns of retail sales (for instance, whether alcohol is sold in grocery stores or only in specialist off-licenses) and other issues of geography, mean that it is more difficult to find patterns that apply in all settings and to demonstrate them to high statistical standards.

It is beyond the scope of this submission, or the Public Health or Police Scotland submissions to provide complete, statistically robust evidence of the strength of

correlation between outlet density and health harm in the limited time, data and analytical resources available. Moreover, within the small dataset provided by a single city, the correlations between each type of harm and over-provision would not be expected to emerge as a simple linear correspondence (i.e. with every area with large numbers of outlets uniformly experiencing exactly proportionate harm). Larger scale studies provide a sample big enough and analyses sophisticated enough to demonstrate the strength of the statistical relationship clearly. For instance, the relatively small number of alcohol-related deaths in Edinburgh do not form a clear pattern of distribution, whereas the national ones do show trends.

We are fortunate in having detailed research on the impact of over-provision, specifically in Scottish urban settings. This research[20] indicates clearly that **the number of premises licensed in an area of a Scottish city and the level of health harm are related**. A team from Edinburgh University, systematically studying data from Edinburgh, Glasgow, Dundee and Aberdeen, asked the question "is local alcohol outlet density related to alcohol-related morbidity and mortality in Scottish cities?". They state:

> Alcohol-related hospitalisations and deaths were significantly higher in neighbourhoods with higher outlet densities, and off-sales outlets were more important than on-sales outlets. The relationships held for most age groups, including those under the legal minimum drinking age…efforts to reduce alcohol-related harm should consider the potentially important role of the alcohol retail environment.
>
> Richardson et al (2015), p1.

Hours of opening also affect harm. There is international evidence that longer opening times for on-sales outlets are linked to higher levels of crime and disorder[21]. In Edinburgh, pubs and bars have licenses to open until 01.00, and nightclubs until 03.00. Historically, extensions to these hours have been restricted to specific times of the year, for example, during the Edinburgh Festival in August and over the Christmas and New Year period.

Ubiquitous sale of alcohol also acts a significant barrier to those seeking **recovery from addiction**: alcohol-related environmental cues, such as packaging, advertising images, etc., act as triggers for cravings and are a significant contributor to relapse[22]. The current level of over-provision means that outlets with visible advertising and visible drinks are omnipresent in many areas of the city, and most grocery shopping will include exposure to alcohol (in contrast with smoking, for instance). Previous local research[23] has presented vivid picture of the effects of this on those trying to recover from dependent drinking (see "Risky environments: Edinburgh as a place to recover" below).

Public opinion: "Alcohol in our community" research

In 2017, "People know how", a local community group, was commissioned by the EADP to provide insight into the views and experiences of Edinburgh residents about alcohol. They trained a group of community researchers who undertook focus groups, an online survey and 1:1 interviews and have now gathered the views of 354 residents. They will shortly be finalising their report. The findings indicate a widespread recognition of social and economic value of alcohol in Edinburgh – the public view that emerges is not "anti-alcohol". However, people do describe a widespread experience of harm:

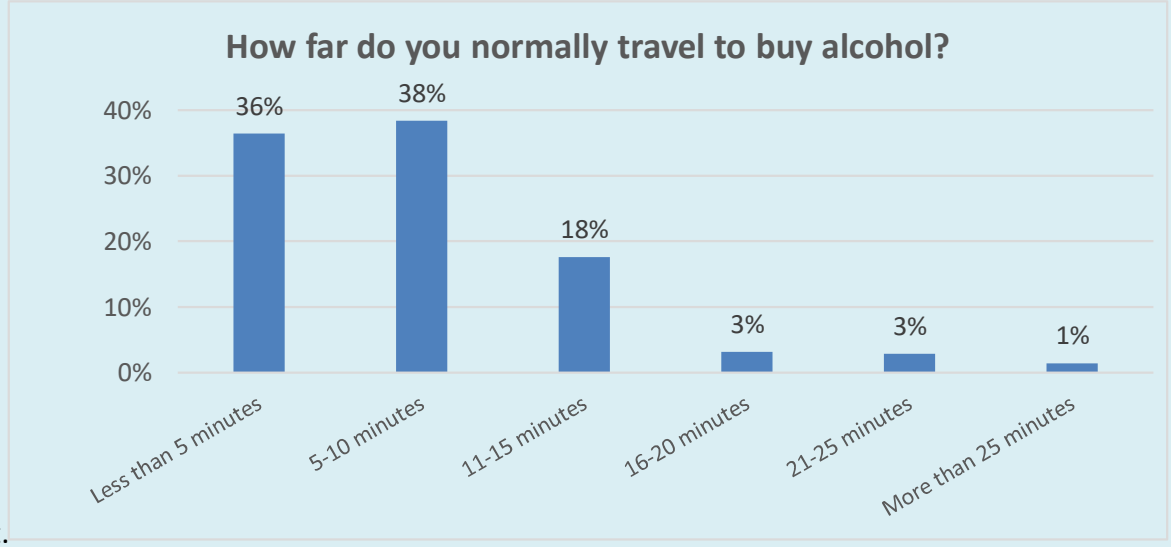
When asked: **Does other people's drinking affect you?** 73% of respondents stated that they had been affected by other people's drinking, while 27% stated that they had not. 36% of respondents stated that they had issues with excess noise, occurring late at night, mostly from people returning home after a night out.

I do not encounter much trouble within the city centre. However, the area I live in is more deprived and I think alcohol probably contributes to crime, littering and other issues in the area.''

32% of respondents stated that litter, broken glass, vomit, urine and vandalism were a problem due to alcohol. 25% of respondents stated that they felt unsafe or fearful at certain times due to drunk people's behaviour. 11% respondents stated that they had been affected by observing violent incidents and/ or aggressive behaviour carried out by people under the influence.
8% of respondents stated that their lives had been or were currently negatively impacted by people close to them with alcohol problems.

''It contributes to ill health in the poorest communities'

The survey also asked those who drank how far they travelled to buy alcohol and the results reinforce the ready availability of alcohol, with 93% of those who drink travelling for less than 15 minutes to buy it.

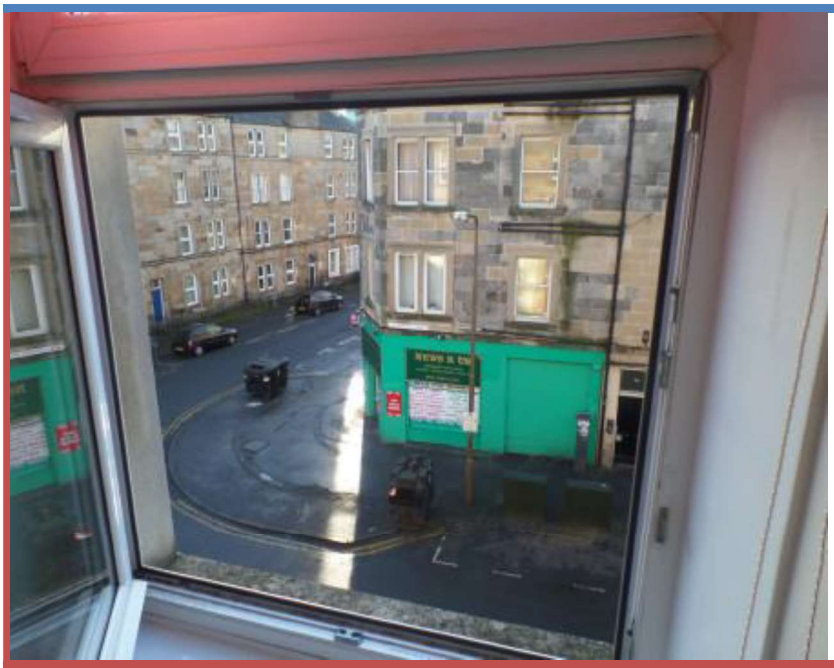


Risky environments: Edinburgh as a place to recover

In 2016, researchers from Edinburgh University worked alongside a group of Edinburgh people in recovery from alcohol addiction[23]. They used Photovoice, a participatory research method that enabled the participants to capture images of their recovery and to document features of the environment that enable and/or hinder them. In focus group discussions participants talked about the images and identified features of the environment that were therapeutic and risky. Edinburgh's natural and built environment were inspiring for them and the city offered many welcoming and healing places. But **every participant identified sale of alcohol in retail environments as a trigger and a threat to their sobriety:**

Of supermarkets: *'It's still a challenge to avoid it because and like even challenging to walk down the aisles cause, like, you were seeing about the offers and stuff. I still look at things like that as well'* **Of smaller local shops:** *'Wherever I have to go I have to go past these shops but I don't go in for milk or paper or anything like that anymore because I didn't use it for that. I used it because the alcohol is right at the counter, it is right there. I'd go first thing in the morning and you know, it's a trigger for me'*

Lisa, 1 year sober



'*It's just there right on my doorstep and the first sign is beers and cider*'

by Tom, 3 years sober.

'The casino shuts at 6 a.m. and there are pubs that open at 6 a.m., I have one at the end of my street. Outside my window there is also an off-license and a pub that opens at 9 a.m. I've travelled them all' by Tom, 3 years sober.

Effective interventions: licensing and harm

In the face of this extreme harm and with an understanding of the factors that influence it, we have a responsibility to use the most effective, evidence-based interventions. The table below sets out the respective strengths of the evidence that interventions reduce alcohol-related harm[24&25] effectively.

High Impact
• Restricting the availability of alcohol • Taxation and minimum unit pricing • Limiting the density of outlets • Lower/zero breath alcohol content limits when driving
Medium Impact
• Brief interventions to reduce harmful drinking • Treatment for dependent drinking • Safer drinking environments • Heavier enforcement of legislation
Low Impact
• Labelling bottles / cans • Sensible drinking campaigns • Public education • School based education • Voluntary advertising restrictions

Some of these interventions cannot be delivered at local level but our Partnership supports the Scottish Government's efforts to implement them in line with the evidence base.

Most of the interventions known to have greatest effect on harm are those that involve regulation of the supply of alcohol – controls of how, when, where and for how much alcohol can be sold. These approaches most obviously control **affordability** and **availability** of alcohol, but also have a clear relationship to **acceptability**: it is wrong to think of there being a culture of drinking intrinsic to Scotland which creates demand and a market which passively meets it – alcohol marketing can make drinking more desirable; its ubiquitous sale as an "ordinary commodity" in itself affects attitudes to it.

Only regulation by responsible authorities has a significant impact on harm. Industry-led interventions

EADP Alcohol Strategy

Vision and outcomes

The overarching vision of this strategy is that:

Edinburgh is safe, healthy and has a culture of low risk drinking. The city is socially, economically and culturally vibrant, and alcohol consumption is incidental to the good quality of life that people enjoy.

Outcomes

The strategy outlines how partners and stakeholders will work together towards achieving the following outcomes:

Outcome 1: Local environments are supportive of people's health and wellbeing and reduce the risk of alcohol-related harm and disorder

Outcome 2: Children, adults and their families are not harmed by other people's drinking or made vulnerable through their own drinking

Outcome 3: Individuals' health and wellbeing are improved through access to effective early interventions and recovery-focused treatment and care services for those who need them

(such as voluntary advertising restrictions) typically have minimal impact on harm: the UK "Public Health Responsibility Deal", for instance, was found to have "no demonstrable impact" on alcohol harm[19]. Similarly, public education via mass media or schools has minimum impact in the absence of regulatory interventions. No plausible level of public health intervention is available to counteract alcohol-related harm if the market is not also regulated[19]. In this it is comparable to the public health issues around tobacco; the successful reduction of smoking prevalence and smoking-related health harms in Western societies has been largely driven by regulation of the industry (taxation advertising bans, point of sale display bans).

Conclusion and recommendations:

The Partnership strongly believes that all local agencies should act as far as their powers allow to address harm in the most effective ways. The evidence is clear from this and our partners' submissions that alcohol is a cause of enormous harm to individuals and communities in Edinburgh. This is driven by over-provision in some areas. In these areas, stopping the addition of new alcohol outlets can be expected to reduce local consumption and decrease harm. Restricting the growth of outlet density in the areas of highest harm and availability will not eliminate all alcohol-related harm. We suggest that this measure should not be evaluated against the standard of resolving all harm or be judged by the issues it does **not** address – it will not solve everything, but we are unequivocal in our belief that if targeted it will make a substantial contribution to reducing harm. Conversely, we are sure that **not** doing so and allowing further profusion of outlets will do further to economic, health and social damage to our communities.

Appendix 1: Evidence on the impact of overall alcohol availability on alcohol harm

Taken from: http://www.alcohol-focus-scotland.org.uk/media/263116/AFS-Resource-Online-Version.pdf

Type of harm	Summary results and selected findings
Violence	Research has found a consistent relationship between alcohol availability and violence:[1] [2] • Bar density more strongly associated with rates of assault than restaurant density.[3] • Late night trading hours associated with higher assault rates.[4] [5] • More violence linked to off-premises than on-premises in two studies.[6] [7] • Number of licensed premises linked to alcohol-related crime in Glasgow.[8] • Closure of alcohol outlets linked to decrease in assault rates in a US city.[9] • Cutting pub late night opening by two hours produced a large relative reduction in the rate of assaults in an Australian city.[10] • Changes in walking outlet density associated with alcohol-related harms including violent crime in Wales. [11] In addition, local areas in England with more intense alcohol licensing policies had a stronger decline in rates of violent crimes, sexual crimes and public order offences in the period up to 2013. Reductions were to the order of 4-6% greater compared with areas where these policies were not in place. However, there were not similar reductions after 2013.[12]
Hospital attendances	Alcohol-related hospital admissions increased in London hospital after extension in licensed hours.[13] More off-sales premises in England linked to alcohol-related hospitalisations of under-18s.[14] Significant reduction in the number of night-time injury-related hospital emergency department presentations at high-alcohol risk times found following the introduction of regulatory licensing conditions in a town in Australia.[15] Changes in walking outlet density associated hospital admissions in Wales.[11] Reduction in off-license hours associated with a significant decrease in hospital admissions for acute intoxication among adolescents and young adults in a Swiss city. [16] Across the whole of Scotland, alcohol-related hospitalisation rates significantly higher in neighbourhoods with the most alcohol outlets.[17] In England, local licensing policies appear to be associated with a reduction in alcohol-related hospital admissions in areas with more intense licensing policies.[18]
Underage drinking	Outlet density found to be a significant factor in the prevalence of teenage high-risk drinking. [14,16,19, 20,21]

	Adolescents in Scotland living close to an off-sales outlet and adolescents living in areas with many nearby off-premises outlets more likely to drink frequently.[22]
Property crime/damage	People living closer to alcohol outlets in high density areas are more likely to report damage to property. [1] (3 studies)
Car crashes/ injuries/ fatalities	Traffic incidents linked to increased outlet density and hours of sale.1 (6 studies) Alcohol-involved pedestrian collisions significantly and positively related to number of on-sales per kilometre of road in US city.[23]
Deprivation	Relationship between neighbourhood deprivation and off-sales alcohol outlets in Scotland, with the most deprived quintile of neighbourhoods having the highest outlet densities.[24]
Drink driving	Self-reported driving after drinking goes up with increased outlet density.[1] 10% increase in outlet density associated with 3% increase in drink driving incidents in US state.[25]
Child maltreatment and neglect	Areas with more bars found to have higher rates of child maltreatment.[1] (2 studies)
Domestic violence	Domestic violence increases as the number of premises selling alcohol goes up.[26,27] Total alcohol outlet density and off-premise alcohol outlet density associated with intimate partner violence. [28,29]
Murder	A significant positive relationship found between murder rates and alcohol outlet density.[1]
Mortality	Increase in alcohol outlets over five-year period associated with rising alcohol consumption and a 27% increase in the alcohol mortality rate.[30,31] Across the whole of Scotland, neighbourhoods with higher numbers of alcohol outlets had significantly higher alcohol-related death rates (34 alcohol-related deaths per 100,000 people in neighbourhoods with the most off-sales outlets, compared with 13 per 100,000 in neighbourhoods with the fewest).[17]
Suicide	Significant association found between suicide and outlet density.[1]
Sexually-transmitted disease	Decrease of one alcohol outlet per mile of roadway associated with 21 fewer cases of gonorrhoea per 100,000 people.[32]

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