

Falkirk Council Licensing Board

Subject: Licensing (Scotland) Act 2005
Supplementary Statement of Licensing Policy – Festive Trading
Meeting: Licensing Board
Date: 23 May 2018
Author: Consumer Protection Manager

1. Purpose of Report

- 1.1 The purpose of this report is to update members on the progress of the Licensing Board's Supplementary Statement of Licensing Policy on Festive Trading following the end of the consultation period.

2. Recommendation

- 2.1 It is recommended that the Board notes the progress of the consultation on the Supplementary Statement of Licensing Policy – Festive Policy.**

3. Background

- 2.1 At the meeting of the Licensing Board on 21 March 2018, members approved a draft Supplementary Statement of Licensing Policy on Festive Trading for the purposes of consultation. The following were sent a copy of the draft statement:
- the Chief Constable
 - the Chief Fire Officer
 - the Chief Executive of Forth Valley Health Board
 - the Chair of the Local Licensing Forum
- 2.2 The draft supplementary statement was made available on the Falkirk Council web site and comments invited.

4. Considerations

- 4.1 No comments were received from the Chief Fire Officer, members of the public or licence holders.
- 4.2 Comments were received from the Chief Constable, the Chief Executive of Forth Valley Health Board, Falkirk Alcohol and Drug Partnership and the Local Licensing Forum.

- 4.3 At the end of the consultation period, the sub group of the Board met to discuss the comments received from the Chief Constable, the Chief Executive of Forth Valley Health Board, Falkirk Alcohol and Drug Partnership and the Local Licensing Forum. The report considered by the sub group is attached as Appendix 1.
- 4.4 It was agreed that further clarification was required in relation to some of the points made by the Local Licensing Forum before the supplementary policy could be finalised and presented to the Board for approval.

5. Implications

Financial and Resources

- 5.1 The main implication is in relation to staffing resources required to carry out the processing of applications for extended hours. The proposed policy position in relation to Festive Trading would reduce the workload.

Legal

- 5.2 The supplementary policy would apply for the duration of the current policy i.e until the new Statement of Licensing Policy is published in November 2018.

Risk

- 5.3 There are no risks associated to the publishing of a supplementary Statement of Licensing Policy.

Equalities

- 5.4 The Board's continued commitment to equalities issues is demonstrated in the strategy and reports that have been published since 2013.

Sustainability/ Environmental Impact

- 5.5 None.

6. Conclusion

- 6.1 Offices will seek clarification in relation to some of the points raised by the Local Licensing Forum. The sub group of the Board will meet to consider the supplementary policy in light of the clarification and thereafter finalise the policy and present it to the Board at the June meeting for approval.

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pp Clerk to the Licensing Board

Date: 17 May 2018

Contact Officer: Alison Barr, Consumer Protection Manager ext. 1265

Appendices:

Appendix A Supplementary Statement of Licensing Policy – Festive Trading

List of Background Papers

Nil

Falkirk Council Licensing Board

Subject: Licensing (Scotland) Act 2005
Review of the Statement of Licensing Board Policy – Festive Policy
Meeting: Licensing Board Sub Group
Date: 16 May 2018
Author: Consumer Protection Manager

1. Purpose of Report

- 1.1 This purpose of this report is to advise members of the group of the responses received in relation to the consultation on the proposed supplementary Statement of Licensing Policy in relation to the Board's Festive Policy. The proposed Supplementary Statement is attached as Appendix 1.

2. Recommendations

Members are asked to:

- 1. note the contents of the report and the consultation responses,**
- 2. determination any amendments to the proposed supplementary Statement of Licensing Policy,**
- 3. if, no amendments are required, approve the supplementary Statement of Licensing Policy in relation to the Board's Festive Policy, and refer it to the next meeting of the Licensing Board for approval, or**
- 4. if, amendments are required, instruct officers to make such amendments.**

3. Background

- 3.1 At the meeting of the Licensing Board on 21 March 2018, members approved a draft Supplementary Statement of Licensing Policy on Festive Trading for the purposes of consultation. The following were sent a copy of the draft statement:
- the Chief Constable
 - the Chief Fire Officer
 - the Chief Executive of Forth Valley Health Board
 - the Chair of the Local Licensing Forum
- 3.2 The draft supplementary statement was made available on the Falkirk Council web site and comments invited.

4. Considerations

- 4.1 No comments were received from the Chief Fire Officer, members of the public or licence holders.
- 4.2 Comments were received from the Chief Constable, the Chief Executive of Forth Valley Health Board, Falkirk Alcohol and Drug Partnership and the Local Licensing Forum and these are attached as appendices to the report.
- 4.3 Whilst the Chief Executive of Forth Valley Health Board is happy to support the proposed policy, the other respondents have made comments and suggestions which require to be discussed by the sub group.

5. Implications

Financial and Resources

- 5.1 The main implication is in relation to staffing resources required to carry out the processing of applications for extended hours. The proposed policy position in relation to Festive Trading would reduce the workload.

Legal

- 5.2 The supplementary policy would apply for the duration of the current policy i.e until the new Statement of Licensing Policy is published in November 2018.

Risk

- 5.3 There are no risks associated to the publishing of a supplementary Statement of Licensing Policy.

Equalities

- 5.4 The Board's continued commitment to equalities issues is demonstrated in the strategy and reports that have been published since 2013.

Sustainability/ Environmental Impact

- 5.5 None.

6. Conclusion

- 6.1 It is concluded that the sub group recommends to the Licensing Board that the proposed supplementary Statement of Licensing Policy in relation to Festive Trading is approved following discussion of the consultation responses and possible amendment to the policy.

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Consumer Protection Manager

Date: 9 May 2018

Contact Officer: Alison Barr, Consumer Protection Manager (telephone 501265)

Appendices

Appendix 1 – Consultation on the proposed Festive Trading Policy

Appendix 2 – Consultation response from Forth Valley NHS

Appendix 3 - Consultation response from Police Scotland

Appendix 4 – Consultation response from Falkirk Drug & Alcohol Partnership

Appendix 5 - Consultation response from Falkirk Local Licensing Forum.

LIST OF BACKGROUND PAPERS

Nil

Falkirk Council Licensing Board

Licensing (Scotland) Act 2005

Consultation on a Proposed Supplementary Statement of Licensing Policy

Festive Trading

Clerk to the Licensing Board

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Contents

1. INTRODUCTION
2. SUPPLEMENTARY STATEMENT OF LICENSING POLICY

1. INTRODUCTION

- 1.1 The Licensing (Scotland) Act 2005 ("the Act") makes provision for regulating (a) the sale of alcohol and (b) licensed and other premises on which alcohol is sold.
- 1.2 The administration of alcohol licensing is carried out by Licensing Boards and section 6 of the Act requires all Licensing Boards to publish a statement of their licensing policy with respect to the exercise of their functions under the Act. The Board's last Statement of Licensing Policy has effect from 3 February 2016.
- 1.3 In preparing a policy statement, each Licensing Board must ensure that it seeks to promote the five licensing objectives set out in section 4 of the Act. The objectives are:
 - preventing crime and disorder
 - securing public safety
 - preventing public nuisance
 - protecting and improving public health, and
 - protecting children and young persons from harm.
- 1.4 In exercising its functions under the Act, the Board is required to have regard to its Statement of Licensing Policy and any supplementary licensing policy statement published by the Board in relation to that period. It must also have regard to any guidance issued by the Scottish Ministers under section 142 of the Act.
- 1.5 The Board, at its meeting on 21 March 2018, agreed to consider publishing a supplementary Statement of Licensing Policy in respect of Festive Trading.
- 1.6 In preparing a supplementary Statement of Licensing Policy, a Licensing Board must –
 - Ensure that the policy seeks to promote the licensing objectives, and
 - Consult –
 - (i) The Local Licensing Forum for the Board's area,
 - (ii) If the membership of the Forum is not representative of the interests of all the persons specified in paragraph 2(6) of schedule 2 to the Act, such person or persons as appear to the Board to be representative of those interests of which the membership is not representative,
 - (iii) the relevant health board, and
 - (iv) such other persons as the Board thinks appropriate.

2. SUPPLEMENTARY STATEMENT OF LICENSING POLICY

- 2.1 The Board's current policy position in respect of Festive Trading is in paragraph 11.8 of the Board's Statement of Licensing Policy and states:

"Festive Trading

11.8 The Board recognises that during the period leading up to Christmas Day and New Year's Day many residents may wish to celebrate by attending festive events and that many such events have become regular fixtures in the social life of the community. The Board wishes to recognise this by continuing its long held practice of permitting an extra hour of trading for all premises during the festive period; that being from evening of the first Thursday in December until the morning of 3 January each year inclusive. The additional hour will be for premises holding *bona fide* festive functions. Whilst recognising that festive events can take many forms and that these will vary depending on the nature of the premises within which they are to be held, the Board is of the view that a festive event or function should be more than one which simply provides additional drinking hours and should comprise one or more of the following elements – meals, buffets, dancing, disco, live entertainment such as magicians, comedians, live music etc."

- 2.2 The Board's Supplementary Statement of Licensing Policy in relation to Festive Trading supersedes the policy referred to above and states that:

"The Licensing Board will grant a general extension of hours on certain dates during the Festive Period which will run from mid-December to 2 January the following year. The dates for a general extension of hours will be set by the Board annually. The general extension will allow nightclub premises to extend their terminal hour for the sale of alcohol to a maximum of 4am and all other on sales premises to a maximum of 2am.

The general extension of hours will apply to on sales premises only.

Any premises requiring extended hours for dates that are not covered by a general extension must make application to the Licensing Board at least 5 weeks before the event(s).

The dates agreed by the Board for the general extension of hours will be published on Falkirk Council's website".

- 2.3 This Supplementary Statement of Licensing Policy in relation to Festive Trading will have effect if approved following consultation.

NHS Forth Valley

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Castle Business Park
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FK9 4SW

Telephone:
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Alison Barr
Consumer Protection Manager
Corporate & Housing Services
Municipal Buildings
Falkirk
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Date 19.04.2018
Your Ref
Our Ref Log 1646/CC/AM

Enquiries to Cathie Cowan
Extension 210
Direct Line 01786 257210

Dear Alison

Licensing Scotland Act 2005, Supplementary Statement of Licensing Policy - Festive Trading.

Thank you for your letter dated 28 March 2018 addressed to the Chief Executive. I am replying on behalf of NHS Forth Valley.

From the perspective of the Health Service we are content to support the proposed new wording for the Supplementary Statement of Licensing Policy - Festive Trading.

We would request that when making the change the Licensing Board use this as an opportunity to remind all involved of the Chief Medical Officers Low Risk Drinking Guidelines and the related communication advice (copies attached) which emphasise that the consumption of alcohol is harmful to health, that there is no safe level of alcohol consumption, that for regular drinking it is safest not to exceed 14 units weekly, for both men and women and that if you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep the risks to your baby to a minimum.

Yours faithfully.

Cathie Cowan
Chief Executive



Chairman: Alex Linkston CBE
Chief Executive: Cathie Cowan

Forth Valley NHS Board is the common name for Forth Valley Health Board
Registered Office: Carseview House, Castle Business Park, Stirling, FK9 4SW

www.nhsforthvalley.com Facebook.com/nhsforthvalley @nhsforthvalley



Communicating the UK Chief Medical Officers' low risk drinking guidelines

Core elements for communicating to the public

Introduction

1. For many people in the UK, alcohol is part of their social lives. As with most activities, drinking alcohol carries a degree of risk. In 2016, new guidelines were developed by the UK CMOs to enable people to make informed choices about their alcohol intake. The guidelines are not intended to prevent those who want to drink alcohol from doing so.
2. The Government believes people have a right to accurate information and clear advice about alcohol and its health risks and that it has a responsibility to ensure this information is provided for the public in an open and clear way, so they can make informed choices.
3. The Department of Health wishes to work with the alcohol industry and other partners to build on the actions to date on consumer information; enabling people to make decisions about when and how much they drink and helping to reduce alcohol-related health harms.
4. With this in mind, this document sets out the core elements of the guidelines that we would wish to see communicated to the public.
5. In line with the Portman Group's advice we hope that companies will continue to ensure that the information on labels:
 - Is clear, legible, displayed on the primary packaging and not be difficult for consumers to find.
 - Is grouped together and companies are encouraged to differentiate the information from other information on the packaging, for example by use of a box, spacing and background colour).
 - Is not on a part of the primary packaging that is dispensed with before or immediately when the product is opened.
 - Does not contain anything which serves to undermine the health messaging.

Weekly drinking guideline

This applies to adults who drink regularly or frequently i.e. most weeks

The Chief Medical Officers' guideline for both men and women is that:

- To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.
- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long-term illness and from accidents and injuries.
- The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.
- If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.

6. The Department of Health suggests this guideline could be communicated in the following manner:

**The UK Chief Medical Officers
recommend adults do not regularly
drink more than 14 units per week**

Single occasion drinking episodes

This applies to drinking on any single occasion (not regular drinking, which is covered by the weekly guideline)

The Chief Medical Officers' advice for men and women who wish to keep their short-term health risks from single occasion drinking episodes to a low level is to reduce them by:

- limiting the total amount of alcohol you drink on any single occasion
- drinking more slowly, drinking with food, and alternating with water
- planning ahead to avoid problems e.g. by making sure you can get home safely or that you have people you trust with you.

The sorts of things that are more likely to happen if you do not understand and judge correctly the risks of drinking too much on a single occasion can include:

- accidents resulting in injury, causing death in some cases
- misjudging risky situations, and
- losing self-control (e.g. engaging in unprotected sex).

Some groups of people are more likely to be affected by alcohol and should be more careful of their level of drinking on any one occasion for example those at risk of falls, those on medication that may interact with alcohol or where it may exacerbate pre-existing physical and mental health problems.

If you are a regular weekly drinker and you wish to keep both your short- and long-term health risks from drinking low, this single episode drinking advice is also relevant for you.

7. The Department of Health suggests this advice could be communicated in the following manner:

Drinkaware.co.uk

Pregnancy and drinking

The Chief Medical Officers' guideline is that:

- If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
- Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.

The risk of harm to the baby is likely to be low if you have drunk only small amounts of alcohol before you knew you were pregnant or during pregnancy.

If you find out you are pregnant after you have drunk alcohol during early pregnancy, you should avoid further drinking. You should be aware that it is unlikely in most cases that your baby has been affected. If you are worried about alcohol use during pregnancy do talk to your doctor or midwife.

8. The Department of Health suggests this guideline could be communicated in the following manner:



OR

**It is safest not to drink
alcohol when pregnant**

UK Chief Medical Officers' Low Risk Drinking Guidelines

Introduction

1. Some people do not drink, but for many, alcohol is part of their social lives. As with most activities, this carries a degree of risk. With this in mind, these guidelines have been developed to enable people to make informed choices about their alcohol intake. The intention is to help people understand the risks alcohol may pose to their health and to make decisions about their consumption in the light of those risks, but not to prevent those who want to drink alcohol from doing so.
2. At the request of the UK Chief Medical Officers (CMOs), three groups of independent experts met between 2013 and 2016 to consider the evidence on the health effects of alcohol and whether this could form the basis of new advice for the public. Their report, key background papers and a list of the individuals involved are available at: <https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines>.
3. Over three and a half years, the expert groups:
 - fully reviewed the international evidence from over 40 systematic reviews and meta-analyses, including ones published recently
 - examined the evidence reviewed by the Committee on Carcinogenicity on the effects of alcohol on a range of cancers
 - consulted national and international experts on the relevant epidemiology and behavioural science
 - commissioned new market research on the public response to both the guidelines and how the messages could best be communicated via Public Health England (PHE), and
 - commissioned new modelling of the impact on morbidity and mortality, based on UK population data.
4. In making their recommendations to the UK CMOs the expert group took account of evidence of risks and benefits, including the most up-to-date international evidence; and of UK-specific evidence.
5. The UK CMOs considered and accepted the advice of the expert group and agreed on three main recommendations:
 - a weekly guideline on regular drinking
 - advice on single episodes of drinking, and
 - a guideline on pregnancy and drinking.
6. The new guidelines took effect from 8 January 2016 and at the same time the Department of Health launched a consultation on the wording and expression of the guidelines which ran until 1 April 2016.
7. The focus of the consultation was to seek views on the clarity, expression and usability of the guidelines by members of the public, rather than asking for views on the scientific evidence reviews that had been undertaken since 2013. During the period of the consultation PHE also undertook additional market research with the public on how the guidelines were understood and on their tone, and language.

8. The UK CMOs' guidelines and the Guidelines Development Group report¹ that underpins them, have been developed on the principles that:

- **People have a right to accurate information and clear advice about alcohol and its health risks.**

Consequently the guidelines have been developed so that the known health risks of different levels and patterns of drinking, particularly for people who want to know how to keep long term health risks from regular drinking of alcohol low, are both accurate and expressed in an understandable way.

- **Government has a responsibility to ensure this information is provided for the public in a clear and open way, so they can make informed choices.**

It is for individuals to make their own judgements as to the risks they are willing to accept when they drink alcohol, also whether to drink alcohol, and how much and how often to drink. These guidelines should help people to make those choices.

9. The low risk drinking guidelines are based on average risks. Individuals can also take account of other individual factors that could potentially increase their personal risks from drinking or from drinking at particular times. This could include taking account of any previous negative effects experienced from alcohol, the possible interaction of alcohol with any medications they are currently taking, whether they have any other relevant physical or mental health problems that could be made worse by drinking, or other factors that could be relevant such as low body weight or worries about falling.

10. There will also be situations when individuals will want to avoid the short term performance limiting effects of alcohol such as when planning to drive, operate machinery, or take part in risky activities.

¹ <https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines>

Weekly drinking guideline

This applies to adults who drink regularly or frequently i.e. most weeks

The Chief Medical Officers' guideline for both men and women is that:

- **To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.**
- **If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries.**
- **The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.**
- **If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.**

11. The experts considered the evidence from all over the world on the effects of alcohol on health and length of life. This evidence included a large number of studies and covered a wide range of health issues (including accidents, injuries, cancer, heart disease and life expectancy).

12. The expert group took account not only of the risk of early death from drinking regularly but also the risk of suffering from alcohol-related chronic diseases and cancers. The group also checked their conclusions across many conditions with differing risk profiles. They took account of all these factors in their advice.

13. People vary in how they metabolise or react to alcohol, people of differing ages and sizes can be affected differently by drinking similar amounts. Even so, the new weekly guideline on regular drinking provides advice which most of the population can use to keep their long term health risks low.

14. The expert group recommended a weekly alcohol guideline rather than a daily one because most people do not drink every day.

15. The newest evidence (available since the previous guidelines were published in 1995) suggests:

- That the net benefits from small amounts of alcohol are less than previously thought (with substantial uncertainties around the level of protection) and are significant in only a limited part of the population. That is women over the age of 55, for whom the maximum benefit is gained when drinking around 5 units a week, with some beneficial effect up to around 14 units a week.
- That drinking alcohol increases the risk of developing a range of cancers. The Committee on Carcinogenicity recently concluded² that 'drinking alcohol increased the risk of getting cancers of the mouth and throat, voice box, gullet, large bowel, liver, of breast cancer in women and probably also cancer of the pancreas'. These risks start from any level of regular drinking and then rise with the amounts of alcohol being drunk. This was not fully understood when the last guidelines were drawn up in 1995.

16. The latest research also indicates that when drinking within the low risk guidelines, overall levels of risk are broadly similar for men and women; although the risks of immediate harms such as deaths from accidents are greater for men; longer term harms from illness are greater for women.

17. The health harms from regular drinking of alcohol can develop over many years. This occurs either from the repeated risk of acute harms (e.g. alcohol-related accidents) or from long term diseases caused by alcohol, which may take ten to twenty years to develop. These illnesses, including various cancers, strokes, heart disease, liver disease, and damage to the brain and nervous system, can develop despite drinking for years without any apparent harm.

18. This advice on regular drinking is based on the evidence that if people drink at or above the low risk level advised, overall any protective effect from alcohol on deaths is cancelled out and the risk of dying from an alcohol-related condition would then be expected to be at least 1% over a lifetime. This level of risk is comparable to those posed by other everyday activities that people understand are not completely safe yet still undertake.

19. The expert group believes that a weekly guideline on regular drinking requires an additional recommendation about the need to avoid heavy drinking. There is clear evidence that heavy drinking even on a small number of days increases risks to health. Consequently they have recommended that people who drink as much as 14 units a week regularly should spread their drinking evenly over 3 or more days per week.

20. The expert group was also clear that there are a number of serious diseases, including certain cancers, which can occur even when drinking within the weekly guideline. Whilst they judge the risks to be low, this means there is no level of regular drinking that can be considered as completely safe in relation to some cancers. People can reduce these risks by drinking less than the guidelines or by not drinking at all.

21. There is evidence that having some alcohol free days each week can help people who wish to drink less. People who have difficulty cutting down on their drinking can also consult their doctor about local support services. Very heavy drinkers, who are likely to experience alcohol withdrawal, are advised to seek medical advice before they stop drinking.

Single occasion drinking episodes

This applies to drinking on any single occasion (not regular drinking, which is covered by the weekly guideline)

The Chief Medical Officers' advice for men and women who wish to keep their short term health risks from single occasion drinking episodes to a low level is to reduce them by:

- limiting the total amount of alcohol you drink on any single occasion
- drinking more slowly, drinking with food, and alternating with water
- planning ahead to avoid problems e.g. by making sure you can get home safely or that you have people you trust with you.

The sorts of things that are more likely to happen if you do not understand and judge correctly the risks of drinking too much on a single occasion can include:

- accidents resulting in injury, causing death in some cases
- misjudging risky situations, and
- losing self-control (e.g. engaging in unprotected sex).

Some groups of people are more likely to be affected by alcohol and should be more careful of their level of drinking on any one occasion for example those at risk of falls, those on medication that may interact with alcohol or where it may exacerbate pre-existing physical and mental health problems.

If you are a regular weekly drinker and you wish to keep both your short- and long-term health risks from drinking low, this single episode drinking advice is also relevant for you.

22. This advice for any single occasion of drinking is based on evidence that clearly showed substantially increased risk of short term harms (accidents, injuries and even deaths) faced by people who drink high levels of alcohol within a single day.

23. 'Short term' risks are the immediate risks of harm, injury and accident (sometimes fatal) linked to drinking a large amount of alcohol on one occasion, which often leads to drunkenness. They include:

- head injuries
- fractures
- facial injuries
- scarring and
- alcohol poisoning.

24. The risks of injury to a person who has been drinking recently have been found to rise between two and five times when 5-7 units are drunk in a 3-6 hour period.

25. The expert advice includes a number of different ways people can keep their risks low. This includes limiting how much and how fast you drink, and also actions that people can take to reduce their risk of injury and accidents.

26. The expert group considered it was important to make the scale of this risk clear to the public. However, unlike the regular drinking guideline, they did not advise on a specific number of units for single occasion drinking. There were a number of reasons for this, not least because:

- the differences in short term risks faced by different people drinking the same amount can be so wide, and
- the actual risk faced by any particular person can also be substantially altered by a number of factors, including how fast they drink, prior knowledge about how alcohol tends to affect their skills and inhibitions, how safe their environment is, and any plans they have made in advance to reduce their risks (such as staying around someone they can trust and planning safe transport home).

Pregnancy and drinking

The Chief Medical Officers' guideline is that:

- **If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.**
- **Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.**

The risk of harm to the baby is likely to be low if you have drunk only small amounts of alcohol before you knew you were pregnant or during pregnancy.

If you find out you are pregnant after you have drunk alcohol during early pregnancy, you should avoid further drinking. You should be aware that it is unlikely in most cases that your baby has been affected. If you are worried about alcohol use during pregnancy do talk to your doctor or midwife.

27. The expert group felt that current evidence supports a 'precautionary' approach and that the guidance should be clear that it is safest to avoid drinking alcohol in pregnancy.

28. Alcohol can have a wide range of differing impacts on the foetus. These include a range of lifelong conditions, known under the umbrella term of 'fetal alcohol spectrum disorders' (FASD). The severity and nature of this are linked to the amount drunk and the developmental stage of the foetus at the time. Research on the effects on a baby of low levels of drinking in pregnancy can be difficult to interpret. The risks are probably low, but we cannot be sure that this is completely safe.

29. Drinking heavily during pregnancy can cause a baby to develop fetal alcohol syndrome (FAS). FAS is a serious condition, in which children have:

- restricted growth;
- facial abnormalities;
- learning and behavioural disorders.

30. Whilst FASD is less severe than FAS, it can result in physical, mental and behavioural problems including learning disabilities which can have lifelong effects. The risk of such problems is likely to be greater the more you drink.

31. Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age may all be increased in mothers drinking above 1-2 units/day during pregnancy. Women who wish to stay below these levels need to be careful to avoid under-estimating their actual consumption. The safer option is not to drink alcohol at all during pregnancy.

32. The proposed guideline takes account of the known harmful actions of alcohol on the foetus, the evidence for the level of risk from drinking, the need for clarity and simplicity in providing helpful advice for women and the uncertainties that exist about any completely safe level.



HM Government

The number of units you are drinking depends on the size and strength of your drink

11% ABV wine

14% ABV wine

1.4 units



1.8 units

125ml glass

1.9 units



2.5 units

175ml glass

2.8 units



3.5 units

250ml glass

8.3 units



10.5 units

750ml bottle



HM Government

The number of units you are drinking depends on the size and strength of your drink

2.8% ABV lager

4.8% ABV lager

0.8 units



1.4 units

284ml half pint

1.2 units



2.1 units

440ml can

1.6 units



2.7 units

568ml pint

1.8 units



3.2 units

660ml bottle

01/05/2018

Clerk to the Licensing Board
Falkirk Council
Municipal Buildings
Falkirk
FK1 5RS



Iain Livingstone QPM
Deputy Chief Constable Designate

Forth Valley Division Headquarters
West Bridge Street
Falkirk
FK1 5AP

For the attention of Colin Moody

Dear Sir,

Consultation on Supplementary Policy on Festive Trading

Police Scotland have been asked to provide comment in relation to a Proposed Supplementary Statement of Licensing Policy in the Falkirk Council area.

I note that the wording of the supplementary statement is as follows;

"The Licensing Board will grant a general extension of hours on certain dates during the Festive Period which will run from mid-December to 2 January the following year. The dates for a general extension of hours will be set by the Board annually. The general extension will allow nightclub premises to extend their terminal hour for the sale of alcohol to a maximum of 4am and all other on sales premises to a maximum of 2am."

While Police Scotland are in support of the duration of the Festive Period being reduced we would ask that the current practice of premises submitting applications for extended hours during the festive period be continued. This would allow Police Scotland and members of the public residing in the proximity of licensed premises to object to any extended hours application they consider may put at risk the principles of the licensing objectives. It also has the benefit that Police Scotland are able to plan resources appropriately for the extended hours in place thereby ensuring the safety of the public.

We would therefore respectfully request that these observations are taken into consideration during the review of Festive Policy.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Iain Livingstone', written in a cursive style.

Iain Livingstone QPM
Deputy Chief Constable Designate

Falkirk Alcohol & Drug Partnership response to consultation on supplementary statement to Licensing Policy – Festive Extended Hours

Falkirk Alcohol & Drug Partnership (FADP) would respectfully suggest that consideration is given to the recently published Alcohol Focus Scotland, Centre for Research on Environment, Society and Health report (attached) when considering the extension of hours during the festive season.

Of particular relevance to this consultation is:

- The relationship between alcohol availability and alcohol harm in Falkirk detailed in the report. Availability refers to how easy it is to get alcohol - number, capacity and opening hours of alcohol outlets and how this is linked to alcohol related harm.
- Alcohol-related hospitalisation rates in neighbourhoods in Falkirk with the most outlets were double those hospitalisation rates with the least number of outlets.
- Alcohol-related hospitalisation rates in areas of Falkirk with the highest number of on-sales premises were 95% higher than those with the least.
- Crime rates in the neighbourhoods in Falkirk with the most alcohol outlets (all outlets) were 3.6 times higher than crime rates for those with the least.
- Crime rates in the neighbourhoods with the most on-sales outlets were 3.8 times higher than in those with the least.

Although Falkirk compares favourably in the report in some respects to the Scottish overall picture of alcohol harm (i.e. alcohol-related deaths are 15% lower than the Scottish average) it is worth remembering that “Scotland continues to have the highest level of alcohol consumption and harm in the UK. One million Scots drink above the recommended guidelines, and 22 Scots die because of alcohol every single week – twice the rate of the 1980s” (Alcohol Focus Scotland <http://www.alcohol-focus-scotland.org.uk/news/scotland-must-do-more-to-turn-tide-of-alcohol-harm/>).

It is evident that our local communities are being impacted by alcohol harm. FADP would respectfully request that this evidence is taken into account when considering increasing the availability of alcohol in Falkirk.

Alcohol Outlet Availability and Harm in Falkirk

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

- Falkirk is **ranked 14th out of 30 local authority areas for alcohol outlet availability** in Scotland (20th for on-sales and 9th for off-sales outlets).
- **Alcohol-related hospitalisation rates in the neighbourhoods with the most alcohol outlets were double** those in neighbourhoods with the least.
- **Crime rates in the neighbourhoods with the most alcohol outlets were 3.6 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 most deprived neighbourhoods had 3 times the number of alcohol outlets** than the least deprived neighbourhoods.
- The **total number of alcohol outlets in Falkirk decreased by 1 (0.3%)** from 360 in 2012 to 359 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 Falkirk. 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 Falkirk

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 214 neighbourhoods in Falkirk. 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).

Falkirk is **ranked 14th out of 30 local authority areas for alcohol outlet availability** in Scotland (20th for on-sales and 9th for off-sales outlets). In Falkirk, in 2016:

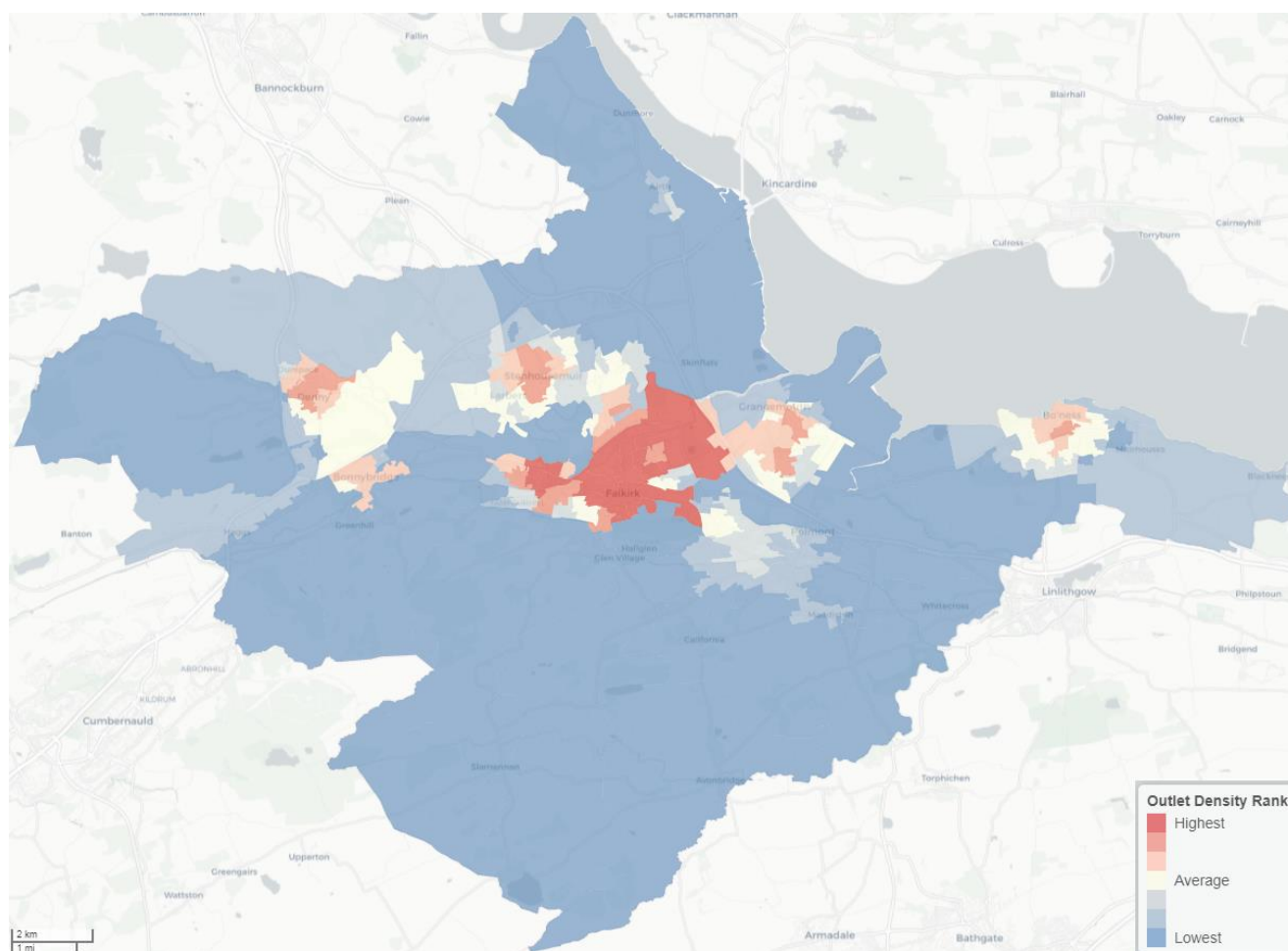
- There were **359 alcohol outlets: 211 on-sales and 148 off-sales outlets**.
- Neighbourhoods had **between 0 and 64** alcohol outlets within 800m of the population centre.
- Neighbourhoods had an average of **10.9 alcohol outlets** within 800m of the population centre, compared to the Scottish average of 16.8 outlets. **16% of neighbourhoods had total outlet availability higher than the Scottish average.**
- Neighbourhoods had an **average of 6.2 on-sales outlets** within 800m of the population centre, compared to the Scottish average of 11.4 outlets. **9% of neighbourhoods had on-sales outlet availability higher than the Scottish average.**
- Neighbourhoods had an **average of 4.7 off-sales outlets** within 800m of the population centre, compared to the Scottish average of 5.4 outlets. **36% of neighbourhoods had off-sales outlet availability higher than the Scottish average.**

Falkirk has 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.

Falkirk 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.

The map below shows the total alcohol outlet availability within 800m of the data zone population centre for each neighbourhood within Falkirk. The areas are colour-coded depending on how they compared with the average outlet availability for neighbourhoods within Falkirk.



Data on each neighbourhood's alcohol availability can also be downloaded from the WebMap, alongside information on alcohol-related mortality, alcohol-related hospitalisations, crime rate and income deprivation.

Alcohol outlet availability in Falkirk 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 **decreased by 1 (0.3%)** from 360 in 2012 to 359 in 2016. This is **in contrast to the 2.9% increase found across Scotland as a whole.**
- The **number of on-sales outlets decreased by 12 (5.4%)** from 223 in 2012 to 211 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 11 (8%)** from 137 in 2012 to 148 in 2016. This is **a slightly larger 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 **decreased by 2.5%.** This is **in contrast to the 0.6% increase found across Scotland as a whole.**
- The **number of on-sales outlets per adult population decreased by 7.5%.** This is **a much larger reduction than the 0.8% decrease found across Scotland as a whole.**
- The **number of off-sales outlets per adult population increased by 5.6%.** This is **a slightly larger increase than that found across Scotland as a whole (4%).**

Alcohol-Related Health Harm and Crime in Falkirk

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

- Falkirk has an **annual average of 29.3 alcohol-related deaths** for those aged 20 and over (from 2011-2016). This is equivalent **to 18.6 deaths per 100,000 adults**, which is **15% lower than the Scottish rate** of 21.8 deaths per 100,000 adults.
- The local authority has an **average hospitalisation rate ratio for neighbourhoods of 68.5**, which is **31% lower than the ratio for Scotland** of 100.
- Falkirk's **average neighbourhood crime rate is 328 crimes per 10,000 population**, which is **around the same as the Scottish average** of 331.2 per 10,000 population.

Alcohol-Related Death Rates and Alcohol Outlet Availability

In Falkirk, **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 Falkirk, **a statistically significant relationship was found between alcohol outlet availability and alcohol-related hospitalisations:** neighbourhoods with more places to buy alcohol had higher alcohol-related hospitalisation rates.

Alcohol-related hospitalisation rates were associated with the number of total and on-sales outlets:

- Alcohol-related hospitalisation rates in the **neighbourhoods with the most alcohol outlets were double** those in neighbourhoods with the least.
- Alcohol-related hospitalisation rates in the **neighbourhoods with the most on-sales outlets were 95% higher** than in neighbourhoods with the least.

The above relationships were found even when other explanatory factors were accounted for, namely income deprivation, urban/rural status and the age and sex demographics of the population. This means that **the association between outlet availability and alcohol-related hospitalisations is not explained by the level of income deprivation, how populated an area is, or the demographics of those living in an area.**

Crime Rates and Alcohol Outlet Availability

In Falkirk, **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 3.6 times higher than in neighbourhoods with the least.
- Crime rates in the **neighbourhoods with the most on-sales outlets** were 3.8 times higher than in neighbourhoods with the least.
- Crime rates in the **neighbourhoods with the most off-sales outlets** were 3.8 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

Falkirk has an **average income deprivation rate for neighbourhoods of 12.1%**. This is **4% 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 Falkirk, **a statistically significant relationship was found between alcohol outlet availability and degree of income deprivation:** the most deprived neighbourhoods had more places to buy alcohol than the least deprived neighbourhoods.

A difference in the number of all types of alcohol outlets (total, on-sales and off-sales) was found between the most deprived and least deprived neighbourhoods:

- **The most deprived neighbourhoods had 3 times the number of alcohol outlets** than the least deprived neighbourhoods.
- **The most deprived neighbourhoods had 3.3 times the number of on-sales outlets** than the least deprived neighbourhoods.
- **The most deprived neighbourhoods had 2.6 times the number of off-sales outlets** than the least deprived neighbourhoods.

The above relationships were found even when other explanatory factors were accounted for, namely population levels. This means that **the association between outlet availability and income deprivation is not explained by the size of populations in a neighbourhood.**

Interpreting the Findings

The relationship between alcohol outlet availability and health and social harms

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

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

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

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

Other explanatory factors were taken into account

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

Factors affecting whether a statistically significant relationship can be found

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

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

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

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

Developing the most accurate picture of alcohol availability

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

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

Methodology

Summary

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

Geographical units

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

Alcohol outlet availability

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

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

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

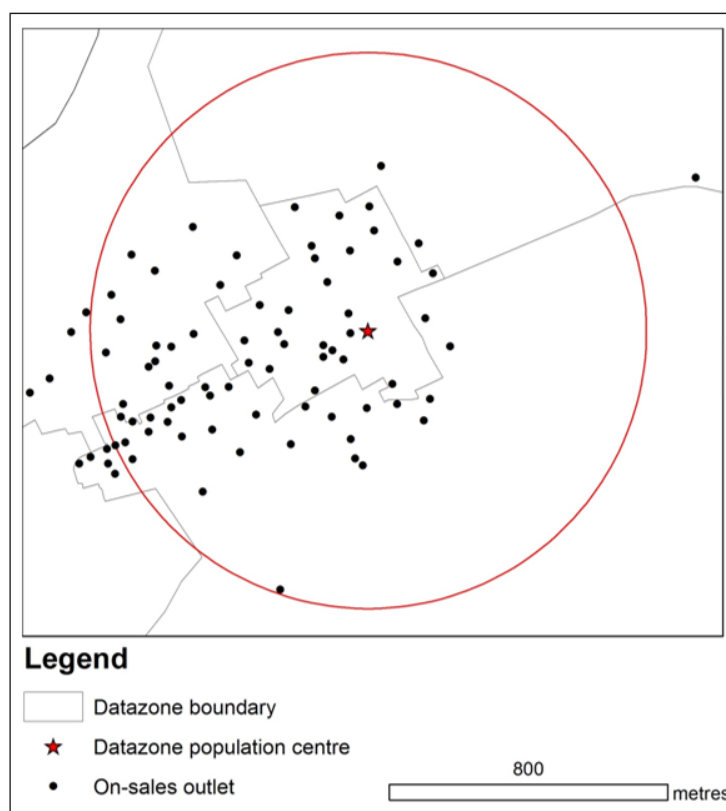


Figure 7. Calculating alcohol outlet availability for a data zone

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

Analysis

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

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

Population

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

Mortality

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

Hospitalisations

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

Crime

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

Income Deprivation

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

Urban/Rural

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

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Falkirk Licensing Forum – Festive Policy consultation

Following a meeting with the Licensing Forum on Tues 8th May, the following are our comments on the proposed new Festive Policy.

1. We would request that the policy is reviewed annually to establish what impact positively or negatively it has had on the licensing trade, policing and the community in general.
2. How would the new policy impact hybrid premises that have a terminal hour of 2am currently?
3. We believe that should the policy be granted in its current wording, we would wish some form of data capture to be put in place to establish which premises will be trading on the dates agreed by the licensing board.

We believe that something on the following wording would put the responsibility on the licensed premises and assist Council Officers and Police Scotland to monitor things.

"Premises which have, within the "Seasonal Variations" section of their operating plan, a statement to the effect that they will open for such extended hours as the Board may agree each festive period will not require to lodge applications for festive period terminal hours. Premises licences which include such statements in their operating plan will, however, be subject to a condition requiring the licence holder to submit to the Board and to Police Scotland, prior to 1 December each year, notice of the dates within the festive period policy on which it is intended that the premises open until the festive period terminal hour for that category of premises. The additional local conditions stated at section 2.2 above may also apply on any nights on which the premises will be open until after 0100 hours."

The other option would be to consider the policy of the seasonal policy that Edinburgh Licensing Board adopts where during the Edinburgh Festival they ask On Sales premises to opt in to the 4 week period of extended hours. This then enables Council Officers and Police Scotland to know which premises are trading what hours during this period. We understand that Edinburgh Licensing Board may charge a nominal fee to each premises to manage this.

4. Can the Board confirm that the proposed Festive Policy would only be applicable to those Premises that have statements on the Festive Policy in their operating plans?
5. If members' clubs are granted the festive policy, can it be outlined that this would only be for member's events and if those members clubs wished to have guests present then this would trigger an Occasional Licence application?
6. With the proposal terminal hour being until 2am, how would the Board deal with The Licensing Conditions (Late Opening Premises) (Scotland) Regulations 2007
<http://www.legislation.gov.uk/ssi/2007/336/made>.

For example one of our concerns would be will all the premises opening after 1 am have a personal licence holder on duty as that is one of the late night mandatory conditions? If there was no record on which premises traded what hours then how can Police Scotland and Council Officers be expected to manage the process competently.

7. We believe that the start date for the festive policy should be 21 days prior to the 3rd Jan end date. That would make the start date this year the 13th Dec which we think might be the proposed date that the Board might be considering this year.

8. We believe that to manage the new proposed policy, there has to be festive cover of council officers visiting premises during this period so that premises are aware that the policy is being managed and that premises do not pay lip service to it.

9. We believe that a "blanket extension" to agreed hours exclude the individual and the communities from voicing their objections to additional hours during the festive period and we think these views are important. We believe that we still need to include comments that objections can be lodged by communities if they believe extend hours are increasing anti-social behaviour and affecting neighbours/other businesses and the community at large. Currently the plans will not allow for festive trading any representation by the local community in terms of voicing their objection to these agreed hours out with the consultation currently being ran by the board.