National Licensing Conference 2011

The overheads used by presenters are now available at http://www.alcohol-focus-scotland.org.uk/view/article/105-national-licensing-conference-2011-presentations-now-online

Shona Robison MSP opened the conference.

She said the Scottish Government is not anti alcohol but anti alcohol misuse. Its part of our culture. Rightly proud of our distilling industry. But many harms. Price to be paid is too high. We drink a fifth more than England and Wales. No single bullet. Wide strategy. ABIs "really really important". Time of change but can't standstill. Keep momentum going to change relationship with alcohol. Commitment to long term change. We need to drink less as well as more responsibly. Controlling price and availability can be key to culture change". Commends work of AFS. No place for quantity based discounts, on or off sales. Minimum price most effective way to tackle alcohol misuse. No longer easy to tie problems down to individual premises. West Dumbartonshire is an example of a board using powers to respond to problems in their area. With the scale of problems there is a need to look at bold measures.

Dr James Nicholls - state regulation of alcohol

Dr Nicholls showed a graph going back to 1800 showing the fluctuations in alcohol consumption over the centuries. A key message he drew from this was that we should not overdo the idea that the British have always drunk heavily or "if you're young and British, you'll drink". This attitude is letting heavy drinking off the hook.

Clear that licensing began well before the first world war and the first Royal Commission was in 1899.

Policy can have a big influence

Why the big decline in consumption after 1916?

Two Royal commissions on licensing in eng and Scotland in 1931 considered this question. Many reasons but included:

- a growing realization in the 1930 of the longer term health impacts of over consumption
- Better education
- better licensing law
- increased taxation
- The English Royal Commission also felt that for young people at the time "Drunkenness has gone out of fashion" -.
- Acceptability of drunkenness low

Decline in consumption reversed from late 1960s.

- Increased disposable incomes
- New youth cultures
- Greater gender equality
- Globalisation of wine trade

- More effective retail and marketing strategies
- Closure of afternoon gap for off licences

Influence of growth of wine very important Currently the average cost of a bottle of wine is £4.75

Major trends in last 30 years have been Shift to wine drinking. Shift to drinking in the home

From the 1899 Royal Commission onwards Dr Nicholl identified 4 common themes or concerns that crop up

- 1. Availability concerns about the density of outlets.
- 2. balance between the on and off trade is it an ordinary commodity and so can be sold in shops as well as pubs/bars?
- 3. Affordability seen as important but previously not seen within scope of licensing.
- 4. Policy and culture does the state have the duty and capacity to change culture?

How to define and regulate outlet density - from discretion to evidence Who says there are too many?

The "Grocers licence" - civilising consumption or pushing alcohol into the home? Normalise or de-normalise? View that off licences should be regarded primarily as shops. Now changed.

Clear that the off trade is the key sector for long term health He posed tow questions that arise throughout history

- 1. To what extent should alcohol be treated as an ordinary commodity?
- 2. Does the state have a duty and the capacity to try and change drinking culture? Role of state in market regulation.

Certainly require a night time economy that's less alcohol focused. Relaxation of licensing in England in 90s did not lead to café society and European attitufe to alcohol but possibly because of other changes at the time.

Sir Quentin Agnew Bt QC – Promoting the Health Objective

Sir Quentin is leading licensing law advocate.

What is an objective? It's something that is obligatory and to be kept in mind at all times.

Licensing policy is key to promote the public health objective rather than targeting individual applications. He sees it as very difficult to ascribe public health implications to a particular license application.

Ensure is a strong word - onus on board to take positive steps to obtain necessary evidence.

How much trade will it claw back or generate - alcohol retail impact assessments

Brightcrew case – licensing policy cannot be used to regulate activities unless regulation is linked to issues that arise from the sale of alcohol. In this case lapdancing does not arise from the sale of alcohol therefore should be in the licensing policy.

Hughes vs Hamilton District Council 1991 Boards have expertise and discretion to make decisions. Courts see Boards as the experts on licensing matters. Evidence includes expert opnion.

Amenity can be affected before nuisance level.

Over availability - policy to limit the availability of alcohol if there was evidence that the availability needed to be limited to protect and improve health. Eg location and persons likely to frequent premises - eg near schools, youth clubs.

Policies might be able to be subject to judicial review Policy can be challenged in any review Ouster provision as in planning? Brightcrew legacy.

Individual applications Lack of evidence of effect for individual premises. Location, people likely to come No onus on the applicant but all objectives need to be applied. Test is undesirable sequel on likelihood or probability WWCM case - reasonable to refuse on policy grounds.

Evelyn Gillan - AFS

Evelyn went through the recommendations from the expert group on public health and licensing

Report can be found here:

http://www.alcohol-focus-scotland.org.uk/view/article/104-re-thinking-alcohollicensing

Re-emphasise the public interest Purpose of Licensing. Consensus that alcohol is hazardous and needs controlled.

Liberalisation and changing drinking patterns. Increase in licenses, cheaper alcohol. Link between increased availability contributes to harm. Change is possible.

Jim Sherval

Specialist in Public Health