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Eric Anderson
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Legal and Democratic Services
Corporate Governance
Aberdeen City Council
Business Hub 6, Level 1 South,
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Dear Mr Anderson

**Licensing (Scotland) Act 2005 – Application for the grant of a Provisional Premises
Licence Co-operative Food, Stoneywood Road, Dyce, Aberdeen, AB21 9JS**

I refer to the above application and in terms of Section 22(1)(a) of the Licensing (Scotland) Act 2005, I make the following objection.

The applicant seeks to operate an off-sales licensed premise at Stoneywood Road, Dyce, Aberdeen. The Aberdeen City Alcohol Licensing Board published their Statement of Licensing Policy in November 2013. Under Section 7 of the Licensing (Scotland) Act 2005, the Licensing Board were unanimous in the declaration of the whole of the Board area as overprovided for in terms of off-sales with the exception of two localities – Anguston and Kirkhill. This overprovision assessment was taken after considering the detailed analytical evidence from both NHS Grampian and Police Scotland.

The application for Stoneywood Road, Dyce, Aberdeen is within the area defined by the Board as overprovided for in terms of off-sales - Section 9.8 of the Aberdeen Statement of Licensing Policy 2013-2016:

Having excluded these two localities (Anguston and Kirkhill), the Board identified the rest of its area as a locality which has overprovision of off sales premises.

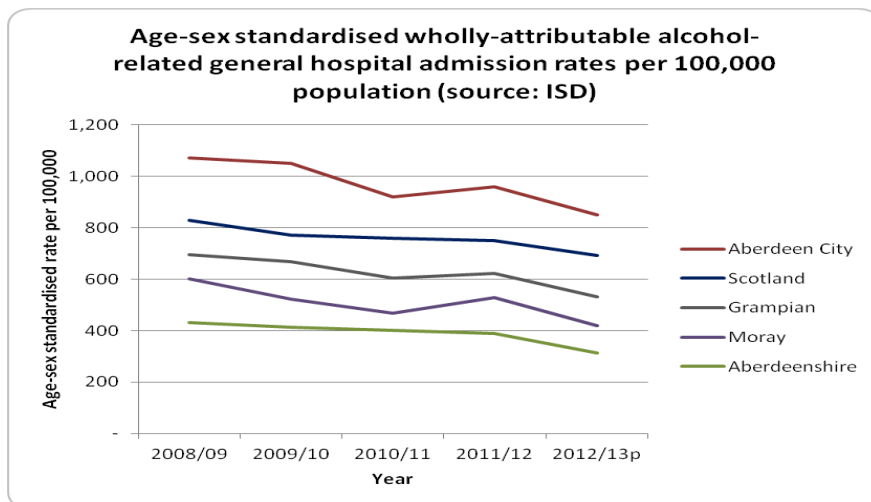
NHS Grampian supported the Board's decision with density maps and data during the Statement of Licensing Policy consultation. Below is the compelling density data for Aberdeen. The density 1km buffer map is attached as appendix 1.

	Total licensed premises	On-sales premises	Off-sales premises	% population 18+ residing within 1 km off-sales	% population 18+ residing within 500 m off-sales
Aberdeen City at Dec 2012	635	447	188	96%	84%

There is a strong relationship between the availability of alcohol leading to overconsumption resulting in health harm. Availability of alcohol not only pertains to access but also to price. Having premises in close proximity may result in competitive pricing thus making alcohol available in terms of cost.

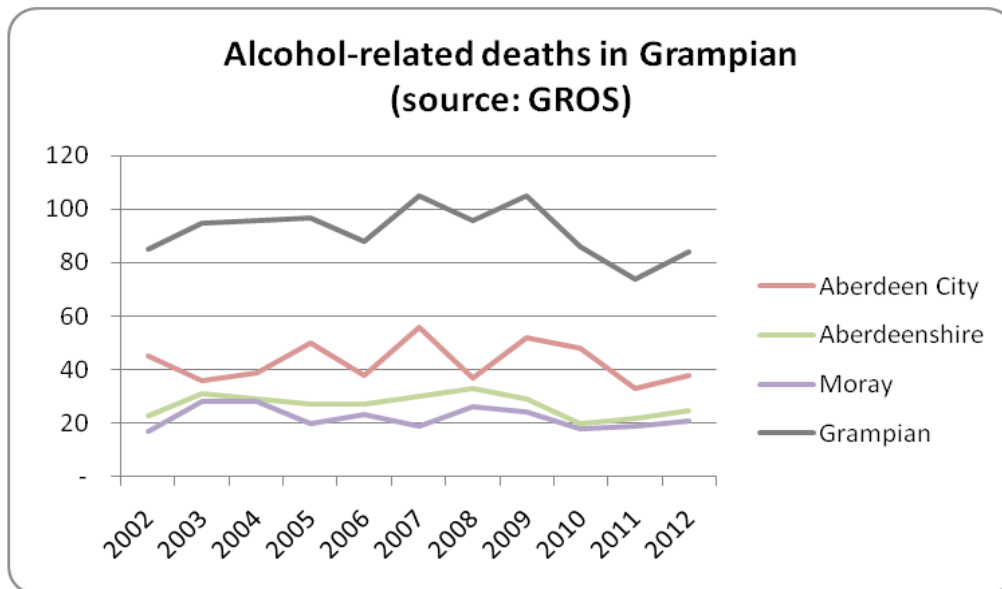
The Board will be aware that the majority of alcohol is bought from off-sales alcohol outlets where the alcohol is cheaper than purchasing from on-sales. Drinking within a domestic setting can increase the risks of alcohol-related harms and excessive consumption, leading to health harm. NHS Grampian provided evidence during the consultation demonstrating the link between provision of premises and increased consumption leading to alcohol related health harm. The World Health Organisation have reported alcohol attributable health harms and are presented in appendix 2, and have recently reported that alcohol is a considerable contributor in preventable cancer¹.

The graph below illustrates hospital admissions. Trends in wholly attributable alcohol-related hospital admissions in Grampian have been generally consistent with those seen nationally. Following a decade of rising admission rates, there has been a reduction in recent years, however, there is no room for complacency as the Aberdeen City admission rate remains significantly higher than Aberdeenshire or Moray and is higher than the Scottish figure.



¹ <http://www.iarc.fr/en/publications/books/wcr/wcr-order.php>

The graph below illustrates death rates as reported by The Scottish Public Health Observatory (ScotPHO²) using General Register Office for Scotland (GROS) data. While there has been a reduction in alcohol related deaths in Grampian (8% to 15%), this has been smaller than seen nationally. Aberdeen City has around twice the number of wholly-attributable alcohol related deaths (around 40 per year) than Moray or Aberdeenshire (around 20 per year). Over half (54%) of alcohol related deaths occur under the age of sixty, and by their nature all are potentially preventable.



Information from ScotPHO can be broken down to post code sector. The post code sectors for the area served by this off sales premises include AB21 7 and AB21 9. Data zones within both these areas record alcohol related or attributable hospital patient admissions to be **more than 5% worse than the Scottish average** and are coded Red in the most recent edition of the Traffic Lights Health & Wellbeing Profiles (2012)³.

The NHSG report prepared for the Board in September 2013 - *Consultation Response to Aberdeen City Licensing Board's Draft Statement of Licensing Policy* concluded that:

On many health fronts, Aberdeen's population is affected by the consumption of alcohol in terms of A&E attendances, hospital admission, illness, injury and early death. In many instances Aberdeen's rate of such adverse events is worse than Scotland's, e.g. wholly and partially attributable fractions of alcohol-related admission rates, cirrhosis admission rate. Analysis of health harm and alcohol consumption/sales data demonstrates that the Aberdeen community is already adversely affected by its alcohol consumption, particularly in international terms.

The Boards Statement of Statement of Licensing Policy paragraph 27.4 states:

The Health Board states that increased access and availability to alcohol through increased numbers of premises and/or opening hours or decreased pricing is linked to increased consumption, which in turn potentially leads to increased harm. Even

² <http://www.scotpho.org.uk/>

³ <http://www.nhsgrampian.org/grampianfoi/files/TrafficLights2012AberdeenCity.pdf>

small reductions in the availability of alcohol can contribute to health gain and reduce violence and harm to the population generally, as well as to the drinker themselves. Alcohol availability is affected by outlet density, outlet distance, opening hours and price. The Board acknowledges this statement and recognises that the Health Board is in the best position to advise on the detrimental effects of alcohol on health.

There is nothing in the application which demonstrates that this application should be approved on the basis that it is an exception and fits a local need for increase in capacity of off sales.

For these reasons, and in terms of Section 22(1)(a) of the Licensing (Scotland) Act 2005, the Public Health Directorate of NHS Grampian objects to the application as the granting of it would be inconsistent with one or more of the licensing objectives, namely Protecting and Improving Public Health.

Yours sincerely

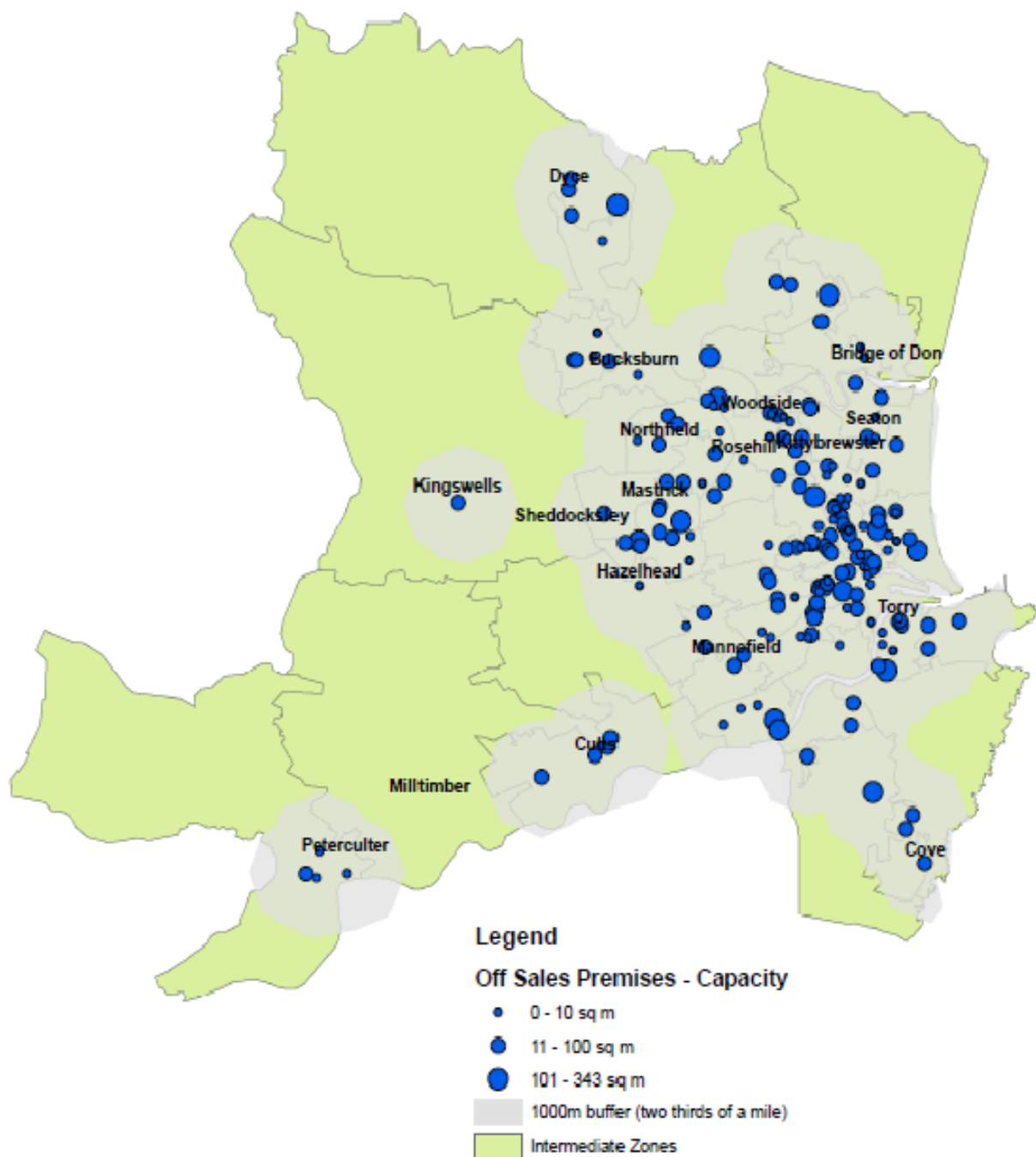
A handwritten signature in cursive script that reads "pp Heather Wilson". The signature is written in dark ink and is positioned to the right of the typed name.

Christopher Littlejohn
Consultant in Public Health

pp Heather Wilson
Health Improvement Officer (Alcohol & Drugs)

Aberdeen City Alcohol Off Sales Licensed Premises (188)

(1000m buffer)



Based on general practice registration of Abn City residents at April 2012
192,500 = 18 years and over population
185,600 = 18 years and over live within 1000 metres of an off-sales premises
96% = percentage of residents live within 1000 metres of an off sales premises

Major disease and injury categories causally linked to alcohol (World Health Organisation 2011)⁴**Box 9. Major disease and injury categories causally linked to alcohol**

Neuropsychiatric disorders: AUDs are the most important disorders caused by alcohol consumption in this category. Epilepsy is another disease causally impacted by alcohol, over and above withdrawal-induced seizures (Samokhvalov et al., 2010). Many other neuropsychiatric disorders are associated with alcohol, but whether they are caused or the extent to which they are caused by alcohol consumption is not clear.

Gastrointestinal diseases: liver cirrhosis and pancreatitis (both acute and chronic) can be caused by alcohol consumption. Higher levels of alcohol consumption create an exponential risk increase. The impact of alcohol is so large for both disease categories that there are sub-categories that are labelled as "alcoholic" or "alcohol-induced".

Cancer: alcohol consumption has been identified as carcinogenic for the following cancer categories (Baan et al., 2007): cancers of the colorectum, female breast, larynx, liver, oesophagus, oral cavity and pharynx. The higher the consumption of alcohol, the greater the risk for these cancers: even the consumption of two drinks per day causes an increased risk for some cancers, such as breast cancer (Hamajima et al., 2002).

Intentional injuries: alcohol consumption, especially heavy drinking, has been linked to suicide and violence. In this report, intentional injuries include violence and self-inflicted injuries.

Unintentional injuries: almost all categories of unintentional injury are impacted by alcohol consumption. The effect is strongly linked to the level of alcohol concentration in the blood and the resulting effects on psychomotor abilities. Higher levels of alcohol consumption create an exponential risk increase. In this report unintentional injuries include road traffic accidents, falls, drowning, poisoning and other unintentional injuries.

Cardiovascular diseases: the relationship between alcohol consumption and cardiovascular diseases is complex. Light to moderate drinking can have a beneficial impact on morbidity and mortality for ischaemic heart disease and ischaemic stroke. However, the beneficial cardio-protective effect of drinking disappears with heavy drinking occasions. Roerecke and Rehm (2010) have shown, based on meta-analyses, that, on average, light to moderate drinkers experienced no protective effect if they reported at least one heavy drinking occasion per month. Moreover, alcohol consumption has detrimental effects on hypertension, cardiac dysrhythmias and haemorrhagic stroke, regardless of the drinking pattern (Rehm et al., 2010).

Fetal alcohol syndrome and pre-term birth complications: alcohol consumption by an expectant mother may cause these conditions, which are detrimental to the health and development of neonates.

Diabetes mellitus: a dual relationship exists between alcohol consumption and diabetes mellitus. Light to moderate drinking may be beneficial while heavy drinking is detrimental (Baliunas et al., 2009a).

⁴ World Health Organisation. *Global Status report on alcohol and health*. Geneva: World Health Organisation, 2011.