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Eric Anderson
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Corporate Governance
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Dear Mr Anderson

**Licensing (Scotland) Act 2005 – Application for Variation of Premises Licence
Cafe Andaluz, 269-271 Union Street, Aberdeen, AB11 6BR**

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

The applicant is seeking to:

1. Extend the terminal hour of the premises to 1am on each day of the week, and
2. Permit children and young persons entry until the end of core hours.

By extending the terminal hour of the premises to 1am on Monday, Tuesday, Wednesday and Thursday this contradicts the Aberdeen Licensing Board Statement of Licensing Policy as it would result in the premises having a continuing trading period of 15 hours on each of these days. The Aberdeen Licensing Board Statement of Licensing Policy, paragraph 20.3 states:

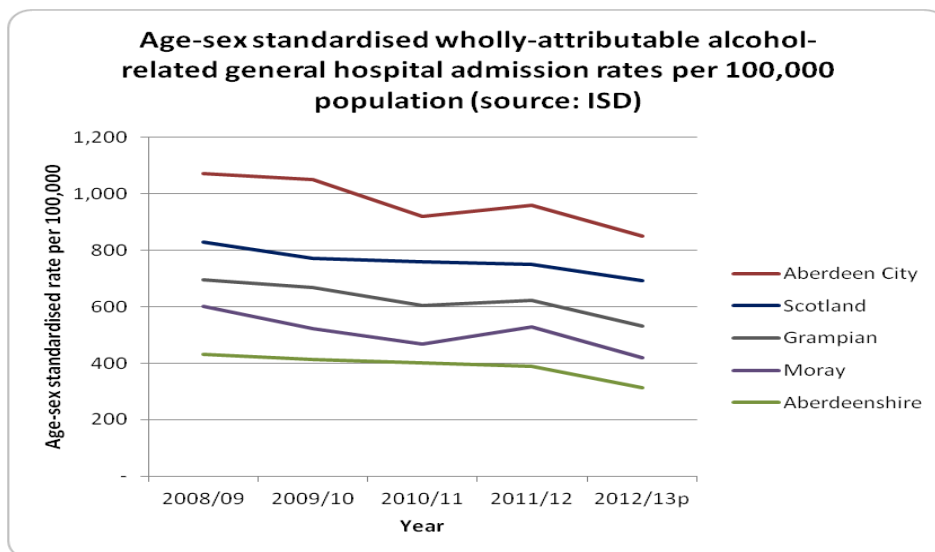
The Board will deem up to a maximum of 14 hours continuous trading in any 24 hour period to be reasonable.

In the NHS Grampian reported “Consultation Response to Aberdeen City Licensing Board’s Draft Statement of Licensing Policy dated 24th September 2013, NHS Grampian stated:

When access to alcohol is reduced through higher costs (minimum pricing, taxes) or reductions in availability (i.e. fewer premises or shorter opening hours) people drink less and consequently derive less harm. Short and long-term health are then less

affected, social determinants can improve and criminal behaviour reduce¹. For example, even changes in closing times of less than two hours appear to have an impact on night time violence².

The NHS Report argues that the culture of harmful drinking is prevalent within our society and has become somewhat normalised, resulting in the increasing prevalence of alcohol attributable harms. 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, Aberdeen City's admission rate remains significantly higher than Scotland, Aberdeenshire or Moray.



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.

¹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2800249/> (The Neighborhood Alcohol Environment and Alcohol-Related Morbidity)

² <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3380552/> (The Impact of Small Changes in Bar Closing Hours on Violence.)

The Boards 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 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.

It is well documented that alcohol attributable harms can be linked to increased availability, which includes longer drinking hours, therefore any variation to the operating hours for this or any other premises may result or contribute to further harm to public health. The World Health Organisation has reported alcohol attributable health harms and are presented in the attached appendix. They have also recently reported that alcohol is a considerable contributor in preventable cancer.

The Public Health Directorate would request that if children and young people are to be permitted entry until the end of core hours they must be accompanied by an adult and appropriate control measures must be in place to protect them, e.g. staff training; enforcement of the mandatory Challenge 25 Policy; employment of staff with convictions for serving alcohol to children; or employment of staff with convictions against children .

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 and Protecting Children from Harm.

Yours sincerely

Christopher Littlejohn

Consultant in Public Health

pp Heather Wilson

Health Improvement Officer (Alcohol & Drugs)

Major disease and injury categories causally linked to alcohol (World Health Organisation 2011)³**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).

³ World Health Organisation. *Global Status report on alcohol and health*. Geneva: World Health Organisation, 2011.