

Date 23<sup>rd</sup> October 2014  
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Legal and Democratic Services  
Corporate Governance  
Aberdeen City Council  
Business Hub 6, Level 1 South,  
Marischal College, Broad Street  
Aberdeen AB10 1AB

Dear Mr Anderson

**Licensing (Scotland) Act 2005 – Application for a Premises Licence  
Binar Ltd, 75 Victoria Road, Torry, Aberdeen, AB11 9LT**

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 under the licensing objective:

**Protecting and Improving Public Health.**

The applicant seeks to apply for a premises licence for the property at 75 Victoria Road, Torry, Aberdeen, AB11 9TL.

This objection will focus on the following points:

1. Evidence with regard to overprovision.
2. Distance between existing off sales premises in the area.
3. Hospital admission rates for wholly attributable alcohol- related conditions.
4. Comparison of alcohol related death rates.
5. Referrals to Integrated Alcohol Service
6. Appendix 1 – map of alcohol off sales licensed premises for Aberdeen City
7. Appendix 2 – major disease and injury categories causally linked to alcohol

**1. Evidence with regard to overprovision**

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 75 Victoria Road, Torry, 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 1k buffer map is attached as appendix 1.

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

There is a strong relationship between the availability of alcohol leading to over consumption 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 more 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 cancer<sup>1</sup>.

Research published on the 7<sup>th</sup> October 2014 has strengthened the relationship between off sales density and greater alcohol related deaths. This research identified that neighbourhoods in Scotland with the most licensed premises have alcohol related death rates more than double those in neighbourhoods with the fewest licensed premises. One of the key findings from this research is that each increase in outlet availability was associated with a higher alcohol-related death rate.<sup>2</sup>

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

<sup>2</sup> <http://www.alcohol-focus-scotland.org.uk/media/89684/cresh-research-alcohol-outlets-and-health.pdf>

## 2. Distance between existing off sales premises in the area.

Within the immediate vicinity of this store there are a number of off-sales premises with 2 of these stores already selling alcohol imported from Eastern Europe. See table below.

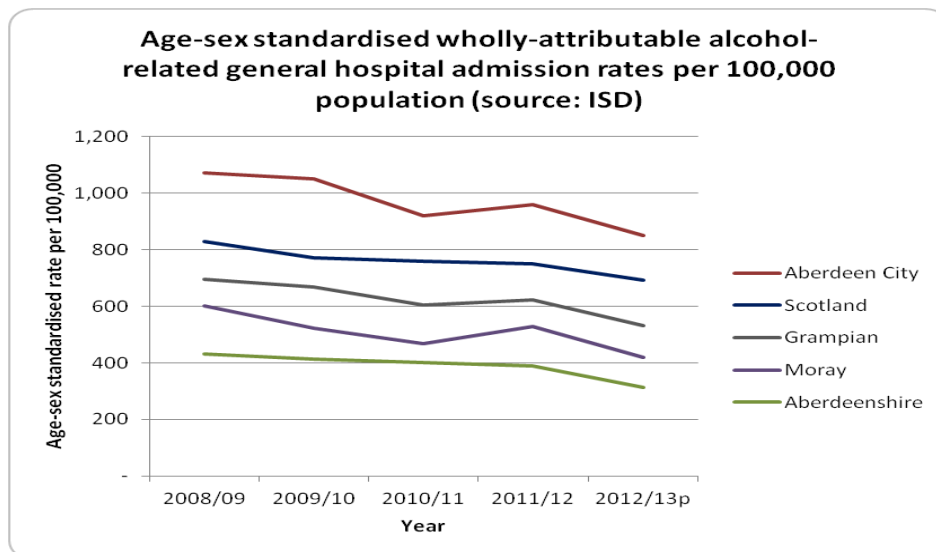
Address	Distance from Binar Ltd	Walking time from Binar Ltd
53 Victoria Road **	Less than 0.01 kilometres	23 seconds
67/69 Victoria Road ** & *	Less than 0.01 kilometres	10 seconds
78 Victoria Road **	less than 0.01 kilometres	18 seconds
94 Victoria Road * & **	Less than 0.01 kilometres	48 seconds
78 Menzies Road	0.483 kilometres	6 minutes
225 Victoria Road **	0.804 kilometres	8 minutes

\* denotes store selling a **range** of Eastern European alcohol.

\*\* denotes stores open from 10am until 10pm including Sundays

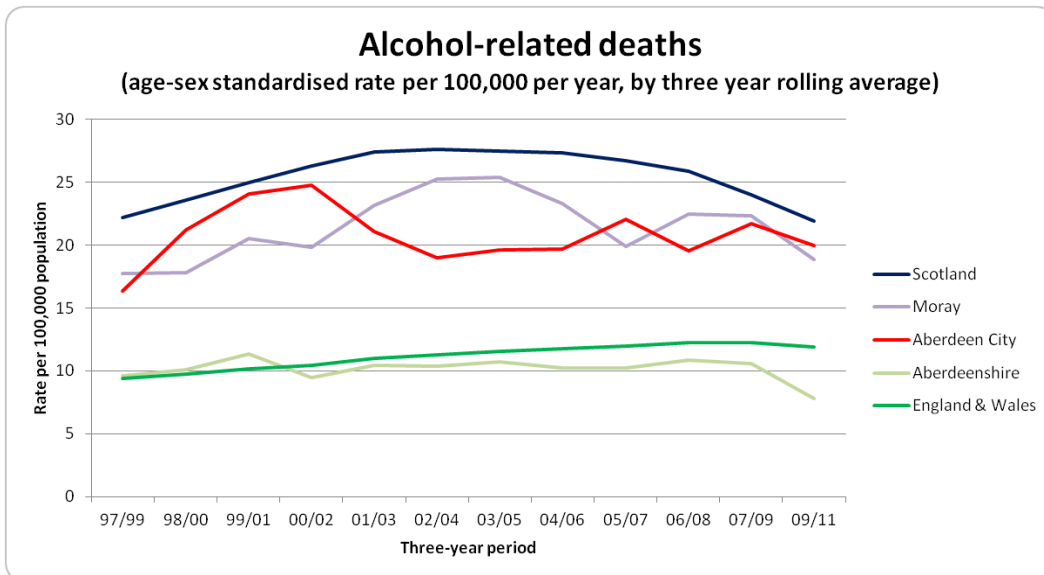
## 3. Hospital admission rates for wholly attributable alcohol- related conditions.

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 Aberdeenshire or Moray.



#### 4. Comparison of alcohol related death rates.

The graph below illustrates death rates as reported by Scottish Public Health Observatory (ScotPHO<sup>3</sup>) using GROS data (General Register Office for Scotland). Aberdeen City's rate has remained essentially stable, in contrast to Scotland's falling rate.



Alcohol related deaths in Scotland have fallen but the rate is still one of the highest in Western and Central Europe. Although mortality rates have reduced in recent years they are still more than double the rates seen in the 1980s.

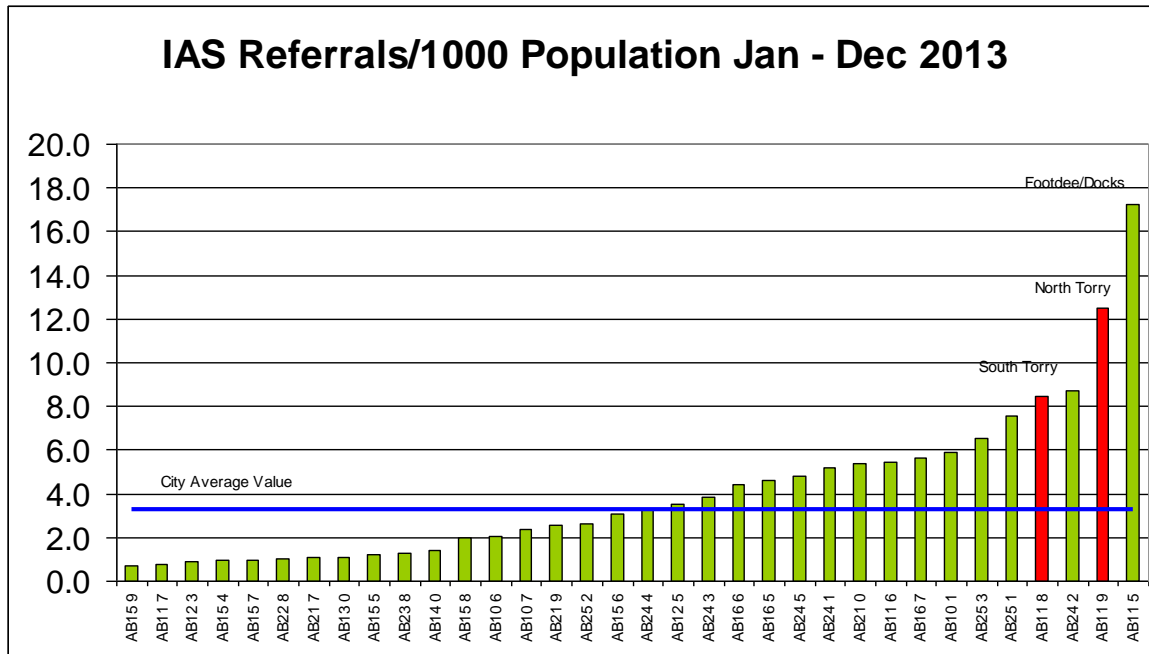
Information from ScotPHO can be broken down to post code sector. The post code sectors for the area in Torry served by this off sales premises include AB11 8 and AB11 9. Both these areas record alcohol related deaths and alcohol related or attributable hospital patient admissions to be **more than 5% worse than the Scottish average** and are coded Red in the most recent edition of the Traffic Lights Health & Wellbeing Profiles (2012)<sup>4</sup>.

<sup>3</sup> <http://www.scotpho.org.uk/>

<sup>4</sup> <http://www.nhsgrampian.org/grampianfoi/files/TrafficLights2012AberdeenCity.pdf>

## 5. Referrals to Integrated Alcohol Service

The information shown in the graph below relates to the number of referrals per 1000 population made to the NHS Grampian, Integrated Alcohol Service (IAS), Cornhill Hospital, Aberdeen during 2013. As you can see from the red bars on the graph both post code sectors for the Torry area are showing significantly higher than average numbers of referrals.



There is nothing in the application which demonstrates that this license should be approved and no automatic assumption that a licence application in these circumstances should be granted.

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.

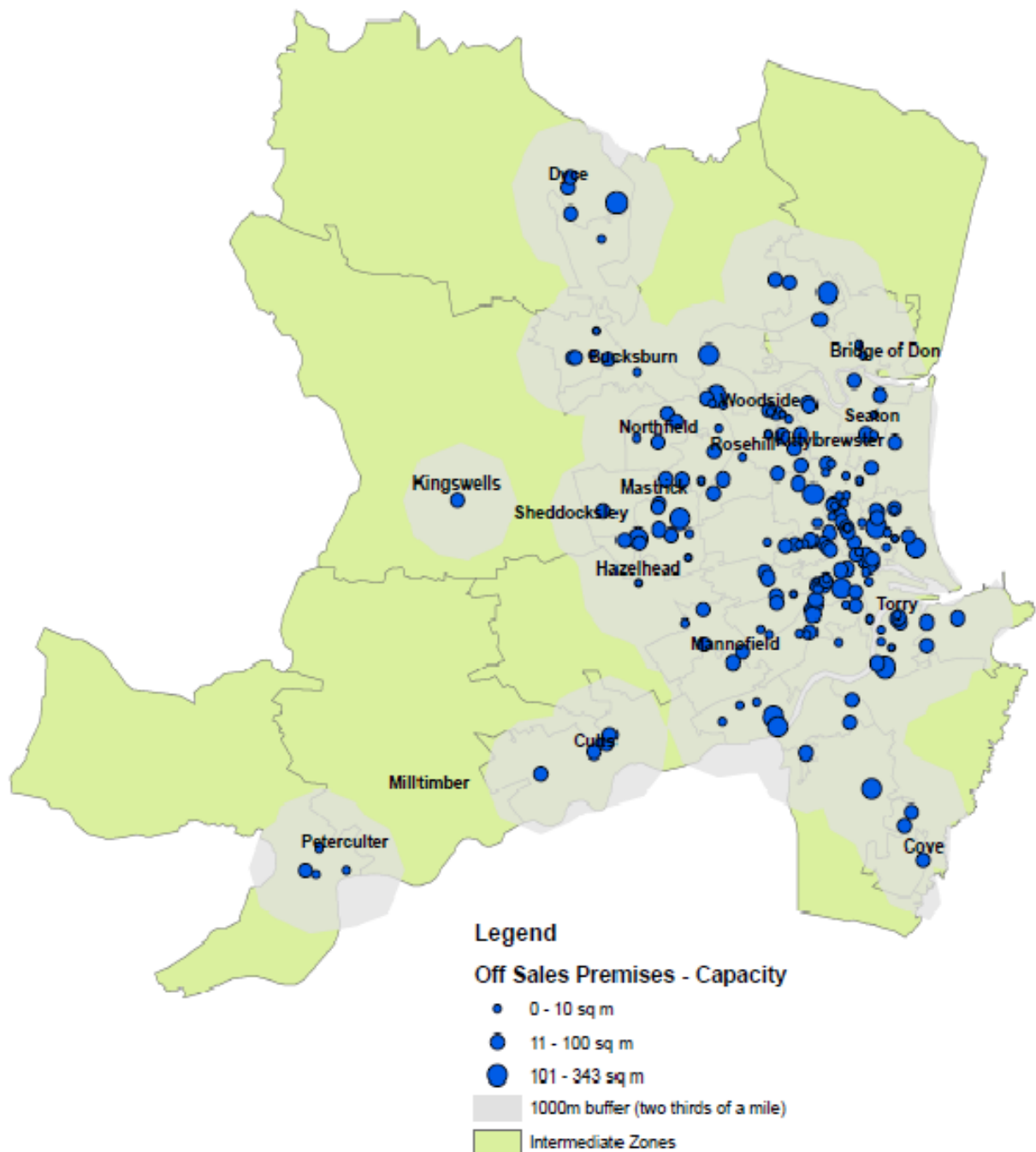
Yours sincerely

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

**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).

<sup>5</sup> World Health Organisation. *Global Status report on alcohol and health*. Geneva: World Health Organisation, 2011.