

Date 18<sup>th</sup> February 2015  
Enquiries to 01224 557047  
Our Ref 2015015  
Email: [grampian.healthprotection@nhs.net](mailto:grampian.healthprotection@nhs.net)

Eric Anderson  
Solicitor  
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 the variation of a Premises Licence  
Grosik, 530 – 532 George Street, Aberdeen, AB25 3XL**

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 increase the capacity of the premises off-sales provision at 530 – 532 George Street, Aberdeen from 2.28m<sup>2</sup> to ..... At the time of writing this letter the size of the increase is still to be determined but irrespective of the size of the increase **NHS Grampian would wish to make an objection based on the increased availability of alcohol in an area of over provision.**

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. Appendix 1 – map of alcohol off sales licensed premises for Aberdeen City
6. 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 530 – 532 George Street, 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 off-sales	% population 18+ residing within 500 m off-sales
<b>Aberdeen City at Dec 2012</b>	<b>635</b>	<b>447</b>	<b>188</b>	<b>96%</b>	<b>84%</b>

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

Within the immediate vicinity of Grosik there are a number of off-sales premises selling alcohol. See table below.

Address	Distance from Grosik	Walking time from Grosik
Co-op Group Food, 466 George Street *	0.14 km	0.14 mins
European Food, 568 George Street **	0.06 km	0.01 mins
Denzils, 569 George Street*	0.06 km	0.01 mins
Spar, 371 George Street *	0.28 km	4.05 mins
L & M Stores, 134 Hutcheon Street *	0.38 km	4.44 min

\* denotes stores selling alcohol from 10am until 10pm

\*\* denotes store selling alcohol from 11am until 8pm

There is a strong relationship between the availability of alcohol leading to overconsumption resulting in health harm. Availability of alcohol not only pertains to price but also to access. 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

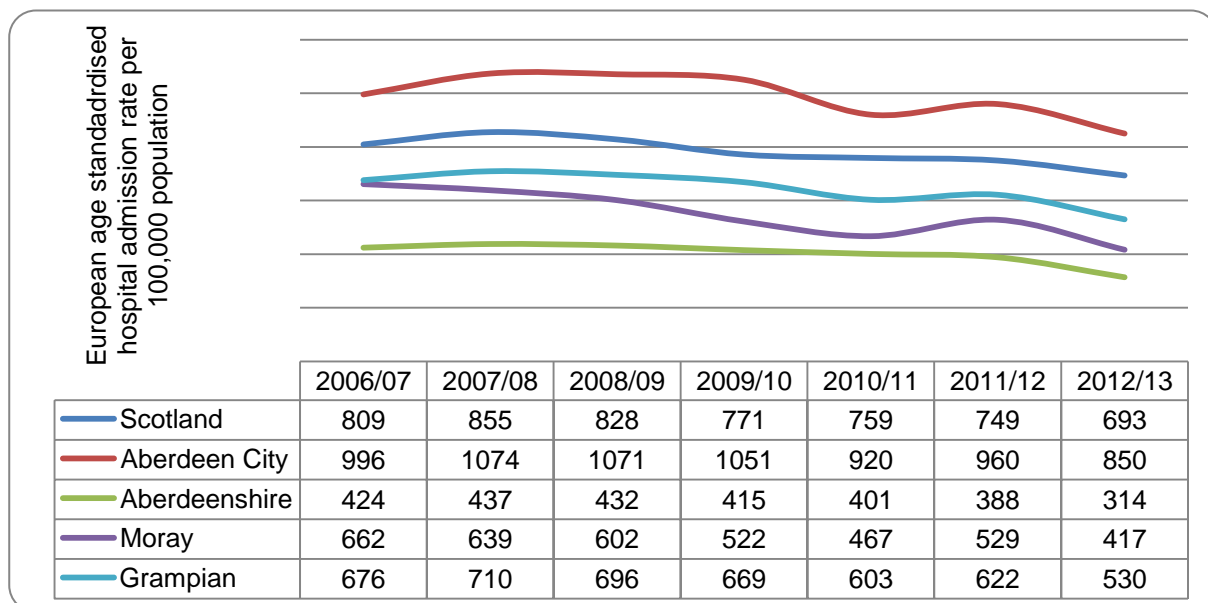
attributable health harms and are presented in appendix 2, and have recently reported that alcohol is a considerable contributor in preventable cancer<sup>1</sup>.

There is a known association between alcohol consumption and health and wellbeing, with increasing consumption associated with over fifty health conditions (physical and mental) and a range of negative social, legal, and economic outcomes.

It has been estimated that over 100,000 men and women in Grampian are either hazardous or harmful drinkers. The findings from the Scottish Health Survey<sup>2</sup> suggest that 21% of the Grampian population consume alcohol at hazardous or harmful levels, similar to the Scottish average. This situation in Aberdeen is worse amongst men at 29.3% compared to women at 18.2%.

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

The graph below illustrates hospital admissions. Although reducing, Aberdeen City rates are still significantly higher than Scotland, Grampian, Moray or Aberdeenshire.



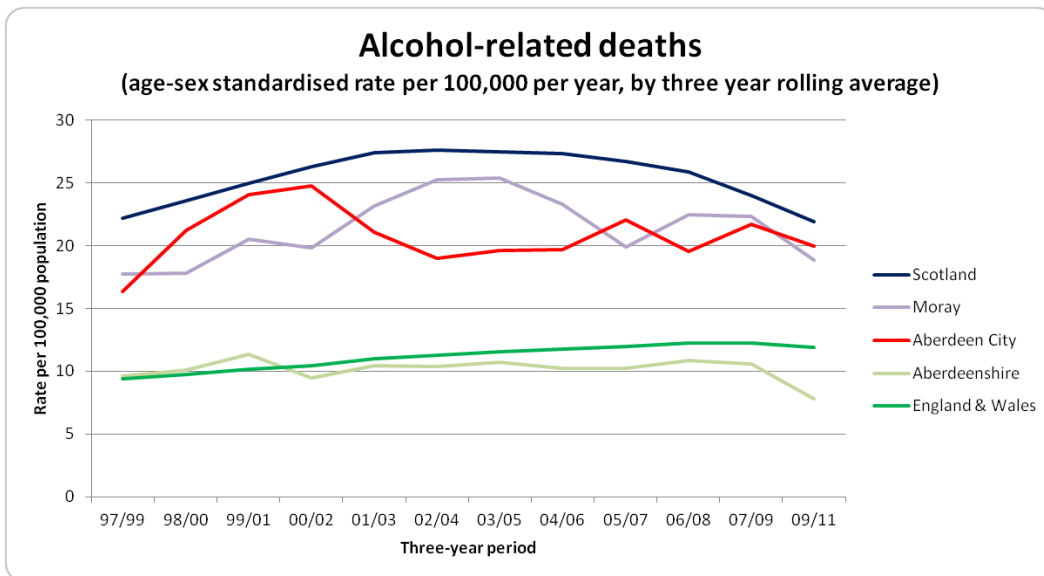
The graph below illustrates death rates as reported by ScotPHO<sup>3</sup> using GROS data (General Register Office for Scotland). Aberdeen City's rate has remained essentially stable, in contrast to Scotland's falling rate.

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

<sup>2</sup> <http://www.gov.scot/Resource/0043/00434590.pdf>

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

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



#### Alcohol related deaths 2011 - 2013<sup>4</sup>

Year	Aberdeen	Abnshire	Moray	Scotland
2011	33	22	19	1247
2012	38	25	21	1080
2013	42	23	22	1100

Alcohol related death in Scotland increased by 44% when comparing 1981 to 2013 and is still among the highest in Western and Central Europe<sup>5</sup>.

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 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*

<sup>4</sup> <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-related-deaths/tables>

<sup>5</sup> <http://www.healthscotland.com/documents/24485.aspx>

*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 for 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

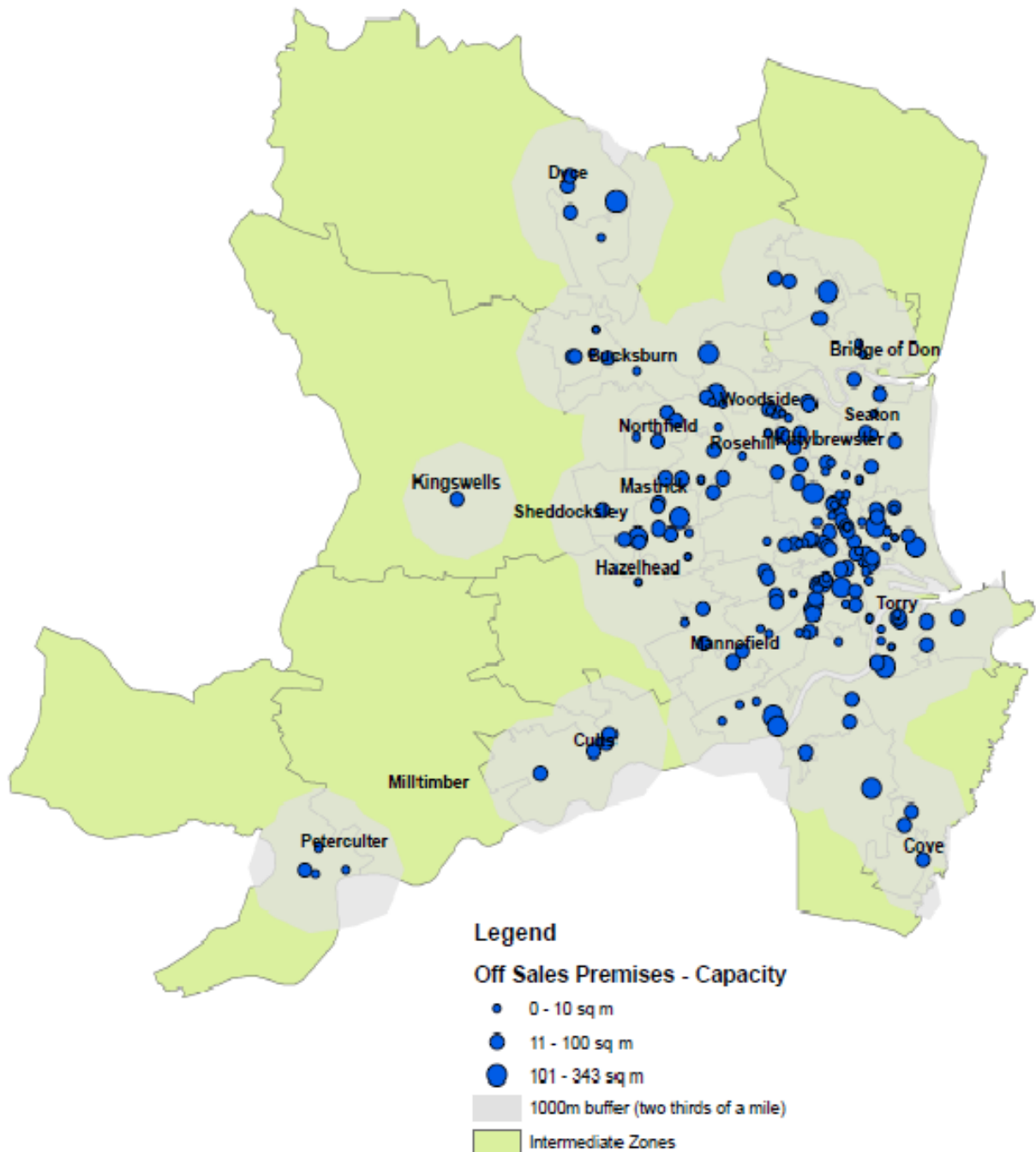
Christopher Littlejohn  
Consultant in Public Health

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 3. Major disease and injury categories causally impacted by alcohol consumption.**  
 (Excerpt from “World Health Organisation - Global status report on alcohol and health 2014”)<sup>6</sup>

**Green:** Overall beneficial effects from low-risk patterns of drinking, while heavy drinking is detrimental

**Red:** 100% alcohol- attributable

**Neuropsychiatric conditions:** **alcohol use disorders** (AUDs see Box 4) are the most important neuropsychiatric conditions caused by alcohol consumption. Epilepsy is another disease causally impacted by alcohol, over and above withdrawal-induced seizures (Samokhvalov et al., 2010b). Alcohol consumption is associated with many other neuropsychiatric conditions, such as depression or anxiety disorders (Kessler, 2004; Boden and Fergusson, 2011) but the complexity of the pathways of these associations currently prevents their inclusion in the estimates of alcohol-attributable disease burden (Rehm et al., 2010a).

**Gastrointestinal diseases:** liver cirrhosis (Rehm et al., 2010b) and pancreatitis (both acute and chronic; Irving et al., 2009) are causally related to alcohol consumption. Higher levels of alcohol consumption create an exponential increase in risk. The impact of alcohol is so important that for both disease categories there are subcategories which are labelled as “alcoholic” or “alcohol-induced” in the ICD.

**Cancers:** alcohol consumption has been identified as carcinogenic for the following cancer categories (International Agency for Research on Cancer, 2012) cancer of the mouth, nasopharynx, other pharynx and oropharynx, laryngeal cancer, oesophageal cancer, colon and rectum cancer, liver cancer and female breast cancer. In addition, alcohol consumption is likely to cause pancreatic cancer. The higher the consumption, the greater the risk for these cancers, with consumption as low as one drink per day causing significantly increased risk for some cancers, such as female breast cancer (Seitz et al., Rehm & Shield, 2013; Nelson et al., 2013).

**Intentional injuries:** alcohol consumption, especially heavy drinking, has been causally linked to suicide and violence (Cherpitel, 2013; Macdonald et al., 2013).

**Unintentional injuries:** almost all categories of unintentional injuries are impacted by alcohol consumption. The effect is strongly linked to the alcohol concentration in the blood and the resulting effects on psychomotor abilities. Higher levels of alcohol consumption create an exponential increase in risk (Taylor et al., 2010).

**Cardiovascular diseases (CVD):** the relationship between alcohol consumption and cardiovascular diseases is complex. The beneficial cardioprotective effect of relatively low levels of drinking for **ischaemic heart disease and ischaemic stroke** disappears with heavy drinking occasions. Moreover, alcohol consumption has detrimental effects on hypertension, atrial fibrillation and haemorrhagic stroke, regardless of the drinking pattern (Roerecke & Rehm, 2012).

**Fetal alcohol syndrome (FAS) and preterm birth complications:** alcohol consumption by an expectant mother may cause these conditions that are detrimental to the health of a newborn infant (Foltran et al., 2011).

**Diabetes mellitus:** a dual relationship exists, whereby a low risk pattern of drinking may be beneficial while heavy drinking is detrimental (Baliunas et al., 2009).

**Infectious diseases:** harmful use of alcohol weakens the immune system thus enabling development of pneumonia and tuberculosis. This effect is markedly more pronounced when associated with heavy drinking and there may be a threshold effect, meaning that disease symptoms manifest mainly if a person drinks above a certain level of heavy drinking (Lonnroth et al., 2008).

<sup>6</sup> [http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1)