

Date 31st March 2015
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Dear Mr Anderson

**Licensing (Scotland) Act 2005 – Application for a Premises Licence
205 Stoneywood Road, Bucksburn, Aberdeen, AB21 9JD**

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 205 Stoneywood Road, Bucksburn, Aberdeen, AB21 9JD

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 205 Stoneywood Road, Bucksburn, 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
Aberdeen City at Dec 2012	635	447	188	96%	84%

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 illness and disease¹.

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

Within the immediate vicinity of this proposed new off sales the board made an exception to the Statement of Licensing Policy and granted an off sales licence for a supermarket on 16th September 2014, as this would provide a service to the new housing development in the area. The information below clearly illustrates the close proximity of this existing off sales premises.

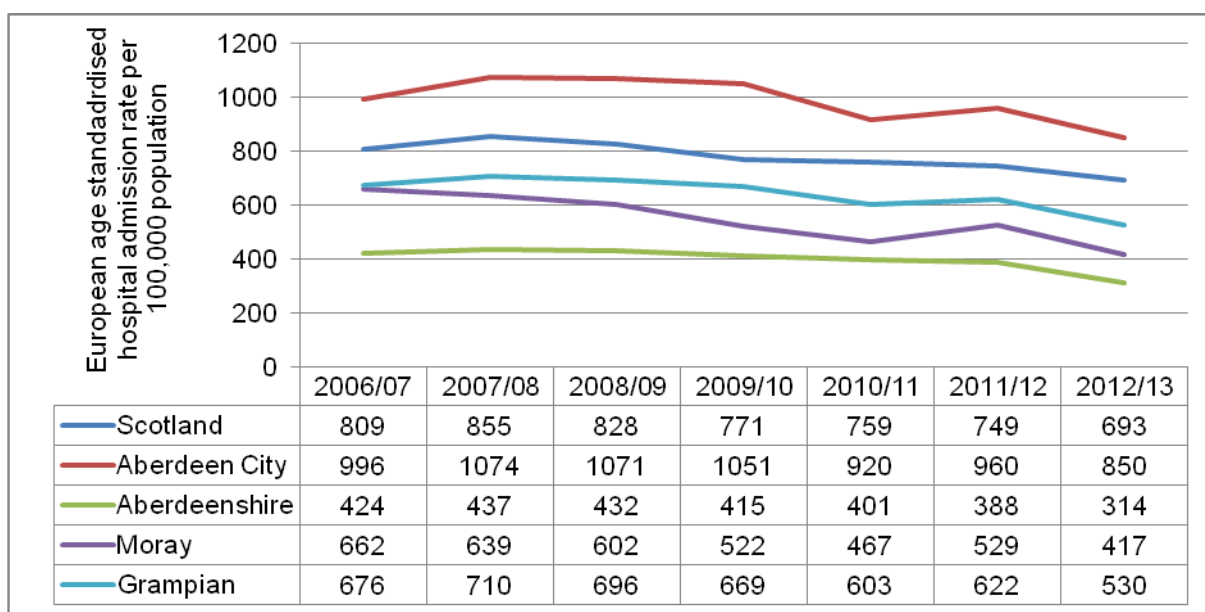
Address	Distance from 205 Stoneywood Road	Walking time from 205 Stoneywood Road
Stoneywood Road, Bucksburn *	0.17km	1.59 minutes

*Store selling alcohol from 10am until 10pm including Sundays

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

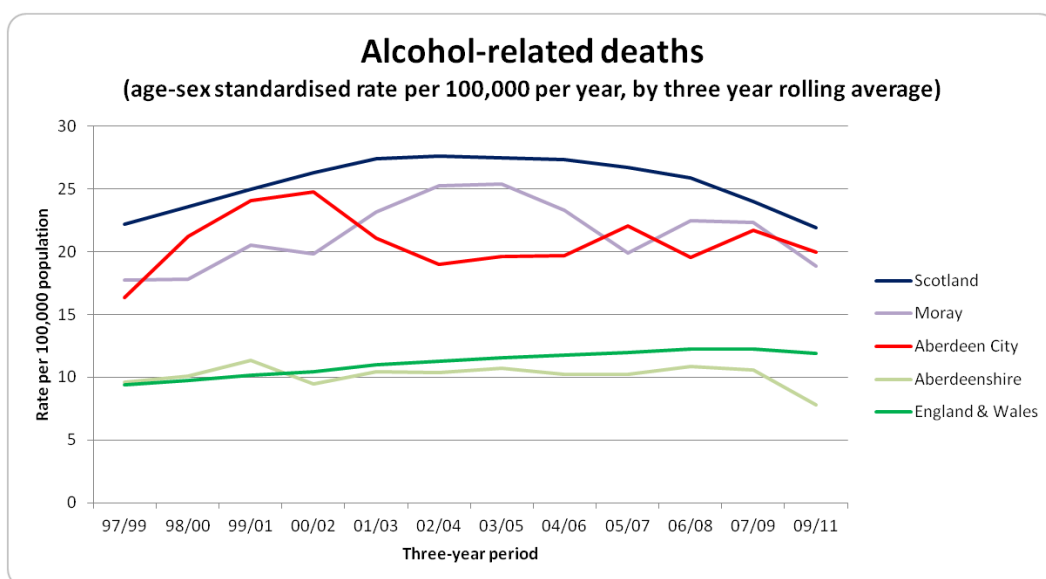
3. Hospital admission rates for wholly attributable alcohol- related conditions.

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 (ScotPHO²) using GROS data (General Register Office for Scotland). Aberdeen City's rate has remained essentially stable, in contrast to Scotland's falling rate.



² <http://www.scotpho.org.uk/>

The chart above illustrates the three year rolling average for alcohol related deaths with the most recent period shown being 2009 - 2011.

Alcohol related deaths 2011 - 2013³

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

In Scotland, alcohol-related death rates have fallen by 35% since 2003 but remain 1.4 times higher than in 1981. Alcohol related death in Scotland is still among the highest in Western and Central Europe. Similarly, the alcohol-related new patient (hospitalisation) rate fell by 25% since 2007/8, however, the rate was still 1.3 times higher in 2013/14 than in 1991/92⁴.

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

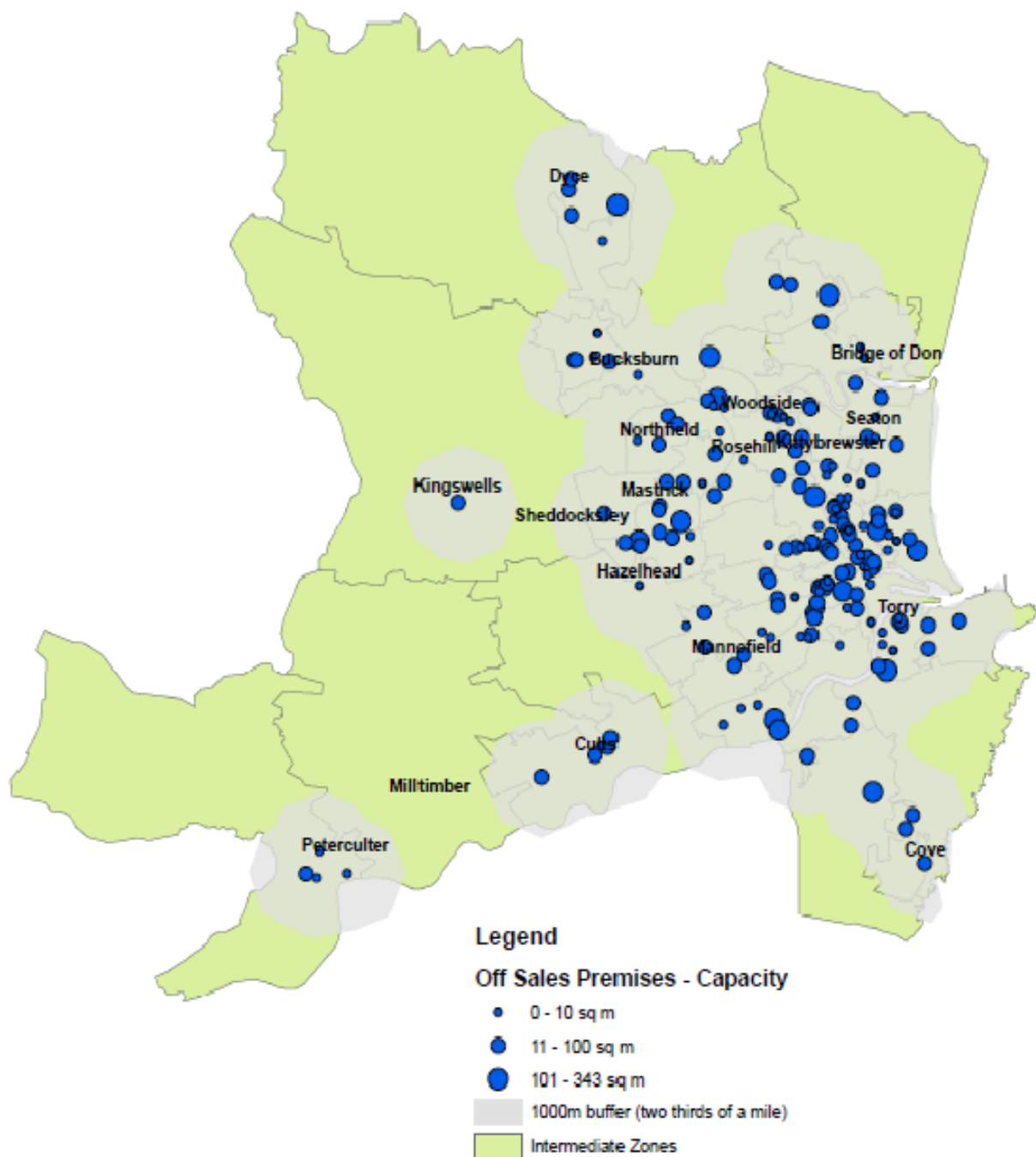
pp Heather Wilson
Health Improvement Officer (Alcohol & Drugs)

³ <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-related-deaths/tables>

⁴ <http://www.healthscotland.com/documents/24485.aspx>

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”)⁵

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).

⁵ http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1