

Date 10th June 2015
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Eric Anderson
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Legal and Democratic Services
Corporate Governance
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Business Hub 6, Level 1 South,
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Aberdeen AB10 1AB

Dear Mr Anderson

**Licensing (Scotland) Act 2005 – Application for a Premises Licence
Africentre Foods, 214 George Street, Aberdeen, AB25 1BS**

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 214 George Street, Aberdeen, AB25 1BS. 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 214 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
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.

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.

Research published on the 7th October 2014 has strengthened the relationship between 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.²

Although it is noted that this outlet is proposing a small capacity of 1.4m² we feel this is still adding to the overall capacity in the city and adds a further off sales outlet to an area where an overprovision policy applies.

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

² <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.

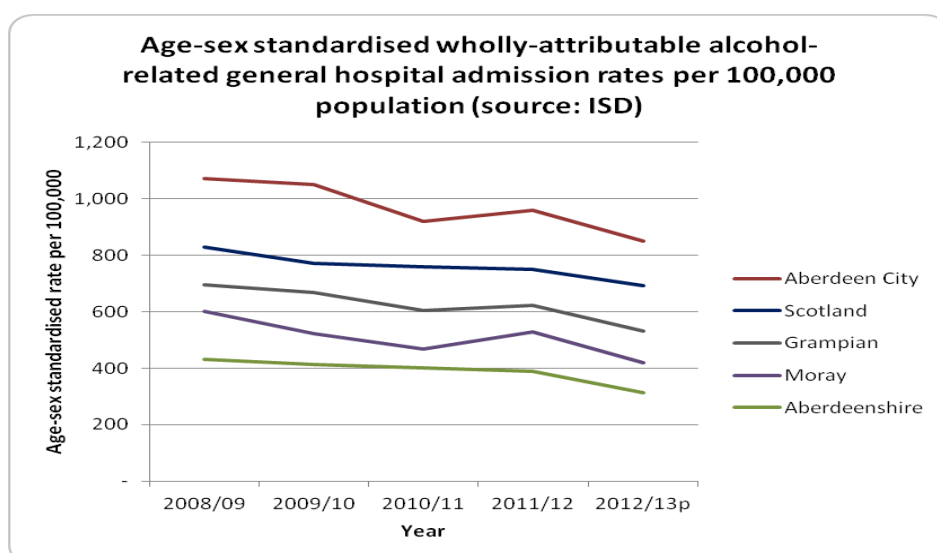
Within the immediate vicinity of this store there are a number of off-sales premises with 1 of these stores already selling African beer. See table below.

Address	Distance from Africentre Foods	Walking time from Africentre Foods
107 George Street, Co-op	.26km	2.01 minutes
259 George Street, Keystores	.09km	1.22 minutes
278 George Street, Piotr & Pawel	.13km	2.14
313 George Street	.22km	2.31 minutes
367/371 George Street, Spar	.30km	5 minutes
398 George Street, International store	.30km	5 minutes
489 George Street, World Spice*	.49km	5.31
466 George Street, Co-op	.48km	7 minutes
530/532 George Street, Grosik	.63km	9 minutes
569 George Street, Icon	.70km	10 minutes
568 George Street, Europe	.70km	10 minutes

* denotes store selling African beer

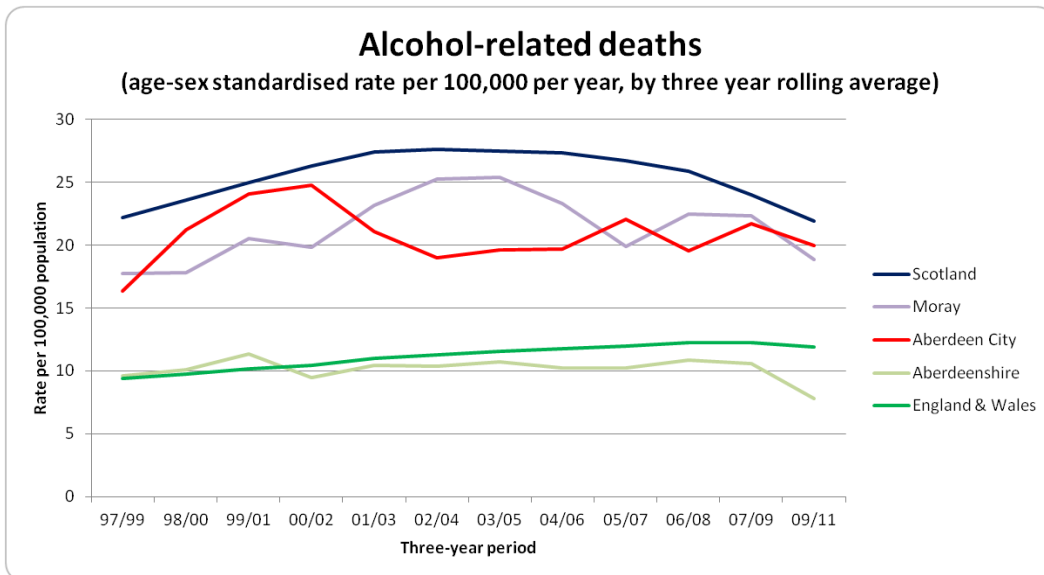
3. Hospital admission rates for wholly attributable alcohol- related conditions.

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 (ScotPHO³) 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.

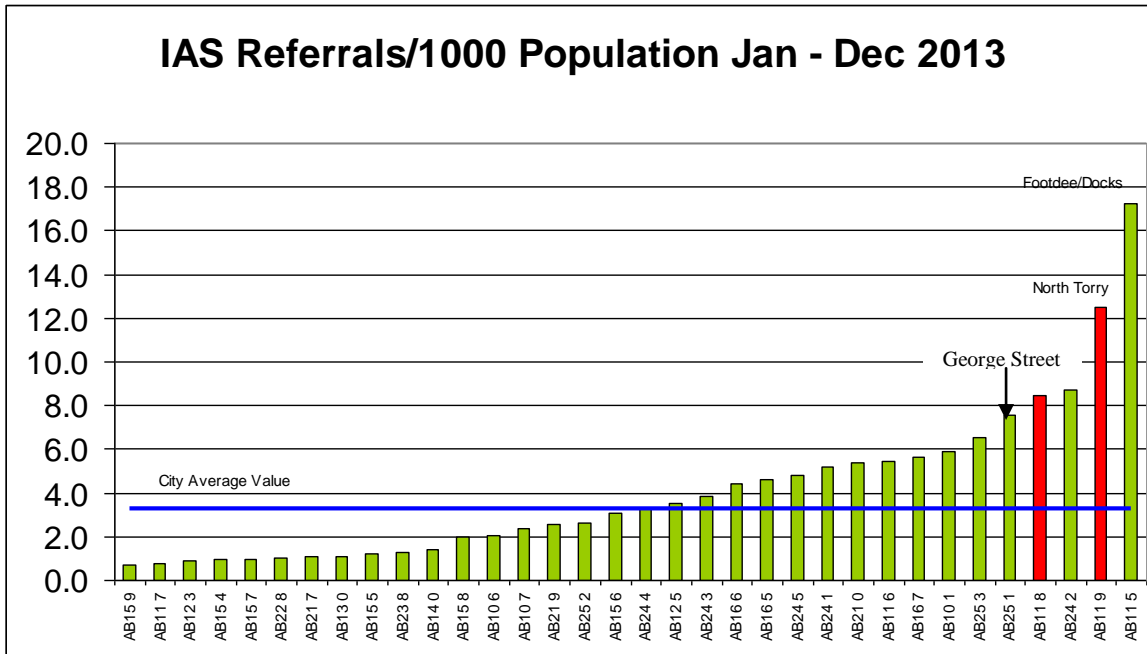
Information from ScotPHO can be broken down to post code sector. The post code sectors for the area in George Street served by this off sales premises record alcohol related deaths and alcohol related or attributable hospital patient admissions to be **more than 5% worse than the Scottish average** and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

³ <http://www.scotpho.org.uk/>

⁴ <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 chart the post code sector for the George Street area is 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.

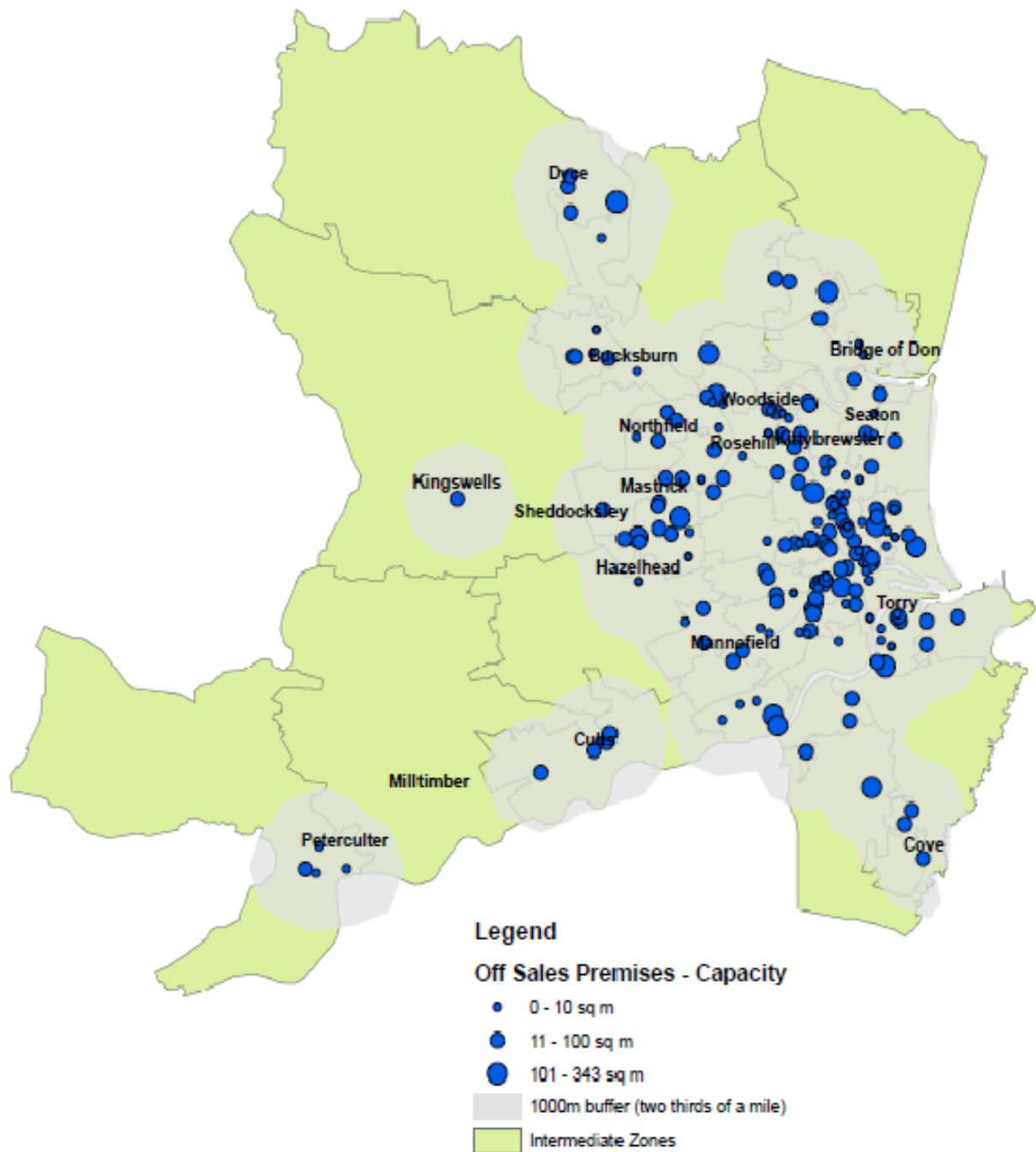
Yours sincerely

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 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).

