

Date 6th August 2015
Enquiries to 01224 557047
Our Ref 20151096
Email: 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 a Premises Licence
R S McColl, 207 Union Street, Aberdeen, AB11 6BA**

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 207 Union Street, Aberdeen, AB11 6BA

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, Aberdeen
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 207 Union 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.

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 has reported on major disease and injury categories causally impacted by alcohol consumption. These are presented in appendix 2. The World Cancer Report cites alcohol as a considerable contributor in preventable illness and disease¹.

Research published on the 7th 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.²

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.

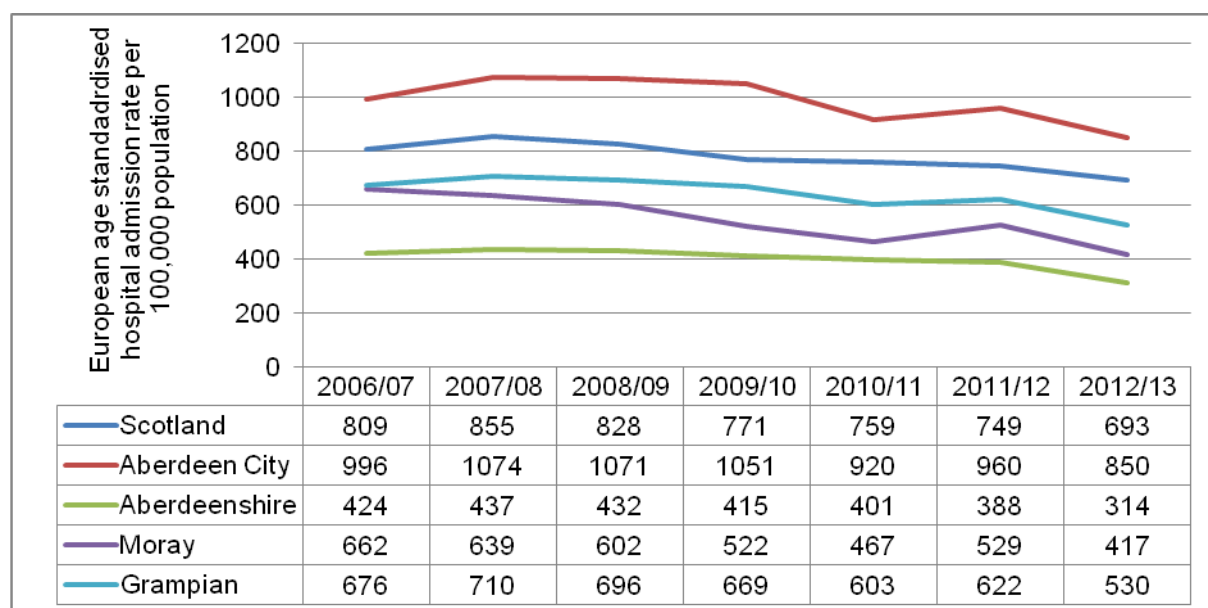
The information below clearly illustrates the close proximity of existing off sales premises.

Address	Distance from 207 Union Street	Walking time from 207 Union Street
*The Co-op, 204 Union Street	Directly across the road	Less than 1 minute
*Sainsburys, 206 Union Street	Directly across the road	Less than 1 minute
*Costcutter, 446 Union Street	0.62 km	5 minutes
*Sainsburys, 492 Union Street	0.68 km	6.30 minutes
*Tesco, 501 Union Street	0.68 km	6.30 minutes

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

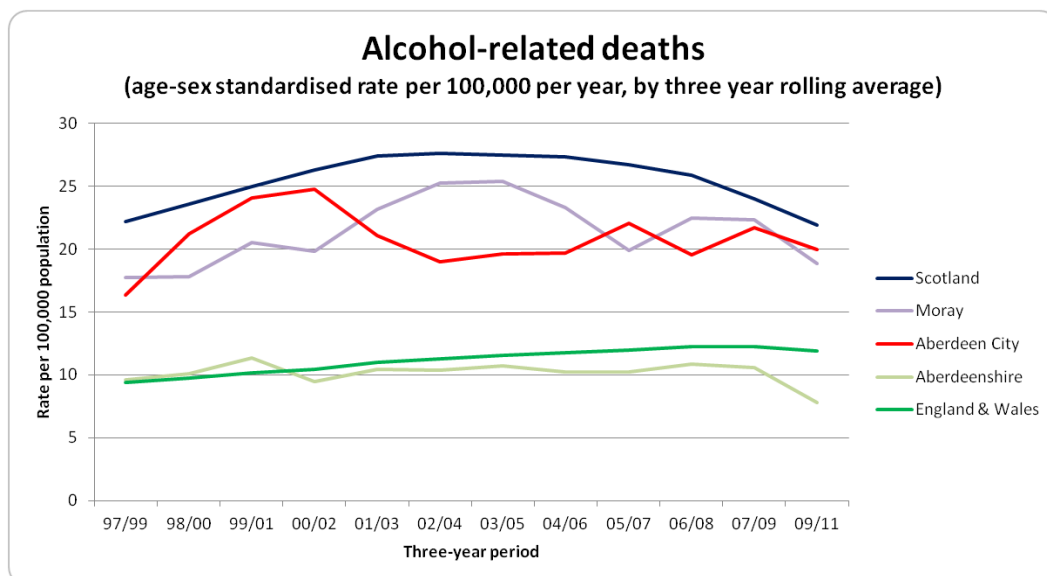
3. Hospital admission rates for wholly attributable alcohol- related conditions.

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.



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 - 2013⁴

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 1991/92⁵.

Information from ScotPHO can be broken down to post code sector. This postcode sector includes the data zones of City Centre, Ferryhill North and Ferryhill South. The City Centre data zone records 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)⁶.

³ <http://www.scotpho.org.uk/>

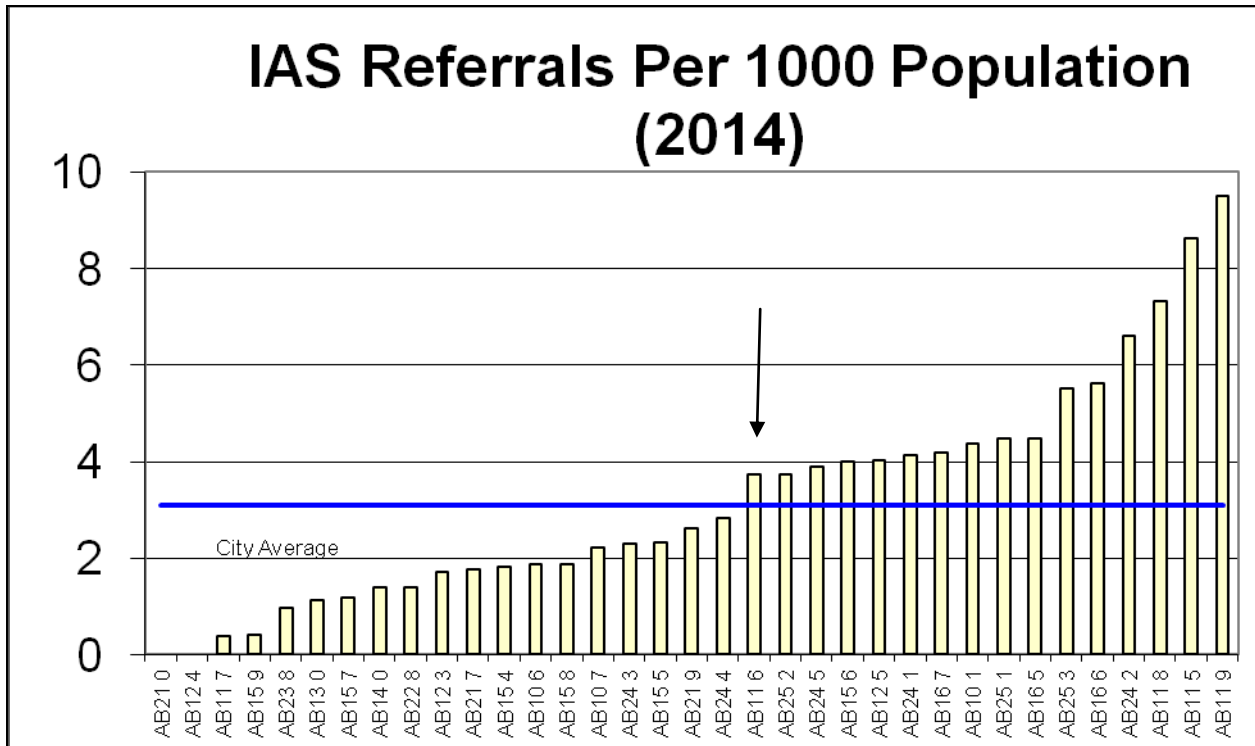
⁴ <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-related-deaths/tables>

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

⁶ <http://www.nhsgrampian.org/grampianfoi/files/TrafficLights2012AberdeenCity.pdf>

5. Referrals to the Integrated Alcohol Service, Aberdeen

Referrals from the AB11 6 post code zone to the Integrated Alcohol Service at Cornhill Hospital are above the city average as the graph below illustrates. This graph covers the period from 1st January 2014 – 31 December 2014.



In a recent study of alcohol pricing and purchasing behaviour of patients with alcohol related conditions it emerged that the majority of their alcohol purchases were made from corner shops and **not** supermarkets⁷. Although this study was completed in Glasgow we see no reason to doubt similar preferences would not be evident in Aberdeen residents.

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

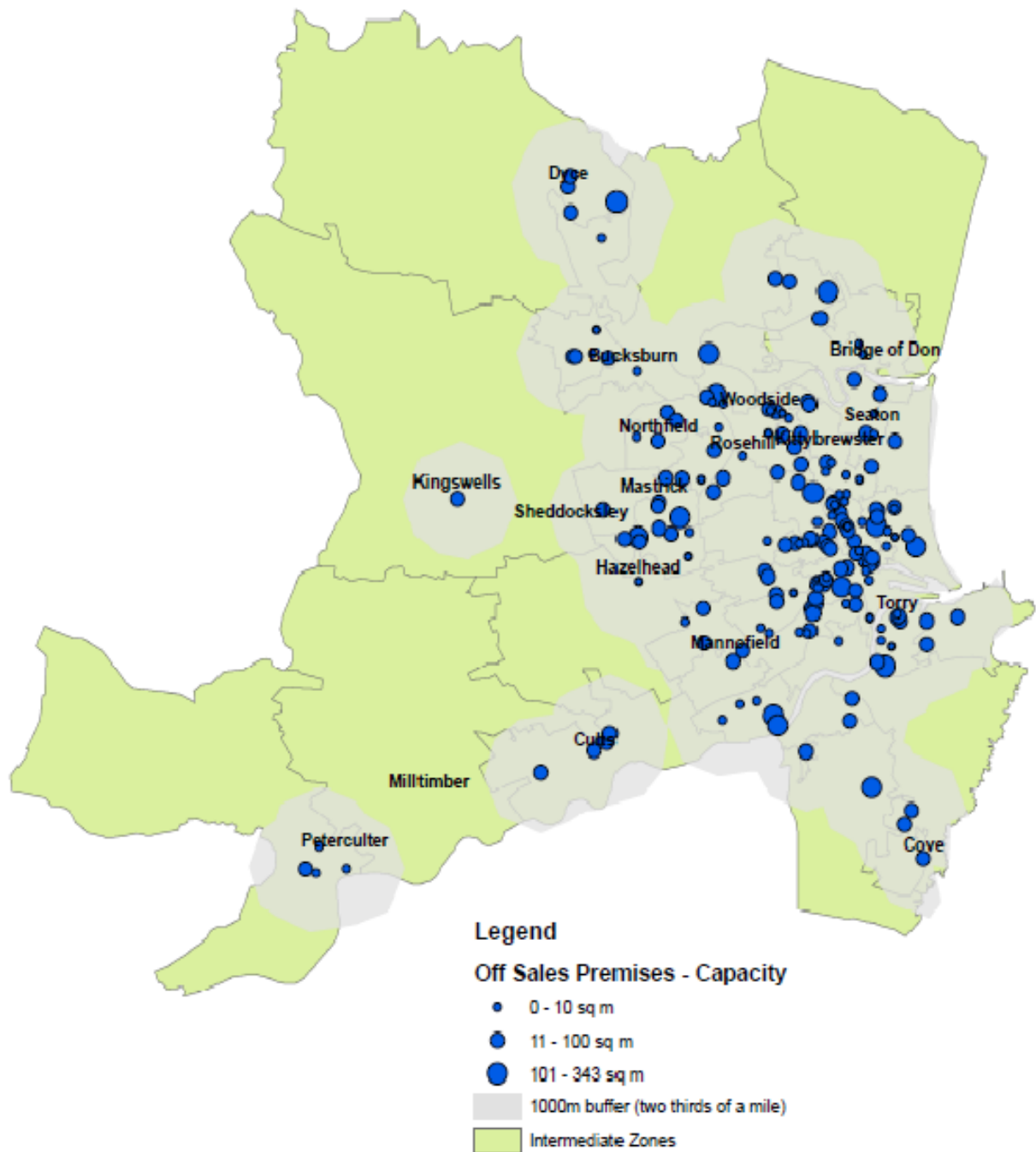
Dr Karen Foster
Consultant in Public Health

pp Heather Wilson
Health Improvement Officer (Alcohol & Drugs)

⁷ http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0128.pdf

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”)⁸

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).

⁸ http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1