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Dear Mr Anderson

**Licensing (Scotland) Act 2005 – Application for a Variation of Premises Licence
L & Js, 66 Garthdee Drive, Aberdeen, AB10 7HY**

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 display at 66 Garthdee Drive, Aberdeen from 5.25m² to 20.14m². It is planned that an extension to the building will increase the overall size of the premises with the alcohol display increasing as a result.

This objection will focus on the following points:

1. Increase in capacity
2. Proximity of other stores
3. Hospital admission rates for wholly attributable alcohol- related conditions.
4. GP Alcohol Brief Intervention rates
5. Scottish Public Health Observatory data
Appendix 1 – major disease and injury categories causally linked to alcohol

There is a strong relationship between the availability of alcohol leading to over consumption resulting in 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.

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

1. Increase in capacity

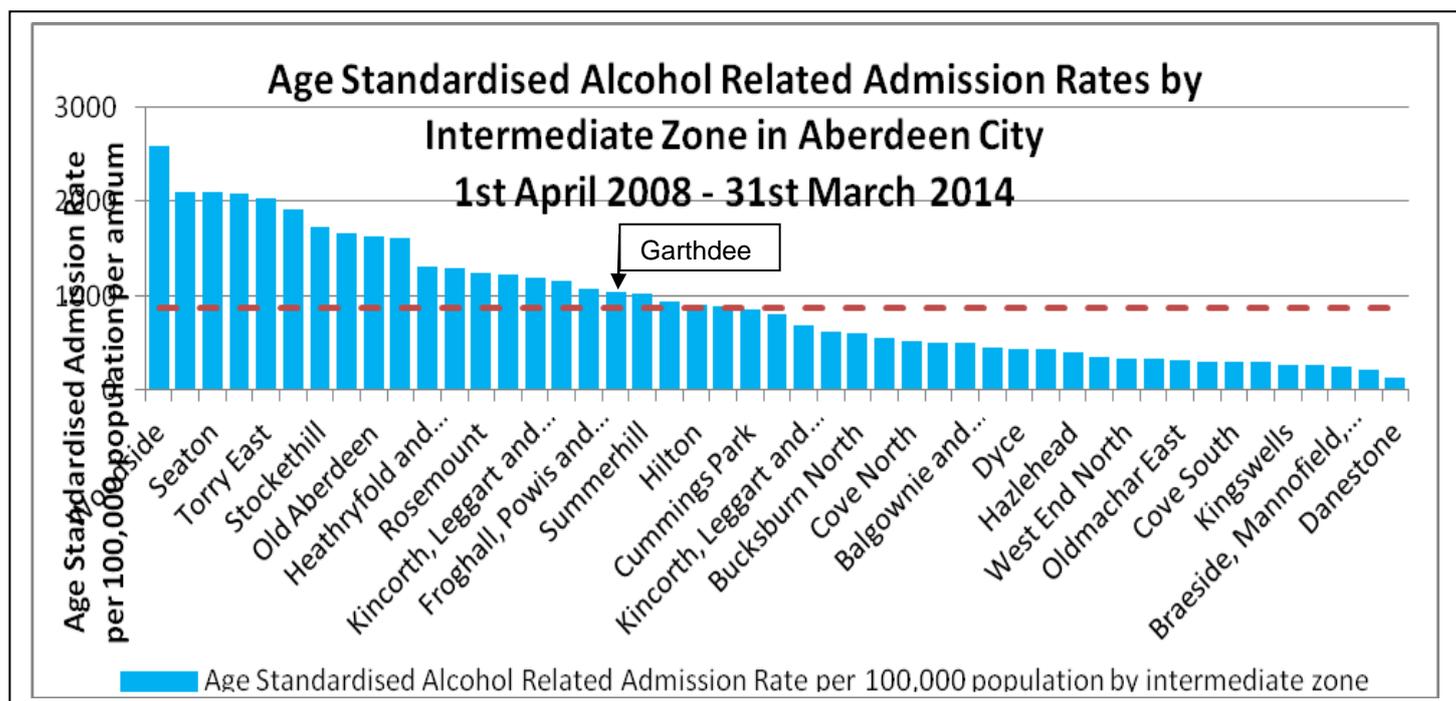
I have a specific concern about the request to increase the alcohol display area by almost 400% as this is likely to mean an increase in alcohol available for purchase, promoted, sold and consumed in the local area.

2. Proximity of other stores

This store is within a 5 minute walk of Asda, which operates on a 24 hour basis, and a 10 minute walk to Sainsbury's which is open from 8am – 10pm each day. There are also a further two convenience stores within the Garthdee area. Residents already have access to 461.98m² of alcohol in the Garthdee area although I am aware that one of the smaller stores will close at 8pm.

In 2015, 3% of referrals to the Integrated Alcohol Service came from this area. Increasing availability of alcohol in stores where residents would ordinarily go to purchase bread, milk etc could have a material and detrimental impact on their recovery.

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



In 2014/15, there were 51 deaths and 1533 hospital stays as a result of alcohol of which 86% were emergency admissions. As you can see in the excerpt above the Garthdee area, as marked in the chart, shows admission rates above the average rate for the city.

4. GP Alcohol Brief Interventions

Most people who are experiencing health problems as a result of alcohol will be seen at their local GP practice and not require hospital admission. Alcohol brief interventions are a way for GPs to address health problems caused or made worse by alcohol. They are intended for the general population who do not have a recognised alcohol related problem. Between April 2014 – March 2015 Garthdee Medical Practice identified 274 individuals with problematic alcohol use.

5. Scottish Public Health Observatory Data

Information from the Scottish Public Health Observatory (ScotPHO) can be broken down to post code sector. The shop is situated in the intermediate zone of Garthdee. The number of people admitted to hospital with conditions directly and indirectly caused by their alcohol consumption is higher than the Scottish average. The number of people dying as a result of alcohol in this area is also above the Scottish average².

I would suggest that this store retain its existing capacity and request that approval to increase overall alcohol display to 20.14m² is not 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 Tara Shivaji
Consultant in Public Health

Heather Wilson
Health Improvement Officer (Alcohol & Drugs)

² http://www.nhsgrampian.org/grampianfoi/files/ABERDEENCITYTraffic_Lights_Pack_2016.pdf

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”)³

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).

³ http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1