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Eric Anderson
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Dear Mr Anderson

**Licensing (Scotland) Act 2005 – Application for a Variation of Premises Licence
Unit 1, The Academy, Aberdeen**

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 size of this restaurant by extending into the adjoining premises and including more external seating in the courtyard area. Original capacity of the restaurant was 134 persons (this includes internal and external seating). Proposed capacity is identified as 550 internal and 110 external.

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 adopted two localities in the city as having overprovision of on sales liquor licensed premises.

This overprovision assessment was taken after considering the detailed analytical evidence from both NHS Grampian and Police Scotland.

The application for Unit 1, The Academy, Aberdeen is within the area defined by the Board as overprovided for in terms of on-sales. Section 9.3 (a) of the Aberdeen Statement of Licensing Policy 2013-2016 states:

*The Belmont Street, locality, which is that area of Belmont Street bordered by Union Street, Back Wynd and Schoolhill. It includes Belmont Street, Union Street (north side), Back Wynd, **Little Belmont Street**, Gaelic Lane (both sides) and the south*

side of Schoolhill between Belmont Street and Back Wynd.

Section 9.5 of the Aberdeen Statement of Licensing Policy 2013 – 2016 also states

*The Board, having regard to the number and **capacity** of liquor licensed premises in both these localities and, with the supporting evidence provided by consultees, adopted these two localities as having an overprovision of liquor licensed premises for on sales in respect of entertainment, public houses and so called **hybrid premises types**.*

Whilst I have no wish to object to a restaurant I am concerned at the increased external seating in the courtyard area of the premises. It is my understanding that this business will be predominantly food led but there will be **no requirement to purchase food if seated outside in the courtyard area**. This provides a similar on sales service to premises already in the area. I also understand that there is no curfew in place for the outside drinking area so patrons could be drinking outside until the termination time of the restaurant which is 01:00 and that the increased outside area will provide capacity for a further 82 people.

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 1. The World Cancer Report cites alcohol as a considerable contributor in preventable illness and disease¹.

NHS Grampian has already provided a range of evidence which helped the board reach its decision on overprovision of the Belmont Street locality. The situation has not changed significantly. People living in the Aberdeen City Council area still consume more alcohol than is consumed on average across Scotland.

I would suggest that this facility retain its existing external capacity. I feel this proposed increase is not appropriate as it is not in keeping with the terms of the Statement of Licensing Policy and request that approval to increase external capacity 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)

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

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”)²

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).

² http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1