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Ms Ruth O'Hare
Solicitor
Legal and Democratic Services
Corporate Governance
Aberdeen City Council
Business Hub 6, Level 1 South,
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Aberdeen AB10 1AB

Dear Ms O'Hare

**Licensing (Scotland) Act 2005 – Application for a Variation of Premises Licence
Old Blackfriars, 52 Castlegate, Aberdeen, AB11 5BB**

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 amend the terminal hour to 01:00 on Thursday evenings for consumption of alcohol on the premises.

This amendment equates to continuous trading of 15 hours. Although Old Blackfriars already have 15 hours trading on Friday and Saturday this was granted some time ago prior to the introduction of the current Aberdeen City Statement of Licensing Policy. Section 20.3 of The Aberdeen City Statement of Licensing Policy 2013 - 2016 states that:

"....The Board will deem up to a maximum of 14 hours continuous trading in any 24 hour period to be reasonable. This is in accordance with the Government Guidance which further states that any application for licensed hours for more than 14 hours should require further consideration to the effect of granting extra operating hours"

Section 20.7 of The Aberdeen City Statement of Licensing policy 2013 – 2016 states that:

"Premises in the city that provide significant entertainment (to the satisfaction of the Board) may apply and be granted hours until 02:00 Sunday - Thursday and 03:00 Fridays and Saturdays. The Board regards significant entertainment to be entertainment which is of such a nature to be the principal attraction for patrons to attend the premises and where alcohol is served to patrons only as an ancillary"

accompaniment to their attendance and/or participation in the entertainment provided”.

I am not aware that the Folk night on a Thursday evening will provide this as I understand that the music component of the evening will be a short input during the early part of the night and will be finished by approximately 23:00. Thereafter, attendance at the venue is for continued consumption of 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 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 relating to health harms for people living in Aberdeen which helped the board produce their Statement of Licensing Policy 2013-2016. The situation has not changed significantly. People living in the Aberdeen City area still consume more alcohol than is consumed on average across Scotland.

I would suggest that Old Blackfriars retain its existing terminal hour for Thursday evenings. 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 the terminal hour 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