

Date 22nd December 2016
Enquiries to 01224 557047
Our Ref 20161183
Email: grampian.phalcohollicensing@nhs.net

Ms Arlene Dunbar
Team Lead
Legal and Democratic Services
Corporate Governance
Aberdeen City Council
Business Hub 6, Level 1 South,
Marischal College, Broad Street
Aberdeen AB10 1AB

Dear Ms Dunbar

**Licensing (Scotland) Act 2005 – Application for a Variation of Premises Licence
Saltoun Arms, 69 Frederick Street, Aberdeen, AB24 5HY**

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 Saltoun Arms wishes to amend their operating plan to include:

- off-sales availability between the hours of 10:00 to 22:00, Monday to Sunday
- on-sales availability between the hours of 10:00 to 24:00, Monday to Sunday
- removal of bar meals, club, receptions and film facilities
- add outdoor drinking facilities

The premises intend to incorporate the unused kitchen into a bar area with the creation of seated space and also create a beer garden. The provision of food within licensed premises can be viewed as a protective factor as this slows the absorption of alcohol and also offers patrons the choice of eating. Removing the provision of food is therefore viewed in a negative way. When combined with additional capacity for drinking alcohol, both in customer numbers (additional 16 persons – not including the beer garden) and extended opening times (additional 10 hours on sales and 5 hours off-sales) this gives reason for concern from a public health perspective.

This objection will focus on the following points

1. The direct and indirect health effects of alcohol on the local population
2. Evidence of alcohol dependence in the local population
3. Low risk drinking guidelines

1. The direct and indirect health effects of alcohol on the local population.

The health of the population living around the premises is described in detail below; rates of harm caused directly and indirectly by alcohol consumption are particularly high in the local areas surrounding the premises. Although we compare the local area to the Scottish average, it is important to place our findings in context. Scotland has amongst the highest rates of alcohol related harm in the United Kingdom and fares poorly in comparison with other European nations. Comparing poorly to the Scottish average should therefore give great cause for concern.

Rates of alcohol related deaths for the postcode sector where the applicants premises is located are recorded as red for men and women in the Aberdeen City Traffic Light profiles indicating that they are higher than the Scottish average¹.

During 2015/16, in Aberdeen, 44 people died as a direct consequence of alcohol. Over the past 15 years, there has been no decline in death rates in Aberdeen City. Many of the deaths in the city are due to the toxic effect of alcohol on the liver following years of heavy consumption. People who die as a result of alcohol do so prematurely, the average age of Aberdeen residents who died was 56. The shortened life span of some long term heavy drinkers in Aberdeen City contributes to the health inequalities evident across the city and the poor health outcomes evident in residents of the AB24 5 post code sector area.

In 2014/15, there were 1533 hospital stays as a result of alcohol of which 86% were emergency admissions. Rates of alcohol related hospital admissions for the postcode sector in which the applicants premises is located are recorded as red for men and women in the Aberdeen City Traffic Light profiles indicating that they are higher than the Scottish average¹.

Premature deaths from cancer in this post code area are recorded as red in the ScotPHO profiles indicating that they are higher than the Scottish average¹. Harmful alcohol consumption is one of the top three most preventable causes of cancer².

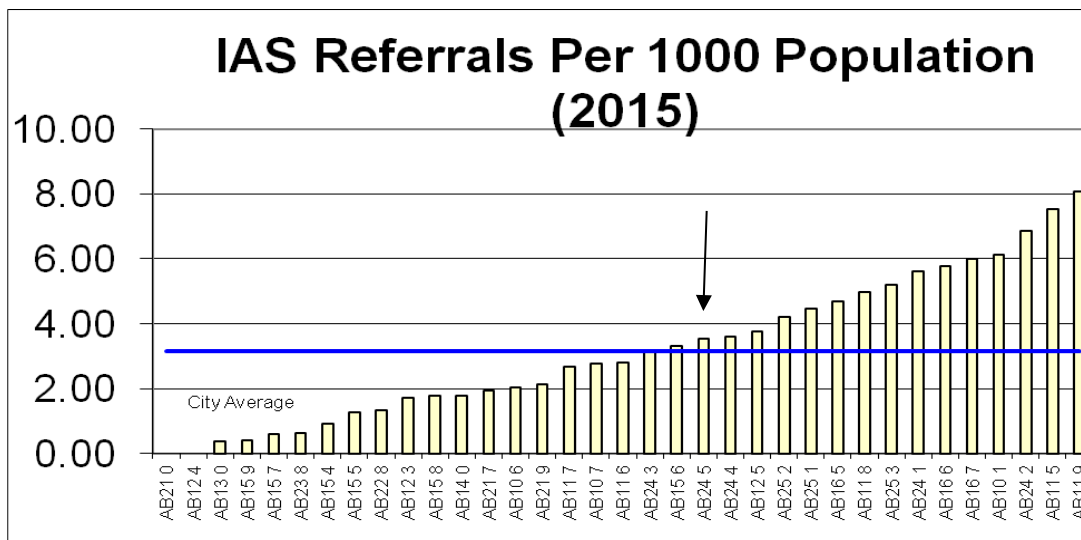
ScotPHO mental health indicators also give cause for concern with higher than the Scottish average psychiatric hospital patient admissions for the entire post code area. Data zone IZ022, which represents 74.8% of this post code population is recorded as red for deaths from suicide¹. Depression is one of the most common mental health problems in the UK – experienced by as many as one in ten people in any year and it shares a complex, mutually re-inforcing relationship with excessive alcohol consumption. This means regardless of whether heavy alcohol consumption or mental health issues came first, having one condition makes it significantly more likely the other will develop.

¹ http://www.nhsgrampian.org/grampianfoi/files/ABERDEENCITYTraffic_Lights_Pack_2016.pdf

² <https://www.alcoholconcern.org.uk/factsheets>

2. Referrals to Integrated Alcohol Service

In Aberdeen City, people who develop dependence or addiction to alcohol are referred by their GP to the Integrated Alcohol Service for specialist treatment. In 2015, the area surrounding this premises had a higher rate of referral for alcohol addiction treatment than Aberdeen City as a whole. We would infer from these findings that there are likely to be a higher proportion of people living in the local area who are affected by alcohol dependence than other parts of Aberdeen City.



Whilst there is no silver bullet to tackling alcohol problems, it is clear that availability is linked to consumption and consumption is linked to harm. We conclude from the wide range of statistics presented above that the area surrounding the applicants premises has demonstrably higher levels of alcohol related harm than the rest of the city. The applicants proposal to extend the hours during which alcohol can be sold and increase the capacity of the premises serve to increase the availability of alcohol in the local area.

3. Low risk drinking guidelines

Recent changes to the low risk alcohol guidance issued by the Chief Medical Officers for the United Kingdom highlighted that there was “*no safe level of drinking*”. The health harms from regular drinking of alcohol can develop over many years. Whilst the short term harms, such as accidents and violence as a result of alcohol are well recognised, it is less well recognised that repeated exposure to these risks can exert a cumulative long term effect. The guidance also identified a number of long term diseases caused by alcohol, which may take ten to twenty years to develop. These illnesses, include certain cancers, strokes, heart disease, liver disease, and damage to the brain and nervous system. The damage can occur despite drinking for years at apparently normal levels. The Chief Medical Officer recommends drinking alcohol with food to minimise the short and long term health risks from the regular drinking of alcohol. One of the purposes of this revised guideline was to provide information for the public in a clear and open way so that they can make informed choices. We are concerned that the proposed variation prevents people from choosing and adopting low risk drinking behaviour that would protect and improve their health.

From the evidence submitted in this letter signs of significant alcohol related harm are already evident in this local population. I would suggest that granting this variation would contribute to further negative impact on their health and wellbeing. For these reasons, and in terms of Section 22(1) (a) of the Licensing (Scotland) Act 2005, the Public Health Directorate of NHS Grampian submits this objection 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)