

Response ID ANON-GXRH-UWFT-Y

Submitted to **CALL FOR EVIDENCE AND VIEWS ON THE LICENSING AND REGISTRATION OF CLUBS (AMENDMENT) BILL**
Submitted on **2021-01-17 17:30:05**

Introduction

What is your name?

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What is your organisation?

Organisation:

Institute for Social Marketing & Health, University of Stirling

Please indicate if you are providing a submission:

on behalf of an organisation or business

If you are responding on behalf of an organisation or business please tell us briefly how it relates to the subject matter of the Bill:

Please provide your comments in the text box below:

We thank the Committee for their call for evidence on this important issue. The Institute for Social Marketing and Health, University of Stirling, is a leading academic research centre with expertise in public health policy and how the actions of corporations (including producers and distributors of products such as alcohol) impact on health. We have conducted several studies of alcohol premises licensing in the UK (1-3) and are currently leading four relevant studies:

ExILEnS: Exploring the impact of alcohol licensing in England and Scotland

ELEPHANT: Examining later or expanded premises hours for alcohol in the night-time economy

The Lockdown & Licensed Premises study and

IMPAACT: Exploring the impact of minimum pricing of alcohol on ambulance call-outs in Scotland.

Our responses below draw on UK and international level research evidence, as well as ongoing studies from our team and others.

1. Fitzgerald N, Egan M, de Vocht F, et al. Exploring the impact of public health teams on alcohol premises licensing in England and Scotland (ExILEnS): protocol for a mixed methods natural experiment evaluation. *BMC Med Res Methodol.* 2018;18(1):123. <https://doi.org/10.1186/s12874-018-0573-z>
2. Fitzgerald N, Nicholls J, Winterbottom J, Katikireddi S. Implementing a Public Health Objective for Alcohol Premises Licensing in Scotland: A Qualitative Study of Strategies, Values, and Perceptions of Evidence. *Int J Environ Res Public Health.* 2017;14(3):221.10.3390/ijerph14030221
3. Fitzgerald N, Winterbottom J, Nicholls J. Democracy and power in alcohol premises licensing: A qualitative interview study of the Scottish public health objective. *Drug Alcohol Rev.* 2018;37(5):607-615. 10.1111/dar.12819

1. The Policy Objectives of the Bill

What are your views on the overall policy objectives? Do you think that the Bill will meet those objectives? If not, why not?

Please provide your comments in the text box below:

We support several aspects of the Bill, including the strengthening of the current law around the delivery of alcohol and the delivery of alcohol to young people and restrictions on off-sales drinks promotions in supermarkets. We feel it is important to consider the potential impacts of the provisions contained within the Bill that are directly relevant to children and young people as a whole, rather than individually. Provisions taken individually may seem less problematic, but the overall effect of multiple provisions should seek to reduce, rather than increase, children's exposure to alcohol marketing and better protect children and young people from alcohol-related harm, given the relatively high levels of such harm in Northern Ireland. It will be important to build in robust evaluation strategies so that the impacts of changes to legislation are evidenced, and so that these changes can be amended further down the line if required. We have also made suggestions for a range of additional policy measures that could be implemented, subject to further consultation, to maximise the potential to reduce alcohol-related harms in Northern Ireland.

2. Easter Opening Hours and Additional Permitted Opening Hours

The removal of restrictions at Easter [Clauses 1 & 23]?

Please provide your comments in the text box below:

Our response: The proposal to remove all restrictions over the Easter weekend is unlikely to significantly increase alcohol availability. However, given international evidence which demonstrates even small increases in alcohol availability lead to increased alcohol-related harms, consideration would need to be given to how this proposed change is framed.

Additional permitted hours for certain licensed premises [Clause 2]?

Please provide your comments in the text box below:

(2b) Additional permitted hours for certain licensed premises? [Clause 2]?

The potential impacts of granting an additional 1 hour late opening (up to 104 times per year in certain licensed premises) should be considered in conjunction with the proposal (Clauses 5 and 24) to extend the current drinking up time in all licensed premises and private members' clubs from 30 minutes to 1 hour. When taken together, this effectively means extending late night openings to between 1am and 2am, most likely at weekends, with 1 hour drinking up time, in certain licensed premises, under certain conditions which are not defined in the guidance.

The most recent, well-designed studies of late-night trading hour changes in other countries, using robust methods, have found significant harms arising from later hours:

- a 1-hour extension of closing times in the central district of Amsterdam was associated with 34% more alcohol-related ambulance call-outs (from 2-6am) 6;
- in a study across 18 Norwegian cities, each additional 1-hour extension to opening times was associated with a 16% increase in police-reported assaults (from 10pm to 5am) and the converse was true for each 1 hour reduction in opening 7;
- in Newcastle, Australia, the impact of later trading on assaults (from 10pm to 6am) was a 21% increase for each additional hour, and sustained beyond five years after implementation 8.

Given the variety of cities from which this evidence has emerged, there is good reason to believe that similar effects such as increased alcohol-related ambulance call outs or assaults would occur in cities such as Belfast and Derry/Londonderry, for example. We are leading a large NIHR Public Health Research programme funded study exploring the nature and impact of extended opening hours in the UK (ELEPHANT). This project will generate UK-specific evidence over the next three years on the rationale for/against and positive/negative impact of expansions in late night trading.

6. de Goeij MCM, Veldhuizen EM, Buster MCA, Kunst AE. The impact of extended closing times of alcohol outlets on alcohol-related injuries in the nightlife areas of Amsterdam: a controlled before-and-after evaluation. *Addiction*. 2015;110(6):955-964. 10.1111/add.12886

7. Rossow I, Norström T. The impact of small changes in bar closing hours on violence. The Norwegian experience from 18 cities. *Addiction*. 2012;107(3):530-537. 10.1111/j.1360-0443.2011.03643.x

8. Kypri K, McElduff P, Miller P. Night-time assaults in Newcastle 6-7 years after trading hour restrictions. *Drug Alcohol Rev*. 2016;35(2):E1-E2.10.1111/dar.12342

PSNI authorisation for additional permitted hours for smaller pubs [Clause 4]?

Please provide your comments in the text box below:

The evidence around additional hours leading to harm is not restricted to larger premises and the same grounds for concern arise.

“Drinking-up Time” and the Alignment of Alcohol and Entertainment Licences

What are your views on the extension of “drinking-up” time?

Please provide your comments in the text box below:

Little or no evidence is available to indicate whether extended drinking up time in practice leads to benefits or harms. However, we are concerned about how any extension would be enforced, to ensure that it did not simply lead to later serving of alcohol. Experience with other laws does not give confidence about adherence, particularly when policies are not proactively enforced. Whilst it is against the law for licensees to sell alcohol to anyone who is clearly drunk or on their premises, breaches of this law are routine 9 10. Given that an extension in drinking-up time would incur staff costs, there would be a strong commercial incentive to keep selling alcohol for at least part of the ‘drinking up’ hour, and it would be expensive and practically impossible for this to be adequately policed. There is also the risk that consumers would purchase more alcohol at last orders, knowing that they had an hour to drink it, again essentially having the same effect as extending serving time with the accompanying risks outlined above.

9. Toomey TL, Lenk KM, Erickson DJ, Horvath KJ, Ecklund AM, Nederhoff DM, Hunt SL. et al. (2017). Effects of a Hybrid Online and In-Person Training Program Designed to Reduce Alcohol Sales to Obviously Intoxicated Patrons. *J. Stud. Alcohol Drugs*, 78(2), 268–275. Alcohol Research Documentation Inc. <https://doi.org/10.15288/jsad.2017.78.268>

10. Hughes K, Bellis MA, Leckenby N, Quigg Z, Hardcastle K, Sharples O, Llewellyn DJ. (2014). Does legislation to prevent alcohol sales to drunk individuals work? Measuring the propensity for night-time sales to drunks in a UK city. *J. Epidemiol. Community Health*, 68(5), 453–456. BMJ Publishing Group. <http://dx.doi.org/10.1136/jech-2013-203287>

What impact do you think it would have on alcohol consumption towards closing time and during ‘drinking up’ time?

Please provide your comments in the text box below:

There would likely be a strong commercial incentive to keep selling alcohol up to 30 minutes before closing time, which gives cause to question whether extending drinking up time would actually mean serving alcohol for an extra half-hour. Compliance could be questionable given the strong commercial and financial incentive for license holders to sell additional alcohol within the 30 minutes before closing time. There is also the risk that consumers would purchase more alcohol at last orders, knowing that they had an hour to drink it, again essentially having the same effect as extending serving time with the accompanying risks as outlined above.

What impact do you think it would have on issues such as anti-social behaviour and crowd dispersal?

Please provide your comments in the text box below:

If the proposed change is implemented as intended, and there is no change in consumer or commercial behaviour, this could result in positive impacts related to the offset of issues related to problem premises including illegal sales of alcohol or drug use. However, extending drinking-up time also has significant potential to increase alcohol-related harms given the potential for additional alcohol to be purchased and consumed in premises beyond the last serving time.

Do you have any comments on the proposals to align closing time for liquor and entertainment licences [Clause 3]?

Please provide your comments in the text box below:

No comment.

4. Supporting Tourism, Special Events and Small Producers

Do you think that the provisions contained within the Bill will have a positive impact on hospitality and/or tourism and in Northern Ireland? If so, how?

Please provide your comments in the text box below:

We are not aware of any evidence that these proposed changes would have either a negative or positive impact on tourism and/or hospitality, as this is not directly our area of expertise. It is worth noting however that alcohol-related disorder in the night-time economy may deter people from going out and patronising businesses.

What are your views on the proposals relating to permitted hours for special events [Clauses 6 & 25]?

Please provide your comments in the text box below:

We have no major concerns about the proposals as presented, providing children are not permitted to attend these special events as this would not be congruent with the general objective of minimising children's exposure to alcohol consumption.

What are your views on the provisions of the Bill that are aimed at supporting small local producers of beer, cider and spirits [Clause 8]? What impact do you envisage this could have on tourism? Do you feel that the regulatory framework, as outlined in the Bill, is sufficiently robust?

Please provide your comments in the text box below:

The Committee could consider the use of community consultations to ensure residents have adequate opportunity to comment on the hours during which alcohol can be sold for local breweries, cideries and/or distilleries in their area. Further, children should not be permitted to be present during tours or sales of alcohol at such venues.

5. Children and Young People (under the age of 18)

The removal of the requirement of a licensed premises or registered club to hold a children's certificate [Clauses 10 & 26]?

Please provide your comments in the text box below:

Please see other responses below. It is unclear how a children's certificate helps to protect children from exposure to licensed premises - and/or whether it makes any difference to overall exposure.

Permitting certain premises to hold underage functions; the conditions that must be met; the permitted opening hours; and, proposed enforcement action [Clauses 11 & 27]?

Please provide your comments in the text box below:

Whilst the proposal changed to the current law includes the caveat that no alcoholic drinks would be available during underage functions, particular consideration should also be given to the potential impacts on children and young people given the potential for normalisation of alcohol at events where it may not have previously been available.

Children are frequently exposed to alcohol marketing via product packaging in their every-day lives and within their local environment, through a range of alcohol retail outlets and via media sources. Research suggests such exposure normalises alcohol in children's environments and fails to send accurate information to children about the health risks associated with alcohol consumption¹¹⁻¹³.

Prior to any changes in permitted opening hours, a risk assessment could be valuable to identify potential harms, so that caveats can be introduced within amended legislation to mitigate against them. In addition, a community consultation would enable residents' to share their views on any proposed changes to premises opening hours in their local area.

11. Chambers T, Stanley J, Pearson AL, Smith M, Barr M, Mhurchu CN, Signal L. Quantifying Children's Non-Supermarket Exposure to Alcohol Marketing via Product Packaging Using Wearable Cameras. *J Stud Alcohol Drugs*. 2019 Mar;80(2):158-166. <https://doi.org/10.15288/jsad.2019.80.158>

12. Chambers T, Stanley J, Signal L, Pearson AL, Smith M, Barr M, Ni Mhurchu C. Quantifying the Nature and Extent of Children's Real-time Exposure to Alcohol Marketing in Their Everyday Lives Using Wearable Cameras: Children's Exposure via a Range of Media in a Range of Key Places. *Alcohol and Alcoholism*. 2018 Sep 1;53(5):626-633. <https://doi.org/10.1093/alcalc/agy053>

13. Chambers T, Pearson AL, Kawachi I, Stanley J, Smith M, Barr M, Mhurchu CN, Signal L. Children's home and school neighbourhood exposure to alcohol marketing: Using wearable camera and GPS data to directly examine the link between retailer availability and visual exposure to marketing. *Health Place*. 2018 Nov;54:102-109. <https://doi.org/10.1016/j.healthplace.2018.09.012>

Permitting the attendance of young people to remain on licensed premises to attend a private function (e.g. a wedding reception) and the proposed conditions that must be met [Clauses 12 & 28]?

Please provide your comments in the text box below:

Provided children's attendance on licensed premises is restricted to genuinely private functions (e.g. a wedding reception) we have no concerns about this proposed change.

The strengthening of the current law around the delivery of alcohol [Clause 9] and the delivery of alcohol to young people [Clause 13]?

Please provide your comments in the text box below:

We welcome the proposal to strengthen the current law around the delivery of alcohol/delivery of alcohol to young people. This aim would be best achieved by adopting the wording of the Challenge 25 policy, viewed as the industry standard, whereby anyone buying alcohol who appears to be below the age of 25, seven years above the age required to buy alcohol in the UK, should be asked to provide an acceptable form of ID.

The committee may wish to consider how the law will be enforced as strengthening without any active enforcement of compliance is unlikely to make a big difference.

The prohibition on self-service and sale of alcohol by vending machines [Clauses 15 & 30]?

Please provide your comments in the text box below:

Clearly self-service or vending machine systems may be unable to determine who is buying the alcohol or act against proxy purchases. It is unclear how much of a problem this is though. The committee should consider not just access to alcohol but exposure to alcohol.

Permitting children and young people to be present in a sporting club to 11:00pm during the summer months (1 June to 31 August) [Clause 29]?

Please provide your comments in the text box below:

The proposal to permit children and young people to be present in a sporting club to 11pm during the summer months should be limited in occurrence to once or twice each year, so as not to regularly exposing children to alcohol marketing via product packaging. This is important given research has demonstrated such exposure normalises alcohol in children's environments and fails to send accurate information to children about the health risks associated with alcohol consumption¹⁴⁻¹⁶.

14. Chambers T, Stanley J, Pearson AL, Smith M, Barr M, Mhurchu CN, Signal L. Quantifying Children's Non-Supermarket Exposure to Alcohol Marketing via Product Packaging Using Wearable Cameras. *J Stud Alcohol Drugs*. 2019 Mar;80(2):158-166. <https://doi.org/10.15288/jsad.2019.80.158>

15. Chambers T, Stanley J, Signal L, Pearson AL, Smith M, Barr M, Ni Mhurchu C. Quantifying the Nature and Extent of Children's Real-time Exposure to Alcohol Marketing in Their Everyday Lives Using Wearable Cameras: Children's Exposure via a Range of Media in a Range of Key Places. *Alcohol*. 2018 Sep 1;53(5):626-633. <https://doi.org/10.1093/alcalc/agy053>

16. Chambers T, Pearson AL, Kawachi I, Stanley J, Smith M, Barr M, Mhurchu CN, Signal L. Children's home and school neighbourhood exposure to alcohol marketing: Using wearable camera and GPS data to directly examine the link between retailer availability and visual exposure to marketing. *Health Place*. 2018 Nov;54:102-109. <https://doi.org/10.1016/j.healthplace.2018.09.012>

Permitting children and young people to attend an awards ceremony in a sporting club one night per calendar year (until 11pm) [Clause 29]?

Please provide your comments in the text box below:

This proposed change recognizes the diversionary activities offered to young people by clubs over the summer months, including awards ceremonies to celebrate sporting achievements. On this basis, and given the health promoting role of such events, the Committee could consider permitting the presence of children and young people so long as no alcohol is served on the premises whilst children are present.

Overall, do you feel the measures are adequate to protect children and young people from alcohol related harm? If not, why not?

Please provide your comments in the text box below:

We feel it is important to consider the potential impacts of these proposed measures as a whole. Collectively, they give rise to concerns regarding children's exposure to alcohol consumption and marketing as there would be multiple additional opportunities for such exposure. For example, if a child was to be present at weddings, parties, award ceremonies, and diversionary activities throughout the summer, the cumulative effect of the proposed changes would be quite significant in terms of their cumulative exposure to alcohol environments. Given the research already outlined suggesting such exposure normalises alcohol consumption and is associated with earlier or increased consumption in children, the Committee should consider whether each and all of these amendments are necessary. Overall, a responsible approach would be to seek to reduce, rather than increase, children's overall exposure to alcohol marketing, to better protect children and young people from alcohol-related harm, given the relatively high levels of such harm in Northern Ireland.

6. Alcohol Consumption and Alcohol-Related Harm

What impact do you think these measures will have on reducing alcohol consumption and preventing alcohol-related harm?

Please provide your comments in the text box below:

Clause 16: Introducing a number of restrictions on off-sales drinks promotions in supermarkets

We strongly support restrictions on off-sales drinks promotions in supermarkets.

There is a strong link between alcohol purchasing and consumption levels and pricing, such that any intervention to increase the price of alcohol is likely to reduce alcohol-related harms. Minimum unit pricing and progressively higher taxation of alcohol would be even more powerful measures to achieve reductions in alcohol consumption and related harms, and to save lives. This link is demonstrated in multiple systematic reviews and as a result the World Health Organisation and health bodies strongly recommend raising the price of alcohol as a 'best buy' for tackling alcohol-related harms¹⁷⁻¹⁹. Furthermore, the benefits of such policies tend to be disproportionately enjoyed by those who suffer the most from alcohol-related problems – making them uniquely targeted approaches²⁰⁻²¹. The empirical evidence consistently shows that an increase in the price of alcohol leads to a reduction in the quantity consumed, and this effect holds for different categories of alcohol, and for off-trade and on-trade purchases¹⁹.

17. World Health Organization. (2018). WHO | THE SAFER INITIATIVE. WHO. World Health Organization. Retrieved December 14, 2020, from <https://www.who.int/initiatives/SAFER>

18. Wagenaar AC, Tobler AL, Komro KA. (2010). Effects of alcohol tax and price policies on morbidity and mortality: a systematic review. *American journal of public health*, 100(11), 2270–8. <https://ajph.aphapublications.org/doi/10.2105/AJPH.2009.186007>

19. Sharma A, Sinha K, Vandenberg B. Pricing as a means of controlling alcohol consumption, *British Medical Bulletin*, Volume 123, Issue 1, September 2017, Pages 149–158, <https://doi.org/10.1093/bmb/ldx020>

20. O'Donnell A, Anderson P, Jané-Llopis E, Manthey J, Kaner E, Rehm J et al. Immediate impact of minimum unit pricing on alcohol purchases in Scotland: controlled interrupted time series analysis for 2015-18 *BMJ* 2019; 366 :l5274 <https://doi.org/10.1136/bmj.l5274>

21 Elder RW, Lawrence B, Ferguson A, et al. The effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms. *Am J Prev Med*. 2010;38(2):217-229. 10.1016/j.amepre.2009.11.005

Regulating the delivery of alcoholic drinks to young people [Clause 13];

We support the prohibition of delivery of alcoholic drinks to people under the age of 18 and requiring proof of age to be shown and recorded upon delivery, preferably by anyone who is thought to look under the age of 25.

Do you have any other comments in relation to any other aspect of the Bill in relation to alcohol consumption and alcohol-related harm?

Please provide your comments in the text box below:

We refer the committee to the WHO document 'SAFER' which recommends action in relation to price, availability and marketing as most effective 'best buys' for reducing alcohol-related harm 22.

Given the evidence and recommendations available, we would encourage the committee to retain the surrender principle for licences in NI – whilst not perfect – the principle provides some control over expansion in the availability and normalisation of alcohol consumption which is not possible in any other part of the UK. Getting rid of this principle is sometimes seen as 'modernization', but to do so would remove one major lever that keeps the availability of alcohol in check in NI. Given the high levels of alcohol-related harm experienced in NI, removal of this principle could be seen as a backwards, rather than a modern step. If the principle is not working as intended, then careful thought should be given to reforms rather than repeal. Such reforms could look to keep the central value of the measure from a public health perspective - preventing increases in numbers of outlets. The current licensing systems in the rest of the UK do not achieve this.

22. World Health Organization. (2018). WHO | THE SAFER INITIATIVE. WHO. World Health Organization. Retrieved December 14, 2020, from <https://www.who.int/initiatives/SAFER>

7. Regulation, Enforcement, Offences and Penalties

The Bill proposes to allow statutory approval for voluntary industry-led codes of practice in relation to the sale and supply of alcohol in licensed premises and registered clubs [Clauses 19 & 32]. Do you feel these are an effective means of helping to regulate the industry? If not, what alternatives would you suggest?

Please provide your comments in the text box below:

These voluntary codes of practice should not be described as regulation, as they offer no substitute for legislation to reduce alcohol-related harms. They are not evidence based: all regulation of the sale and supply of alcohol should be entirely free from industry involvement, as recommended by the World Health Organisation 23. There is a clear conflict between the commercial imperative to increase sales and turnover, and the aim of regulation to minimise alcohol-related harm. It is therefore best for the two to be completely separate. Statutory approval for such codes of practice lends the industry legitimacy which is unlikely to be justifiable by the available evidence. For example, a recent review of community alcohol partnerships found that the few existing evaluations do not provide convincing evidence that CAPs are effective in reducing alcohol harms or antisocial behaviour. It also suggested that their main role may be as an alcohol industry corporate social responsibility measure which is intended to limit the reputational damage associated with alcohol-related anti-social behaviour 24. Furthermore, a review of evidence considering local best practice schemes for bars/premises pledged as part of the UK Public Health Responsibility Deal concluded that the evidence was non-existent, poor or inconsistent 25.

23. World Health Organization. (2018). WHO | THE SAFER INITIATIVE. WHO. World Health Organization. Retrieved December 14, 2020, from <https://www.who.int/initiatives/SAFER>

24 Petticrew M, Douglas N, D'Souza P, Shi YM, Durand MA, Knai C, Eastmure E, Mays N (2018). Community Alcohol Partnerships with the alcohol industry: what is their purpose and are they effective in reducing alcohol harms?, *J Public Health*, 40 (1) 16-31. 31, <https://doi.org/10.1093/pubmed/fdw139>

25 Knai C, Petticrew M, Durand MA, Eastmure E, Mays N. (2015) Are the Public Health Responsibility Deal alcohol pledges likely to improve public health? An evidence synthesis. *Addiction* (Abingdon, England). ISSN 0965-2140. <https://doi.org/10.1111/add.12855>

The Bill contains provisions to permit a court, when determining an application for an occasional licence, to impose terms and conditions on the licence with consequences for non-compliance [Clause 18]. What are your views on this?

Please provide your comments in the text box below:

No comment.

What are your views on the measures in the Bill that would require a body corporate (licensee) to notify the courts and police of any change of directorship (within 28 days) [Clause 20]?

Please provide your comments in the text box below:

No comment.

Throughout the Bill there are a number of new offences and/or penalties under The Licensing (NI) Order 1996, The Registration of Clubs (NI) Order 1996 and The Betting, Gaming, Lotteries and Amusements (NI) Order 1985. The Committee would welcome any comments you have in relation to any of these.

Please provide your comments in the text box below:

No comment.

8. Resource Implications for Certain Organisations/Bodies

(a) The PSNI:

Please provide your comments in the text box below:

Sales of alcohol from premises licensed to open late at night are associated with increased rates of drunkenness, assaults, injuries, disorder and related use of services.

- A 2019 report looking into the causes and impact of violence in London has estimated that the annual cost of (all cause) assaults in the capital is £3 billion per year 26.
- In 2018/19, of respondents to the Scottish Crime and Justice Survey who reported being the victim of violent crime, 59% felt that the offender was under the influence of alcohol 27.
- In England, offenders were believed to be under the influence of alcohol in 40% of all violent incidents and 38% of sexual assaults 28; as well as in two-thirds of weekend and night-time violent incidents and 91% in or near pubs/clubs 29.

26 The Behavioural Insights Team. Violence in London. 2019.

https://www.london.gov.uk/sites/default/files/bit_london_violence_reduction_final_31_january_2020_1.pdf (Accessed December 12, 2020)

27 Scottish Government. Scottish Crime and Justice Survey 2018 / 19 : Main Findings. 2019.

28 Office for National Statistics. 2019. Data on alcohol related incidents, years ending March 2011 to March 2017, Crime Survey for England and Wales - Office for National Statistics. Crime Survey for England and Wales.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/adhocs/009372dataonalcoholrelatedincidentsyearsendingmarch2011tomarch2017crimesurveyfor> Published 2019. (Accessed December 12, 2020)

29 Office for National Statistics. 2017. Overview of violent crime and sexual offences - Office for National Statistics. Crime Survey for England and Wales 2015/16.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2016/overviewofviolentcrim> Published 2018 (Accessed June 24, 2019)

b) Health and social services:

Please provide your comments in the text box below:

Sales of alcohol from premises licensed to open late at night are associated with increased rates of drunkenness, assaults, injuries, disorder and related use of services.

- Alcohol-related ambulance call-outs are estimated by Scottish Ambulance Service (SAS) at ~171,000 annually 30, costing ~£52M 31. Surveys of SAS staff indicate that 50% of weekend call-outs; 42% of assault-related call-outs; and 62% of cases of physical abuse against staff may be alcohol-related, with a heavy concentration late at night 30.
- In Scotland, an audit of A&E presentations 32 indicated that 70% of those relating to assaults were alcohol-related. The busiest time for alcohol-related presentations was between midnight and 4am on a Saturday morning with four and a half times more patients presenting during these 4 hours than at the same time during the rest of the week. The most common presenting complaint was some form of alcohol-related injury (53%) followed by intoxication (23%) 32. We are currently conducting a large study 33 to better estimate the impact of alcohol on the ambulance service. This includes a systematic search of patient records to identify which call-outs are alcohol-related, using a unique combination of free text searching, combined with an alcohol flag. We are also conducting in-depth interviews with a large sample of paramedics to better understand the impact of alcohol on their work. Preliminary findings suggest that alcohol places a large burden on ambulance services, with a high economic cost attached, and potentially delaying response times to other emergency calls – and that these effects are generated in large part by drinking in the night-time economy. We hope to be able to present this evidence in full at a verbal presentation to the Committee.

30 Scottish Ambulance Service. The Impact of Alcohol on the Scottish Ambulance Service Summary of a Survey of Frontline Staff in 2015. Glasgow; 2015.

<http://www.scottishambulance.com/UserFiles/file/alcoholreport.pdf> Accessed December 14, 2020.

31 York Health Economics Consortium. The Societal Cost of Alcohol Misuse in Scotland for 2007. Scottish Government; 2010.

32 Scottish Emergency Department Alcohol Audit. Understanding Alcohol Misuse in Scotland Harmful Drinking Final Report. Edinburgh; 2008.

33 Fitzgerald et al. HIPS/18/57 - The Impact of Minimum Pricing of Alcohol on Ambulance Callouts in Scotland (IMPAACT). Chief Scientist Office Funded Studies.

<https://www.cso.scot.nhs.uk/wp-content/uploads/HIPS1857.pdf> Published 2018. Accessed December 14, 2020.

c) Other organisations (please specify):

Please provide your comments in the text box below:

No comment

9. Registered Clubs

Do you have any additional comments on the provisions in the Bill which specifically relate to registered clubs [i.e. Clauses 22 to 32]?

Please provide your comments in the text box below:

No Comment

10. Additional Information

Are there any other measures not included in the Bill that you think should be included and why?

Please provide your comments in the text box below:

Whilst international evidence appears to gain little traction in local policymaking processes, we believe it is likely that the findings in relation to outlet numbers, density and trading hours in other high income countries are relevant here. Based on the evidence provided, the following policy changes should be fleshed out and subjected to further consultation. If they were to be implemented, some would require minor changes to licensing guidance or practice, and others would require legislative changes.

- Establishing a robust system for monitoring availability of alcohol, including making it a requirement to report premises location, trading dates, days, hours, capacity, sales, and then collating these data in a useable format available for appropriate use to policymakers and researchers.
- Establishing a robust system to manage supply of alcohol ordered via online and mobile devices, to ensure that such supply does not circumvent the mechanisms within the licensing system to control availability, particularly in communities with higher harm. Consideration should be given to whether delivery of alcohol (other than trade delivery) could be prohibited in areas with high levels of harm and the public acceptability of such a measure.
- Establishing a public health objective for alcohol premises licensing in Northern Ireland
- Exploring and establishing a robust mechanism by which local authorities, in conjunction with communities, can decide to reduce the number of licensed premises in their area to address alcohol-related harms at population level, without requiring to demonstrate harm from any one outlet.

Do you have any other comments you would like to make?

Please provide your comments in the text box below:

No further comment.