

# Response ID ANON-GXRH-UWGS-Y

Submitted to **CALL FOR EVIDENCE AND VIEWS ON THE LICENSING AND REGISTRATION OF CLUBS (AMENDMENT) BILL**

Submitted on **2020-12-14 09:57:59**

## Introduction

### What is your name?

**Name:**

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### What is your organisation?

**Organisation:**

Institute of Alcohol Studies

### Please indicate if you are providing a submission:

as an individual, 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:

This is a joint response from the Institute of Alcohol Studies (organisation) and Dr Gillian Shorter from Queens University Belfast (individual).

The Institute of Alcohol Studies is an independent institute bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. Our purpose is to advance the use of the best available evidence in public policy decisions on alcohol.

## 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 the overall policy objective to update the law and to make it more responsive to the current environment.

We support many aspects of the Bill, including the restrictions on off-sales drinks promotions in supermarkets, regulation of the delivery of alcoholic drinks to young people, the prohibition of loyalty or bonus points for the purchase of alcohol in licensed premises, and the prohibition of the sale of alcohol by way of self-service or vending machine. There may be some negative consequences to alcohol harm from the additional permitted hours, which will impact on drinkers, people around them and public services, however the extent of this will depend on the uptake of applications for additional hours.

It is important that changes to the legislation are evaluated using robust research designs to establish the impact on alcohol harm and health generally. This will provide evidence about how the changes are working and whether it is necessary to amend the legislation.

We are concerned that voluntary industry-led codes of practice will not be an effective means of regulation for licensed premises. There is extensive evidence on industry-led self-regulation from the field of alcohol marketing and other key elements of alcohol policy, which has found that such systems fail to achieve their stated aims (Knai et al, 2015; Noel, Babor & Robaina, 2017; Petticrew et al., 2018; Pierce et al., 2019).

Knai, Cécile, et al. "The Public Health Responsibility deal: has a public-private partnership brought about action on alcohol reduction?." *Addiction* 110.8 (2015): 1217-1225.

Noel, Jonathan K., Thomas F. Babor, and Katherine Robaina. "Industry self-regulation of alcohol marketing: a systematic review of content and exposure research." *Addiction* 112 (2017): 28-50.

M Petticrew, N Douglas, P D'Souza, Y M Shi, M A Durand, C Knai, E Eastmure, N Mays, Community Alcohol Partnerships with the alcohol industry: what is their purpose and are they effective in reducing alcohol harms?, *Journal of Public Health*, Volume 40, Issue 1, March 2018, Pages 16-31, <https://doi.org/10.1093/pubmed/fdw139>

Pierce, H., Stafford, J., Pettigrew, S., Kameron, C., Keric, D., & Pratt, I. S. (2019). Regulation of alcohol marketing in Australia: A critical review of the Alcohol Beverages Advertising Code Scheme's new Placement Rules. *Drug and alcohol review*, 38(1), 16-24.

## 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:

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

### **Please provide your comments in the text box below:**

Multiple research studies have established that alcohol availability in the form of opening hours is directly associated with alcohol harm to health as well as wider social consequences. As a result we advise against any increases in current permitted hours for licensed premises.

Health harms become more likely when alcohol's temporal availability (i.e. opening hours) increases. Examining the impact of the relaxation of trading hours for bars from 11pm out to 5am in England and Wales from 2005 (as a result of the 2003 Licensing Act), Green and colleagues (2015) found alcohol consumption increased, which appeared to be concentrated in heavy drinking. This increase in consumption was subsequently demonstrated to lead to deterioration in both individual physical and mental health outcomes.

A systematic review by Popova and colleagues (2009) identified many studies on this topic. Following the implementation of the 2003 Licensing Act in England and Wales the proportion of alcohol-related assaults requiring overnight hospitalization went from 0.99% to 1.98%, alcohol-related injuries went from 1.6% to 4.1%, and alcohol-related hospital admissions went from 0.88% to 2.46%. Taking an international perspective, extending trading hours in Ontario, Canada in the 1990s led to an increase in non-motor vehicle injury presentations at emergency departments. Similar interventions in Australia in the 1990s led to increases in assault and traffic collisions.

Correspondingly, there is good evidence that measures to control availability reduce alcohol harm. 'Last drinks policies' (bringing forward the last trading hour, aka 'lockout laws') in New South Wales, Australia led to a 45% reduction observed in the number of non-domestic assaults, a fall in emergency department presentations to one hospital of around a quarter, and a 60% decrease in the number of serious facial injuries requiring surgery in the two years after last drinks and lockouts were imposed (Foster et al, 2017). Considering this evidence, we would not recommend any increase to the permitted hours of sale.

Green, C.P., Hollingsworth, B.P. and Navarro, M. 2015. Longer opening hours, alcohol consumption and health. <https://eprints.lancs.ac.uk/id/eprint/76985/>

Popova, S., Giesbrecht, N., Bekmuradov, D., & Patra, J. (2009). Hours and days of sale and density of alcohol outlets: impacts on alcohol consumption and damage: a systematic review. *Alcohol & Alcoholism*, 44(5), 500-516. <https://academic.oup.com/alcac/article/44/5/500/182556#1692992>

Foster, J., Harrison, A., Brown, K., Manton, E., Wilkinson, C. & Ferguson, A. (2017). Anytime, anyplace, anywhere? Addressing physical availability of alcohol in Australia and the UK. London and Canberra: Institute of Alcohol Studies and the Foundation for Alcohol Research and Education.

<https://fare.org.au/anytime-anyplace-anywhere-addressing-physical-availability-of-alcohol-in-australia-and-the-uk/>

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

### **Please provide your comments in the text box below:**

Again the issues around longer hours of operation and the potential increase in harm are important. For those pubs which do not have an entertainment licence, and do not serve food, it would be helpful to consult with the police about additional hours as it may have implications in relation to staffing and policing disorder.

## **“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:**

It is unclear how this would be effectively enforced. It is possible this may reduce the pressures on taxis, and could discourage individuals from finishing drinks quickly by giving a longer time window to finish drinks. However, there is very little published literature on the topic of drinking up times.

This will have resourcing issues for licensed premises to pay their staff for additional time, leading to a commercial incentive to continue to sell alcohol. It may be worth inspecting crime and disorder figures following the changes to licensing hours around COVID to help make this decision.

### **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:**

### **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:**

### **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:**

## **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:**

### **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 do not oppose the general principle of having licences for special events, although these decisions should take into account public health harms. However it is

unclear why off-sales for special events are proposed.

**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:**

## **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:**

Whether achieved through a children's certificate, or conditions enforced by other means as we would advocate, provisions to protect children in and around licensed premises are essential.

Childhood, and adolescence in particular, is a critical developmental period and social norms can affect alcohol consumption: for example the Smoking Drinking and Drug Use Survey conducted among 11-15 year olds in schools in England identified parental approval of drinking is associated with higher alcohol consumption in adolescence (NHS Digital 2019). Witnessing parents tipsy or drunk is associated with negative outcomes (Bryant 2019), and such exposures to intoxicated adults in licensed premises is has similar effects (Laslett 2015) which should be taken into consideration.

Another consideration is alcohol marketing exposure. Research has established that children's exposure to alcohol marketing is associated with subsequent alcohol consumption and riskier drinking (Smith & Foxcroft 2009, Jernigan et al, 2017, World Health Organisation Europe, 2009). A new review established that this is a causal association (Sargent & Babor 2020). These effects have been identified for a substantial range of marketing communication types, including sponsorship of sporting events, alcohol-branded merchandise and price offers (Brown, 2016; Jernigan et al., 2017) - all highly relevant to exposures in the on-trade.

Brown, K. 2016. Association between alcohol sports sponsorship and consumption: a systematic review. *Alcohol and alcoholism*, 51(6), pp.747-755  
Bryant L, MacKintosh AM, Bauld L (2019). An Exploration of the Impact of Non-Dependent Parental Drinking on Children, *Alcohol and Alcoholism*, Volume 55, Issue 1, January 2020, Pages 121–127, <https://doi.org/10.1093/alcalc/agz086>  
Jernigan, D., Noel, J., Landon, J., Thornton, N. and Lobstein, T. 2017. Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*, 112, pp.7-20  
NHS Digital. (2019) Smoking, Drinking and Drug Use among Young People in England 2018. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england>.  
Laslett, A. M., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). The hidden harm: Alcohol's impact on children and families. <https://www.drugsandalcohol.ie/25251/>  
Sargent JD, Babor TF. (2020) The Relationship Between Exposure to Alcohol Marketing and Underage Drinking Is Causal. *J Stud Alcohol Drugs Suppl* 113–124.  
Smith LA, Foxcroft DR. (2009) The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies. *BMC Public Health* 9: 51.  
World Health Organisation Europe (2009). Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/43319/E92823.pdf](https://www.euro.who.int/__data/assets/pdf_file/0020/43319/E92823.pdf)

**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:**

**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:**

**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 support the strengthening of the law around delivery of alcohol and the delivery of alcohol to young people. Proof of age should be shown upon delivery and recorded.

Stricter enforcement of age restrictions can successfully prevent sales to young people. For example voluntary ID checking initiatives such as 'Challenge 21' and 'Challenge 25', along with closer collaboration between police services and local governments has been suggested to be part of a decline seen in successful test purchases of alcohol to young people between 2007 and 2015 (IAS, 2016).

Preventing underage sales is important because alcohol consumption in adolescence is associated with heavier drinking in adulthood. Adolescence is a critical developmental period and young people face greater risk of negative physical and mental health impacts if they drink alcohol than adults.

Institute of Alcohol Studies (2016). Underage drinking. <http://www.ias.org.uk/Alcohol-knowledge-centre/Underage-drinking/Factsheets/Why-has-underage-drinking-declined.aspx>

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

**Please provide your comments in the text box below:**

We support the prohibition on self-service and sale of alcohol by vending machines.

Server training has been demonstrated to be a key component in protections against underage sales (IAS, 2016) as well as violence in licensed premises (Graham and Homel, 2008). Similarly, airport lounges, locations where self-service of alcohol often operates, have been highlighted as contributing to the problem of drunk and disruptive passengers (IAS and Eurocare, 2018).

Graham, K. and Homel, R. 2008. Raising the bar: Preventing aggression in and around bars, clubs and pubs. UK: Willan Publishing, London.

Institute of Alcohol Studies (2016). Underage drinking.

<http://www.ias.org.uk/Alcohol-knowledge-centre/Underage-drinking/Factsheets/Why-has-underage-drinking-declined.aspx>

IAS and Eurocare. 2018. Fit to Fly. Summary Report of the Policy Debate on Alcohol and Air Travel.

<http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp34082018.pdf>

**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:**

**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:**

**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:**

The measures in this Bill address some aspects of availability through preventing delivery to underage people and the prohibition of self-service. However on their own these are not sufficient to protect children and young people from alcohol harm.

Evidence-based measures which would protect children and young people (and adults) from alcohol-related harm include:

- a) marketing restrictions – e.g. the WHO recommends comprehensive bans across multiple types of media
- b) price interventions – e.g. minimum unit pricing of alcohol
- c) controlling availability – e.g. reducing opening hours or outlet density

In relation to this Bill, some of the measures allowing children to be present in licenced premises present a risk that children will be more exposed to intoxicated adults and alcohol marketing, both of which present risks to children and young people. For example children being present in sports clubs during the summer months (5f) is likely to be exposed to alcohol brand sports sponsorship. A systematic review of previous studies found strong associations between exposure to alcohol sports sponsorship and reported alcohol consumption. (Brown 2016). This would need to be carefully considered in the case of any change to the law.

Brown, K. 2016. Association between alcohol sports sponsorship and consumption: a systematic review. Alcohol and alcoholism, 51(6), pp.747-755.

## **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:**

Introducing a number of restrictions on off-sales drinks promotions in supermarkets [Clause 16];

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

Other restrictions suitable for supermarkets and other off-trade premises should be considered also. For example the marketing restrictions to protect children being introduced in the Republic of Ireland through the Public Health (Alcohol) Act, particularly relevant might be Section 22: "In mixed retail outlets alcohol products and advertising are confined to one of the following: an area separated by a 1.2 metre high barrier, or units in which alcohol products are not visible up to 1.5 metres height, or up to three units that can be a maximum of 1 metre wide by 2.2 metres high" (Alcohol Action Ireland, 2019).

Alcohol Action Ireland (2019). What is the Public Health (Alcohol) Act? <https://alcoholireland.ie/what-is-the-public-health-alcohol-bill/>

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.

Stricter enforcement of age restrictions can successfully prevent sales to young people; "voluntary ID checking initiatives such as Challenge 21 and Challenge 25" and "closer collaboration between police services and local governments" has been suggested to be part of a decline seen in successful test purchases of alcohol to young people between 2007 and 2015 (IAS, 2016, 17).

Institute of Alcohol Studies (2016). Underage drinking.

<http://www.ias.org.uk/Alcohol-knowledge-centre/Underage-drinking/Factsheets/Why-has-underage-drinking-declined.aspx>

Prohibiting the awarding or redemption of loyalty or bonus points for the purchase of alcohol in licensed premises [Clause 17]; and

We support the prohibition of awarding/redeeming loyalty points for alcohol.

Loyalty card schemes essentially lower the price of alcohol products if points can be awarded or redeemed for alcohol. Loyalty schemes may encourage increased consumption if consumers purchase and drink more than they otherwise in order to benefit from the rewards of the scheme.

Price is a key driver of alcohol-related health and social harms. The World Health Organization cites raising the price of alcohol as one of its "Best buys" in tackling alcohol related health harms (World Health Organization, 2017, 9). The price of alcohol has been linked to levels of violence - a Home Office research review found alcohol price and tax increases to be "associated with reductions in overall crime, violent crime, sexual assault and criminal damage/property offences" (Booth, 2010, 4).

Booth A, Meier P, Shapland J, Wong R & Paisley S (2010). Alcohol pricing and criminal harm: a rapid evidence assessment of the published research literature. London: Home Office. <https://www.drugsandalcohol.ie/21804/1/Alcohol%20pricing%20and%20criminal%20harm.pdf>

World Health Organization (2017) Tackling NCDs. 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases <https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?sequence=1&isAllowed=y>

Prohibiting the sale of alcohol by way of self-service or vending machine (with certain exceptions) [Clauses 15 & 30].

We support the prohibition of self-service of alcoholic drinks.

Server training has been demonstrated to be a key component in protections against underage sales (IAS 2016) as well as violence in licensed premises (Graham & Homel 2008). Similarly, airport lounges, locations where self-service of alcohol often operates, have been highlighted as contributing to the problem of drunk and disruptive passengers (IAS & Eurocare 2018).

Graham, K. and Homel, R. 2008. Raising the bar: Preventing aggression in and around bars, clubs and pubs. UK: Willan Publishing, London.

Institute of Alcohol Studies (2016). Underage drinking

<http://www.ias.org.uk/Alcohol-knowledge-centre/Underage-drinking/Factsheets/Why-has-underage-drinking-declined.aspx>

Institute of Alcohol Studies and Eurocare (2018). Fit to Fly. Summary Report of the Policy Debate on Alcohol and Air Travel.

<http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp34082018.pdf>

**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:**

The measures in this Bill outlined above to are welcomed and should help to reduce alcohol harm. However these measures should be part of a broader strategy to address alcohol harm, which we are aware is currently out for consultation through the new substance use strategy, which the Institute for Alcohol Studies will respond to in February 2021.

We encourage the adoption of the SAFER recommendations in relation to price, marketing, availability, drink-driving counter measures, and the provision of brief interventions and treatment, and the absolute independence of policy making from interference by the alcohol industry and arms-length bodies funded by the alcohol industry (Shorter et al., 2020; WHO, 2018a; 2018b)

Shorter, G., Knowles, N., Abdin, S., Jenkinson, E., Armitage, C., Epton, T., Hart, J., Kamal, A., Byrne-Davis, L., Arden, M. A., Whittaker, E., Lewis, L., O'Connor, D., Swanson, V., Drury, J., Thompson, S., McBride, E., Chater, A., & Behavioural Science and Disease Prevention Taskforce (2020). COVID-19 Public Health Road Map: Alcohol consumption. British Psychological Society. <https://www.bps.org.uk/coronavirus-resources/professional/healthy-behaviour>

World Health Organization. (2018a). SAFER, a new alcohol control initiative. Geneva: World Health Organization.

World Health Organization. (2018b). The SAFER technical package. Geneva: World Health Organization.

## **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:**

While it is better for Codes of Practice to have statutory approval than not, we advocate for statutory regulation of the sale and supply of alcohol in licensed premises and registered clubs that is entirely free from industry influence, as recommended by the World Health Organisation (WHO, 2018a; 2018b).

The reason is self-regulation systems and voluntary initiatives often fail to achieve their stated aims. This can hamper progress in terms of tackling alcohol harm.

For example, the Public Health Responsibility Deal in England was a public-private partnership organised around a series of voluntary agreements and pledges from 2011. This failed to achieve its stated objective of improving public health (Knai 2018). Further examples from the area of alcohol marketing regulation show complaints led systems are sometimes biased, slow to act, and unable to impose any meaningful sanctions. For example, analysis of Portman Group (an industry CSR body regulating some aspects of alcohol marketing) rulings on alcohol promotion cases between 2006 and 2017 has suggested these decisions appear inconsistent and "not based on an explicit presentation of the rationale, or the evidence underpinning the deliberations" (Alcohol Change UK 2018). Codes of Practice also need to be regularly updated and approved. For example current Codes of Practice for alcohol marketing are weak in their treatment of digital marketing, because technology in particular social media has developed faster than the Codes have been updated.

There is growing evidence against including alcohol industry partners at the policy table including industry bodies, producers, and corporate social responsibility organisations (including Drinkaware). Evidence against industry involvement includes evidence to support the industry's misrepresentation of the link between cancer and alcohol (Petticrew et al., 2018a and 2018b), the sophistication and strategic methods to protect commercial interests including building relationships with key policy actors (Miller et al., 2011; McCambridge et al., 2018), and other issues around messages and communication by the industry (Babor et al., 2018; Maani Hessari & Petticrew, 2017; Mialon & McCambridge, 2018). The World Health Organization, Organisation for Economic Co-operation and Development, and other organisations caution against their involvement, and in particular conclude the evidence from industry funded alcohol education campaigns are ineffective (Burton et al. 2017).

Instead, any codes of conduct should be based on statutory footing, independently monitored and enforced, and have meaningful sanctions if they are breached.

Alcohol Change UK (2018). Fit for Purpose? An analysis of the role of the Portman Group in alcohol industry self-regulation

<https://alcoholchange.org.uk/publication/fit-for-purpose-an-analysis-of-the-role-of-the-portman-group-in-alcohol-industry-self-regulation>

Babor, T.F.; Robaina, K.; Brown, K.; Noel, J.; Cremona, M.; Pantani, D.; Peltzer, R.I.; Pinsky, I. Is the alcohol industry doing well by 'doing good'? Findings from a content analysis of the alcohol industry's actions to reduce harmful drinking. *BMJ Open* 2018, 8, e024325.

Burton, R.; Henn, C.; Lavoie, D.; O'connor, R.; Perkins, C.; Sweeney, K.; Greaves, F.; Ferguson, B.; Beynon, C.; Belloni, A.; et al. A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: An English perspective. *Lancet* 2017, 389, 1558–1580

Knai, C., Petticrew, M., Douglas, N., Durand, M. A., Eastmure, E., Nolte, E., & Mays, N. (2018). The public health responsibility deal: Using a systems-level analysis to understand the lack of impact on alcohol, food, physical activity, and workplace health sub-systems. *International journal of environmental research and public health*, 15(12), 2895.

Maani Hessari, N.; Petticrew, M. What does the alcohol industry mean by 'Responsible drinking'? A comparative analysis. *J. Public Health* 2017, 40, 1–8.

Mialon, M.; Mccambridge, J. Alcohol industry corporate social responsibility initiatives and harmful drinking: A systematic review. *Eur. J. Public Health* 2018, 28, 664–673.;

Miller PG, de Groot F, McKenzie S, Droste N. Vested interests in addiction research and policy. Alcohol industry use of social aspect public relations organizations against preventative health measures. *Addiction*. 2011 Sep;106(9):1560-7. doi: 10.1111/j.1360-0443.2011.03499.x. Epub 2011 Jul 22. PMID: 21781203.

McCambridge, J.; Mialon, M.; Hawkins, B. Alcohol industry involvement in policymaking: A systematic review. *Addiction* 2018, 113, 1571–1584.

Petticrew, M.; Maani Hessari, N.; Knai, C.; Weiderpass, E. How alcohol industry organisations mislead the public about alcohol and cancer. *Drug Alcohol Rev.* 2018, 37, 293–303.

Petticrew, M.; Maani Hessari, N.; Knai, C.; Weiderpass, E. The strategies of alcohol industry SAPROs: Inaccurate information, misleading language and the use of confounders to downplay and misrepresent the risk of cancer. *Drug Alcohol Rev.* 2018, 27, 313–315.

World Health Organization. (2018a). SAFER, a new alcohol control initiative. Geneva: World Health Organization.

World Health Organization. (2018b). The SAFER technical package. Geneva: World Health Organization.

**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:**

We support the implementation of meaningful and proportionate sanctions for non-compliance with the conditions of a licence.

**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:**

**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:**

## **8. Resource Implications for Certain Organisations/Bodies**

### **(a) The PSNI:**

**Please provide your comments in the text box below:**

Increased opening hours could lead to increased work for frontline staff in the PSNI, particularly in relation to alcohol-related anti-social behaviour and violence in and around licenced premises and or in homes.. This is evidenced by later licensing hours in England and Wales impacting on police work (Institute of Alcohol Studies, 2015).

Institute of Alcohol Studies (2015). Alcohol's Impact on Emergency Services

[http://www.ias.org.uk/uploads/Alcohols\\_impact\\_on\\_emergency\\_services\\_full\\_report.pdf](http://www.ias.org.uk/uploads/Alcohols_impact_on_emergency_services_full_report.pdf)

### **b) Health and social services:**

**Please provide your comments in the text box below:**

Increased opening hours could lead to increased work for frontline staff in the health and social services, particularly in relation to alcohol-related violence.

### **c) Other organisations (please specify):**

Please provide your comments in the text box below:

## 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:

## 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:

The 2020 Commission on Alcohol Harm made recommendations for all nations of the UK, including restrictions on availability of retail alcohol through reduced hours of sale and reduced density of retail outlets. The Commission said local authorities or districts must have greater powers to refuse licensing applications and to limit the number of licensed premises in an area. The public health impact of new premises must be considered when deciding whether to grant licence applications, as is the case in Scotland.

Alcohol Health Alliance (2020). 'It's everywhere' – alcohol's public face and private harm. The report of the Commission on Alcohol Harm.  
<https://ahauk.org/wp-content/uploads/2020/11/The-report-of-the-Commission-on-Alcohol-Harm-2020.pdf>

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

Please provide your comments in the text box below:

For further information on the latest research into alcohol harms and effective policies to address these, please visit the Institute of Alcohol Studies' Alcohol Knowledge Centre: <http://www.ias.org.uk/Alcohol-knowledge-centre.aspx>