Northern Ireland Assembly

Committee for Communities

OFFICIAL REPORT (Hansard)

Licensing and Registration of Clubs (Amendment) Bill: Addiction NI and ASCERT

27 October 2016

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Colum Eastwood (Chairperson)
Ms Michelle Gildernew (Deputy Chairperson)
Mr Steven Agnew
Mr Andy Allen
Ms Nichola Mallon
Mr Fra McCann
Mr Adrian McQuillan
Ms Carál Ní Chuilín
Mr Christopher Stalford

Witnesses:

Mr Alistair Sweet	Addiction NI
Mr Gary McMichael	ASCERT

The Chairperson (Mr Eastwood): I ask Gary McMichael, chief executive of ASCERT, and Alistair Sweet, head of clinical services at Addiction NI, to come forward. I remind members to keep their questions on the Bill. It is all very interesting, but we need to make sure that we are focused on the Bill itself and on our scope. Folks, it is good to see you. You have 10 minutes, but you do not have to use them all. *[Laughter.]* We will ask you questions after. In your own time.

Mr Alistair Sweet (Addiction NI): First, thank you very much for the opportunity to speak to you today. I will give a brief introduction on the work that I am involved in. Then I would like, not to speak from written notes, but to give some reflections on trends that I have noticed as a clinician with over 15 years' experience as a senior therapist and head of clinical services at Addiction NI. Many of the patients that I see in my normal caseload — around 65% — come to me with alcohol problems, problems both of abuse and of dependency — more evolved dependency. Our agency has been in operation for 38 years. At any given time, we probably have about 400 patients with the service, and we operate across Northern Ireland.

A word or two on trends. Fifteen years ago, when I started out as a senior therapist in addiction, working with alcohol particularly, the individuals I met as patients who had severe chronic alcohol dependence were generally men, 45 or 50 years plus, and in fairly debilitated poor health as a result of a long history of drinking. That has changed markedly. Over the past 10 years, I have seen a dominant trend towards younger patients presenting with alcohol dependence, and also a much higher number of women patients.

Commensurate with that, I have also seen an increase in that population of polydrug abuse along with alcohol. I make that point because, as we are bearing down on licensing laws around how long a

person can buy and access alcohol for at weekends etc, it is important to note that, in our society today, many of our young people, when they drink, are also taking drugs such as psycho-stimulants, including cocaine and novel psychoactive substances such as mephedrone and so forth. Those psychoactive stimulants can offset many of the depressant effects of alcohol, thus leading to an ability to continue to consume alcohol over longer periods. We heard earlier about preloading, side-loading and post-loading. All of that applies. Notably, I remember quite a few years ago looking at a Public Health Agency report that tried to monitor the drinking habits over a weekend of young people in the 18- to 25-year age group. The figure that came back in units consumed was very low. What the agency missed out was asking the survey sample what they had taken before they went out and after they came back home. That is very much a part of our culture.

The other aspect that is sometimes missed is that we know that we have very high prescribing rates in Northern Ireland for various prescription medication, including psychotropic medications. Take benzodiazepines: one survey for the Shankill ward in Belfast suggested that 50% of the adult population were prescribed a benzodiazepine. Benzodiazepines and alcohol have cross-tolerance. That means that, if you have built up tolerance to one, you will automatically have tolerance to the other. In that regard, you can see why the consumption of those types of drugs would increase where people have already established drinking problems. Those are some of the finesse details that are often missed in this picture.

An interesting point was raised earlier in the discussion of the legislation: in areas of higher socio-economic deprivation, we see a very simple equation with many of our young people when they start drinking. It is this: alcohol and drinking equals drunkenness. You drink to get drunk. When I take a history with my patients, I find that the vast majority of them start off drinking not in pubs, of course, but with carry-outs in their local community areas and so forth, and they drink primarily to become intoxicated. A point was mentioned earlier about the difference between the relatively liberal regulation in England as opposed to Northern Ireland. I would only add that, when you go into, again, areas of socio-economic deprivation in England in, for instance, the north-east — I know County Durham quite well; I travel over there quite regularly — you see high levels of alcohol consumption, along with drug use as well. That point has to be made.

I will make one other point about some dominant societal trends. People who are going to develop a dependence on alcohol — by that I mean individuals who have essentially lost control over their ability to resist drinking, have reached a higher tolerance level to the amount of alcohol they are drinking and are beginning to experience more acute effects of withdrawal when the alcohol wears off so that they top up, and it is the last point that is salient — will continue to develop higher levels of dependency if they start drinking earlier in the day after a heavy drinking episode. We all know that certain sporting events are now shown over weekends throughout the day on Saturdays and Sundays, often bringing people back into the pub where they begin to drink again and so forth.

We have outlined — I hope, helpfully — in our submission our views on the specific clauses mentioned. I am happy, of course, to speak to the Committee about that. Those are just some of the basic points about the difference that I have seen over the last 15 years. I have one final point about young people and alcohol. I think that the trend in drinking at a younger age has changed markedly. Fifteen, 20 or 30 years ago, younger people started out with lower alcohol-by-volume drinks such as beer and cider, whereas, today, younger people are drinker higher alcohol-by-volume drinks, including spirits, shots etc. That is very risky, from a clinical point of view, if you are looking at a trajectory towards dependence in mid to later life.

That is what I wanted to say just as a preamble. I think that Gary is going to speak a little bit on the specific legislation.

Mr Gary McMichael (ASCERT): Thank you for the opportunity to come and speak to you. You will see with the submissions that Addiction NI and ASCERT, essentially, have very similar positions, and I think that that is probably shared across many of the service delivery organisations working with people affected by alcohol or drugs. Essentially, for us, we are not opposed to the concept of relaxing the regulations. It is about where that fits within a bigger picture of addressing the impact of alcohol in our society. We have quite a unique situation. Legislation is one tool in order to effect change and shift norms, and this legislation is part of that. We are dealing with extended drinking hours and drinking-up times — individual kinds of changes — without having a real understanding of where that fits into the entire picture and why we are talking about having those relaxations or not. ASCERT is also concerned about the absence of a strategy to define the outcome that we want to achieve in terms of the place that alcohol has in our society. From our point of view, we are dealing with people who are living with the consequences of alcohol-related harm. That is the focus of our concern. It is

not so much about the change in the regulations but what impact that will have and whether it increases or decreases alcohol-related harm. In looking at the submissions from, for example, those with business interests in this issue, that is a consideration that is clearly absent.

In order to move forward, we need to be able to do that in a partnership where the drinks industry, licensees, public health bodies and legislators are working together towards goals. Having read the submissions, we are suggesting that this is a balance between relaxation and concern about the impact that that may have on drinking behaviour. For us, it is not about demonising alcohol in some way but about targeting what is important. It is not because people are aware of alcohol that they are going to misuse it; it is about being able to focus on drinking behaviour and harmful drinking behaviour and how we can influence that.

We have suggested a few things in our submissions. We are aware that there could be a system of checks and balances where there is relaxation but also measures in order to increase responsibility on licensees. That could be dealing with refusal skills and limiting the ability to stockpile drinks in the available time when drinking takes place, or dealing with issues around advertising or the nature of what is being advertised, which encourages people to drink more or buy more bulk purchases, and those types of issues.

The point that was made earlier about the Institute of Public Health is extremely important. If we are going to be making changes, there needs to be an evidence base to suggest why those changes are being made. If you are making them, there should also be evidence that runs alongside that to be able to establish what the impact is and to see over time whether that is having a positive or negative effect. Let us look at the specific example of the proposal to temporarily extend drinking-up time, which is going to be piloted for one year. What is going to happen in the course of that year in order to establish what impact it is having? The likelihood is that, unless there is some research that runs alongside that, we will not actually know whether it has been a positive or negative thing.

I will end there.

The Chairperson (Mr Eastwood): Thanks, folks. The difficulty we have — we all agree with you — is that we need a more comprehensive approach to dealing with this issue. The Committee has to deal with the Bill that is in front of us, so while we all agree with you, we need to focus on the particular clauses in the Bill.

Ms Gildernew: You are very welcome, Alistair and Gary; it is good to see you again, Gary. We have a job to do in terms of the Bill but if I may, Alistair, I want to tease out the links that you see between abuse, neglect, mental health and addiction of whatever type. Can you put a figure on it? I was at a New Horizons event in Enniskillen a number of years ago when they made a very startling claim about the consequences of poor mental health on people, many of whom had been abused.

Mr Sweet: I am not in a position to put an exact figure on it at the moment, but I am sure that that information can be sought. Most meta-studies in this area suggest that there is a very strong correlation between poor mental health and dual diagnosis issues with addiction where there has been disregulation or poor patterns of early attachment. I have written about that and published in that area. What I can say about that is that when I see individuals in practice who are coming in with more extreme levels of dependence, ubiquitously they have other mental health issues, often directly related to trauma or the vicarious experience of trauma. They will be suffering from anxiety disorders. There may be episodic depression. Alcohol, unfortunately, with that group, is often used as a form of anaesthesia to try to deal with underlying mental health problems.

We are reasonably good in this country at doing one part of the three steps that are necessary in any effective treatment for addiction problems. Those are, first, stabilisation of the patient; secondly, consolidation of that work; and, thirdly, inside-orientated work to try to understand what has driven what is essentially self-destructive behaviour. I say we are reasonably good in the first area, but we are appalling in the second two. One of the reasons why we are appalling in the second two, I am afraid — and you will not be surprised to hear an individual who come from the V&C sector saying this — largely comes down to us tending to offer projects short-term funding. Therefore, we have limited engagement with people. That goes to the heart of the matter in costs that are recurrent, in my opinion, for the health service. Most of what you are looking at in that headline figure of £900 million, I suggest, are revolving-door patients who are going round and round in the system because they are not being offered the longer-term input for those very issues that are, as you rightly point out, inextricably linked. Because of that, we need longer-term input for those patients.

Ms Gildernew: You mentioned early attachment, and I am a big fan of Suzanne Zeedyk and the work that she has done. I made this point in a previous life when I was Chair of the Health Committee: unless we put proper funding into early years and early intervention, and into support for parents and all the rest of it, the outcome is problems for the justice system, the health system and DSD, as it was at the time. The money spent in early intervention supporting families and providing that level of care offsets an awful lot of money. Obviously, a lot of what you are dealing with now is a result of very poor outcomes from early years.

Mr Sweet: Yes, absolutely. I was fortunate enough between 2003 and 2007 to take a secondment in forensic psychotherapy, working mainly with the Probation Board here in Northern Ireland. During that period, I saw exactly the point that you are making. I was dealing with trans-generational substance misuse. In fact, over the years I have treated the grandparent, the father and the son from the same family, where you are looking at patterns of repetition because effective intervention is not really being offered.

Ms Gildernew: Has any advice been given to the Department of Health over the years on changing policy on —

The Chairperson (Mr Eastwood): Michelle, let us try to get back to the Licensing Bill. These are very important issues, but I just want to make sure —

Ms Gildernew: OK, no problem. Absolutely. I will leave it at that. Thank you.

Ms Ní Chuilín: Thanks very much for both presentations. The way it was laid out, given the number of problems you are dealing with, it was a very balanced presentation. For me it should be the context for applying for licences, particularly when you suggest that any relaxation of licensing laws needs to be balanced with greater controls and responsibility. That should be at the heart of it all.

I appreciate the level of work and the outcome of alcohol and drug misuse that you deal with, but it has to be based on evidence. You have been very reasonable in which clauses you have no issue with and those you would support. This needs to be in the context of planning laws anyway. It is no coincidence that you have pubs, bookies, sometimes gambling places, and fast-food outlets in deprived areas in particular. That is down to bad planning and low expectation that working-class areas do not really deserve anything else.

In terms of licensing, you are really saying that there needs to be greater responsibility, but it needs to be monitored and evaluated.

Mr Sweet: Absolutely.

Ms Ní Chuilín: What role do you have that is not specified as it is laid out, but should be? For example, if you were to make an amendment or a suggestion about what needs to be there, even in terms of that year rolling out and observations, what measures do we need to be looking out for in order to ensure that the Bill is being implemented to the letter of the law? Previous codes have been voluntary, and we are going to hear more about that from witnesses later. What else do we need to do to ensure that people are being responsible but that there is evidence to show that? What else can we look out for?

Mr Sweet: Can I make one simple suggestion? Gary touched on it. We have to have a good level of training for people in the licensed trade who are actually going to be involved in the supply of intoxicating liquor across the course of an evening. I know that we are competing with profit. That is the bottom line for many pubs. Some figures suggest that as many as one in three public houses in Northern Ireland today are really struggling to make a decent living in that business, but we have to train staff to have an awareness, not only of the levels of intoxication that present threat and danger, but of other drugs that may have been taken and so forth. Our agency has supplied that training previously, and I know that ASCERT does a lot of that as well. There is ample opportunity to provide that, and that should perhaps be mandatory after any changes in law.

Mr McMichael: There is an expectation that door staff are trained suitably to manage situations. Bar staff are not, yet they are the ones who dispense alcohol to people and are charged with deciding whether someone is drunk or not. There would not even be agreement on what constitutes being drunk. There should be a requirement that there is adequate training for staff —

Ms Ní Chuilín: That is what I am trying to get out, yes.

Mr McMichael: — to enable them to have refusal skills and to manage the outcome of that with difficult customers. Without drawing things out, a study was done in Liverpool to try to deal specifically with that.

Ms Ní Chuilín: I saw that. It worked.

Mr McMichael: The outcomes of that were important because, before that initiative took place —

Ms Ní Chuilín: Drink Less Enjoy More.

Mr McMichael: They did test purchasing and put somebody into the bar pretending to be drunk, and they were served 84% of the time. After the initiative, they were served 26% of the time. There was a significant difference. The bar staff also said that they felt much more confident of being able to deal with that type of situation because they understood the parameters they were operating in and had the skills to deal with those issues. It is a difficult situation to manage. People who were surveyed in pubs said that they felt more comfortable understanding what the limitations there and that they felt more confident — this is important from an economic point of view — going out into the city centre because there was less chance that they were going to get hammered in the other way — physically hammered, as opposed to through alcohol. They felt safer. There were positive outcomes, even for the licensees, in people being able to manage those situations better. Who wants to go out to a pub and be surrounded by drunk people who are giving you hassle?

Mr Sweet: Can I add one point? It seems ironic to me that we have fairly tight regulations on checking people when they are going into premises but we do not look at people going out of premises. I am a great fan of personal liberty and I am not talking about infringing that, but we have had ample evidence of tragic cases in recent years where people have, sadly, left licensed premises wholly incapable, and a tragedy has then befallen them.

Ms Ní Chuilín: I am trying to extract — you have done it well — that there is almost a duty on door staff to have the skills to refuse that is not translated into bar staff. It will involve an extra cost, but most people operating licences are very responsible. We are happy to do that, and you have made it clear. The supermarkets, for me, are one of the biggest issues. The fact that you can buy a bottle of cider cheaper than you can buy milk and nappies is fundamentally wrong, and I think that it is down to planning and licensing. That needs to be challenged. From what you are saying, there is evidence from the Liverpool example for door staff and bar staff. It is not only about alcohol. People take drugs on licensed premises and then, when they walk out, people assume that it is just because of drink, but it could be because of drink and drug misuse. We could add that into the criteria for getting a licence. That is a suggestion.

Mr Sweet: That is a very practical suggestion.

Mr McQuillan: Thanks, folks, for your presentation. I appreciate what your two organisations do for people, for God knows where they would be at if it was not for some of you. Alistair, you said that more women and younger people are coming to you. Could you put a percentage figure on the people who present themselves to your organisation? I think that both those groups are drinking at home and buying cheap alcohol out of supermarkets. Can you put a percentage on that or try to change my mind on that?

Mr Sweet: I cannot put an exact percentage on it, but I can certainly give you an idea. The vast majority of people I see who are drinking problematically are drinking at home; I would say that 80% to 90% do their drinking at home in the main. It is very seldom nowadays that I see someone who has developed dependence on alcohol and spends much time drinking in licensed premises, not least because when you are drinking at much higher levels, you then have to spend a lot more money on alcohol. It would not really add up. The vast majority are drinking at home and, of course, drinking across the day.

I will give one figure that we published back in 2006, when we were commissioned by the Northern Ireland Office to do some work in criminal justice. We were working specifically with younger people on probation who were essentially using drugs, but we also looked at their consumption of alcohol. We found an average consumption of alcohol, within a sample of 300 18- to 25-year-olds, of up to 155

units per week. As you know, the equivalent recommended for men and women is now 14 units. When we drilled down into that figure, we found that — this is where binge drinking in the Northern Ireland context really gets its legs, if you will pardon the pun — those young people were taking high levels of psychostimulants, as I said in my preamble, and that enabled them to start drinking, say, on a Thursday night and go right through to Sunday. Of course, those levels lead to massive disinhibition and all the consequent risks of public disorder and health problems.

Mr McQuillan: What do you think we could do with the Bill to ease that problem?

Mr Sweet: In the Belfast Drug and Alcohol Coordination Team (B DACT), we have talked about getting to people at a younger age. Going in at secondary level is too late, sadly. We need to go in much earlier with imaginative and creative messages for our younger people, which in no sense demonise alcohol but also do not mystify it. The point was made earlier that young people have to leave weddings at a certain time in the evening. What does that do to a young person's psyche? It creates the idea that this is something mysterious that they are being excluded from and that it acts as a rite of passage into adulthood. We are sending out mixed messages about alcohol. That is one suggestion. I know we want to stick specifically to licensing laws, and I do not want to diverge too far.

The Chairperson (Mr Eastwood): You are allowed some latitude.

Mr Sweet: OK. That is one suggestion. If in our culture people are going out and binge drinking to the point of inebriation over and over again, we have to ask the broader question of what need in that individual is being fulfilled by doing that. People do not repeat a behaviour over and over again unless they are getting something from it. Now that is difficult because it is not quantifiable analysis; that is more qualitative work. My suspicion, as I mentioned earlier, is that there is a culture of drinking more, yes, because alcohol has been normalised through sales in supermarkets, when we can just put it in the shopping basket, but also because, essentially, many people are anaesthetising themselves against underlying issues that they are unwilling to face.

Mr McQuillan: Just one more question, Chair. I know we are on a tight schedule. In relation to clause 5, you were talking about the drinking-up time and what the extra hour would do. Do you not think that you are putting the onus on the bar person to make sure that someone can have only one drink in drink-up time? It is putting a wild onus on the person who is there serving the drink and is working for a minimum wage, and who may think, "I am not going to make any hassle for what I am getting an hour." Surely, it is down to the management of the bar to do that, not the bar person. I have been on both sides of the bar. I have worked in a bar, and I have also been on the other side of the bar.

Mr McMichael: As have I. I worked for a long time in a family-owned pub. The culture in a pub is the relationship between the people who are serving the alcohol and the people who are consuming it; there is an expectation of what it normal and what is not. There is a strength in licensees being able to have protection and guidance; they define the variables of the relationship between them providing the alcohol and the person consuming it. It gives comfort to them because they are able to administer that as well. Part of the Liverpool initiative was about raising public awareness so that it was not just saying it was the responsibility of licensees; there is also responsibility on the person who is buying drink or who is out there in that episode of drinking. They could also be buying drink for their friends, who may be drunk. They have to understand their responsibilities around that.

The reality is that, even if you have longer in a pub to drink, it depends on how you choose to use that time. We want to encourage customers to self-regulate, but not everybody does, so some kind of boundaries need to be in place to try to help to address that. If you have an extended drinking-up time, the positive side of that is that if someone can drink what they have left more slowly over a longer period, that is going to be safer. However, if they say, "I've got more time, so I've got to get more to drink" and are drinking more, by the time they leave the premises, they are going to be even more intoxicated and even more of a risk to themselves and other people. We suggest that, if you are going to have an extension of drinking-up time, it needs to be to drink one drink, not 10 drinks.

Mr Sweet: Is it possible to look at the legislation on the basis that, if you have an extension of drinking-up time, you also have a limitation on what can be supplied within that time? That is the practical solution to the problem.

The Chairperson (Mr Eastwood): Or you keep the drinking-up time the same and extend the time anyway.

Mr McMichael: It would be valid to target research around this to see whether there is a change in practice. It is pointless to make the changes and then not know whether any change has happened. You are going to continue to have greater pressure for greater relaxation, because Northern Ireland is more restrictive than other places.

Mr Sweet: That is another problem you see if you look at the history of licensing law more generally. Back in 1736 there was the Gin Act, the Gin Act in the UK was repealed in 1754. What tends to happen often with licensing is that you come up with some measures, try them, find that they do not work and then have to go back to the drawing board.

The Chairperson (Mr Eastwood): The market keeps changing as well.

Mr Sweet: Yes, there are those variables as well.

Ms Ní Chuilín: The Gin Act came in because people were feeding gin to kids so that they would sleep while the parents went out to work. It was not because of anything else; it was to do with industrialisation. Was it not?

Mr Sweet: It was indeed.

Ms Ní Chuilín: Kids were getting fed gin instead of milk.

Mr Stalford: I appear to have wandered into an Open University tutorial. *[Laughter.]*

Mr Agnew: A lot of things have been covered, so I will not repeat them. I back up the point that is in both of your papers: the industry has asked for the extensions because they will most likely increase its profits. It is reasonable that we ask it to contribute in terms of training staff. We should ask the industry and the Department to look at something like the Liverpool programme and ask whether there can be some sort of joint initiative to coincide with the legislation, so that, at the same time as we are extending the licensing laws, we are promoting more responsible drinking in an evidence-based way. Some of the figures around Liverpool that you have presented look very impressive.

I probably should have declared an interest as a former alumnus of ASCERT. In that regard, Gary, it is good to see you again. My real interest is the Liverpool model, and I will look at it some more. Alistair, you said that the trends of who is presenting have changed in terms of age group and gender. What has happened with the numbers? Is demand increasing? Is the problem getting worse, or is it just changing?

Mr Sweet: I can say only that we, as an organisation, have grown very significantly. That is down to demand right across society, ranging from people who have started drinking at a very young age to individuals with late-onset alcohol problems who have suffered, say, loss of work, redundancy, bereavement etc. My sense is that demand is increasing and that, thankfully, people are more ready to come forward to access help.

One area that we are really lost for in research is to try to understand how far we are dealing, in a lot of these cases, with alcohol abuse or alcohol dependence. There is a difference between the two, clinically and practically. When someone has reached a level of dependence, you need to put in different strategies going forward. Those at the lower end of alcohol abuse in society are often the most resistant to coming forward, because they are still holding down a job and functioning reasonably well and it may not be having a great impact on them. If we try to attract them into treatment that has a clinical valence to it, that is very off-putting.

One of the things we need to look at, as a society going forward, is making alcohol abuse difficulties more of a healthcare issue — a health and well-being issue — destigmatising it so that people realise it, in the same way that we all realise that we have to be careful with our diet and what we eat, and attract them in that way. One thing is absolutely certain; if we can get to people earlier, we have a much greater opportunity to be able to assist them.

Mr F McCann: I will be brief. Thanks very much for the presentation, which was very interesting when you spoke about the need for early intervention and, especially, education and training for bar staff. About six weeks ago, I was in a place where I socialise, and six guys came in and asked for shots all round. The barman told them that it was not that type of bar and refused to serve them. A number of weeks before that, I saw a barman telling a guy that he had had too much to drink and needed to go home. An argument started, because the guy had been there all day. The barman said that he did not care how long he had been there, he needed to go home. We need to be encouraging those responsible owners and workers.

Gary, I know you said that ASCERT provides training, and that is probably one of the ways we need to go, so that people not only understand their responsibilities but know how to practice them. I am still adamant that there is a huge number of licence holders who are responsible people and who run a tight ship. Sometimes, all we end up doing is punishing the many to get at the few, and it is about trying to get that balance. Maybe one of the things we should look at when proposing amendments to the Bill is the level of training and point them in the direction of education. The other thing that you mentioned was the whole question of partnership. There are different categories of people with different points of view on that. You will probably find that many of them have never sat around a table and talked about those responsibilities and how you deal with them.

Mr McMichael: Later on, you will be speaking to the Chief Medical Officer, who is responsible for the oversight of the 'New Strategic Direction for Alcohol and Drugs: Phase 2 2011-2016', which was mentioned in the previous presentation and which is coming up for review next year. It is led by the Department of Health, but it is a multi-departmental policy. I sit on its steering group, and the drinks industry and different Departments are represented around the table, but there is not necessarily a sense that we are all pulling in the same direction. The focus is primarily on health or criminal justice. Dealing with alcohol is different from dealing with drugs to the extent that it is a cultural norm. We have to shift it and shift it incrementally, but in order to do that everybody needs to be lined up together and know where we are trying to get it to.

The regulatory stuff is part of that, but we need to understand where we are trying to get to. It is not about trying to punish people who drink alcohol or punish the licensed trade. It is about trying to create a change where people who drink alcohol will have less chance of ending up in trouble or with an addiction and where they will see it as a more positive experience.

The Chairperson (Mr Eastwood): OK. Thank you both very much. That was very useful.