Northern Ireland Assembly

Committee for Communities

OFFICIAL REPORT (Hansard)

Licensing and Registration of Clubs (Amendment) Bill: Institute of Public Health in Ireland

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:

Dr Helen McAvoy	Institute of Public Health in Ireland
Dr Joanna Purdy	Institute of Public Health in Ireland

The Chairperson (Mr Eastwood): I invite Dr Joanna Purdy, public health development officer from the Institute of Public Health (IPH) in Ireland and Dr Helen McAvoy, director of policy. The rules are that you have 10 minutes to give your presentation and then we will ask you some questions, if you are OK with that and unless you answer all our questions in advance, in which case we will not ask you any.

Dr Helen McAvoy (Institute of Public Health in Ireland): Thank you for providing us with this opportunity to provide some input on your consideration of the Licensing and Registration of Clubs (Amendment) Bill. First, I would like to introduce you to the Institute of Public Health, where Joanna and I work as members of the IPH policy team. The Institute of Public Health is an all-island organisation that supports the development of evidence and formal policy to enhance population health and to reduce health inequalities. We work very closely with Departments in both jurisdictions on many public health matters but particularly on alcohol policy matters. We chair a North/South alcohol policy advisory group at the request of the Chief Medical Officers in Northern Ireland and the Republic of Ireland.

I trust that you have received our written submission, and, in the interests of moving your discussion and your busy agenda along today, I do not propose to reflect that back to you verbatim. Rather, I will focus on four key points that I would like to bring to the Committee's attention. The first point is that alcohol licensing laws are important from a public health perspective. Licensing law can directly influence the overall availability of alcohol in terms of the overall areas of sale but particularly the availability of alcohol in the late night and early morning period. Alcohol availability is a determinant to patterns of consumption and patterns of alcohol-related harm, and the World Health Organization has

recognised that addressing alcohol availability is a viable target for public health intervention. As well as this direct influence, alcohol licensing laws can be important in terms of the indirect influence of cultural norms around consumption. By that I mean how the community views alcohol as an expected or an entirely ordinary commodity at social events and may fail to recognise it as a psychoactive drug with known harms to physical and mental health and addictive potential.

You will have heard quite a bit, I am sure, from the PSNI in earlier presentations, about the nature of alcohol-related crime and disorder, and this is a concern from a public health perspective. However, there are far wider health implications associated with the current pattern of consumption than those solely relating to assault and injury. Recent surveys record that around three in 10 of Northern Ireland drinkers reported binge drinking in the last week and around one in 10 of Northern Ireland drinkers can be classified as problem drinkers. We know that the number of alcohol-related deaths recorded in Northern Ireland in 2015 was the highest since 2000, and a lot of these deaths are related to chronic disease such as liver disease, heart disease and alcohol-related cancers and in the area of mental health. We are concerned about alcohol licensing laws from a public health perspective. In Scotland, they include the protection of public health as a licensing objective, and, in clause 2(3)(7) in Part 1 of this legislation, the only limitation to the granting of a licence is whether it causes:

"undue inconvenience to persons residing in the vicinity of the premises".

There does not seem to be any particular concern expressed around the broader public health agenda beyond inconvenience to the persons residing in the vicinity of the premises.

My second point is about how the impact of this legislation can be assessed. It is a concern that it is likely that information systems will not be able to adequately monitor any public health effects of the changes proposed in the legislation. We lack baseline information on the current pattern of granting different licences in Northern Ireland, with data currently held by local courts in a variety of formats. I invite members to consider whether the legislation could include provision for the development of an electronic register of liquor licences, including information on the granting of additional hours. There is precedent for such registers in England and Wales, in Scotland and, more recently, in the Republic of Ireland. The public availability of such information will be important for policymakers to monitor the changes in availability through changed licensing arrangements, but it is also important information to local councils, residents and, indeed, health service providers, who deserve a voice in the alcohol-licensing decisions that they feel may impact on the safety and health of their local communities.

My third point is that there is some international evidence that links increased licensing hours with increases in alcohol-related harm, however this evidence is not always consistent and inferring causality that changes in licensing laws leads to subsequent alcohol-related harms is a real challenge for the research. We cannot easily compare how evidence from licensing laws in England and Wales like the Licensing Act 2003 or the changes that occurred in Australia might relate to the exact provision of the licensing laws in Northern Ireland. The evidence has its limitations, but I think that it behoves us to consider that a 2009 review concluded that, on balance, the evidence from 11 of 14 studies found an association between increased late-night trading and increased consumption.

My last point is that the new licensing laws have been progressed with very valid aspirations to standardise practice and minimise bureaucracy and loopholes in the area of alcohol licensing. The alignment of liquor, entertainment and refreshment licences and the provisions relating to limiting delivery of intoxicating liquor to young persons are particularly welcome. However, it is very difficult to predict with any accuracy the implications of the legislation in terms of the number of additional hours that will be applied for and how many additional hours will be granted and what this will mean for patterns of consumption and subsequent patterns of alcohol-related harm.

With all of these considerations in mind, we encourage the Committee to adopt a start-low, go-slow approach to the number of additional hours granted. We encourage the Committee to consider investing in a comprehensive independent evaluation of the impact of this legislation within five years of the passing of the Bill. Those are our four key points.

The Chairperson (Mr Eastwood): Thanks very much. At the beginning, did you say that Northern Ireland has one of the highest instances of ill health due to alcohol consumption?

Dr McAvoy: Compared with England and Wales, the level of alcohol-related harm is higher here. It is comparable to Scotland. In fact, I think that Scotland's is slightly higher. The number of hospital

admissions and the burden of alcohol-related harm is increasing, particularly in the older age groups, where we see increases in the prevalence of alcohol-related liver disease.

The Chairperson (Mr Eastwood): Do you accept that the English licensing regime is probably more liberal than the regime that we have here?

Dr McAvoy: Yes, it is considerably more liberal than what is being proposed here.

The Chairperson (Mr Eastwood): We all agree that the over-consumption of alcohol is very damaging, and we are all committed to ensuring that we protect people. Our job is to figure out if changes within the licensing regime have a direct impact on that. It is hard to work that out when we see a very liberal regime in England but Northern Ireland has higher incidences of ill health. Are there other reasons for that here?

Dr McAvoy: There are other reasons. There are some cultural reasons, higher levels of unemployment and disability are associated with higher levels of consumption, as are higher levels of mental ill health, which is evident in Northern Ireland compared with other regions. They are the other factors that are associated with the pattern of consumption and harm in Northern Ireland. Licensing law is not the only factor that can be taken into account, but it is an important one.

What has been proposed in this Bill is certainly less liberal than what is in the Licensing Act in England and Wales, but it is very difficult to predict just how many additional hours will come out of the Bill. It will depend on the number of licensees who choose to apply and the numbers that are granted. There is an element of the unknown in how this will play out. Adopting a precautionary principle for public health would mean that it may be wise to restrict the number of additional hours in the first instance.

The Chairperson (Mr Eastwood): We are focusing very much on pubs which are a fairly controlled environment, but there is the elephant in the room, which is that supermarkets can provide drink more cheaply than water, in large quantities and without anybody going into your living room and checking how much of it you are drinking or what time you are drinking it. Have you any views around that? That is the way alcohol consumption is moving.

Dr McAvoy: That is very true. At-home drinking has ballooned in recent years, not only in Northern Ireland but across the UK and the Republic of Ireland. It is associated with a wide range of harms. The recent ruling in the Scottish courts on minimum unit pricing has been positive. Progressing the issue of minimum unit pricing will be extremely important in reducing the most harmful types of drinking and, in particular, in reducing inequalities in alcohol-related harm.

What is needed is a range of measures. We have to recognise drinking patterns: yes, people do drink at home, but it is a mixed pattern. People may be preloading, drinking a lot at home, then going out to the pub or the nightclub and then post-loading or side-loading or doing both at the same time — going home and drinking again. It is a mixed pattern, and we cannot just say, "Listen, we just look at what happens in terms of supermarket sales and home drinking". We need to have a measured approach across the drinking patterns in all of those settings.

The Chairperson (Mr Eastwood): Thank you. I am trying to work out what difference an extra hour would make to people's health. People drink at home before going out, and they go home and drink after parties and other things. We have to figure out what the impact will be of changing the law around opening hours.

Dr McAvoy: Joanna might speak about some of the evidence from the Licensing Act in England and Wales and some of the evidence from Australia.

Dr Joanna Purdy (Institute of Public Health in Ireland): As Helen has rightly highlighted, the evidence is inconsistent. We have to realise that the licensing laws are different in other jurisdictions. Examples pulled from an evaluation conducted by the Institute of Alcohol Studies on the Licensing Act in England and Wales found that late-night opening spread crime and disorder back into the early hours. Police forces had to rearrange their shift pattern and allocate additional resources to police the night-time economy and address those changes. Some studies have found a 22% increase in crime in the later hours between 3.00 am and 6.00 am. Interestingly, one of the key aims of the UK Licensing Act was to create more of a continental European drinking culture, but, actually, there is no evidence that it has contributed to that aim.

Dr McAvoy: To be clear on the Licensing Act, the evidence is that it has not increased the overall number of those events; it has just shifted them to later in the night or earlier in the morning.

The Chairperson (Mr Eastwood): Is there anything in that evidence about health? We can deal with the issue of crime and talk about that.

Dr Purdy: There is evidence that there has been an increase in admissions to emergency departments. There was work conducted in March 2005 and then again, one year on, in March 2006. Data was collected in England for that period, which showed an increase in alcohol-related admissions. In March 2005, they accounted for around 2% of admissions, and a year later, which was another year of the Licensing Act being implemented, that had increased to 8%. So, in that particular jurisdiction, they did see increases in admissions to EDs.

Ms Gildernew: Joanna and Helen, you are very welcome. We have had a number of presentations on this. This is the licensing and registration of clubs, but taking into consideration the fact that, according to your report, about 20% of people in your report drink in a pub, we have to get the balance right between what we do on this Committee on the Licensing Act and listening to you about the messages and health promotion tools that need to be used to restrict drinking. There is a campaign on the minute that is saying, "Take it a wee bit easier. You don't have to cut it out altogether, just have one less". It is less of a Big Brother attitude and is more pally.

Mr Stalford: Big Sister.

Ms Gildernew: Big Sister, aye. Speaking of big sisters, the whole preloading thing is interesting. I was at university in the late 90s, and we would never have dreamt of drinking in the house; we would have gone to the pub and drunk copious pints, but we would have come home and taken tea and toast. Five or six years later, my sister was at university, and everyone was preloading. There was a very quick shift in drinking patterns.

The Chairperson (Mr Eastwood): It is a price issue.

Ms Gildernew: It was still dear enough in the late 90s, mind you. The fact that a lot of people are drinking at home is a problem, as is the fact that there is cheap availability of alcohol in pubs. I lived in Australia, where drink was available 24 hours a day, but I very rarely took the opportunity. Just because pubs were open did not mean you always went to them. The increases in licensing hours are fairly modest in this legislation. We recognise that we have a job to do as the Communities Committee, but the Public Health Agency, the Health Committee and the Health Minister have a job to do as well. We should reflect on that.

The GAA has a new Twitter account to help people with mental health and addiction problems. I welcome the point that you make in paragraph 9.4 of your submission, namely that they are taking a wee bit of responsibility and trying to encourage less of a drinking culture within the sport. You have pointed out some other sports that might want to follow suit.

In your presentation, you do not object to a normalisation or equalisation of opening hours at Easter. That is one of the things that this Committee is going to have to grapple with a wee bit, but you do not have any particular problem with it.

Dr McAvoy: Not from a public health perspective. I recognise, of course, that it is a very symbolic period from a religious point of view, but that is part of the broader discussion, and I can only really speak from the public health perspective. There is nothing particular about that particular day. In the Intoxicating Liquor Act 2008 in the Republic, they have provision for a reduced supply of alcohol on St Patrick's Day or days that are associated with excess alcohol consumption, to try to reorient some of those celebrations to a more moderate footing.

Ms Gildernew: We had a shift this year. The PSNI implemented part of the legislation and closed down a nightclub in a neighbouring constituency which had a very well-run and well-supervised teenage disco. The optics were moved out the back, the fridges were covered in paper so you could not see the alcohol and children were able to go and enjoy themselves in an alcohol-free environment and learn to go out and enjoy themselves without taking a drink. When that place closed, a lot of youngsters just went to parks and were introduced to alcohol at 10 and 11 years of age. They were

also introduced to harder substances like drugs. I met the PSNI last summer about that issue and was very concerned that, due to the action that had been taken, we had nowhere for 13- to 18-year-olds to socialise. It is important, too, that we recognise that young people need to go out and enjoy themselves, and to be able to do so in a safe environment where alcohol is not available. They should know they can do that. I think that we have lost nearly a generation of young people who think that they cannot go out, at 13 or 14 years of age, without taking a skinful. The messages have to be around — and we have to work collaboratively, by raising this with the people who are involved in communities, museums and things — you need to make stuff fun for teenagers. Target it at teenagers; give them something to do and somewhere to meet other young people without alcohol on board.

Dr McAvoy: I think that providing venues for alcohol-free events for young people is very important. One of the issues that we have raised around the provisions for clubs — in particular, sporting clubs — is to note that studies in Ireland and other jurisdictions have found that there is an association between being involved in sports and harmful patterns of alcohol consumption, particularly in male-dominated team sports. I am not going to mention any sports, but I am sure that you can have a think about that.

Mr McQuillan: Chess? *[Laughter.]*

Dr McAvoy: We think of an underage event as actually a children's event, so when we hold a children's event in a sports club, whether it is an awards ceremony or anything else, I question what enjoyment it brings to children that we facilitate alcohol at that. It is a children's event. We need a shift in thinking around some of the things in sports clubs. This is about the indirect influence of alcohol licensing. Obviously, it is up to the leadership of that particular club as to whether to apply for a licence for those sorts of events, but I think it is important to think about what we know about current patterns of consumption of alcohol in sports clubs and among people who participate in sports. Also, what is the meaning of the sports club to that community? What is the meaning of the sports club to the children who want to attend an event? We should not lose sight of some of those other priorities. Again, that is about thinking very carefully about whether we are normalising the consumption of alcohol at what are, essentially, children's events. That is my question.

Ms Gildernew: Very quickly, Chair, what about how, at the minute, children are supposed to leave a wedding or a family event — events that are for families and people of all ages? The current law is that they need to be taken off the premises at 9.30 pm. That causes problems at weddings, christenings, birthday parties and family events where children as well as adults are expected to be present. Have you any views on that?

Dr McAvoy: That is a difficult one. I do not have a clear recommendation on it. It is about getting a balance. Where there are adults, or a guardian, who is supervising children and the facilities are acceptable, I think that, in the context of a special occasion licence or whatever, that is a judgement call.

Mr F McCann: I will try to be brief. You have already recognised that we have to find a happy medium.

Dr McAvoy: Yes.

Mr F McCann: We live in a different society, and the drinking habits of the vast majority of people have changed over the years. The vast majority of people who use licensed premises has dropped dramatically over this past number of years. Most people will not leave the house until 12.00 midnight or 12.30 am, and they will have one or two drinks when they go out, because they have already drunk their fill within the house.

One of the elements of the Bill that we are dealing with is about restricting advertising to 200 metres from the thing, which, to me, does absolutely nothing to deal with what I see as the core of the problem. I believe that most of the people who own licensed premises are responsible and go out of their way to ensure that they run a good house. There are those who, as you see on TV, no matter what you do, have all sorts of offers to try to draw people in and probably charge exorbitant prices. We are trying to strike a happy medium, where we do not punish people who are running good houses, trying to make a living and provide for the wave of tourists who may come to this place and deal with the serious problems.I believe the big problems lie with the supermarket sales, although that

is outside our remit. That is maybe why most of your presentation was directed towards pubs rather than to where such huge amounts of alcohol are sold.

Again, there is the whole question of Easter. We are constantly told that that is one of the biggest tourist periods of the year. We are also constantly told we need to look at how we relax licensing laws to cater for what is a big plank of the economy. Again, it is about trying to find that happy medium. I am always wary about being overly restrictive about the sale of alcohol because that then forces more and more people to drink alcohol in other enclosed places. One of the big problems, certainly in my constituency, is the hundreds of young people who gather at fixed points on Friday and Saturday nights to drink huge amounts of alcohol and take huge amounts of drugs, although that is a policing problem. They get their drink from supermarkets and off-licences rather than from the licensed premises we are talking about. Sometimes we need to focus on and think about how we deal with the whole picture rather than just a small sector.

Dr McAvoy: I agree: supermarket sales and the cheap sale of alcohol are very important. Obviously, the Public Health (Alcohol) Bill is progressing in the Republic of Ireland subsequent to the ruling of the Scottish courts on minimum unit pricing, and I am hopeful there will be further movement on that across the UK. I understand that minimum unit pricing is not entirely a devolved matter for Northern Ireland, but I think it is a very important measure on price. There are also issues in promotion, advertising, marketing and sponsorship to consider. A range of measures is needed. I understand the Chief Medical Officer may be speaking to you later today. I am sure he will talk about the new strategy for alcohol and drugs, which builds on the one that will come to an end at the end of this year, and what measures might be needed in that.

While recognising the importance of home drinking and supermarket sales, I do not think that should lead to a conclusion that the drink served in the unlicensed sector should be liberalised fully. We certainly need to look at standardising it, holding good information on it and moving forward in a stepwise manner. As I said, a start-low-go-slow approach might be the most prudent to ensure that the increased trading hours are not associated with different patterns of harm. However, I agree with you that it is certainly not as big an issue as the cheap alcohol sales in supermarkets or home drinking.

Mr F McCann: I have a small comment to make on the start-low-go-slow approach. People are saying that about this Bill, but we started eight years ago. *[Laughter.]*

Dr McAvoy: Yes, that is very slow.

Mr F McCann: Could we go any slower? What we are trying to do is get a Bill that meets today's requirements. What has been lost when we talk about all this is that we all have a responsibility to educate. Michelle touched on that. We need to be in schools explaining the dangers of alcohol abuse and the dangers of drugs. That is what we must do. You talk about liberalising, but what is here is by no means worse, and is probably far less, than what other jurisdictions offer.

Dr McAvoy: I think the Bill probably does, but whether it still will when it reaches its Final Stage is another matter. How the off-licence and on-licence sector will respond to it is difficult to predict. What is happening is that there are different pockets of information within the local courts on what licences have been granted for what hours. We do not have a centralised resource to ask, "What is the overall provision now? How many additional hours have been granted?" I will go back to my point, which is a little bit abstract perhaps, that having an electronic register of information on liquor licensing would be pretty important in looking at the overall change.

Ms Mallon: There is a lot of merit in your suggestion that we need a central database that is publicly available. That is worth consideration, very much so.

I have three questions for you. The first is on the amendment suggested at paragraphs 4.1 and 4.2 of your briefing paper. You suggest including a licensing objective that is similar to that which exists in Scotland on the protection and promotion of public health. Can you share with us how that would actually operate and how it operates in Scotland?

My second question relates to that. In paragraph 1.4, you refer to giving local health authorities the mandate to:

"object to additional licensing hours where a threat to public health is envisaged or experienced."

What would be the grounds for that objection, and how would that envisaged or experienced threat to public health be assessed?

I will move on to my third and final question. Your briefing contains startling statistics, not least the one about the deaths per population in the most deprived quintile. I want to get an insight into this. What are the evidentially based reasons for that statistic compared with those that are least deprived? How do you think the Bill will address that?

Dr McAvoy: OK. The first question was on public health as a licensing objective. That was introduced only recently in Scotland but not in England and Wales. It is really in its infancy in how it has been rolled out in the real world. I think it has had some difficulties, but it has been used in court sessions for decisions on licensing, where hospitals have been able to say, "We have seen an increase of x number in hospital admissions associated with injury, assault and acute mental health crises that are connected to these additional hours in the vicinity". But that evidence has been challenged, because how can you say those increases were directly due to the increased licensing hours? I think it has been difficult. I am not as close to the lived experience of that as the parties in Scotland, but I could certainly source some information for you on it and send it on.

The House of Lords recently had a Committee session on the impact of the Licensing Act 2003, and the thought from the Association of Directors of Public Health in the UK was that, without having public health as a licensing objective, it had no voice or entry point to even bring these issues to the table. While the operation of that has been difficult, without that objective, there is no opportunity for it to come to the table and say, "This is what we are experiencing in the hospital", whereas the police would have a voice on the public order agenda.

Sorry; my brain has gone. What was your second question?

Ms Mallon: The second question was basically connected to that. A local authority would have the mandate to object to additional licensing hours if it deemed there was risk or threat in that locality, essentially. How would that actually operate?

Dr McAvoy: I understand it has happened to some extent with the Health Service Executive in the Republic of Ireland and to some extent with local communities in that they can submit evidence to the court, as far as I know.

Mr F McCann: I think they do it during football games.

Dr McAvoy: Yes. It is up to the court then; it is a justice issue in that the court can decide whether that evidence is valid or what decisions are to be made from it. The court can decide to take evidence from the health authority but is under no obligation to unless you have public health as a licensing objective. I think that is the way it works.

Ms Mallon: Just very quickly, what I am thinking about are areas of multiple deprivation. Your statistics prove there is a correlation there. We can talk about the causal effects and the reasons for that. Would you have a greater objection to additional licensing hours in areas of deprivation on the basis of that assumption on the threat to public health?

Dr McAvoy: Yes. That is a valid point. I know alcohol-related mortality in the most deprived areas is four times the rate in the least deprived areas. It is a significant health inequality concern.There are two issues. There is alcohol outlet density, so there are streets where there are six or seven off-licences competing on price and all selling low-price alcohol. Is that sort of street, urban retail market part of a healthy community, or is it, in fact, part of urban decay in an area, meaning that it can attract large numbers of homeless and alcohol-dependent people? What does it mean placing those in the centre of a deprived community? There have been issues in deprived communities with betting shops and cheap off-licences moving in, but that does not really contribute to the urban regeneration of some of those areas. That is something to think about when granting licences, particularly in disadvantaged areas.

Ms Mallon: The third question is very connected to that. It is about the evidential causal link between harmful alcohol consumption and areas of multiple deprivation. How far do you think the Bill will go towards tackling that?

Dr McAvoy: Most of the drinking that occurs in disadvantaged areas is of cheap alcohol at home. It is related to affordability for those particular communities. It is a bit difficult to foresee the impact of this licensing piece on deprived communities; I do not know that it will have a positive or negative equity impact on the overall level of alcohol-related harm. A particular approach is needed in the most disadvantaged communities to ensure that the retail environment is as healthy and safe as possible, while accepting that people will continue to drink, and that there are options for young people who choose not to drink to have a nightlife and some sociability. We need to really look at the provision of primary care through brief intervention, referral for services and good treatment services locally for alcohol-dependent people in the most deprived communities. I think there is a good argument for providing preferential funding to the most disadvantaged communities, which experience the most harm in that regard. Part of it is about changing the environment in those communities, and part of it is about mitigating the risks in the known pattern of consumption. Does that answer your question?

Mr Agnew: You talked about a mixed picture in the evidence on extended hours. It seems to me — I am happy to be challenged on this — that extending by one hour is going slow, whether we do it over 12 days, 102 days or somewhere in between. It is one hour, and I do not see that making a massive difference to alcohol harm. What does the evidence suggest are the most effective ways of reducing alcohol harm? It may be outside the scope of the Bill, but if we are looking at this, let us look at the health issues now. How can we reduce alcohol harm holistically?

Dr McAvoy: There is an issue with one extra hour. If it is one extra hour in thousands of premises, it becomes a lot of extra hours. I do not know how many licences will be applied for and granted. The cumulative effect of multiple one-hour extensions might make a difference. It does not seem like much, but maybe in the fray, when they are all taken together, it will be quite significant. We are not going to know if we do not have the information; that is where I am coming from on that.

On the other measures in alcohol policy, pricing is very important. Limiting promotions is very important in the off-licence and on-licence sectors. We need to shift the overall curve of population consumption down if we are really to see reductions in alcohol-related harm. That is for not just young people but middle-aged and older people. It is not just a problem of young people binge-drinking at the pub; there is a population-wide problem of over-consumption. There are a large number of non-drinkers in Northern Ireland, but among those who drink we have very high levels of binge-drinking, hazardous drinking and problem drinking and, on the other side, we have those who are alcohol dependent. Price promotions, advertising and marketing are very significant. The relationship between the alcohol industry and the sporting sector is a very powerful way of normalising alcohol for young people, and we have to think about what that will look like. I understand that some of the larger coffee chains are now looking for licences to sell wine in their coffee shops. You can probably guess who that is marketed at: it is not men.

We need to really look at restricting, to some extent, the places in which we accept alcohol as a normal product. Structural separation within supermarkets is quite important, because if you are picking up a bottle of wine with your online shop or a slab of cans with your nappies, it sort of normalises that product as part of your weekly shop. It is not the same as food or non-alcoholic drink; it is a psychoactive substance, it is associated with harm and it has addictive potential. We need to treat it differently, so I think there is the wider piece on the normalisation of alcohol.

It would be wrong of me to say there is one measure or silver bullet for that complex issue. There will be a range of measures, but price is probably the one that is the most important at the moment.

Mr Agnew: Is there anywhere you would point to as a good model of best practice and say, "This country does it really well"? It is maybe hard to measure, because, country to country, there are different cultures. That has been alluded to, although I challenge the idea that they do not have any problems with alcohol in the Mediterranean region.

Dr McAvoy: Yes; that is true.

Mr Agnew: We had a French girl on a six-month work placement with us. I asked her, and she said, "Like you have here, people are getting drunk and being sick on the street. We have all that". I think the idea that the continental approach is fine and they just have a couple of glasses of wine, which is OK, is probably a bit of a myth. Is there anywhere you think has the regulation right?

Dr McAvoy: Maybe I am biased, but I think the Public Health (Alcohol) Bill in the Republic of Ireland is a very important piece of legislation moving forward. I think Scotland has been very successful in reducing the level of alcohol consumption from very, very high down to still too high, but the change they have managed to achieve has been very significant. I think they have a very good strategy and monitoring system for their strategy. If I could pick a country, although it might seem unusual to pick a country that still has a very high level of consumption, the change they have achieved —

Mr Agnew: They are also similar in where they started from.

Dr McAvoy: They are very similar; yes. There are some similar cultural contexts with drinking and a national identity and that sort of thing.

Mr Agnew: I am interested in your take on Easter. There is almost an interesting social experiment. We keep hearing that all the supermarkets are the problem, and I know you have challenged some of that, and rightly so, but I think supermarkets are a problem, even though harmful drinking takes place in licensed premises as well. Easter will do one of two things. It will either drive people to buy drink from supermarkets and drink at home, which is arguably more harmful, or it could go the other way and people might have a wee break for the weekend. What is the evidence on this? What is the impact of our Easter licensing laws from a health point of view?

Dr McAvoy: I do not know.

Dr Purdy: I am not sure we have evidence, because it is not necessarily replicated in other jurisdictions. It is quite unique to Northern Ireland.

Mr Agnew: Do we have fewer intakes in A&Es? Do we have —

Dr McAvoy: That is a good question. I do not know the answer to that, but we could look into it.

Mr Agnew: It would be interesting.

The Chairperson (Mr Eastwood): There is no evidence that people are not drinking. They are just not drinking in pubs.

Dr McAvoy: We could look at whether there is a spike in sales —

Mr Agnew: I do not know whether there is even a way of getting evidence on supermarket sales of alcohol. Do they go up over the Easter weekend? We speculate, and we all assume that is what happens, but we actually do not know.

Ms Ní Chuilín: It is all the drinks promotions

Mr McQuillan: All the promotions.

The Chairperson (Mr Eastwood): Steven — or Christopher.

Mr Agnew: Easily mixed up.

Mr Stalford: Oh yes. I am the anti-Steven, Chair. *[Laughter.]*

Mr Stalford: Picking up what my brother said, *[Laughter.]* I think there is a myth that has been peddled for years that, if you liberalise the licensing regime, suddenly Belfast will become Biarritz or Dundonald will become the Dordogne. It is just nonsense. An academic piece was released that showed that it is not true that there is a continental drinking culture that suggests that the negative health effects are not as strongly felt in southern Europe as they are here.

We have been considering this for a time in the Committee. A lot of the issues we have heard about and that I find difficult are that people outline a scenario either for or against liberalisation, and, depending on who outlines it, it sounds perfectly reasonable. They say, "If we do x, y and z will inevitably flow from it". Someone else comes in and says, "If you do x, a and b will inevitably flow from it". I think this needs to go to an evidence-based approach rather than simply happening by opinion. I

asked the police to provide figures on this as well, but if we were to proceed with the changes that have been outlined, do you have figures for what that would cost in, for example, hospital admissions? You referenced that, where the law was liberalised, hospital admissions increased. Just this week, the Health Minister told us that, at the current rate of spending, in 10 years Health will account for 90% of the total block grant. Obviously, anything that puts additional expenditure or burden on the health service needs to be borne in mind. Have you done any work on compiling figures?

Dr Purdy: We know broadly from data that has been published by the Department that the overall cost of alcohol-related harm is somewhere in the region of £900 million, of which almost a quarter is borne by the health service. I know that that is a very broad figure and does not get specifically down to hospital admissions. I do not have specific data on hospital admissions here and now, but we would certainly be happy to look into that for you.

Mr Stalford: That would be good. Obviously, you do not have any particular axe to grind beyond that public health concern. I would like data that shows us, "If we were to do this, this is what we estimate the cost will be". Having said that, I also believe in the point I think Harold Macmillan made that we have not overthrown the divine rights of kings to fall down for the divine right of experts. I would like to see the data and your assessment of what you think the costs are likely to be.

Dr McAvoy: A very good evaluation on the impact of minimum unit pricing was conducted by the University of Sheffield. That has been conducted for the scenarios in Northern Ireland and in the Republic of Ireland with due concern given to cross-border trade and commonality in some of those communities. We would be happy to provide you with that. That is probably the most comprehensive evaluation done through modelling the impact of that intervention. Modelling the impact of the new Bill could be difficult, but we would be happy to provide you with some pointers and outcomes that would be good to look at in general terms. I think that is as far as we could go.

Mr Stalford: That would be helpful.

One of the areas to which I think the legislation is in danger of going is that it could become something of a culture war on the observance of Easter. On Easter observance and general observance, if you listened to some of the arguments, you would think Northern Ireland was the most restricted place in the world — certainly the most restricted place in the free world — where the consumption of alcohol is concerned.Are there other places where Easter is observed to the same or to a greater degree or where similar religious festivals are observed?

Dr McAvoy: I do not know the answer to that. Not to my knowledge. Certainly in England and Wales and Scotland there is no separate provision for Good Friday. There is for Christmas. In the Republic of Ireland, it is Christmas and St Patrick's Day. The concerns over St Patrick's Day were more in relation to the fact that there was particular alcohol-related harm and —

Mr Stalford: You do not have to tell me about St Patrick's Day; I represent South Belfast. *[Laughter.]*

The Chairperson (Mr Eastwood): You cannot blame St Patrick for that.

Dr McAvoy: I appreciate that these are sensitive issues from a traditional, religious and cultural perspective, but I cannot give any guidance on that. We are just here to deal with the broader public health agenda.

Mr Stalford: One of the dangers emerging is that the Bill, instead of being considered on the basis of evidence, becomes a culture war issue. The legislation is then viewed as a battle between religion and not religion. The point I was driving at is that any evidence you can give us is useful.

Ms Mallon: May I come in very quickly? The Chief Medical Officer is presenting to us later today. I appreciate that there has to be a multifaceted approach to the harmful consumption of alcohol, but would you say that one of the key game changers is minimal unit pricing?

Dr McAvoy: Yes.

Ms Mallon: Thank you.

The Chairperson (Mr Eastwood): Thank you both very much.