

**From the Chief Medical Officer  
Dr Michael McBride**



Department of  
**Health**

An Roinn Sláinte

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Ref:

Date: 25 October 2016

**BY EMAIL**

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[committee.communities@niassembly.gov.uk](mailto:committee.communities@niassembly.gov.uk)

Dear Dr Pelan

Thank you for inviting me, as Chief Medical Officer, to make a written submission on the Licensing and Registration of Clubs (Amendment) Bill.

Please find attached as requested relevant evidence on the impact of alcohol on health.

Yours sincerely

**Dr Michael McBride  
Chief Medical Officer**



DRAFT WRITTEN EVIDENCE



**Northern Ireland  
Assembly**  
*Section 1.01*

**Article II. COMMITTEE FOR COMMUNITIES**

**Please use this form to submit written submissions in relation to the Licensing and Registration of Clubs (Amendment) Bill. Return to [committee.communities@niassembly.gov.uk](mailto:committee.communities@niassembly.gov.uk) by Wednesday 19 October 2016.**

**Name:** Dr Michael McBride

**Organisation:** Chief Medical Officer

**Date:** 19 October 2016

**Introduction**

1. I would like to begin by thanking the Committee for the opportunity to provide written evidence on the harms (health, social and economic) related to alcohol misuse and the role that Licensing can play in supporting us to reduce these harms.
2. Alcohol is a psychoactive substance, and it plays many roles in our society. However, it is clear that excessive alcohol consumption has a negative impact on people's physical and mental health, on family relationships, on our local communities, on crime and community safety, and on our economy. For example, research conducted by the Department of Health (DoH) highlighted that alcohol misuse costs Northern Ireland up to £890 million every year. Evidence continues to emerge on the harm

alcohol causes and this was central to the recent publication of updated and revised drinking guidelines from the four Chief Medical Officers<sup>1</sup> in light of up-to-date research and evidence. It is important to note that these revised guidelines demonstrate that, from a health perspective, there is no “safe” level of alcohol consumption, and that risks start to increase at lower levels of consumption than might be expected (i.e. above 14 units of alcohol a week or approximately 6 pints of 4% beer).

### **Alcohol Statistics – Consumption and Harm**

3. While we have more recent data from our health survey on alcohol consumption, the last comprehensive survey on alcohol was conducted in 2013. It is anticipated this survey will be run again in the near future. According to this survey<sup>2</sup>, approximately three-quarters of adults drink alcohol (73%) with no significant change since 2005. Two-thirds of respondents (65%) reported having exceeded the then recommended daily limit<sup>3</sup> for drinking on at least one occasion in the week prior to the survey.
4. On a weekly basis, males drinking between 22 and 50 units are considered to be drinking at hazardous levels and those drinking 51 units and above are drinking at harmful levels. For females, hazardous levels are between 15 and 35 units and harmful levels are 36 units and above. Around one-fifth (19%) of adults consume alcohol at levels which were hazardous, and 4% reported harmful levels of drinking.
5. Almost one-third of those who drank in the week before the survey (31%) had engaged in at least one binge drinking session<sup>4</sup>. It is welcome that binge drinking has fallen from 38% in 2005, but levels are still high, and half of respondents (50%) in the youngest age group (18-29) who drank in the week prior to the survey had engaged in at least one binge drinking session compared to 11% of respondents in the oldest

<sup>1</sup> <https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines>

<sup>2</sup> <https://www.health-ni.gov.uk/articles/adult-drinking-patterns-survey>

<sup>3</sup> For men 3 to 4 units of alcohol a day and for women 2 to 3 units of alcohol a day.

<sup>4</sup> Defined as 10 or more units in one session for males or 7 or more units in one session for females

age group (60-75).

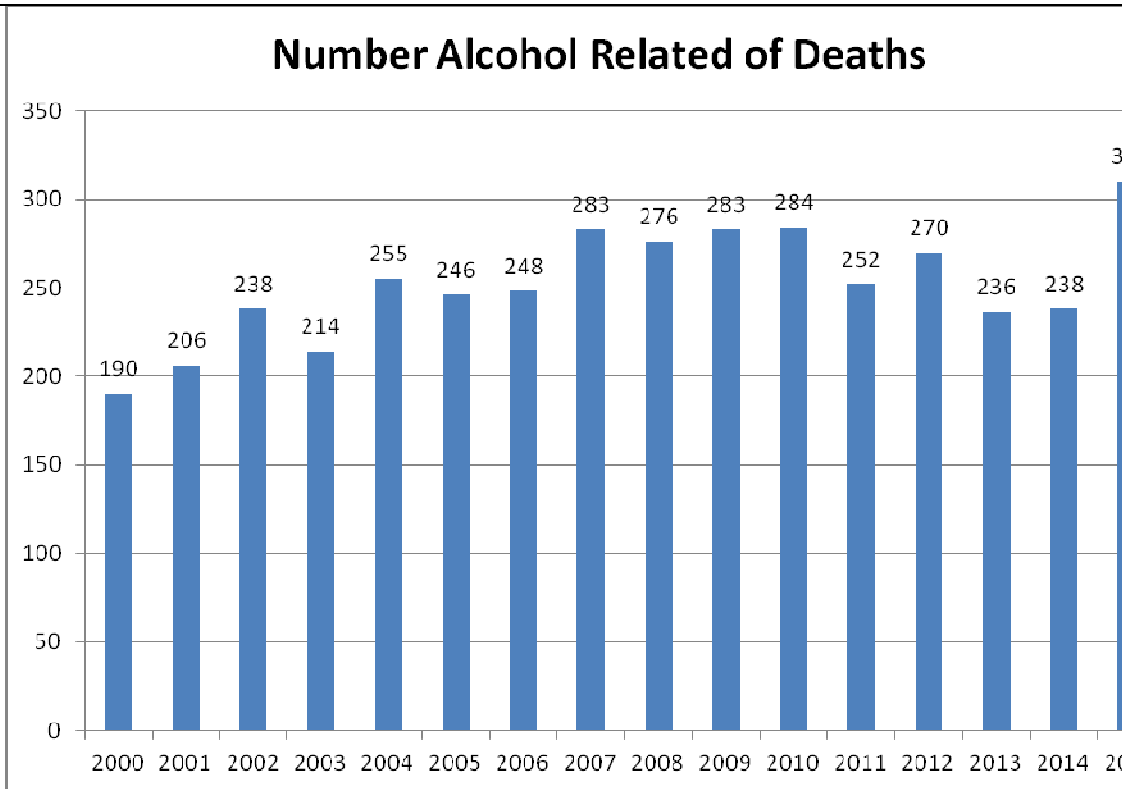
6. In addition, CAGE question analysis (clinical interview questions) indicated that one in ten (11%) of those who drank in the week prior to the survey are likely to have a problem with alcohol.
7. According to the Young People's Behaviour and Attitude Survey<sup>5</sup> progress has been made in relation to young people's drinking, with the proportion of young people<sup>6</sup> who reported getting drunk at least once decreasing from 33% in 2003 to 14% in 2013.
8. However, while progress is being made on some of the indicators above, when looking at measures that describe alcohol-related harm, the figures are not as encouraging. For example, the number of alcohol-related deaths had been increasing. In 2015 figures<sup>7</sup> indicate that 310 people died from alcohol-related causes, the highest levels recorded to date. The chart below set out the trend from 2000 to 2013.

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<sup>5</sup> <http://www.csu.nisra.gov.uk/survey.asp14.htm>

<sup>6</sup> i.e. those aged 11-17

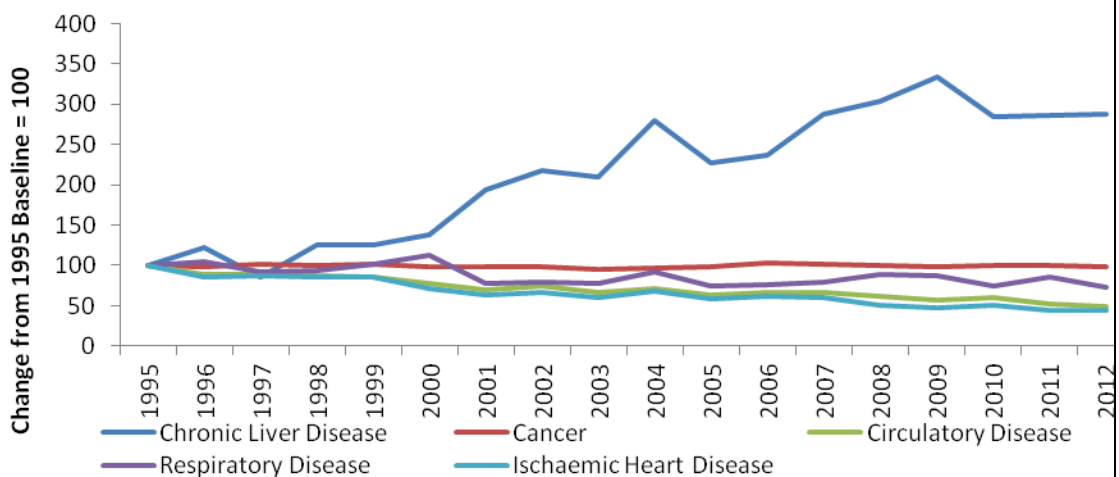
<sup>7</sup> <http://www.nisra.gov.uk/demography/default.asp30.htm>



Source: General Registrars Office, NISRA

9. The graph below also shows the change in levels of deaths caused by liver disease and other major conditions, from 1995 to 2012. This clearly demonstrates the rise in deaths caused by liver disease compared to many other major conditions which have remained largely static or declined.

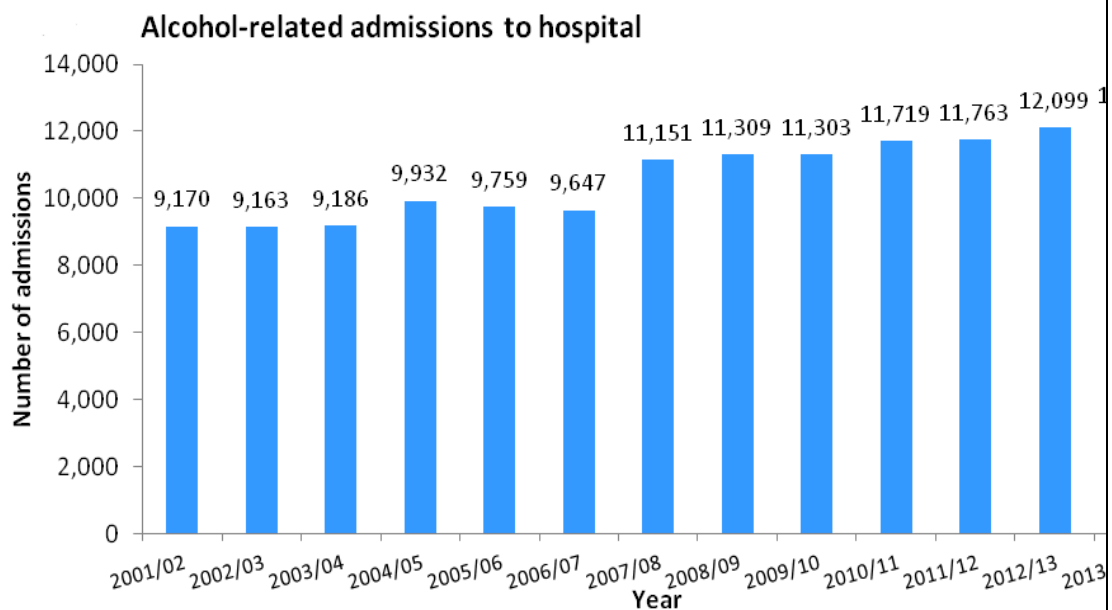
#### Deaths (under age 65) caused by liver disease and other major conditions



Source: Public Health Information & Research Branch, DoH (Deaths sourced from DMB, NISRA)

10. While it is difficult to fully evidence the impact of alcohol misuse on our Emergency Departments, research has shown that with 1-in-6 attendance to Emergency Department may be alcohol related, and at peaks times on weekends this can rise to 8-in-10.

11. In addition, alcohol-related admissions to hospital have been increasing. There were 12,255 admissions to acute hospitals in 2013/14 with an alcohol-related diagnosis. The chart below sets out the trend from 2001/02 to 2013/14.



Source: Hospital information Branch, DoH

12. There is also evidence from the self-harm registry that 50% of those who have self-harmed have consumed alcohol.

13. The number of people in treatment for alcohol, or a combination of drugs and alcohol, has increased from 4,034 at 1 March 2005 to 5,936 individuals in treatment at 1 September 2014.

14. Finally, research commissioned<sup>8</sup> by DoH showed that the full social cost of alcohol misuse each year for Northern Ireland was as much as £890 million, with £240 million of those costs borne by Health and Social Care, £280 million by police and

<sup>8</sup> <https://www.health-ni.gov.uk/publications/social-costs-alcohol-misuse-northern-ireland-200809>

fire services, £110 million by Courts and prisons, and £260 million to the economy.

### **Policy**

15. The *New Strategic Direction for Alcohol and Drugs Phase 2*<sup>9</sup>, which was agreed by the former Executive in 2012, is the overarching framework to reduce the harm related to alcohol and drug misuse here. It sets out a range of actions that seek to reduce the availability, accessibility and affordability of alcohol, in order to reduce excessive consumption. In addition, it focuses on raising awareness of the harm alcohol causes, educating the public about responsible drinking, identification and early intervention for those at risk, harm reduction, and treatment and support. A range of services and actions are in place to deliver on these outcomes.
  
16. Focusing on the supply side of the equation, DoH worked with the former Department for Social Development and now the Department for Communities to strengthen our licensing laws, including the introduction of a ban on “irresponsible promotions”. DoH also worked with the local alcohol industry on a voluntary code on alcohol marketing and promotions. In addition DoH has worked with the Westminster Government and the alcohol industry to support the Drinkaware campaign (<https://www.drinkaware.co.uk/>), improve alcohol labelling, and reduce the number of units being supplied across Scotland, Wales and England and the north of Ireland through the promotion of lower alcohol products.

### **Licensing**

17. Alcohol is not an ordinary commodity. It cannot, and should not, be treated like bread or milk. Its sale is highly regulated for a reason. Licensing therefore plays a key role in setting the context within which alcohol is available. It also helps to set our “social norms” around alcohol use – loose regulations and wider availability makes alcohol seem more a part of everyday life; whereas tighter regulation and lower availability makes alcohol seem more like a substance that should be treated with care and consideration.

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<sup>9</sup> <https://www.health-ni.gov.uk/publications/alcohol-and-drug-misuse-strategy-and-reports>

18. The term “passive drinking” was coined by Sir Liam Donaldson, former English Chief Medical Officer, to highlight the impact that alcohol misuse has on wider society, including: harm to the unborn foetus; acts of violence, vandalism, assault and child abuse; self-harm and the burden carried by the NHS and friends & family who care for those damaged by alcohol. “Passive Drinking” resonates with me as it clearly highlights that alcohol misuse isn’t just about individuals. Much like passive smoking – we also need to act to protect others from the health and social impact of other people’s alcohol misuse.
19. We often hear, “why should those who drink responsibly suffer for those who don’t”. However, the key to preventing the alcohol related harm is to stop people misusing alcohol and to promote low risk drinking. While education and information help, the evidence shows that it is more important that we create the right environment through licensing and regulation to signal to people that they should be consuming alcohol at low levels.
20. When you walk down a street that is one bar after another, or attend a sporting or entertainment event sponsored by an alcohol producer, it seems like alcohol consumption is the norm. When you walk into a supermarket and see large stacks of alcohol sold at rock-bottom prices – alcohol can seem like it is a part of daily life. This can give the impression that excessive consumption is the norm. It is in this area I believe that we can work together to have a real impact.
21. Liquor licensing therefore plays a key role in setting the environment, culture and social norms in which alcohol is consumed, and the evidence also shows that tackling the availability and accessibility of alcohol is one of the most effective ways of addressing excessive alcohol consumption (see *Alcohol: No Ordinary Commodity*,



Thomas Babor et al, 2010 and the report by the North/South Alcohol Policy Advisory Group on reducing alcohol harm by tackling availability<sup>10</sup>). The most effective measures include:

- Initiatives which increase prices – potentially including increased taxation, minimum unit pricing, and bans on discounts or promotions;
- Increasing age of sales;
- Restrictions on hours and days of sales;
- Restrictions on outlet density;
- Strict enforcement; and
- Restrictions on advertising/marketing.

## **Bill**

22. Turning to the draft Bill, in general I welcome its introduction as another step forward in strengthening regulations. I will now briefly go through the elements of the Bill and provide some brief commentary.

23. **Additional Hours at Easter:** While in general any increase in opening hours increases the availability of alcohol, and I would be opposed to any amendments that made significant increases to opening times at any time of the year, I feel the proposals in relation to Easter opening hours are relatively minor in nature and I have no particular concerns.

24. **Consequential Provision:** I have no specific comments on this clause.

25. **Additional hours: applications to court:** Similar to para 21. While I would again be opposed to significant increases to later opening, when taken in the round with the other proposals in the Bill, the introduction a new “Occasional Hours” late licence allowing the sale of alcohol for an additional hour 12 times per year is unlikely to make a significant difference to the overall availability of alcohol.

<sup>10</sup> <http://www.publichealth.ie/sites/default/files/Reducing%20alcohol%20related%20harm%20by%20addressing%20availability%20maximising%20benefits%20from%20North%20South%20cooperation%20download.pdf>

26. **Additional Hours – Police Authorisations:** as per para 23. While I would be opposed to significant increases to later opening, when taken in the round with the other proposals in the Bill, the proposal to allow police to authorise later opening for a maximum of 20 days a year is unlikely to make a significant difference to the overall availability of alcohol.
27. **Extension of “Drinking-Up” Time:** This is an interesting proposal to extend the duration of the “drinking-up time” in licensed premises from 30 minutes to 60 minutes. I can see how this might allow for a crowd to disperse over a longer period of time, thus allowing for the better management of safety issues. However, in practice it may simply lead to individuals purchasing larger quantities of alcohol at “last orders”, staying in the premises for longer, and becoming more intoxicated. In practical terms, it may just move the demand on our Police and health services to later in the evening. I am therefore pleased to see that a one-year sunset clause has been included in this proposal – this should ensure we can monitor its impact before deciding if this is something that works.
28. **Alignment of Liquor, Entertainment & Refreshment Provision:** I welcome this proposal which should remove the current inconsistency between liquor and entertainment licences, and remove any loopholes or incentives for premises to continue to serve alcohol after hours.
29. **Removal of Requirement for Children’s Certificate:** While the removal of the requirement for Children’s Certificates could be seen as a loosening of these regulations, in practice I understand this is primarily an administrative change and that all the safeguards under the current Children’s Certificate are replicated by the amendment. It is vital that these safeguards are properly enforced and monitored. I understand there has been some lobbying to allow children to remain in licensed areas of hotels etc to closing time during family events. I would be opposed to this as I believe it would further expose young people to alcohol, and potentially excessive

alcohol consumption. It would also further the normalisation alcohol consumption among this age group.

30. **Underage Functions:** Generally I would be against underage functions being held in licensed premises. Doing so perpetuates the norm that all functions – from christenings, through formals, to wedding and funerals – must be celebrated in licensed premises and that alcohol is at the heart of all these events.
31. **Delivery of Intoxicating Liquor To Young Persons:** I completely agree with this amendment – home delivery of alcohol should be no different to purchasing alcohol in on or off trade premises.
32. **Restaurants & Guest Houses – Notice Displaying Licence Conditions:** I agree with this amendment – people should be clearly informed of the regulations and conditions that apply in all settings.
33. **Prohibition on Self-Service & Sales by Vending Machines:** I agree with this amendment to prohibit the supply of alcohol not made under the direct supervision of a licensee. This will ensure these premises can continue to monitor alcohol consumption and take a proactive approach in maintaining health and safety in these settings.
34. **Restrictions on Off-Sales Drinks Promotions In Supermarkets:** I believe this proposal will be useful in de-normalising alcohol as an everyday part of your weekly shop and therefore welcome this amendment.
35. **Codes of Practice:** Again I welcome this proposal, as this means that codes – such as the Joint Industry Code for the Responsible Promotion and Retail of Alcohol – have a real impact on licensees and should improve the effectiveness of these approaches.
36. **Removal of Exemption For Angostura Bitters:** I have no specific comments on this

proposal.

37. I do not propose to cover all the elements under the registration of Clubs part of the Bill, especially as a number of these provide for the same amendments in the General Licensing part of the Bill. However, I do have some general concerns about **Clause 15: Sporting Clubs – Extension of Premises; and Clause 20: Young People in Sporting Club Premises**. The linking of sporting clubs and alcohol consumption is a concern in terms of linking alcohol with sporting success and the normalisation of alcohol consumption – particularly among young people. If an event for young people is being held in a sporting club then I think the bar should be closed. There is some evidence that membership of sporting clubs can actually lead to increased excessive alcohol consumption, particularly among men. I don't think alcohol and sport is a good mix, while I appreciate that many clubs depend on their bar and entertainment for income, I think we should be trying to limit the links between the two as far as possible.

#### **Other Measures**

38. I believe there are a couple of further measures in terms of alcohol licensing that should be considered, either as part of this Bill or in future. I believe that Public Health should be a key consideration under our licensing regime. This has been the case in Scotland for quite some time now, and it allows health organisations and community and voluntary groups to make representations on the granting/renewal of licenses in terms of the impact on the public health in an area. For example, this could pick up issues in relation to Alcohol Outlet Density. Higher alcohol outlet density has been shown to be associated with higher overall alcohol consumption and frequency of drinking. Higher AOD has been associated with various aspects of alcohol-related harm, including alcohol-related accidents, self-reported injuries, suicide, alcohol-related road traffic accidents and fatalities.

39. Measures to address multi-buy discounts would also be welcomed. To me, rather than being a “nanny state” measure, this would have been a victory for consumer

choice. Instead of buying, and drinking, 3 bottles of wine to receive a discount – customers could have received the same value just buying 1 bottle. Evidence in Scotland may indicate that this has supported reductions in overall consumption, and perhaps this is a measure that could be looked at again in future.

**Conclusion**

40. Licensing plays a key role in the availability and accessibility of alcohol, and helps form our social norms around consumption. While I have minor concerns about some of the clauses and I believe the current Bill could perhaps be strengthened, overall I welcome this Bill and support its progress through the Assembly.

**For official use only**

**Date received:** \_\_\_\_\_

**Ref Number:** \_\_\_\_\_

## Detail on Clauses in the Bill

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| <b>PART 1 – LICENSING</b>  |
| <b>Clause 1: ADDITIONAL HOURS AT EASTER</b>  |
| <p>The current Easter opening hours are:</p> <p>Holy Thursday 11:00am – 12:00 midnight</p> <p>Good Friday 5:00pm – 11:00pm (supermarkets open from 8:00am)</p> <p>Easter Saturday 11:30am – 12:00 midnight</p> <p>Easter Sunday 12:30pm – 10:00pm</p> <p>The Bill proposes to treat the Thursday before Easter as a normal day for the purpose of licensing law ie move to a Closing Time of 1:00am.</p> |
| <b>Clause 2: ADDITIONAL HOURS – APPLICATIONS TO COURT</b>  |
| <p>The Bill proposes to introduce a new “Occasional Hours” late licence allowing the sale of alcohol for an additional hour 12 times per year (1:00am to 2:00am on weekdays, 12:00 midnight to 1:00am on Sundays).</p>   |
| <b>Clause 3: CONSEQUENTIAL PROVISION</b>   |
| <p>This clause makes necessary consequential amendments to the Licensing Order regarding the application for granting a liquor licence and penalty points for offences (to take account of new Articles on Extended Hours etc)</p>   |
| <b>Clause 4: ADDITIONAL HOURS – POLICE AUTHORISATIONS</b>  |
| <p>Proposes amendments Article 45 of the Licensing Order to allow police to authorise later opening in pubs for a maximum of 20 days a year.</p>   |
| <b>Clause 5: EXTENSION OF “DRINKING-UP” TIME</b>   |
| <p>Proposes amendments to Article 46 of the Licensing Order to provide extending the duration of the “drinking-up time” in licensed premises from 30 minutes to 60 minutes.</p>  |
| <b>Clause 6: ALIGNMENT OF LIQUOR, ENTERTAINMENT &amp; REFRESHMENT PROVISION</b>  |
| <p>Proposes addition of new Article 44C in the Licensing Order to ensure that entertainment or refreshment provided during later opening is not allowed to continue after “drinking-up time”.</p>  |
| <b>Clause 7: REMOVAL OF REQUIREMENT FOR CHILDREN’S CERTIFICATE</b>   |

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| <b>etc</b>  |
| <p>Repeals requirement for licensees to hold a Children's Certificate if they wish young people under 18 years old to be allowed in areas of premises which contain a bar or are used mainly or exclusively for the consumption of intoxicating liquor.</p> <p>Proposes to put safeguards in place for young people under 18 years old to be allowed in licensed premises, ie meals must be available, young persons must be accompanied by an adult and must sit at a table away from the bar, and must leave the premises by 9:00pm. Clarifies area of supermarket premises in which young people under 18 years old are not permitted.</p> |
| <b>Clause 8: UNDERAGE FUNCTIONS</b>   |
| <p>Proposes the introduction of new Article 58A with regards to the Suitability of Certain Premises for Underage Functions.</p>   |
| <b>Clause 9: DELIVERY OF INTOXICATING LIQUOR TO YOUNG PERSONS</b>   |
| <p>Proposes amendments to make it an offence for a person under 18 years of age to knowingly accept a home delivery of intoxicating liquor, with a fine of up to £1000.</p>   |
| <b>Clause 10: RESTAURANTS &amp; GUEST HOUSES – NOTICE DISPLAYING LICENCE CONDITIONS</b>   |
| <p>Amendments with regards to conditions of sale – requires a restaurant (and a guest house with a restaurant) to display a notice detailing the conditions in relation to the sale and consumption of intoxicating liquor in the premises.</p>   |
| <b>Clause 11: PROHIBITION ON SELF-SERVICE &amp; SALES BY VENDING MACHINES</b>   |
| <p>Introduces a new Article 54A to Prohibit Self-Service &amp; Sale by Vending Machines, prevent the supply of alcohol not made under the direct supervision of a licensee or a member of staff.</p>  |
| <b>Clause 12: RESTRICTIONS ON OFF-SALES DRINKS PROMOTIONS IN SUPERMARKETS etc</b>   |
| <p>Introduces a new Article 57ZA – Restrictions on Off-Sales Drinks Promotions in Supermarkets etc by restricting the advertising of drinks promotions to the area in which intoxicating liquor may be displayed.</p>   |

**Clause 13: CODE OF PRACTICE**

Introduces new Article 76A to allow the Department to formally approve a Code of Practice. Licensees will be required to satisfy a Court that they are aware of their responsibilities under an approved Code of Practice when applying for grant/transfer of a licence. Similarly, the licensee will be required to satisfy a Court that they have been complying with the Code Of Practice when applying for a license renewal.

**Clause 14: REMOVAL OF EXEMPTION FOR ANGOSTURA BITTERS**

Angostura bitters (a product of high alcohol content used to flavour a wide variety of drinks and food) will now be categorised as an intoxicating liquor and may only be sold in licensed premises.