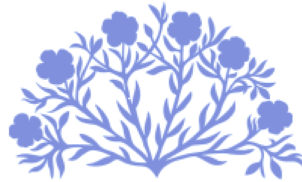

COMMITTEE FOR COMMUNITIES

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 by **Wednesday 19 October 2016.**

Name: Dr Elizabeth Mitchell

Organisation: (if applicable) Institute of Public Health in Ireland

Date: 19 October 2016

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1. Key Points

1.1 IPH welcomes the development of this new legislation as a means to standardise certain aspects of alcohol licensing policy and practice in Northern Ireland. Alcohol licensing laws are important from a public health perspective as they can directly influence alcohol availability, levels of consumption and patterns of alcohol-related harm. Alcohol licensing laws are also important in terms of their indirect influence they can have on cultural norms around alcohol consumption.

1.2 Unlike all other jurisdictions of the UK, and the Republic of Ireland, Northern Ireland does not maintain an electronic register of alcohol licences. Data is currently held by the local courts in a variety of formats. We would invite the committee to consider whether this new legislation could make provision for the development of a publicly available licensing register to ensure open access to information on the number and nature of licences granted in Northern Ireland. A lack of baseline information on the hours of opening at present means it difficult to predict how significant the additional hours proposed in the legislation may be from a public health perspective.

1.3 In the context of an underdeveloped information system to monitor the impacts of changes in licensing laws, and some international evidence linking increases in later opening hours with changes in patterns of alcohol-related harms, we would encourage the committee to adopt a 'start low, go slow' approach in terms of the maximum number of new additional hours granted by this legislation.

1.4 The committee is invited to carefully consider the wider public health implications of alcohol consumption beyond those evident in terms of public order/alcohol-related crime in the night time economy. Among those that drink, the pattern of alcohol consumption in Northern Ireland is often harmful to health. Excess alcohol consumption is associated with a wide range of poor physical and mental health outcomes including obesity, cancers, psychiatric disorders and suicide. In addition excess alcohol consumption is associated with wider harms including relationship difficulties, domestic violence and child neglect. In order to minimise any potential harms associated with more and longer opening hours, the committee are encouraged to consider whether there is scope in the legislation to include public health as a defined licensing objective – as is current practice in Scotland. The inclusion of such an objective can provide a mandate for local health authorities to object to additional licensing hours where a threat to public health is envisaged or experienced.

1.5 IPH would not recommend any changes to the surrender principle in terms of the number of licences granted in the region.

1.6 IPH welcomes the alignment of liquor, entertainment and refreshment provision where additional late opening licences are granted.

1.7 IPH would recommend that any new code developed in the context of the legislation should include consultation with relevant stakeholders in health and social care as well as with the PSNI.

1.8 We have not seen any objective evidence to show that extended drinking up time is associated with reductions in alcohol consumption and alcohol related harms. We would welcome inclusion of wording in the legislation to ensure that evaluation of the impact of this measure is independent, academically rigorous and with a clearly defined reporting timeline.

1.9 The legislation makes provision to extension of the 'serving area' and the hours of service within clubs, including sporting clubs. IPH invites the committee to carefully consider the wider impact of changes to alcohol licensing within the sports clubs sector. Evidence from international and national studies of sporting organisations finds concerning levels of excess alcohol consumption in this setting, particularly among those participating in and spectating at male-dominated team sports. In the specific case of children's events in clubs, we would question whether extending service of alcohol contributes positively to the children's enjoyment of their club event and whether it has the potential to further normalise alcohol consumption as part of sports participation. The Northern Ireland Government invests in the sports clubs sector in a variety of ways to foster the development of clubs for physical activity, social inclusion and cross-community work. We see this as the main purpose of clubs and it is important to preserve the focus of sports clubs and to negate against the drinking cultures aligned to sports clubs.

2. Institute of Public Health in Ireland

2.1 The remit of the Institute of Public Health in Ireland (IPH) is to promote cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research and information, capacity building and policy advice. Our approach is to support Departments of Health and their agencies in both jurisdictions, and maximise the benefits of all-island cooperation to achieve practical benefits for people in Northern Ireland and the Republic of Ireland. IPH welcomes this opportunity to share our views on the Licensing and Registration of Clubs (Amendment) Bill.

3. North South Alcohol Policy Advisory Group

3.1 Alcohol-related harm is a critical public health concern across the island of Ireland. The Institute of Public Health in Ireland facilitates enhanced North South collaborative working on alcohol policy issues through the North South Alcohol Policy Advisory Group (NSAPAG), which was established in late 2012. The NSAPAG proposed that a focus on alcohol availability form a priority in its first term. To this end, the group published a paper, *Reducing alcohol-related*

harm by addressing availability – Maximising benefits from North South cooperation. The paper sets out the extent of alcohol consumption and related harm in Northern Ireland and the Republic of Ireland; it presents a framework for considering the issue of alcohol availability; and outlines policy implications to consolidate North South cooperation in addressing alcohol availability and reducing alcohol-related harm.

4. Importance of licensing policy to public health

4.1 Licensing legislation has an important role in the protection and promotion of public health. Alcohol-related harm impacts not only in the individual, but their family and wider society. IPH notes that licensing legislation in England, Wales and Scotland in underpinned by licensing objectives which form an important basis upon which to develop legislation. In England and Wales, The Licensing Act 2003 for is underpinned by four licensing objectives:

1. The prevention of crime and disorder
2. The protection of public safety
3. The prevention of public nuisance
4. The protection of children from harm

In Scotland, there is also a fifth objective:

5. The protection and promotion of public health

4.2 In a review of The Licensing Act 2003 by Foster and Charalambides (2016), it was reported that the introduction of an objective to promote the health and wellbeing of the locality and local areas would over time be more likely to create an environment in which alcohol does not unduly undermine society and lead to health and social hazards. IPH would recommend the inclusion of licensing objectives in the provisions of this Bill, including an objective to protect and promote public health.

4.3 It is now widely accepted that restricting the physical availability of alcohol is a critical component of any evidence-based approach to reducing consumption and consequently alcohol-related harm (Finegan and O'Riordan, 2012). Greater ease in obtaining alcohol is associated with greater amounts being consumed and contributes over time to a 'normalisation' of the product and frequent and excessive consumption within society (WHO, 2009).

4.4 WHO recommends consideration is given to regulating and limiting the availability of alcohol through enforcing a minimum purchase age, and regulations and limitations on outlet density and days and hours of sale (WHO, 2009).

4.5 National and international evidence indicates that the availability of alcohol, eg via price, number of outlets and hours of sale significantly influences alcohol use and related problems,

including violence (Chikritzhs et al, 2016).

5. Drinking patterns among adults in Northern Ireland

5.1 Around three quarters (73%) of adults aged 18-75 in Northern Ireland drink alcohol. The prevalence of alcohol consumption is highest among young people (18-29 year olds) and in higher socio-economic groups.

5.2 Around two-thirds of adult drinkers drink in their own home (65%) while around a fifth drink in the pub (20%), a restaurant (17%) or someone else's home (16%) (DHSSPS, 2014). IPH acknowledges that there has been a shift in drinking patterns with an increase in the number of adults drinking at home. However, IPH would caution that the 20% of adult drinkers who drink in the pub is still a significant proportion of drinkers and the two patterns of alcohol consumption (either at home or in the pub) are not mutually exclusive occurrences.

5.3 Drinking at home before a night out could have significant implications in terms of drinking behaviour in pubs and clubs, especially where there are extended opportunities for drinking. The combined effect of drinking at home, followed by drinking in a pub or club, should be considered by the Committee in the overall context of opportunities for drinking, increased alcohol consumption and alcohol-related harm. In light of this, IPH would urge the Committee to actively support progress on the introduction of minimum unit pricing across the UK and across the island of Ireland as a measure to help reduce consumption of cheap alcohol in the off-trade sector.

5.4 In January 2016, the Departments of Health across the UK jointly consulted on new alcohol guidelines. The new limits have seen a significant reduction in the recommended alcohol intake for both men and women with recommendations that alcohol intake should not exceed 14 units per week (that is the equivalent to five pints of strength 4.8% ABV lager or five 175ml glasses of wine 14% ABV), to keep health risks from drinking alcohol to a low level) (DoH, 2016). It is important that the Committee consider the impact of the changes to licensing hours in the context of the new alcohol guidelines.

5.5 In 2013, two thirds of adult drinkers in Northern Ireland reported that they exceeded the recommended daily limit at least once in the week prior to the survey. Almost a third of respondents (31%) had stated that they had engaged in at least one binge drinking session in the week prior to the survey (35% men and 27% women) (DHSSPS, 2014). Overall, 11% of adult drinkers in Northern Ireland classed as problem drinkers. While the proportion of males was broadly similar to that in 1999 (12%), the proportion of female respondents that had a drinking problem has increased considerably, from 3% to 10% (DHSSPS, 2014).

6. Drinking patterns among children in Northern Ireland

6.1 Almost four in ten (38%) children aged 11 to 16 years reported that they had drunk alcohol in their lifetime. Among those who have ever drunk alcohol, over half (52%) reported being drunk on at least once in the month prior to the survey (DHSSPS, 2013). The younger a person is when they start to drink, the greater their risk of alcohol-related harm not just in adolescence but across their lifespan (Kelly et al, 2012). In this context is it particularly important that measures and safeguards are in place to restrict the promotion of alcohol to children and young, reduce exposure to alcohol environments and prevent underage drinking.

7. Alcohol-related harm

7.1 Alcohol is a psychoactive substance that impacts on the health of individuals depending on the levels and patterns of consumption. A broader understanding of the public health impact of alcohol beyond the immediate issues of violence and criminal behaviour is required. Alcohol, when consumed in excess, can have a significant impact on both physical and mental health. The statistics outlined below, highlight some of the direct and indirect the effects of alcohol on physical and mental wellbeing as well as the hidden effects on others:

7.1.1 Over the 10 year period 2004-2014, 2,871 people died as a result of alcohol. Based on death rate per 100,000 population, between 2008 and 2014, those in the most deprived quintile were 3.5 times more likely die from an alcohol-related condition than those in the least deprived quintile (NISRA, 2016).

7.1.2 In terms to admissions to hospital for alcohol related causes, the standardised admission rate has increased by 5% over the last 5 years (2011/12-13/14). The admissions rate in the most deprived areas was more than double the regional rate and over 5 times the rate in the least deprived areas (DHSSPS, 2015).

7.1.3 According to the Police Service of Northern Ireland (PSNI) records for 2015, 8 deaths, 64 serious injuries and 271 injury collisions occurred as a result of road traffic accidents where alcohol or drugs was the principle cause (PSNI, 2016).

7.1.4 Based on the 2001 Census, it is estimated that approximately 40,000 children in Northern Ireland are living with parental alcohol misuse (DHSSPS, 2008).

7.1.5 Alcohol misuse was a factor in 60% of suicides among people with mental health problems and 70% of suicides of young people known to mental health services (Appleby et al, 2011).

7.1.6 There are strong links between alcohol use and domestic violence, with evidence to suggest that alcohol increases the occurrence and severity of domestic violence (Leonard and Quigley, 1999; Brecklin, 2002; Testa et al, 2003). Studies of intimate partner violence routinely identify recent

consumption of alcohol by perpetrators. Whilst estimates vary between countries, data from England and Wales would suggest that 32% victims believed their partners to have been drinking prior to a physical assault (Mirrlees-Black, 1999).

7.2 In this submission, IPH sets out its response to specific clauses within the Bill as well as presenting the evidence for consideration by the Committee.

8. PART 1 - LICENSING

Clause 1 – Additional hours at Easter

8.1 IPH considers there is little justification for different opening hours to pertain to these particular days on public health grounds, but recognises the symbolic importance of these Christian holidays. See comments on Clause 2 for further explanation.

Clause 2 – Additional hours: applications courts

8.2 IPH welcomes standardisation of licensing laws in Northern Ireland. However, it is not clear the degree to which the proposed additional hours will differ to current practice. There is a lack of publicly available data on the granting of licences in Northern Ireland in that there is no central register of licences.

8.3 It is well established that alcohol plays a key role in violent behaviour, crime and disorder (Institute of Alcohol Studies, 2013). The number and nature of hours of sale in on-licence and off-licence alcohol retail outlets can be an important factor in determining alcohol availability and patterns of consumption and harm. Evidence is now suggestive that even minor changes to opening hours can affect the number of alcohol-related violent incidents (Popova et al, 2009; WHO, 2009). However, the evidence is not consistent. An Australia study found that higher volumes of high alcohol content beer, wine and distilled spirits were purchased in the licensed hotels[1] in Perth during later trading hours. Results showed a 70% increase in assaults in premises with later trading (1 or 2 additional hours of trading after midnight) and late trading was associated with both increased violence in and around Perth hotels and increased levels of alcohol consumption during the study period (Chikritzhs and Stockwell, 2002).

8.4 A subsequent study by Chikritzhs and Stockwell (2006) examined the impact of later trading hours for licensed hotels in Perth on levels of associated impaired driver road crashes and driver breath alcohol levels. Late trading was associated with increased levels of impaired driver road crashes and alcohol consumption, particularly high-risk alcoholic beverages. Greater numbers of patrons and characteristics specific to clientele of hotels which applied for late trading hours (i.e. younger age, greater propensity to drunk-drive, preference for high-risk beverages) were suggested as having contributed to this increase.

[1] Australian public houses are usually known as hotels

8.5 A review by Stockwell and Chikritzhs (2009) found that 11 out of 14 studies with baseline and control measures found that the balance of reliable evidence from the international literature suggests that extended late night trading hours lead to increased consumption and alcohol-related harms.

8.6 IPH notes that in the original consultation (DSD, 2012) a number of options were set out in relation to the maximum number of occasions per year in which additional late opening hours could be granted. It is interesting to note that the provisions of the Bill include the maximum number of occasions (up to 12) on which an additional later opening hours can be granted. IPH considers that a careful approach starting low rather than starting with high number may be a more cautious and pragmatic approach to implementing additional licensing hours.

8.7 IPH is concerned that additional late opening hours, on the basis that extensions in the number of hours/number of days that alcohol is available, has been associated with increases in alcohol consumption and harm (Popova, 2009; WHO 2009).

8.8 In England and Wales, ten years after its implementation, the Institute of Alcohol Studies conducted an assessment of the impact of the Licensing Act 2003 on the wider public. The evaluation found that late night opening has spread crime and disorder back into the early hours. It was reported that most Police forces had to re-arrange shift patterns and allocate increased resources to the night time economy to address this change. It was also reported that later night opening in itself has not increased the amount of time or money people spend in the night time economy, but rather it has shifted the time at which people begin to socialise later in the evening. This has probably led to an increase in pre-loading, as people has more time to drink at home before going out (Foster and Charalambides, 2016).

8.9 An evaluation by Hough et al (2008) reported that no real change in alcohol-related crimes was found until 03:00, but a 22% increase in crimes occurred between 03:00 and 06:00, reflecting the shift in alcohol-related crimes until later in the night/ early hours of the morning. Some studies reported little impact on the numbers of people treated for injuries sustained through assault (Sivarajasingam et al, 2006 and Bellis, 2006), whilst other studies demonstrated large increases in the number of number of night-time alcohol-related visits to accident and emergency departments (Newton et al, 2007).

8.10 The evaluation by Foster and Charalambides (2016) also highlighted the impact of the off-trade sector within the night time economy, including en-route loading, side loading and post loading, which could potentially be off-set by controlled and operational opening hours. It has been suggest that a relaxation of licensing hours would bring about a more relaxed drinking culture as evidenced in Europe. According to Foster and Charalambides (2016) there has been no evidence that the Licensing Act 2003 in England and Wales has contributed to a relaxing continental drinking culture developing, or that the Act has led to increased diversity within the night time economy (two key aims of the Act).

8.11 The UK Government *Licensing Act 2003* (Home Office 2013) which came into effect at the end of November 2005 abolished set licensing hours in England and Wales. Opening hours of premises are now set locally through the conditions of individual licences. The Act gave licensing authorities new powers over licensed premises, whilst giving local people more of a say in individual licensing decisions (Hough et al, 2008). IPH would recommend that the Committee considers what role might exist for local authorities and the local community in licensing decisions, particularly those pertaining to additional drinking hours.

Clause 3 – Section 2: consequential provision

8.12 No comment

Clause 4 – Additional hours: police authorisations

8.13 It is our understanding that there is no public record of the number of police authorisations for extending drinks hours granted currently and that variation exists between policing districts. As this legislation is developed it will be important to put in place measures to monitor and collect data on the application and granting of extended drinking hours. IPH notes that the increase from 20 to 85 days appears excessive and that a compromise in the number of days should be considered.

8.14 As part of the overall access to licensing data, IPH would recommend that an electronic database of liquor licences is made publicly available and includes details of premises which have been granted additional drinking hours. This is an important feature in accountability and monitoring and will support the evidence base in determining the impact of extended hours on violence crime and demand for emergency services.

Clause 5 – Extension of 'drinking-up time'

8.15 In respect of this clause, IPH believes it is important that 'drinking-up time' is clearly defined within the Bill as this term can be open to interpretation and may cause later difficulties in enforcement. It is important to note that 'drinking-up time' was removed from the Licensing Act 2003 in England and Wales. To the best of our knowledge, we have found no independent evidence that extending drinking-up time actually reduces alcohol-related harm.

8.16 IPH would caution that, at worse, the extension of drinking up time may account to little more than extended overall drinking time, leading to customers stock piling drinks before sales close with the potential for increased alcohol consumption.

8.17 The new UK Home Office *Alcohol Strategy* includes provision for extended powers to make Early Morning Restriction Orders from October 2012. These orders enable local areas to restrict alcohol sales late at night if problems are evident. In addition, Cumulative Impact Policies can be used to inform measures such as fixed or staggered closing times and this applies to both the on-licence and off-licence sector (Home Office, 2012).

8.18 IPH would encourage the Committee to take heed of additional powers available in licensing legislation elsewhere, for example, Early Morning Restriction Orders in England and Wales. An Early Morning Alcohol Restriction Order (EMRO) is an uncommenced power in the Licensing Act 2003 that will enable licensing authorities to restrict sales of alcohol in the whole or a part of their areas for any specified period between 12 midnight and 6 am, if they consider this appropriate for the promotion of the licensing objectives (Home Office, 2011).

8.19 Flexible closing times

In 2005 the UK Government introduced 24 hour opening times for licensed premises and flexible closing times. A review has concluded that the balance of reliable evidence suggests that extended late-night trading hours contributed over time to increased consumption and related harms (Stockwell and Chikritzhs, 2009). However, it is acknowledged that the introduction of 24 hour opening is considerably different to the extent of change being proposed in the Bill in Northern Ireland. A study examining data for violent incidents in Manchester between 2004 and 2008 identified little evidence that the deregulation of alcohol opening hours affected citywide violence rates. However, in reconciling these different perspectives it is important to note that a significant 36% increase in weekend violence was noted between 3am and 6am (Humphreys and Eisner, 2012).

Clause 6 – Alignment of liquor, entertainment and refreshment provision etc

8.20 Where additional late opening licences are granted, the alignment of alcohol and entertainment licences is welcomed.

Clause 7 – Removal of requirement for children's certificate etc

8.21 Under section 4, IPH has highlighted current patterns of alcohol consumption among children and young and the impact of starting to drink early in life. IPH would recommend that all necessary safeguards are in place to protect children from the promotion to alcohol and prevent access to alcohol when in licensed premises. Alcohol is not an ordinary commodity, and therefore children's exposure to alcohol in social environments should not reflect this.

Clause 8 – Underage functions

8.22 As highlighted above, the younger a person is when starting to drink, the greater their risk of alcohol-related harm not just in adolescence but across their lifespan (Kelly et al, 2012). This emphasises the need to carefully consider current practice on the sale of alcohol to minors and vulnerable persons as part of a consideration on availability. We would urge the committee to reflect on the meaning of the term 'underage functions' – they are children's events defined by their function to celebrate and enhance the participation of young people in their club and not defined by eligibility to consume alcohol. IPH would also suggest that the Committee takes account of children's views on alcohol availability at such events.

8.23 IPH welcomes the provision which makes it an offence for gaming machines to be made available in any part of licensed premises in which an underage function is being held.

Clause 9 – Delivery of intoxicating liquor to young persons

8.24 IPH welcomes the provisions within the Bill which require retailers to obtain documentary/photographic evidence that the person taking delivery of alcohol is over 18 years old. However, IPH would add a note of caution in relation to the provision which seeks to criminalise children for taking delivery of alcohol. IPH would defer to legal experts in the area of child law on the aspect of the Bill.

Clause 10 – Restaurants and guest houses: notice displaying licence conditions

8.25 IPH welcomes the provision requiring restaurants and guest houses to display a notice of their licence conditions. This level of transparency will be important in ensuring adherence to the legislation.

Clause 11 – Prohibition on self-service and sales by vending machines

8.26 IPH supports the prohibition on self-service and alcohol sales by vending machines.

Clause 12 – Restrictions on off-sales drinks promotions in supermarkets etc

8.27 IPH believes that the provision relating to off-sales drinks promotions requires further clarification in relation to what is meant by a 200m vicinity of the premises. As it is currently presented, this aspect of the Bill is open to interpretation as to whether it includes the car park area of a supermarket. Whilst we welcome the proposed restriction on off-sales drinks promotions in supermarkets etc, this is a relatively minor issue in the broader context of alcohol advertising and promotion activities. With the barrage of online and multi-media advertising, we believe further regulation of the extensive promotion of alcohol is a concern within alcohol policy in Northern Ireland, the Republic of Ireland and the UK.

Clause 13 – Code of practice

8.28 IPH would recommend that before a statutory Code of Practice is approved, the Department for Communities should consult with the PSNI and Department of Health to determine the potential effects any such code would have on crime, disorder, demands on emergency services and health outcomes.

8.29 It has been argued that it is responsible in sales and marketing approaches and that self-regulation is effective. However, a systematic review by Savell and colleagues (2016) revealed there is no evidence that self-regulation and industry-government partnerships lead to reductions in alcohol-related harm.

8.30 Evidence outlined in the review supports the link between alcohol industry marketing and drinking initiation and drinking prevalence. It has also been argued by the alcohol industry that it does not market its products to children, but this has been shown to be misleading as alcohol

marketing often targets and appeals to young people those below the legal drinking age (Savell et al, 2016).

8.31 Moves to put greater emphasis on self-regulation of the licensed trade via voluntary schemes have been viewed with concern and scepticism. There is a significant lack of evidence that such schemes are effective at reducing crime and disorder (Foster and Charalambides, 2016).

Clause 14 – Removal of exemption for angostura bitters

8.32 IPH supports the introduction of this provision.

9. PART 2 – REGISTRATION OF CLUBS

9.1 IPH would have some concerns regarding the lack of congruence between changes to the alcohol licensing legislation and the core functions of sports clubs to promote health, community and social development. We would urge that careful consideration is given to the impact of the provisions of the Bill in the creation of drinking cultures within sports clubs.

9.2 Whist alcohol availability may generate income for clubs; there is strong evidence supporting the link between increased availability and alcohol related harms. There are existing concerns within sports clubs about alcohol-related harm, particularly in male dominated team sports, which is supported from evidence internationally and in Ireland.

Clause 15 – Sporting clubs: extension of premises

9.3 Alcohol misuse has also been identified as a health risk associated with sports participation. Evidence shows that alcohol misuse is more common among young people and adults involved in sports than in non-sports playing children (Nelson and Wechsler, 2001; Martens et al, 2006; Khan et al, 2012). After taking into account demographics and other predictors of alcohol use, Mays et al (2010) found that greater involvement in sports during adolescence was associated with faster average acceleration in problem alcohol use over time compared with those who were less involved.

9.4 In a study carried out among male GAA players (n=936), O'Farrell et al (2010) found that 75% had a score on the Alcohol Use Disorder Identification Test that indicated harmful alcohol use. In addition, 87.6% reported one alcohol related harm.[2] The GAA have had the foresight to undertake such research, but this problem is not limited to that sport. Similar results have been found for New Zealand rugby players (O'Brien et al, 2005), and US college athletes (Nelson and Wechsler, 2001).

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[2] This refers to answering 'yes' to 13 alcohol related harms including harming their work, in a fight due to drinking, had an accident due to drinking, damaged public property, were verbally abusive, physically sick or harmed their home, family or relationships.

9.5 A systematic review of longitudinal studies, Khan et al (2012), found that 80% of the studies showed a positive relationship between alcohol misuse and sport participation. It has been suggested that excessive drinking among sports players is linked with ideas around the role of group drinking and team cohesion with peer influences playing a role (O'Brien et al, 2005).

9.6 A number of studies also show that alcohol marketing may also contribute to problematic drinking. A review of longitudinal studies found that young people exposed to alcohol advertising (not explicitly sports advertising) were more likely to have higher levels of alcohol consumption in later adolescence and early adulthood (Anderson et al, 2009a and 2009b; Smith and Foxcroft, 2009).

9.7 At a club level, research has found that university sports players in the UK whose team receives sponsorship from the alcohol industry were more likely to misuse alcohol (measure by the Alcohol Use Disorders Identification Test) than sports players in teams with no alcohol sponsorship (O'Brien and Kypri, 2008; O' Brien et al, 2014). Research also shows that this health risk was not limited to players; alcohol misuse was also prevalent among sports fans/spectators (Gee et al, 2013). Gee et al (2013) identify the complex links between alcohol promotion, sports sponsorship and the formation of drinking cultures as possible contributing factors.

9.8 Based on the evidence presented in this section, IPH has some concerns regarding the wider impact of additional licencing hours in clubs, where the evidence reveals some concerning relationships between sports participation and alcohol misuse. It is important to ensure that the primary focus of sports clubs remains the promotion of the health and wellbeing of its members and that the sports club remains a community asset to support active, healthy lives free from 'drinking culture', particularly among children.

Clause 16 – Additional hours at Easter

9.9 See comments relating to clause 1.

Clause 17 – Extension of 'drinking-up time'

9.10 See comments relating to clause 5.

Clause 18 – Removal for requirement for children's certificate

9.11 See comments relating to clause 7.

Clause 19 – Underage functions

9.12 See comments relating to clause 8.

Clause 20 – Young people in sporting club premises

9.13 IPH would question the need to extend the time in which children can remain in the bar area of sporting clubs premises from 10pm until 11pm during summer months.

Clause 21 – Prohibition on self-service and sales by vending machines

9.14 See comments relating to clause 11.

Clause 22 – Restrictions relating to advertising

9.17 In respect of this provision, IPH notes that many clubs are affiliated to national governing bodies in receipt of alcohol industry sponsorship. We are concerned that the legislation may inadvertently increase the scope for advertising by the alcohol industry at local sports club level - for example in supporting or sponsoring club events and linking such events to drinks promotions across the wider community. Alcohol advertising has a significant effect on consumption and attitudes towards alcohol, particularly among young people. A number of systematic reviews have demonstrated the that alcohol marketing encouraged children and young people to start drinking at an earlier age and in greater quantities than they otherwise would (Meier et al 2008; Anderson et al 2009b; Science Group of the European Alcohol and Health Forum, 2009; Smith and Foxcroft, 2009; de Brunkin et al, 2012).

9.18 A number of studies also show that alcohol marketing may also contribute to problematic drinking. A review of longitudinal studies found that young people exposed to alcohol advertising (not explicitly sports advertising) were more likely to have higher levels of alcohol consumption in later adolescence and early adulthood (Smith and Foxcroft, 2009; Andersen et al, 2009a and 2009b).

9.19 The WHO recommended consideration could be given to regulating and limiting the content and volume of commercial communications on alcohol, ranging from a Europe-wide roll-out of the principles of the French Evin Law to a ban on all forms of commercial communications that appeal to children and adolescents. Statutory regulation of commercial communications seems to be more effective than self-regulation in limiting inappropriate exposure of commercial communications to young people. (WHO, 2009).

9.20 A European review of the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm also highlighted the importance of regulating alcohol advertising within a comprehensive alcohol policy (WHO, 2009).

Clause 23 – Code of practice

9.21 See comments relating to clause 13.

Clause 26 – Ancillary provision

9.22 No comment.

10. Financial effects of the Bill

10.1 In consideration of any financial effects of the Bill, the Committee should be aware of the cost of alcohol-related harm to society. Estimates suggest that the effects of alcohol misuse cost up to £900 million every year in Northern Ireland, with almost £250 million of these costs borne by the health and social care sector (DHSSPS, 2010). If the changes in licensing law result in an increase in the volume of alcohol consumed and increased binge drinking, the costs to state should be carefully considered.

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