



Northern Ireland  
Assembly

# Research and Information Service Briefing Note

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## **Alcohol in Northern Ireland**

This Briefing Note provides background statistics on the use and abuse of alcohol in Northern Ireland. It has been prepared in support of an upcoming Bill Paper on the reform of the Liquor Licensing Legislation.

## 1 Introduction

This Note covers three broad aspects of alcohol usage in Northern Ireland, namely: alcohol and health, alcohol and the justice system, and alcohol and the Economy

## 2 Alcohol and Health

The World Health Organization (WHO) places alcohol as the third biggest global risk for burden of disease <sup>1</sup>, and it is a causal factor in [a large range of medical conditions](#), including: mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver, and depression. The risk of harm is dose-dependent, and the degree of alcohol-related harm increases with the amount drunk on a regular basis <sup>2</sup>.

### Alcohol Consumption

For a number of years, the former Department of Health, Social Services and Public Safety (DHSSPS) periodically produced a publication on alcohol consumption entitled, '[Adult Drinking Patterns in Northern Ireland](#)' <sup>3</sup>. The publication, which was based on a survey of c. 2000 respondents, provided an up-to-date picture of adult drinking patterns across Northern Ireland. This included the amount of alcohol consumed in the week prior to the survey, where and when people drank, what they drank, and who they drank with. It also looked at how drinking behaviour varied among different socio-economic groups, gender and age. In short, a very comprehensive and detailed picture of alcohol consumption in Northern Ireland.

The survey ceased publication in 2014, and since then statistics on alcohol consumption have been reported largely through the annual Health Survey conducted by the Department of Health <sup>4</sup>. In the Health Survey, alcohol consumption figures are presented on half a page, compared with the 35 pages of the 'Drinking Patterns' report, so the material is considerably less detailed.

According to the latest Health Survey, conducted in 2018/19) <sup>5</sup>:

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<sup>1</sup> Mathers C, Stevens, G and Mascarenha, M. (2009) **Global health risks: mortality and burden of disease attributable to selected major risks**. Geneva: World Health Organisation, 2009.  
[http://www.who.int/healthinfo/global\\_burden\\_disease/GlobalHealthRisks\\_report\\_full.pdf](http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf)

<sup>2</sup> NHS Choices. **Alcohol misuse – Risks**. NHS Choices. Available at: <http://www.nhs.uk/Conditions/Alcohol-misuse/Pages/Risks.aspx>

<sup>3</sup> Department of Health, Social Services and Public Safety (2014) **Adult Drinking Patterns in Northern Ireland 2013**. Available at: <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adps-2013.pdf>

<sup>4</sup> The Department also publishes figures on admission rates and death rates related to alcohol as part of their [annual publication on health inequalities](#).

<sup>5</sup> Department of Health (2020) **Health Survey Northern Ireland, 2018/19**. Available at: [https://www.health-ni.gov.uk/sites/default/files/publications/health/hsni-first-results-18-19\\_1.pdf](https://www.health-ni.gov.uk/sites/default/files/publications/health/hsni-first-results-18-19_1.pdf)

- Over three-quarters (79%) of adults aged 18 and over drink alcohol. Male and female patterns differ significantly:
- Over four-fifths of males (**83%**) were drinkers, with a tenth of males (9%) reporting that they thought they drank **quite a lot or heavily**. Almost a fifth of male drinkers (**16%**) drank on **3 or more** days per week.
- Three-quarters of females (**76%**) were drinkers, with **2%** reporting that they thought they drank **quite a lot or heavily**. A tenth of female drinkers (10%) drank on **3 or more** days per week.

The proportion of adults (aged 16 and over) who drink in Northern Ireland is broadly comparable to the other UK nations. [The Health Survey for England 2018](#) (latest available) shows that 82 per cent of adults drank in the previous 12 months, with a higher proportion of men than women drinking (86% and 79% respectively). In Great Britain (England, Scotland and Wales), figures for the period 2005 – 2017 reveal that the proportion of adults aged 16 and over [who are teetotal](#) ranged between 19 – 22 per cent. In brief, looking at all of the UK nations (including Northern Ireland), around four-in-five adults drink, and one-in-five are teetotal.

## Alcohol Behaviours

In the UK as a whole, there was a significant rise in alcohol consumption during the post-war years. Alcohol consumption (per head of the adult population) [more than doubled between the mid-1950s and the mid-1990s](#). There have also been changes in behaviour, with an increase in alcohol purchased from off-licences and consumed at home, and a move away from licenced premises. This long-term trend is thought to be largely due to the increasing affordability of alcohol from supermarkets and off-licences. Since 2005, however, the [overall amount of alcohol consumed in the UK](#), the proportion of people reporting drinking, and the amount drinkers report consuming have all fallen. This trend is especially pronounced among younger drinkers.

With the discontinuation of the Adult Drinking Patterns Survey in 2013, there are no up-to-date figures on alcohol consumption in Northern Ireland. In England, the proportion of men drinking [more than 4 units on any day](#) in the previous week (before the survey) fell from a peak of 43 per cent in 2009 to 34 per cent in 2018. There was a similar pattern of decrease for women.

## Alcohol-related Harm – The PHE Review

In 2016, the Department of Health (England) commissioned Public Health England (PHE) to provide an evidence-review of alcohol-related harm<sup>6</sup>. Based on hundreds of

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<sup>6</sup> Public Health England (2016) The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies: an evidence review. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/733108/alcohol\\_public\\_health\\_burden\\_evidence\\_review\\_update\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf)

academic and medical studies, the review concluded that alcohol consumption may have adverse health and social consequences, not only for the drinker but also for other individuals as well, such as a partner, child, relative, friend, co-worker or stranger. Its consumption has been identified as a causal factor in more than 200 health conditions covered by the International Classification of Disease (ICD-10). The harm caused by alcohol is generally dose-dependent, i.e. the volume of alcohol consumed, plus the frequency of drinking, will largely determine the degree of harm resulting from its use.

There is strong evidence for a link between [alcohol consumption and a range of cancers](#), including cancers of the oral cavity and pharynx, oesophagus, female breast, larynx, liver, stomach, pancreas, lung and gallbladder. For certain cancers, such as breast cancer, any level of drinking increases risk, so there is no 'safe' level of drinking; while the risk from some other cancers, such as larynx cancer, is associated with moderate to heavy drinking.

[Alcoholic liver disease](#), such as hepatitis and cirrhosis, is linked to excessive drinking, and is responsible for 86% of directly attributable mortality from alcohol in the UK. Mortality rates from alcoholic liver disease have increased by 400% since 1970.

The PHE (2016) review also explored the relationship between alcohol and cardiovascular outcomes. This includes hypertension, stroke and heart disease. Studies have found a linear relationship between alcohol consumption (gms/day) and hypertension (elevated blood pressure); while the relationship between heart disease and strokes appears to be J-shaped. Some studies suggest that light to moderate alcohol consumption may have a protective effect on such conditions <sup>7</sup>.

Other conditions where heavy alcohol use is implicated in poor health outcomes include brain damage <sup>8</sup>, diabetes, pregnancy <sup>9</sup>, depression, epilepsy, mental illness, TB, and pancreatitis, to name only the most prominent.

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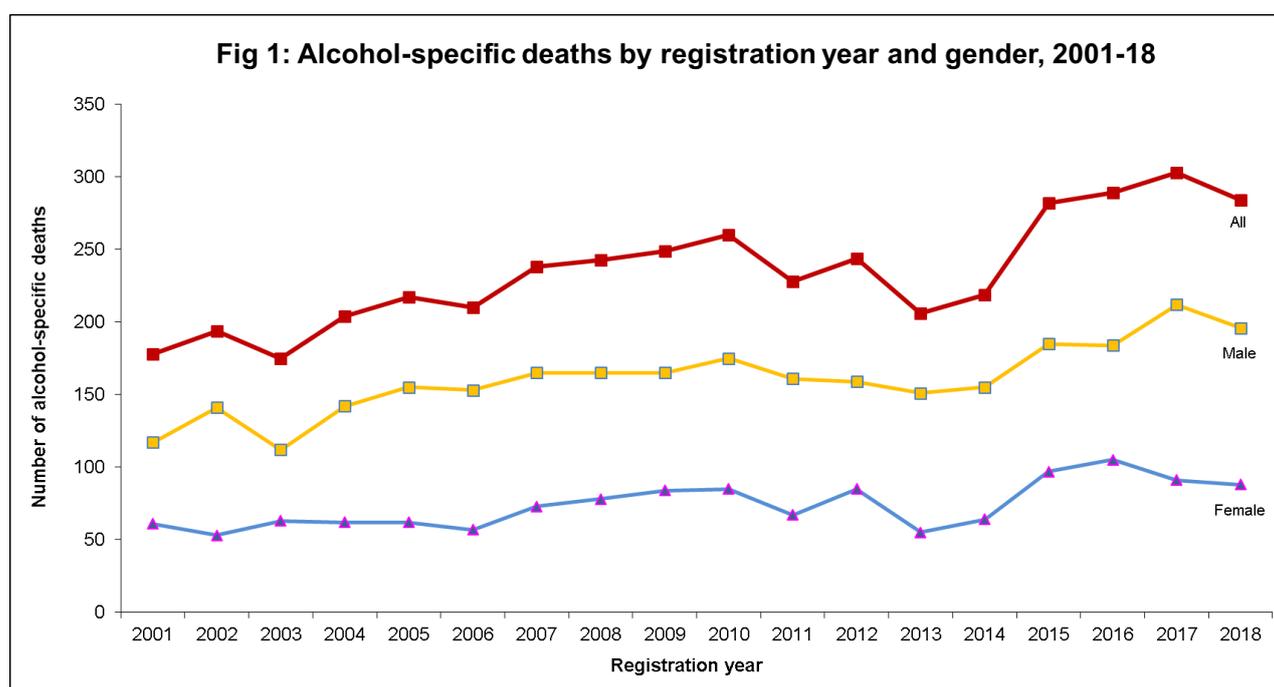
<sup>7</sup> A number of studies on alcohol-related morbidity have found a **J-shaped curve**, i.e. those who drink no alcohol appear to have a greater risk of death from conditions linked to alcohol than those who drink a small amount of alcohol per week, but as drinking gets heavier, the risk of alcohol-related death increases steadily. This has led to the conclusion that, for some conditions (such as heart attacks and strokes) light to moderate drinking may have a protective effect (Source: PHE 2016).

<sup>8</sup> Alcohol-related brain damage (ARBD) describes the effects of changes to the structure and function of the brain resulting from alcohol toxicity and vitamin deficiencies (principally thiamine). It is an umbrella term, which has been introduced to cover the wide range of individually-named conditions, such as Korsakoff's Syndrome and cerebellar syndrome. The common characteristic is the existence of cognitive impairment directly related to chronic alcohol consumption (source: Royal College of Psychiatrists, 2018, see <https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2018-college-reports/alcohol-related-brain-damage-in-northern-ireland-cr212-apr-2018>)

<sup>9</sup> Alcohol is a teratogen, meaning it can affect foetal development. Foetal alcohol spectrum disorder (FASD) is an umbrella term for a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. Problems may include an abnormal appearance, short height, low body weight, small head size, poor co-ordination, low intelligence, behaviour problems and problems with hearing or seeing (source: PHE, 2018).

## Alcohol-related Mortality and Morbidity

Figures published by NISRA (2019) reveal that the number of alcohol-specific deaths in Northern Ireland during 2018 fell for the first time since 2013, but remains the third highest on record (Fig 1). In 2018, 284 of the 15,922 deaths registered in Northern Ireland were due to alcohol-specific causes. This is 16.9 per cent more than was recorded a decade previously (243) but 6.3 per cent lower than the 2017 total of 303, which was the highest on record. Alcohol-specific deaths continue to account for less than two per cent of all deaths registered each year. Males typically account for around two-thirds of such deaths in Northern Ireland <sup>10</sup>.



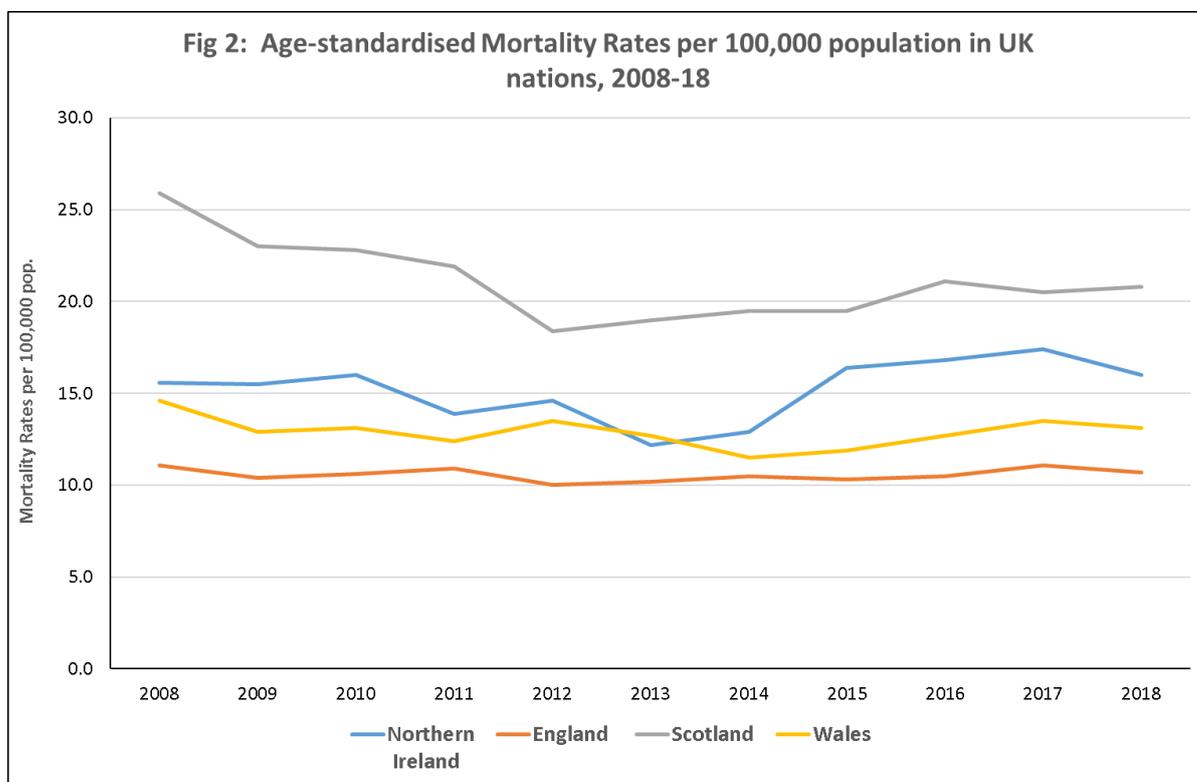
Data from the period 2014 – 2018 show there are notably higher numbers of alcohol-specific deaths in areas of deprivation across Northern Ireland, with the death rate in the most deprived decile (27.4 deaths per 100,000 population) being over three times higher than that in the least deprived decile (7.6 deaths per 100,000 population) <sup>11</sup>.

In 2018, Northern Ireland had the second-highest alcohol related mortality rate of the four UK nations (16 per 100,000) after Scotland (20.5), with England (10.7) the lowest (Fig. 2 and Table 1). While the mortality rate in Scotland has fallen over the past decade, from a peak of 25.9 per 100,000 in 2008, the Northern Ireland rate fell to a low

<sup>10</sup> NISRA (2019) Statistics Press Notice: Alcohol-specific deaths registered in Northern Ireland (2018). Available at: [https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Alcohol-specific\\_deaths\\_Press\\_Release\\_18.pdf](https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Alcohol-specific_deaths_Press_Release_18.pdf)

<sup>11</sup> The most deprived decile is based on the Northern Ireland Multiple Deprivation Index 2017, and refers to the 20 percent most deprived Super Output Areas (SOAs) in Northern Ireland. Source: NISRA.

of 12.2 in 2012, but has since begun to climb (Fig 1). Over the same period, alcohol-related mortality in England consistently stood at between 10.0 and 11.0 per 100,000.



**Table 1: Age-standardised Mortality Rates per 100,000 population, UK Nations, 2008 – 2018**

Year	Northern Ireland	England	Scotland	Wales
2008	15.6	11.1	25.9	14.6
2009	15.5	10.4	23.0	12.9
2010	16.0	10.6	22.8	13.1
2011	13.9	10.9	21.9	12.4
2012	14.6	10.0	18.4	13.5
2013	12.2	10.2	19.0	12.7
2014	12.9	10.5	19.5	11.5
2015	16.4	10.3	19.5	11.9
2016	16.8	10.5	21.1	12.7
2017	17.4	11.1	20.5	13.5
2018	16.0	10.7	20.8	13.1

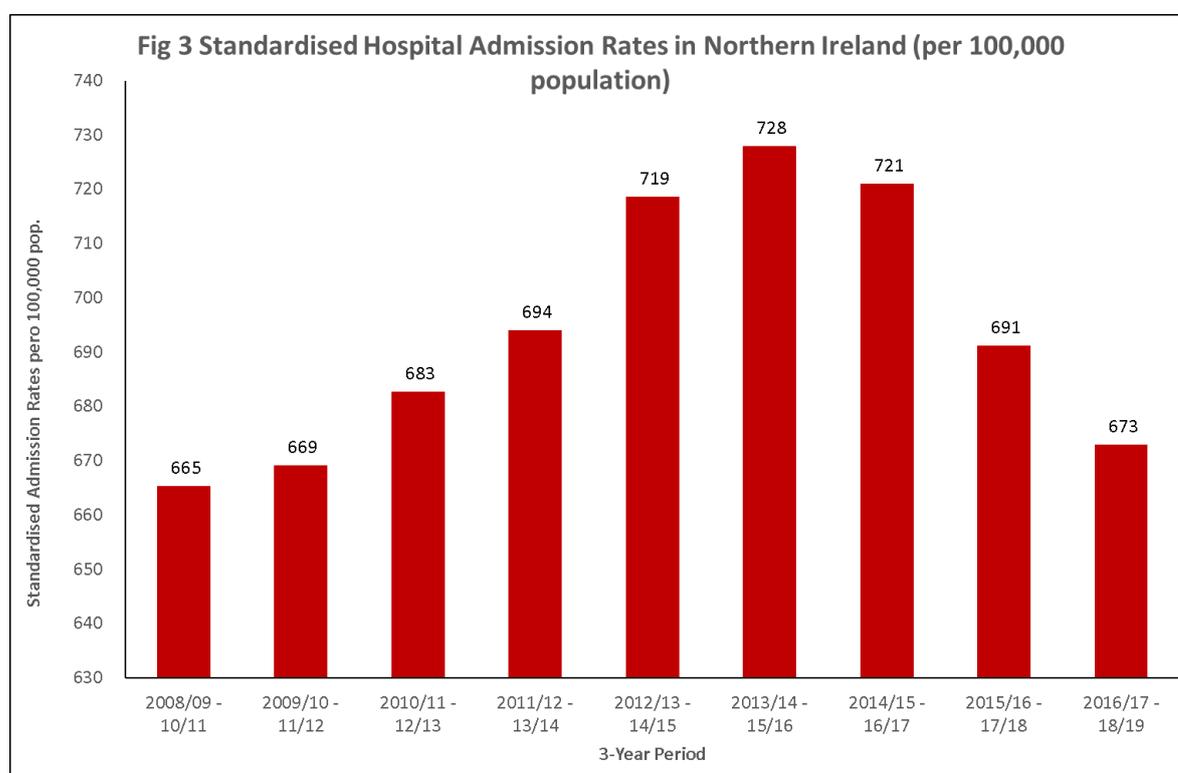
Source: Department of Health, NISRA, September 2020

According to the Northern Ireland Audit Office (2020), alcohol-related death rates have increased more in Northern Ireland than anywhere else in the UK - in the five years to 2017, alcohol-related deaths increased by over 40 per cent in Northern Ireland, which

is a significantly higher increase compared to the rest of the United Kingdom, where increases have ranged from six to nine per cent <sup>12</sup>.

## Hospital Admissions

As noted above, alcohol has been implicated as a casual factor in over two hundred medical conditions <sup>13</sup>. Data on alcohol admissions <sup>14</sup> reveals that hospital admission rates in Northern Ireland for alcohol-related disorders rose gradually during the three-year period, 2008 - 11 (665 per 100,000), peaked in 2013-16 (728 per 100,000), before falling to 673 per 100,000 in the period 2016 – 19. <sup>15</sup>.



<sup>12</sup> NIAO (2020) **Addiction services in Northern Ireland (full report)**. Available at: [https://www.niauditoffice.gov.uk/sites/niao/files/media-files/235243%20NIAO%20Addictions%20Services%20Report\\_NEW%204.pdf](https://www.niauditoffice.gov.uk/sites/niao/files/media-files/235243%20NIAO%20Addictions%20Services%20Report_NEW%204.pdf)

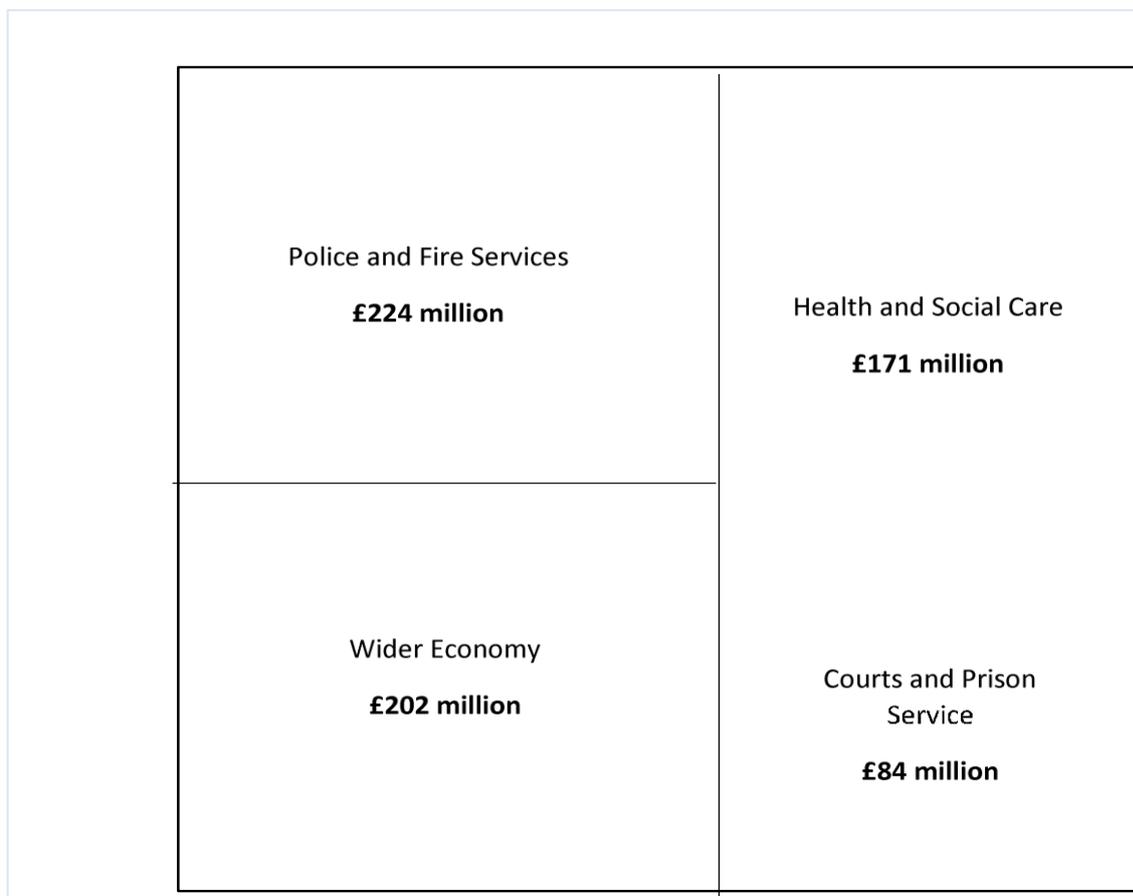
<sup>13</sup> Public Health England (2018) **The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies: an evidence review**. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/733108/alcohol\\_public\\_health\\_burden\\_evidence\\_review\\_update\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf)

<sup>14</sup> The data is extracted from the Patients Administrative System (PAS) and aggregated for three-year periods. Standardisation for age and sex is based on the European Standard Population 2013. Alcohol-related conditions are drawn from over 20 ICD-10 codes.

<sup>15</sup> NISRA (2019) **Standardised admissions rate for alcohol-related conditions**. Available at: [https://www.ninis2.nisra.gov.uk/Download/Health\\_and\\_Social\\_Care/Standardised\\_Admission\\_Rate\\_for\\_Alcohol\\_Related\\_Admissions\\_\(administrative\\_geographies\).ods](https://www.ninis2.nisra.gov.uk/Download/Health_and_Social_Care/Standardised_Admission_Rate_for_Alcohol_Related_Admissions_(administrative_geographies).ods)

In Northern Ireland, the number of hospital admissions was 10,954 in 2008/09, reached a peak of 14,057 in 2014/15, before falling to 12,933 in 2017/18 <sup>16</sup>. According to NISRA (2020), direct comparisons with the other UK nations are problematic due to “difficulties in comparing between different systems.” (personal communication, 14 September 2020).

### 3. Alcohol Misuse – Cost to Public Sector and Wider Society



**Fig 4: Estimated cost of alcohol misuse in Northern Ireland, 2009**

Source: DHSSPS, 2010

Alcohol is less expensive than ever. According to NHS Digital (2020), using 1987 as a baseline, by 2019 alcohol had become 74 per cent more affordable in the United Kingdom. This is due to a number of factors, including a rise in disposable income,

<sup>16</sup> Alcohol-related admissions are identified using twenty ICD-10 codes, ranging from pancreatitis to liver disease and alcohol poisoning.

plus the price of alcohol rising at a lower rate than the Retail Prices Index for a considerable period <sup>17</sup>.

While the purchase of alcohol is becoming cheaper (in real terms), the cost of alcohol misuse to the public sector and wider society is increasing. In 2009, the Department of Health, Social Services and Public Safety (DHSSPS, 2010) commissioned a review of the social costs of alcohol misuse in Northern Ireland. The resulting report <sup>18</sup> estimated that alcohol misuse cost around £680 million per annum (Fig 4 above). This estimate was later revised upward to £900 million by 2014 <sup>19</sup>. More recent estimates are not available, but are likely to be even higher than the 2014 figure.

The 2009 estimates included £171 million of direct health and social care costs; £224 million for fire and rescue and police service costs; £84 million for courts and prisons; and £202 million of costs to the wider economy. This includes the costs of absenteeism at work, plus unemployment and premature mortality due to alcohol - related conditions <sup>18</sup>.

Despite these significant costs to the public sector, a relatively small budget is allocated to tackling the alcohol problem by the Department of Health. According to a recently-published report by the Northern Ireland Audit Office (NIAO, 2020) <sup>20</sup>, in terms of direct funding, the Department allocates £8 million per annum for implementation of the *New Strategic Direction for Alcohol and Drugs*. It also allocates £8 million per annum for statutory addiction services from the mental health budget, representing 5 per cent of the total mental health budget.

In its report, the Audit Office also commented on treatment services for alcohol misuse, noting that the data collected by the Department is largely activity based, recording the number of service users who enter treatment, rather than outcome-based.

“In our view, reliable information on outcomes is essential to ensure that the services that are being commissioned in Northern Ireland are effective for service users and providing value for money for taxpayers. Reliable outcome data will be crucial for strategy and planning purposes and as a result it is important that a regionally agreed, consistent approach is established. Whilst we acknowledge that this information can be difficult to collect, ultimately the Department’s data should focus

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<sup>17</sup> NHS Digital (2020) **Statistics on Alcohol, England 2020: Part 7: Expenditure and Affordability**. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-7>

<sup>18</sup> Department of Health, Social Services and Public Safety (2010) **Social Costs of Alcohol Misuse in Northern Ireland for 2008/09**. Available at: <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/scam-2008-09.pdf>

<sup>19</sup> NIAO (2020) **Addiction services in Northern Ireland (full report)**. Published 30 June 2020. Available at: [https://www.niauditoffice.gov.uk/sites/niao/files/media-files/235243%20NIAO%20Addictions%20Services%20Report\\_NEW%204.pdf](https://www.niauditoffice.gov.uk/sites/niao/files/media-files/235243%20NIAO%20Addictions%20Services%20Report_NEW%204.pdf)

<sup>20</sup> NIAO (2020) *Ibid*.

on the impact services have on people's lives rather than on how the services themselves are being delivered." (NIAO, p.43)

## 4. Alcohol and the Criminal Justice System

### Test Purchasing

In an attempt to tackle underage drinking in Northern Ireland, a provision was inserted in the Criminal Justice (NI) Order 1998. Article 67 of the Order created a 'test purchase' power to allow police officers to identify licensed premises, including supermarkets, selling alcohol to under 18s. Specifically, the article allows a person under the age of 18 to enter licensed premises and to seek to purchase alcohol, under the direction of a police officer. The provision was aimed at preventing young people from accessing alcohol from licensed premises. However, the *Test Purchase of Alcohol Scheme*, as it became known as, was suspended after a few months in 2012, following concerns from youth organisations about the welfare of teenage volunteers, who were aged between 15 and 17<sup>21</sup>. A proposal to reintroduce the Scheme in 2016 was shelved after it failed to gain approval<sup>22</sup>. Test-purchasing initiatives are widely used by authorities in the rest of the UK and Republic of Ireland.

As an alternative to the statutory PSNI Scheme, mystery shoppers are sometimes used by retail surveillance firms, such as *Serve Legal*, to monitor compliance with the licencing laws. Typically, such tests involve young-looking 18 and 19-year-olds purchasing alcohol in pubs, bars, late-night venues, supermarkets and petrol stations. In one such exercise in 2016, retailers in Northern Ireland were caught selling alcohol to over one-in-four teenage mystery shoppers without asking for ID. Of almost 300 test purchases carried out in pubs and off-sales venues, 72 per cent saw proof of age requested – a worse record than anywhere else in the UK<sup>21</sup>.

### Young People and Alcohol

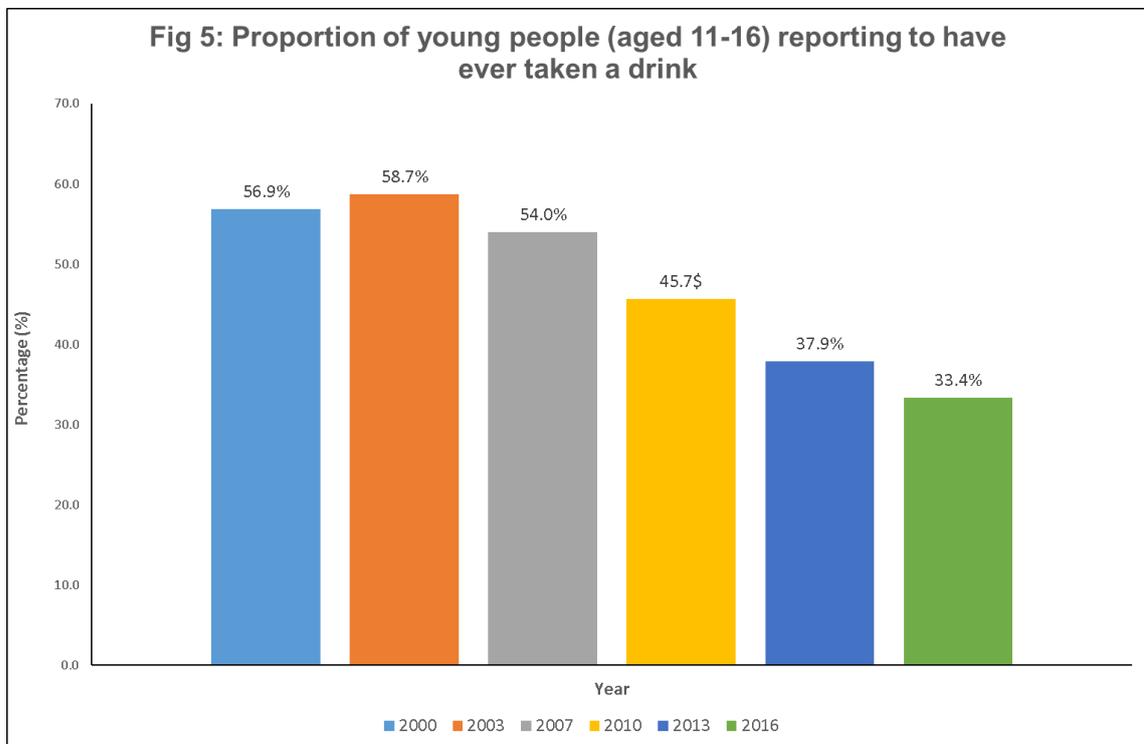
The Young Persons' Behaviour and Attitudes Survey (YPBAS), which is commissioned by a consortium of government departments, is a school-based survey conducted among 11-16 year-olds in Northern Ireland. The most recent survey – conducted in 2016 – contained a module on health-related behaviours, including alcohol usage. This was the sixth round of the survey, having taken place in 2000, 2003, 2007, 2010 and 2013.

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<sup>21</sup> According to an Irish News (2007) report, in the few months of its operation three licensed premises were caught selling alcohol to minors. See Irish News, 3 July 2017. Available at: <https://www.irishnews.com/news/2017/07/03/news/one-in-four-northern-ireland-teens-sold-alcohol-without-id-checks-1073110/>

<sup>22</sup> Following an Equality Impact Assessment (EQIA) by the PSNI, a Paper was submitted to the Service Executive Board (SEB) in 2016 seeking approval to recommence the Scheme. Approval was not granted. See PSNI (2016) **Final Decision Report: Alcohol test purchasing procedures**. Available at: <https://www.psni.police.uk/globalassets/inside-the-psni/our-policies-and-procedures/equality-diversity-good-relations/documents/test-purchasing---eqia---final-decision-report.pdf>

Among various findings relating to alcohol, it was found there has been a substantial decline in the proportion of young people ever having drunk alcohol (Fig 5). In 2000, over half (56.9%) of children reported ever having taken a drink: by 2016, this number had fallen to a third (33.4%).



### Alcohol-related Crime in Northern Ireland

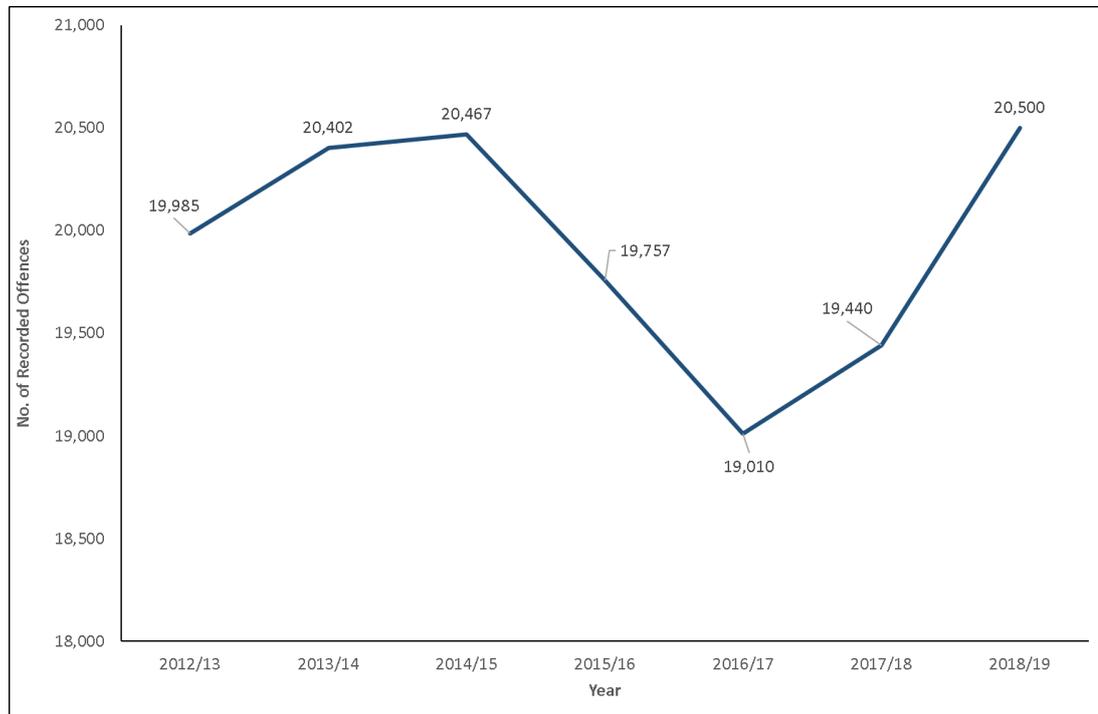
According to the PSNI (2020), alcohol-related crime is identified through the use of a 'flag' on the crime recording system. The flag is applied where it is perceived by the victim, or any other person, that the effects of alcohol consumption on the offender or victim was an aggravating factor <sup>23</sup>.

Since 2012/13 (start of the data series), typically **around one in five crimes** recorded by the police have been flagged with an alcohol motivation. The crime types where the highest levels of alcohol motivation have been identified are those within violence against the person.

Fig 7 shows a breakdown of alcohol-motivated crime by crime type for 2018/19. It reveals that violence against the person (with or without injury) accounts for 70 per cent of all crime where alcohol was a factor. The proportion of violence against the person offences with an alcohol motivation was at its highest in 2012/13 and has since fallen in each year. Overall, the total number of alcohol-related crimes rose by 1,060 (5.5%)

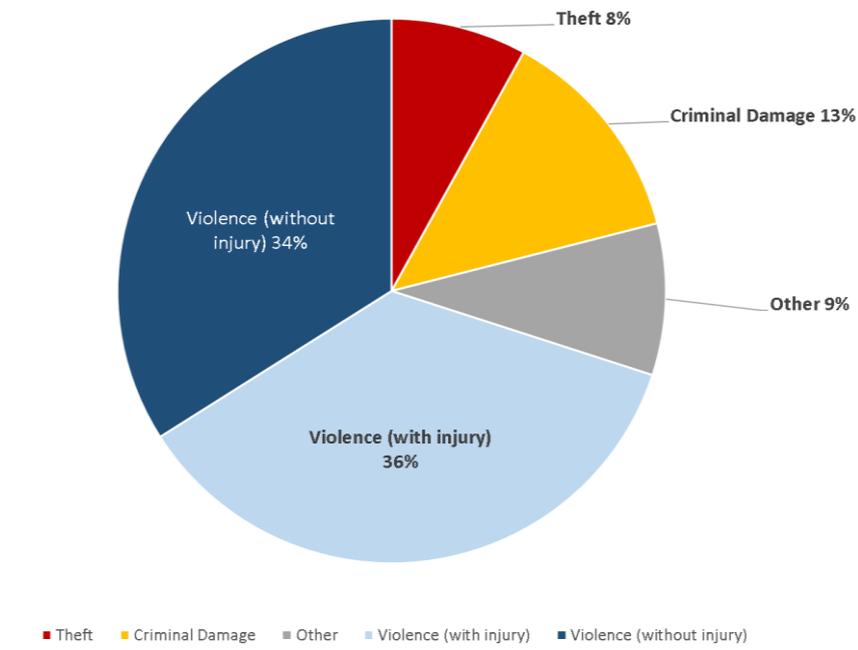
between 2017/18 and <sup>23</sup> 2018/19 to a total of 20,500, representing 19.6 per cent of total recorded crime (Fig 6).

**Fig 6: Total alcohol-related crime, 2012/13 – 2018/19**



Source: PSNI (2020)

**Fig 7: Alcohol-motivated crime by type of crime, 2018/19**

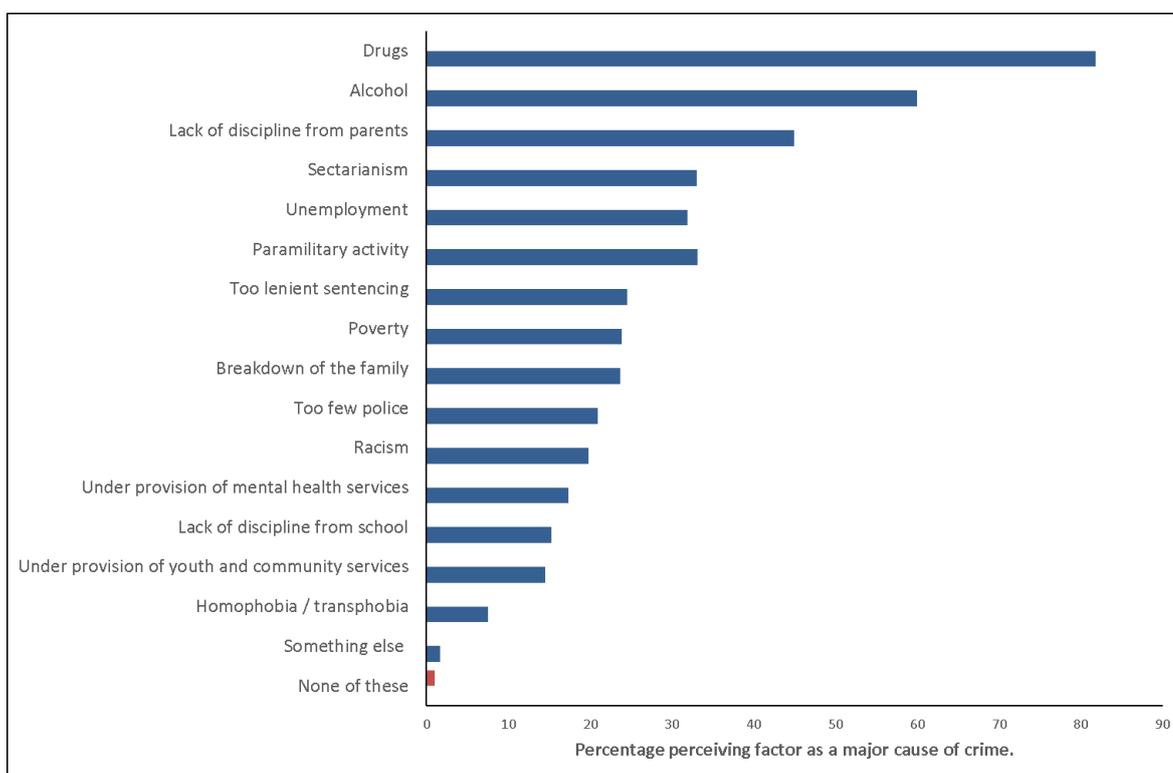


<sup>23</sup> PSNI (2020) **Trends in Police Recorded Crime in Northern Ireland, 1998/99 to 2018/19**. Available at: <https://www.psnipolice.uk/globalassets/inside-the-psni/our-statistics/police-recorded-crime-statistics/documents/police-recorded-crime-in-northern-ireland-1998-99-to-2018-19.pdf>

In addition to recorded crime figures published by the PSNI, NISRA also conducts an annual survey which looks at both perceptions and experiences of crime. Formerly known as the Northern Ireland Crime Survey (NICS), since 2017 it has been renamed the Northern Ireland Safe Community Survey (NISCS). The NISCS is a representative, continuous, personal interview survey of 3,429 adults living in private households throughout Northern Ireland <sup>24</sup>.

In the survey, respondents are asked to select from a list the factors they consider to be *major* causes of crime in Northern Ireland today. The 2018/19 results show that, as in previous years, drugs, alcohol and a lack of discipline from parents (82%, 60% and 45% respectively) remain the three factors most commonly identified as major causes of crime in Northern Ireland today (Fig 8).

**Fig 8: Perceptions of causes of crime (%) in Northern Ireland, 2018/19**



Source: Northern Ireland Safe Community Survey 2018/19

### Night-time Economy

In earlier iterations of the NI Crime Survey (2011 – 2013), respondents were asked about the night-time economy (NTE), and specifically their perceptions and

<sup>24</sup> NISRA (2020) **Perceptions of Crime: Findings from the 2018/19 Northern Ireland Safe Community Survey**, V Banks and P Campbell, Department of Justice, February 2020. Available at: <https://www.justice-ni.gov.uk/sites/default/files/publications/justice/perceptions-crime-18-19-nics-survey.pdf>

experiences of visiting their local high street or town centre in the evening to socialise. This might include going to pubs, clubs, restaurants, cinemas, theatres or concerts. While the majority of respondents felt safe when socialising in their town centre, the 2013 figures revealed that 63 per cent considered alcohol-related anti-social behaviour as a very or fairly big problem within the night-time economy. Over a third (36%) considered 'people drinking or being drunk in public' as the single most serious problem within the night-time economy <sup>25</sup>.

#### 4. Alcohol and the Economy

Oxford Economics were commissioned by the British Beer and Pub Association (BBPA) to provide an estimate of the economic impact of the beer and pub sector in the UK. The study was published in August 2018 <sup>26</sup>. Table 2 contains a summary of the key findings relating to Northern Ireland.

**Table 2: Impact of Beer and Pubs on Northern Ireland 2018**

GVA	£390m
Employment	11,270
Wages	£200m
Tax Contribution	
Corporation Tax	£21m
Income Tax and NIC	£24m
Excise Duty	£41m
VAT	£134m
Excise Duty (other drinks)	£24m
Business Rates	£18m
Total	£261m

Sources: Annual Business Survey (ONS), Department for the Economy, Oxford Economics, August 2018

Total GVA was estimated at £390 million <sup>27</sup> while 16,240 jobs were directly or indirectly supported by the Beer and Pubs sector in Northern Ireland. Tax revenues totalled £261m, and include Corporation Tax (£21m), Income Tax and National Insurance (£24m), Excise Duty (£41m), VAT (£134m), and Rates (£18m). These figures reveal

<sup>25</sup> Department of Justice (2014) **The Night-Time Economy: Findings from the 2011/12 and 2012/13 Northern Ireland Crime Surveys**. P Campbell and G Cadogan, October 2014. Available at: <https://www.justice-ni.gov.uk/sites/default/files/publications/doj/the-night-time-economy-findings-from-the-2011-12-and-2012-13-nics.pdf>

<sup>26</sup> Oxford Economics (2018) **Local impact of the UK beer and pub sector**. August 2018. Available at: <http://beerandpub.com/wp-content/uploads/2018/01/BBPA-2018-UK-report.pdf>

<sup>27</sup> GVA (Gross Value Added) is the measure of the value of goods and services produced in an area or sector of the economy, such as the hospitality sector. It is the measure of the contribution to GDP made by a sector.

that the sale and distribution of alcoholic beverages make an important contribution to the local economy.

## **5. Summary**

This Briefing Note has reviewed the most recently published statistics on alcohol consumption in Northern Ireland, and its impact on health, the criminal justice system, and the economy.