Northern Ireland Assembly

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Institute for Public Health webinar: Alcohol-Related Harms in Night Life Settings on the Island of Ireland

1 Background

The Institute of Public Health (IPH) North South Alcohol Policy Advisory Group held a **webinar** on 'Alcohol-Related Harms in Night Life Settings on the Island of Ireland' on 3 December 2020. Given the relevance of the subject matter to the Committee's consideration of the Licensing and Registration of Clubs (Amendment) Bill, the Clerk to the Committee asked that RaISe provide a short summary of the webinar.

The Webinar was Chaired by Dr Chris Luke, Consultant in Emergency Medicine and Senior Lecturer in Public Health, University College Cork. There were five presentations:

- Dr Helen McAvoy – **'Alcohol and the night-time economy – policy context across the island'**
- Dr Deirdre Mongan – **'Alcohol Consumption and Harms in Nightlife Settings in the Republic of Ireland'**
- Dr Joanna Purdy – **'Alcohol Consumption and Harms in Nightlife Settings in Northern Ireland'**

- Professor Niamh Fitzgerald **– 'The Relationship between alcohol licensing and alcohol related arm and some COVID-19 perspectives'**
- **Joanne Hopkins – 'Welsh Approach to the Management and Monitoring of Alcohol Harm in the Night-Time Economy'**

The Institute for Public Health intends to produce an **outcomes document** on the webinar which will be circulated next year, RaISe will ensure that a copy of the report is provided to the Committee office when it becomes available. **Members may be particularly interested in sections 2, 4 and 5** as these presenters may provide evidence in relation to the Committee's Call for Evidence on the Licensing and Registration of Clubs (Amendment) Bill.

The following sections provide a brief overview of each of the presentations.

2 Alcohol and the Night-Time Economy – policy context for the Island of Ireland

This presentation was provided by **Dr Helen McAvoy, Director of Policy, Institute for Public Health**. The previous Committee for Communities received oral evidence from Dr McAvoy as part of its consideration of the 2016 Licensing and Registration of Clubs (Amendment) Bill. The presentation covered three areas (a) the change agenda (b) alcohol policy and COVID-19 and (c) policy considerations.

(a) The change agenda

Dr McAvoy covered some recent developments in licensing policy and the night-time economy in the Republic of Ireland and Northern Ireland[1]:

The Republic of Ireland

- The Programme for Government 'Our Shared Future' outlined a commitment to "create a vibrant, diverse and sustainable night-time economy in Ireland.
- In October 2020, a Night-time Economy Taskforce, was established by the Minister of Tourism, Culture, Arts, Gaeltacht, Sport and Media.
- Plans are underway to consult on the modernisation of licensing laws and licensing applications processes in the Republic of Ireland.
- There is support for the establishment of Night-time "Culture Mayors" for Dublin and Cork.
- Continued implementation of the Public Health (Alcohol) Act which includes legislative provision for the introduction of Minimum Unit Pricing in the Republic of Ireland (although this may only be implemented if Minimum Unit Pricing is also introduced in Northern Ireland).

[1] Hyperlinks have been inserted by RaISe to provide links to further information on these issues.

Northern Ireland:

- *'New Decade, New Approach'* committed to publishing a successor strategy and action plan to the 'New Strategic Direction for Alcohol and Drugs Phase 2'.
- In July 2020, the Minister for Health announced his intention to hold a public consultation on Minimum Unit Pricing in 2021.
- Reform of licensing law via the **Licensing and Registration of Clubs (Amendment) Bill**. Dr McAvoy provided participants with an **outline of liquor licensing developments** in Northern Ireland beginning with first Licensing and Registration of Clubs (Amendment) Bill (in 2016) right up until 2020 and the **Committee for Communities call for evidence** on the current Licensing and Registration of Clubs (Amendment) Bill. She then provided an overview of the key features of the Bill e.g. extension of opening hours and drinking up time; children's certificates and underage functions; and sporting clubs.

(b) Alcohol policy and COVID-19

- Dr McAvoy provided an overview of **alcohol consumption during the pandemic**. She highlighted that it was a **mixed and evolving picture**. There was good news – with some evidence of overall reduced sales and evidence that some heavy drinkers were using the opportunity to cut down. However, there was a reported increase in hazardous drinking over time and a **shift in alcohol related harms from "street to home"**. There was no reduction in drink driving.
- Some alcohol-related issues relating to **COVID-19 and the law were covered** – the **designation of alcohol retail within "essential retail services"** and the message that this was sending out; and **viral transmission in domestic or outdoor** drinking occasions (such as house parties, street drinking and organised outdoor get-togethers). The **shifting of alcohol-related harms from "street to home"** had led to issues around domestic violence, child protection, house parties.
- Some recent international research on barriers to government action on alcohol in the pandemic was cited (Stockwell et al) – including intensive lobbying by the alcohol industry for governments to loosen restrictions e.g. on home deliveries of alcohol and reduction of taxes on alcohol (e.g. suspension of duty) and the need by governments to generate revenue from alcohol sales.

Policy considerations

- Dr McAvoy outlined some immediate; short-to-medium term; and long-term questions in relation to the "change agenda", i.e.
  - **Immediate questions (pandemic)**: intoxication alters drinkers risk-taking behaviour, what **evidence-based approaches are there to reduce viral transmission in licensed, domestic and drinking occasions**? How can **frontline workers be protected** from the elevated viral transmission risk associated with alcohol use?

- **Short-to-medium term**: if licensing reform increases hours of sale – how will this **change consumption and alcohol-related harms**? Continued availability of cheap alcohol facilitates excess consumption – **is minimum unit pricing needed now more than ever**?
- **Long-term:** if reforms expand licensing will this future **normalise alcohol consumption**? What **would public health as a licensing objective** look like on the island of Ireland? Is there political appetite to consider this?

3 Alcohol consumption and harms in night-life settings in the Republic of Ireland

This presentation was provided by Dr Deirdre Mongan (Researcher), National Drug and Alcohol Strategies, Health Research Board[2].

Dr Mongan's presentation looked at drinking patterns among adults, drinking patterns amongst 18-24 year olds; alcohol use in school children; drinking context amongst adults and young people (i.e. the location of alcohol consumption); alcohol-related harms (i.e. emergency department attendance); alcohol related hospital admissions; alcohol and self-harm; alcohol and crime; alcohol and public disorder; and alcohol and sexual assault. Some headline figures from the presentation are provided below.

Drinking patterns among adults

- National Alcohol Diary Survey (2013) results - around 37% of respondents consumed six or more standard drinks on a single occasion one or more times a month in the last year (defined as binge drinking). 6.9% of Irish drinkers had alcohol dependence. 33% of males and 23% of females drank above recommend weekly limits.

Drinking patterns among 18-24 year olds

- National Alcohol Diary Survey (2013) results – 13% of this age cohort were non-drinkers; 44% of males and 40% of females drank above recommended weekly limits; around 15% of young people aged 18-24 were alcohol dependent.

Alcohol use on school children

- Health behaviour in school children survey (2018) 81% had consumed their first alcoholic drink by the age of 17. 26% of 15 year olds, 46% of 16 year olds and 62% of 17 year olds reported having been "drunk" during their lifetime. Most popular drinks amongst this age cohort are spirits, beer and alcopops.

Drinking context

- Location of alcohol consumption in previous week – 65% consumed alcohol in their own or someone else's home; 47% in a pub/bar/nightclub; and 18% in a hotel or

[2] The Health Research Board is a statutory agency in the Republic of Ireland which support research and provides evidence to prevent illness, improve health and transform patient care.

restaurant. 72% of 18-24 year olds reported drinking alcohol in a pub/bar/nightclub in the previous week.

- Generally, the most popular day for consuming alcohol was Saturday (58%) and Tuesday (14%).

Drinking context – how young people access alcohol

- How do 16 year olds accessed alcohol? – 35% obtained it through a parent or guardian; 29% got it from a friend; 25% gave someone money to buy it; 19% got it from a pub/bar/disco. Where did they consume the alcohol – 33% at someone else's home; 22% at home; 22% at a bar or club; 12% in a street/park/open space.

Alcohol related harms

- Emergency Department attendance – there was limited data on ED presentations in RoI; one in four injuries attributed to alcohol related harm. A study of 29 Emergency Departments across four 6 hour periods – 6% of presentations were alcohol related – 29% of presentations were alcohol related in the early hours of Sunday morning). Injuries were both unintentional and intentional injuries caused by a third party who was affected by alcohol.

Alcohol related hospital admissions

- In 2018, 18,348 hospital admissions in RoI were wholly attributable to alcohol (88% chronic, 12% acutely diagnosed).
- 1 in 4 acute admissions were aged 18 to 29 years old.

Alcohol-related self-harm

- Alcohol was a factor in 30% of self-harm presentations to Emergency Departments. Attendance for self-harm tends to be at night, at weekends and public holidays.

Alcohol, crime and public disorder

- Limited data available on alcohol and crime in RoI. 9% of drinkers reported to have been in a physical fight in the previous 12 months.
- Harm from strangers' drinking – impact on sleep disturbance, harassments on the streets, feeling unsafe in a public place, fear of encountering drinkers on the street.

Alcohol and sexual assault

- 2018 study – 44% of attendees to Sexual Assault and Treatment Unit had consumed more than 6 standard drinks prior to the incident. 2015 study of university students – reported that 29% of female and 10% of males experienced sexual misconduct (defined as non-consensual behaviour). 65% of these females and 64% of the males reported that their perpetrator had been drinking alcohol at the time of the incident.

Conclusion

- Survey data indicates that Ireland has a high level of problematic drinking patterns.
- Alcohol-related harm arising from night-life settings likely to be considerable.

- Needs to be improvement in routine data collected particularly in Emergency Departments and crime statistics.

4 Alcohol consumption and harms in nightlife settings in Northern Ireland

This presentation was provided by **Dr Joanna Purdy, Public Health Development Officer, Institute of Public Health**. The previous Committee for Communities received oral evidence from Dr McAvoy as part of its consideration of the 2016 Licensing and Registration of Clubs (Amendment) Bill.

Dr Purdy's presentation looked at four issues – (a) data monitoring systems; (b) alcohol consumption and drinking patterns in Northern Ireland; (c) alcohol-related harms and public safety concerns; and (d) observations.

(a) Data monitoring systems

- Dr Purdy provided an overview of the data monitoring systems in NI – e.g. Health Survey NI 2018/19; Adult Drinking Patterns Survey 2013; Young People's Behaviour and Attitudes Survey 2017/18; NI Safe Community Survey 2017/18; NI Crime Survey 2012/13/ PSNI Crime Statistics 2019/20 etc.

(b) Alcohol consumption and drinking patterns in Northern Ireland

- Based on survey results – 35% of males and 27% of females reported binge drinking; and 31% of males and 9% of females reported drinking above weekly limits.

Young people and alcohol consumption

- There has been a decline in the proportion of young people having drank alcohol and having been drunk. Young People's Behaviour and Attitudes Survey – 71% of young people reported that they had never taken an alcoholic drink; boys (32%) more likely to have reported having taken alcohol than girls (26%). Pupils aged 15-16 years old (56%) more likely to have reported having taken alcohol than younger pupils aged 11-12 years old (9%).
- Last place a young person reported to have consumed alcohol was – the home (29%); someone else's house (15%); last special occasion (e.g. wedding) (12%); at a party (12%); outside (e.g. street or park) (10%); and rave, disco, club or concert (6%).
- How young people access alcohol: from a parent (22%); friends (16%); from someone else (13%); got it themselves at a party or wedding etc. (8%); and from another relative (7%).

Where adults drink

- Around two-thirds drank in their own home; 20% drank in a pub, 17% in a restaurant and 16% in someone else's house.

- Drinking in pubs was twice as popular for males (26%) than it was for females (12%). Drinking in restaurants and hotels more common for higher income households, drinking in pubs more popular with those in manual occupations.

(c) Alcohol related harms and public safety concerns

Alcohol-related harms – Emergency Department attendance

- Estimated that 25% of A&E attendance in NI is related to alcohol (around 205,809 attendances in 2017/18). With an associated cost of £160 per attendance and a total cost of around £32.9m.

Public safety concerns

- Research demonstrates that people do not avail of the night-time economy due to a number of reasons – "didn't really need or want to go"; personal or domestic reasons; people drinking or being drunk in public; unfriendly/intimidating atmosphere; worried about being assaulted; worked about being harassed, intimated or verbally abused. However, majority of people in the survey felt safe (32%) or fairly safe (56%) when socialising in their own town centre in the evening.
- NI Community Safety Survey 2018/19 – 60% of respondents across Northern Ireland considered alcohol to be a major cause of crime, 7% considered alcohol to be the main cause of crime.

Alcohol-related crime

- **One in five crimes recorded by the police have an alcohol motivation**. Crimes with the highest levels of alcohol motivation are "violence against the person". Around a half of all violence with injury (including homicide) had an alcohol motivation. At least one third of crimes with a domestic abuse involved alcohol. Alcohol involved in a range of other crimes including sexual assault, theft and criminal damage.

Self-harm

- NI Registry of Self-Harm Annual Report 2017/18 - monthly average number of self-harm presentations to hospitals in 2017/18 was 761. **Alcohol was involved in 44% of all self-harm presentations**. Alcohol was involved in 23% of young male presentations and 14% of young female presentations.

(d) Observations

- There are useful data monitoring systems currently in place in NI but there are **opportunities to further analyse existing data** to better understand the types of drinking occasion, type and extent of harm experienced; and the day and time when harms and crime occur.
- Focus on the New Strategy Direction for Alcohol and Drugs (Phase 2) and Making Life Better indicators for Northern Ireland.

- Department for Communities – carried out a useful **mapping exercise of alcohol retailing** in NI.
- The PHA All-island Alcohol Data Directory – has a wide range of data on alcohol related issues - https://publichealth.ie/alcohol-data-directory/

5 The relationship between alcohol licensing and alcohol related harm

This presentation was provided by **Professor Niamh Fitzgerald, Institute for Social Marketing, University of Stirling**.

Professor Fitzgerald outlined that the University of Stirling is working on several studies including:

- Measuring public health involvement in licensing in 40 local authorities over a 7year period in England and Scotland – examining whether it has made a difference to health and crime outcomes over that period.
- Lockdown and Licensed Premises Study – a COVID-19 rapid study to understand business practices and customer and staff behaviour. It also looks at ambulance call out rates during the COVID-19 period.
- ELEPHANT – study started in October 2020 and will look at the impact of changes in licensing opening hours.

All three studies informed the finding of the presentations. The presentation focused on the question - **How can licensing make a difference to alcohol related harms?** It focused on three areas in particular (a) **Premises type and operation**, (b) **where can alcohol be purchased?**, and (c) **What times can alcohol be purchased?**

(a) Premises type and operation

- Professor Fitzgerald highlighted that **"All premises are not created equal"** and there are quite distinct differences between types of premises e.g. bars, nightclubs, theatres, Stadia. There are even distinct differences within the same category, for example, with "bars" there are traditional pubs, modern pubs, sports bars and wine bars. There are hybrid venues which are a mixture of different types of premises.
- Premises are also **managed and run to different levels of risk, competence and responsibility**. Alcohol sales in the night-time economy and/or poor management can lead to acute harms – e.g. public drunkenness and assaults, involve police, ambulance and A&E resources. Chronic harm is usually associated less with when or where alcohol is consumed but with the volume of alcohol consumed over weeks, months and years.
- Professor Fitzgerald talked about the **levers that exist in licensing systems to influence premises type and operation** e.g. fitness to hold a licence tests; withdrawal of licences or refusal to renew licences; banning the sale of alcohol to people already heavily intoxicated; mandatory training for licence holders; server

training; **discouraging the awarding of licences to areas that are already overprovided** (e.g. through overprovision restrictions in Scotland and Cumulative Impact Zones in England and Wales). Many levers are supported by alcohol businesses through developments such as Best Bar None and PubWatch.

- Responsible operation of premises – laws which prohibit sales to people who are drunk are rarely effectively enforced but initiatives such as "Drink Less, Enjoy More" have been successful in reducing such sales. "Drink Less, Enjoy More" was a campaign targeted at 18-30 year olds which encouraged young people to cut back on the amount of drink they consumed at home before going out for the night.

(b) Where can alcohol be purchased – "Spatial Availability"

- Key issues to look at are the **density of licensed premises** (i.e. how many licensed premises exist in a given area) and the **clustering of premises** (i.e. groups of premises that are closely located in a single street or zone).
- **Why does this matter in terms of alcohol availability?** Matters for three reasons (i) an increase in alcohol availability leads to an increase in alcohol consumption (ii) alcohol can become cheaper to purchase as premises compete with one another for business (iii) marketing – every premises acts as an advert for alcohol – especially with branded merchandise outside (e.g. branded "jumbrellas").
- **How do licensing systems across the UK/ROI control "Spatial Availability"? NI system of the "surrender principle"** controls special availability (NI perceived to be the "gold standard" system amongst many public health professionals for controlling the sale of alcohol. Scotland, England and Wales – **public health departments/teams have a statutory role in the licensing system** and can object to licences being granted. Scotland's licensing system has a **statutory public health objective**. Overprovision and Cumulative Impact policies aim to prevent proliferation of licensed premises in GB.
- **What evidence links spatial availability to alcohol-related harms?** Consistent evidence from several studies that find increases in outlet density (both on and off sales) are associated with increases in alcohol consumption and to some extent violence and other harms. Studies show strong association in neighbourhoods between outlet density, deprivation and alcohol related harms. Studies underway in Scotland to look longitudinally at outlet density to understand what comes first premises or harm?

(c) What times can alcohol be purchased?

- **Opening hours (and days of sale) for on and off licence premises** plays an important part in the **overall availability of alcohol**.
- Posed the question, what would make alcohol more available? – an extra nightclub in a city or one hours later closing time for premises that can already open later?
- Important to consider the interaction between on and off licensed hours.

- **International literature consistently suggests significant risks of later opening hours** – international systematic reviews find that **extensions in late night opening for licensed premises are linked to increased intoxication, assaults, injuries and use of services** (e.g. police, ambulance). Recent research studies – in Amsterdam found a one hour extension of closing time was associated with 34% more alcohol-related ambulance call-outs (between 2am and 6am). A Norwegian study across 18 cities found each additional one hour extension to opening hours was associated with 16% increase in police reported assaults (between 10pm and 5am).
- **Evidence from the GB is more mixed, out of date or methodologically weaker as it is not directly applicable to the licensing systems of Scotland/NI/ROI** – therefore vitally **important to robustly evaluate the impact of any changes in licensing hours**.
- **ELEPHANT study** – new study conducted by the University of Stirling will evaluate the impact of increasing in trading hours for bars and clubs in Glasgow and Aberdeen[3] to harms, services (e.g., police and ambulance) and costs in the night-time economy. Likely to have implications for other major UK cities.

Conclusions

- There are numerous ways to intervene in the night-time economy to reduce alcohol-related harm.
- Clear evidence that greater availability of alcohol leads to greater consumption.
- Strong evidence linking later opening hours (after midnight) with increase in assaults and/or use of police and ambulance services.
- Post-COVID – there is a need to protect what is good about the night-time economy (e.g. socialising, enjoyment) with the opportunity to reflect on what level and types of alcohol related harm are acceptable e.g. balancing acute and chronic harm; protecting public services.
- Opportunities to re-shape the night-time economy – e.g. Scottish pubs in tier 3 are open but cannot serve alcohol indoors – can licensing levers be used to shift people towards non-alcoholic alternatives (e.g. by place-shaping and initiatives such as “Drinking Less, Enjoying More”).

6 Welsh approach to the management and monitoring of alcohol harms in the night-time economy

This presentation was provided by **Joanne Hopkins, Programme Director, Criminal Justice and Violence Prevention, Public Health Wales**. The presentation covered

[3] 10 nightclubs in Glasgow City were granted an extra hour from 3am to 4am from April 2019; In Aberdeen, multiple bars were granted longer opening hours to 2am or 3am from 2018.

(a) licensing and the Welsh context; (b) the Impact of COVID-19; monitoring the impact of alcohol in Wales;

(a) Licensing and the Welsh Context

- Licensing Act 2003 regulates the sale and supply of alcohol in England and Wales.
- Businesses selling or supplying alcohol require a **premises licence**, any individual who plans to sell or supply alcohol require a **personal licence**. Private members' clubs require a **club premises certificate**.
- Sale and supply of alcohol can be controlled via **Early Morning Restriction Orders** (EMROs). These enable a licensing authority to prohibit the sale of alcohol for a specified time (e.g. between the hours of midnight and 6:00am). EMROs are designed to address recurring problems in a specific geographical location e.g. high levels of alcohol related crime or disorder; serious public nuisance; and alcohol related anti-social behaviour which are not directly attributable to a specific premises.
- **Alcohol consumption levels in Wales** – 19% of adults in Wales drinking above the weekly guidelines (2016-2018 figures). Males aged 55-74 had the highest levels of alcohol consumption in Wales (around a third drinking above 14 units per week).
- **Alcohol-specific hospital admissions** – there were around 14,600 alcohol specific hospital admissions in Wales – number of admissions for men was double that of females. Females tended to be admitted for mental and behavioural conditions. More than a fifth of admissions for both men and women were for alcoholic liver disease.
- **Minimum Unit Pricing of Alcohol (MUP)** was legislated for in the Public Health (Minimum Unit Price for Alcohol) (Wales) Act 2018 (received Royal Assent in August 2018). An **MUP of 50p was introduced from 2 March 2020**.

(b) Impact of COVID-19

- Evidence of **stockpiling of alcohol just before COVID restrictions**, sales rose by 67% the week prior to lockdown, an extra £160m was spent on alcohol in the supermarkets. One in five reported an increase in alcohol consumption to cope with stress and anxiety. Concerns that alcohol consumption was increasing violence in the home *(note: not sure from the presentation if this specifically relates to Wales or to UK as a whole).*
- Overview of some **international issues** provided – in **South Korea**, clusters of outbreaks were associated with the opening up of nightclubs; **England and Wales** – concerns overt illegal parties and raves and the impact on social distancing and policing resources. In **Wales**, reports indicate that businesses have benefited from re-opening on a Monday after the relaxation of restrictions (rather than re-opening at peak times) as this provided staff with time to train and become familiar with new procedures.

- **Re-opening of nightlife in Wales** – involved rapid research in partnership with Public Health Wales to explore how to **maintain safety and prevent violence** in the re-opened night-time economy. Also involved "horizon scanning" which looked at international best practice on the re-opening of the night-time economy. Feeding this evidence into the Welsh Government and local Community Safety Partnerships.

(c) Monitoring the impact of alcohol in Wales

- Alcohol in Wales provides an interactive profile of Wales including patterns of alcohol consumption; hospital admissions; and mortality data at both a local authority and health board level. Also includes an evidence map to sources on the topic of alcohol misuse.
- The Welsh **Violence Prevention Unit** has been established to provide knowledge and capacity to support all forms of violence prevention. It is a multi-agency unit supported by a team of public health analysts. The Unit was established through funding from the Home Office in 2019. It takes a public health approach to preventing violence. Membership is drawn from police forces, the Police and Crime Commissioner, Prison and Probation Services, Home Office Immigration and the voluntary sector. It seeks to understand the causes of violence, including alcohol related violence, and use evidence to develop interventions focused on the underlying clauses of violence.