

# **Licensing and Registration of Clubs (Amendment) Bill**

IPH Response to Committee for Communities

## **Query 1**

***“Provide general pointers on the financial impact from a public health perspective of the Bill as drafted”***

Evidence is provided in four sections:

***Rationale for consideration of costs to public health***

***Current costs of alcohol use to public health in Northern Ireland***

***Evaluations, modelling studies and financial estimates of the impact of increased licensing hours***

***Suggestions on how to monitor the financial impact from a public health perspective***

## ***Rationale for consideration of costs to public health***

This Bill will lead to changes in the number of hours that alcohol is available for sale in licensed premises, including in the clubs setting. It is difficult to predict how many currently licenced premises will apply for the additional hours, nor how many will be granted. It is also difficult to predict the type and location of venues that are most likely to seek and achieve additional hours of sale.

Increasing licensing hours, even just by a few hours, has been associated with changes in both the level and the timing of alcohol-related harms in other countries (Popova, 2009 and WHO, 2009). The evidence shows an association with acute harms to health associated with violence and injury. The association between increased hours of sale in licensed premises and longer term harms to health (e.g. alcohol-related organ damage and mental illness) are currently unclear, but, despite being difficult to quantify these should not be disregarded as insignificant. It is difficult to predict how the international evidence might apply to the specifics of the increased hours proposed in this Bill in Northern Ireland. In consideration of potential financial impacts of the Bill, the Committee are advised to consider the potential of increased costs associated with alcohol-related harm. These include costs to health and social care, policing and justice (court and prison services), emergency services (fire and ambulance), as well as workplace costs (presentism, absenteeism, unemployment, premature mortality among working age people) (DHSSPS, 2010).

While the financial impact of the introduction of minimum unit pricing in Northern Ireland and the Republic of Ireland has been estimated using an established model developed by Sheffield University (Angus et al, 2014a and 2014b), there has been no similar study estimating the impact of changes to licensing hours. Modelling the financial impact of such legislation is highly specialised work and not something that we have been directly involved in in-house in IPH.

### ***Current costs of alcohol use to public health in Northern Ireland***

It has been estimated 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. Health and social care costs include GP consultations and prescription costs, inpatient and out-patient hospital admissions, Accident and Emergency admissions, health promotion and psychiatric services as well as drug and alcohol services. The requirement for fire and policing services also forms a significant proportion of the overall cost of alcohol-related harm (£280m) and includes fire call-outs and policing for alcohol-related crime and violent or other crime partly related to alcohol (DHSSPS, 2010).

### ***Evaluations, modelling studies and financial estimates of the impact of increased licensing hours***

#### **Increased licensing hours, violence and crime**

A summary of available evidence on the association between increased licensing hours and violence was collated by Rossow & Norström (2012). There is limited consistency between these studies and their findings. However, on balance the pattern is for an association between increased licensing hours and increased harms.

Members of the Committee may be most familiar with the experience in other jurisdictions of the UK in terms of changes in alcohol licensing in on-licence premises over time. There is some evidence that the introduction of the Licensing Act 2003 in England and Wales was associated with increased resource implications through additional policing and a greater demand on A&E services. However, 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. In the Australian study, Chikritzhs and Stockwell (2006) examined the impact of later trading hours on drink driving; increased levels of impaired driver road crashes were reported. With this evidence in mind, it is clear

that the costs to the night-time economy associated with the need for increased provision of night shift workers in the health and social care and police sectors may be an important consideration.

### **Increased licensing hours and its contribution to vibrancy and diversity of the night-time economy**

In terms of the night time economy, it is important to ensure balance is achieved between the economic benefits of additional opening hours and the likely impact of alcohol-related harm. Based on the experience in England and Wales, one analysis showed that later night opening in itself did not increase 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 study concluded that was associated with an increase in pre-loading, as people has more time to drink at home before going out (Foster and Charalambides, 2016).

A further aim of the Licensing Act 2003 was to increase diversity within the night time economy. However, the evaluation by Foster and Charalambides (2016) found little evidence that this has been achieved, and in fact reported that the Act had failed on the stated aim of increasing diversity within the night time economy, with a range of economic factors pulling in the other direction. The authors suggest that it was probably unwise ever to make the claim that the Act could be used to stimulate greater diversity. They note that diversification within the night time economy is driven primarily by providing services that chime with the interests of people who would otherwise stay at home.

### **Modelling and financial estimates – available evidence from the UK**

Researchers in the UK have developed a sophisticated model to estimate the impact of policy measures in reducing alcohol-related harm in England. This model is based on analysis and synthesis of a variety of public and commercial data sources to evaluate the impact of alcohol harm reduction strategies on consumers, health services and crime. The modelling involved classification and definition of population sub-groups, identification and definition of harms and outcomes, classification of risk factors, specification of the baseline policy position, estimating the effects of policy change and monetary valuation. While all such models have limitations, and this model relates to the particular circumstance of England, it provides a useful starting point in considering the potential financial impact of increased licensing hours in other UK jurisdictions. This model has estimated that a 10% reduction in licensing hours would be associated with a £45m increase in costs to health (Brennan et al, 2013).

### ***Suggestions on how to monitor the financial impact from a public health perspective***

The Committee may wish to consider the selection of small number of indicators to monitor the impact of the legislation in terms of both its contribution to the night time economy and its impact on public health.

A useful starting point would be to quantify the impact of the legislation on alcohol availability. The core concern is to quantify the hours of sale in licensed premises in Northern Ireland pre- and post-legislation. This could potentially be assessed in terms of the % increase in hours of sale/ late night hours in licensed premises on a yearly basis from baseline (pre-enactment of the Bill to five years post enactment). This links with one of the key points of our oral presentation regarding the centralisation and standardising of information on licensing in Northern Ireland.

Of particular relevance may be the collection of data on the geographic location of increased opening hours in term of issues of high alcohol outlet density and the potential to create 'hotspots' of late night alcohol-related violence and harms, particularly in city centre and deprived communities.

In terms of data on alcohol-related harm, the financial impact could potentially be quantified by assessment of the level, timing, location and nature of alcohol-related harm in tandem with the changes in licensing hours resulting from this new piece of legislation. This could be achieved by various means and build on the high quality surveys and datasets already in operation through the Department of Health and NISRA.

## References

Angus C, Meng Y, Ally A, Holmes J and Brennan A (2014a) *Model-based appraisal of minimum unit pricing for alcohol in Northern Ireland – an adaptation of the Sheffield Alcohol Policy Model version 3*. The University of Sheffield

Angus C, Meng Y, Ally A, Holmes J and Brennan A (2014ab) *Model-based appraisal of minimum unit pricing for alcohol in the Republic of Ireland – an adaptation of the Sheffield Alcohol Policy Model version 3*. The University of Sheffield

Brennan A, Meier P, Purshouse R, Rafia R, Meng Y and Hill-Macmanus D (2013) Developing policy analytics for public health strategy and decisions – the Sheffield alcohol policy model framework. *Annals of Operations Research* 236(1):149–176

Chikritzhs T and Stockwell T (2006) The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels. *Addiction* 101(9):1254–64

DHSSPS (2010) *Social Costs of Alcohol Misuse in Northern Ireland for 2008/09*. Belfast: Department of Health, Social Services and Public Safety

Foster J and Charalambides L (2016) *The Licensing Act (2003): its uses and abuses 10 years on*. London: Institute of Alcohol Studies

Hough M, Hunter G, Jacobson, J and Cossalter S (2008) *The impact of the Licensing Act 2003 on levels of crime and disorder: an evaluation*. Research Report 04. London: Home Office

Popova S, Giesbrecht N, Bekmuradov D and Patra J (2009) Hours and days of sale and density of alcohol outlets: impacts on alcohol consumption and damage: a systematic review. *Alcohol and Alcoholism* 44(5):500-16

Rossow I and Norström T (2012) The impact of small changes in bar closing hours on violence. The Norwegian experience from 18 cities. *Addiction* 107(3):530–537

WHO (2009) *Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm*. Denmark: World Health Organization

# Using alcohol licensing data in public health research and policy

Proceedings of a Knowledge Exchange Forum

hosted by the

**North South Alcohol Policy Advisory Group**



**Monday 30 November 2015**  
**Riddel Hall, Belfast**



## Foreword



I am pleased to present the proceedings of a recent Knowledge Exchange Forum hosted by the [North South Alcohol Policy Advisory Group](#) and supported by the [Centre of Excellence for Public Health Northern Ireland](#).

The North South Alcohol Policy Advisory Group (NSAPAG) was established in 2013 at the request of the Chief Medical Officers in Northern Ireland and the Republic of Ireland and is chaired by the [Institute of Public Health in Ireland](#). Membership comprises representatives from government departments, academia, community and voluntary sector, professional bodies and healthcare delivery agencies.

The aim of the NSAPAG is to contribute to reducing alcohol-related harm on the island of Ireland. From the outset the group expressed an interest in evidence-based policy making in the area of alcohol availability. Following the publication of a paper in this area, it was agreed that an information resource would be developed to map outlets licensed to sell alcohol in the Republic of Ireland and Northern Ireland.

The retail environment for alcohol is changing across the island of Ireland and the UK and public health researchers and policy makers need to better understand how this impacts on consumption and harms. The Knowledge Exchange Forum provided an opportunity to learn from the research undertaken in the UK and Ireland and to share the local experience of using alcohol licensing data in public health research and policy.

I commend this report to you and hope it will provide a basis for further learning and discussion on how data can be used to better understand the patterns of consumption and harm, and pave the way for evidence-based policy on alcohol licensing.

**Mr Owen Metcalfe**

Chair, NSAPAG

CEO, Institute of Public Health in Ireland

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## Context of the Knowledge Exchange Forum

The North South Alcohol Policy Advisory Group (NSAPAG) was set up to contribute to reducing alcohol-related harm across the island of Ireland. The objectives of the group are to:

- Provide a forum for discussion on alcohol policy issues
- Strengthen all island alcohol initiatives
- Exploit opportunities for North South cooperation on tackling alcohol-related harm
- Identify policy solutions and other measures to improve legislative and regulatory arrangements impacting on supply and use of alcohol
- Share information on evidence and research
- Develop pathways for improved policy making and action.

In seeking to meet its objectives, the NSAPAG produced a paper entitled *Reducing alcohol-related harm by addressing availability – Maximising benefits from North South cooperation*. <http://www.publichealth.ie/reducingalcohol.pdf>. This paper was presented to Ministers of Health at the April 2014 meeting of the North South Ministerial Council. The paper highlighted the potential usefulness of data on liquor licences to enhance both research and policy relating to alcohol-related harm. This was based on evidence emerging from a number of international studies on the relationship between alcohol outlet density and alcohol-related harms. To this end, work has commenced on accessing and geo-coding liquor licensing data in both Northern Ireland and the Republic of Ireland.

Research using liquor licensing data and the association between alcohol outlet density and alcohol-related harms has developed considerably in many regions of the UK. For this reason, it was important to engage with colleagues from England, Scotland and Wales to better understand the approaches taken in these regions, the challenges faced and how they sought to overcome them.

## Purpose of Knowledge Exchange Forum

The purpose of the forum was to share views and experiences on current evidence on alcohol outlet density and related harms, the approaches being taken in different jurisdictions in using liquor licencing data for research on alcohol-related harms and the potential for the use of this data to inform decision making on licensing which protects public health.

The forum provided an opportunity to bring together stakeholders from both a range of health and non-health sectors with an interest in the relationship between licensing decisions and alcohol-related harm.

Bringing together researchers, practitioners and policy makers in this way facilitated an open discussion about the translation of research findings into policy and practice as well as the potential implications for policy and legislative change in the context of liquor licensing.

## Overview of forum contributions

**Dr Michael McBride** (Chief Medical Officer, DHSSPS) delivered the opening address, setting the scene for the presentations from UK researchers and the local research and practice underway across the island of Ireland.



Dr McBride acknowledged alcohol-related harm as a shared concern across the island of Ireland and the UK. He highlighted the benefit that can be accrued by sharing research and practice and taking forward joint action. Welcoming the broad inter-disciplinary audience, he highlighted the value of engaging with stakeholders from many sectors and continuing to build a Health in All Policies approach.

Dr McBride referred to the cross-departmental and cross-sectoral strategy, *The New Strategic Direction for Alcohol and Drugs Phase 2* and the need to ensure the wider environment creates the conditions that support lower risk consumption. He expressed his interest in the evolving evidence on the alcohol retail environment, including licensing policy and alcohol outlet density in terms of alcohol consumption and associated harms. He referred to the implications for future policy and the need to consider introducing legislative measures where evidence is supportive, such as advocating for public health considerations as a key objective of alcohol licensing. Dr McBride welcomed the forum as a way of moving more towards implementation of evidence based public health policies.

**Prof David Fone** (Professor of Health Sciences Research, Division of Population Medicine, School of Medicine, Cardiff University) presented an overview of the CHALICE Study (Change in alcohol outlet density and alcohol-related harm to population health) funded by the National Institute for Health Research. This study was conducted across 22 local authorities in Wales. It explored the relationship between outlet density and outcomes of alcohol consumption, hospital admissions and violent crime. Licensing data were collected for the period November 2005 to December 2011. Data collection presented challenges in terms of the format in which licensing data were available. This longitudinal study found that an increase in the number of alcohol outlets was associated with small increases in the number of units of alcohol consumed.



The risk of emergency admissions increased by one fifth in the highest quintile of outlet density, and by 25% for patients with acute intoxication, alcohol withdrawal and dependence and alcohol-related injury or violence compared to the risk in the lowest quintile. A 5% increase in the risk of violent crime was associated with a one unit increase in outlet density. The challenges identified related to data collection and development of a meaningful measure of outlet density. A standardised system of recording alcohol outlet data, encompassing type of outlet, location, open/close dates and opening hours was proposed.

**Dr Niamh Shortt** (Senior Lecturer in Health Geography and Co-Director Centre for Research on Environment, Society and Health (CRESH), University of Edinburgh)



shared preliminary findings from cross-sectional analysis in Scotland mapping alcohol outlets and exploring associations with alcohol-related harm, behaviours and inequalities. The Scottish study examined the social and spatial distribution of alcohol retailing and the associations between the geographies of alcohol retailing and alcohol consumption and related health outcomes. Postcodes of over 16,000 licensed premises were obtained and a density measure was created for total outlets, off-sales and

on-sales outlets. Outlet data were linked to the Scottish Health Survey data. Higher alcohol outlet density was associated with a greater proportion of people exceeding recommended limits, and engaging in harmful, binge and problem drinking. The lowest income groups were disproportionately affected by alcohol outlet density. Alcohol-related death rates in areas with the highest density of outlets were more than double the rates in those areas with the fewest outlets. Alcohol-related hospital admissions were significantly higher in neighbourhoods with the highest density of alcohol outlets.

The findings from the study have been published and can be found using the following links:

<http://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-015-2321-1>

<http://www.sciencedirect.com/science/article/pii/S1353829215000349>

<http://www.alcohol-focus-scotland.org.uk/media/65042/Alcohol-outlet-density-and-harm-report.pdf>

The study highlighted the need to improve the quality of data and make liquor licensing data publicly available. Dr Shortt has been active in promoting data transparency and has made the data from her study publically available for download and query at [www.cresh.org.uk/webmap](http://www.cresh.org.uk/webmap). Dr Shortt's research in this areas was recognised in a Scottish Parliament Motion, supported by 27 Members of the Scottish Parliament in June 2015. The amendment to the bill was dropped in the final stage of parliament.

**Mr Hugh Greaves** (Coordinator, Ballymun Local Drugs and Alcohol Task Force) outlined the



community action on alcohol-related harm strategy in North Dublin. The issue of licensing and density of retail outlets has been faced by the Task Force in dealing with issues of supply, control and enforcement. Ballymun, located in North Dublin, is an area of high deprivation, which led to the development of a regeneration programme. However, the regeneration programme coupled with revisions to the Intoxicating Liquor Act 2008 led to an increase in the number of local alcohol outlets from 8 to 18. In consultation with the local community, Ballymun Local Drugs and Alcohol Task Force and

Safer Ballymun (community policing forum) brought together key stakeholders to discuss alcohol-related harm in the area.

Following a series of roundtable discussions, a Community Alcohol Strategy was developed, which is seeking to achieve a reduction in alcohol consumption in part by changing aspects of the local environment which foster and promote harmful drinking. However, residents have only been able to successfully influence one liquor licence planning decision so far. The experiences of the Task Force demonstrates the need for communities to be supported by data; by calling for public health to be a priority consideration in laws concerning the supply and availability of alcohol and by developing structures which would facilitate community input and feedback in terms of issuing and renewing licenses.

**Inspector Gabriel Moran** (Policing with the Community Branch, Police Service of Northern



Ireland) presented findings from a project which used alcohol-related crime and health data to develop a matrix for licensed premises to facilitate allocation of appropriate police resources. PSNI data estimates that 58% of all violence with injury is linked to alcohol. The PSNI mapped the location of licensed premises and analysed crime data over one year to identify ‘hotspots’ for alcohol-related violence and harm linked to licensed premises. Data on offences at every licensed premises in South and East Belfast were recorded and weighted by seriousness. Based on the Cardiff model, a matrix was formed rating the capacity of premises and the number of crimes or incidents occurring at the venue.

In conjunction with Belfast Health and Social Care Trust and Belfast City Council, the *Belfast Initiative for Violence Prevention* was established. Emergency admissions data were analysed indicating an association with the timings and demand profile from police data. Using the matrix, premises with a high incidence of offences are the subject of monthly PSNI Tasking and Coordination Meetings and a Licensing Officer works with management of the premises to address issues. This model has provided a means of assessing risk and alcohol-related harm linked to licensed premises. This approach also facilitates the allocation of limited resources. However, the study demonstrated a need for timely information sharing and accurate mapping and data for licensed premises.

**Dr Coilín ÓhAiseadha** (Specialist Registrar in Public Health Medicine, Health Service



Executive) provided an overview of the progress to date in geo-coding premises licensed to sell alcohol in the Republic of Ireland as part of the NSAPAG all-island project. The project is attempting to develop a mapped information resource of outlets licensed to sell alcohol which supports evidence informed policy and decision-making on reducing alcohol-related harm. In the Republic of Ireland, a register of liquor licences is held by *Revenue*. The register contains a list of all alcohol retail outlets, including off-sales, on-sales,

manufacturers and suppliers. Despite having an electronic register, one of the biggest challenges in using these data is the limited address information.

Dr ÓhAiseadha undertook the task of geo-coding individual licensed premises. Following a meticulous process, including both automatic and manual matching, of some 13,004 licenses, exact geo-codes were assigned to 85% of addresses. To date, 3% of licensed premises have been matched by Census enumeration area, whilst a further 12% of addresses remain unmatched. This work has been particularly challenging due to incomplete address data, the absence of postcodes and a requirement for addresses to match the court certificates. Local knowledge through the drug and alcohol task forces, coupled with the introduction of eircodes will support this process. Like others presenters, Dr ÓhAiseadha identified the need for legislation to collate and access data on alcohol consumption and liquor licensing.

**Dr Joanna Purdy** (Public Health Development Officer, Institute of Public Health in Ireland)



provided an update on the Northern Ireland component of the all-island project and the experience to date in exploring data on liquor licences in Northern Ireland. A literature review was undertaken by Queen's University Belfast, confirming associations between alcohol outlet density and a range of alcohol-related harms. In Northern Ireland, the Liquor Licensing Register is held as a hard copy by the Northern Ireland Courts and Tribunal Service, and it is the only UK jurisdiction with no electronic register of liquor licences. An Information Sharing Agreement has been drawn up, enabling access to liquor licensing data for Belfast Magistrates Courts area. Data will be geo-coded with support from Land and Property Services. It is anticipated that once the database of liquor licenses has been prepared, relevant and available alcohol-related harm data sets will be accessed. Whilst the cope of this project is to explore liquor licensing in the Belfast Magistrates Courts area, it is hoped that this pilot project will demonstrate the value of creating and maintaining an up to date electronic liquor licence database for the whole of Northern Ireland which is accessible for research and policy development purposes.

A paper outlining the status and potential use of liquor licensing data in public health policy in Northern Ireland and the Republic of Ireland will be prepared and presented to the North South Ministerial Council.

**Dr James Nicholls** (Director of Research and Policy Development, Alcohol Research UK)



outlined policy developments in liquor licensing and public health practice in England and Scotland. He highlighted several significant developments including licensing law in Scotland which includes an objective to 'promote and protect public health'. In England, public health is now a 'responsible authority' under the 2003 Licensing Act. A need for a public health licensing objective has been backed by the Local Government Association and Public Health England. He presented findings from Alcohol Research UK stakeholder events which assessed 'Statements of Licensing Policy', developed a licensing toolkit and established a UK-wide dialogue group.

The findings from this work revealed an increase in the explicit use of health data in ‘Statements of Licensing Policy’ between 2010 and 2013, coupled with an increase in the number of large scale overprovision policies (from one to five). There has been limited use of evidence in policy and practice, with the conclusion that progress in using licensing to protect public health has been slow and frustrating at times. Dr Nicholls presented findings from the *Public Health and Licensing Survey*. The majority of public health teams see licensing as a priority, but levels of engagement are variable. The Statement of Licensing Policy was considered to be key, but more support is needed for better engagement with public health practitioners. The survey revealed that joint working, licensing forums, data sharing and effective use of public health intelligence are key to influencing licensing decisions. It was also shown that local ‘champions’ such as the Directors of Public Health can have a key role.

## Discussion and proposals for further development of research and policy

- Analyses of alcohol outlet density have important implications for liquor licensing policy and the aspiration and requirement to build public health considerations into the licensing process.
- The alcohol retail environment has significant influence on alcohol consumption and alcohol-related harms and is further contributing to health inequalities for the most vulnerable groups in society.
- Early endorsement from the Scottish Government for the establishment of a retailers register could set an important precedent for other regions in gaining political support to ensure alcohol licensing and retail data is available to support evidence-based policy development.
- Further exploration of the most appropriate method for measuring alcohol outlet density is required. The methodological and data analysis approaches used by colleagues in Wales and Scotland will be beneficial in informing the work in Northern Ireland and the Republic of Ireland.
- Research challenges in acquiring liquor licensing data are similar across the UK and Ireland. These relate primarily to the different formats in which data are held, as well as the accuracy and completeness of address information for licensed premises. This has been a particular challenge in the Republic of Ireland where the majority of licensed premises listed on the register do not include a postcode.
- To better understand these associations, data should be collected and recoded in a systematic way and relevant datasets need to be freely available. It has been recommended that access to data should be supported by appropriate legislation.

- The use of outcome data will be an important consideration as agreement is sought for access to datasets for alcohol-related harms.
- It is important that the limitations of the international evidence are recognised and that there is a need to build local evidence, accepting a high cost to results ratio.
- The broader community impact of alcohol harm may not be taken into consideration when promoting local business as part of regeneration in disadvantaged areas. It is essential to take account of the way in which alcohol is promoted and sold in these areas.
- An inter-disciplinary and partnership approach in both research and local interventions was central to the success of projects. Collaboration helped facilitate the sharing and validation of data, development of actions and more efficient allocation of limited resources.

## Evaluation

### *Potential future events*

All participants indicated they would be interested in attending another knowledge exchange event covering the UK and Republic of Ireland. Suggestions for the subject of any future event included:

- Minimum unit pricing for alcohol and alcohol related deaths
- Alcohol pricing policy – lessons from different jurisdictions
- Alcohol advertising and social media
- Addiction treatment services.
- Findings from the Northern Ireland liquor licensing project
- Standardised methodology
- Data acquisition and use of mapping
- Policy analysis
- Evidence to practice
- How to address health inequalities
- Effect of the recession/ austerity on health inequalities

### *Additional comments*

Some additional comments from participants related to the need for a government mandate for the sharing of databases and mapping as opposed to the requirement for individual information sharing agreements. There was a suggestion for an annual event on alcohol outlet density incorporating the UK and Ireland.

Participants welcomed the cross sectoral nature of the forum in terms of the organisations outside of health represented at the event. Overall, there were many complementary remarks about the event and expressions of gratitude for hosting the forum.

## Appendices

### Delegate list

Ms Thelma Abernethy	Addiction NI
Prof Joe Barry	Trinity College Centre for Health Sciences
Mr John Bennett	Finglas Cabra Local Drug & Alcohol Task Force
Mr Stephen Bergin	Public Health Agency
Dr Bob Boggs	Belfast Health and Social Care Trust/ Royal College of Psychiatry
Mr Alex Bunting	Forum for Action on Subsistence Abuse and Suicide Awareness
Mr Francis Connolly	Department for Social Development
Ms Victoria Creasy	Public Health Agency
Dr Paul Darragh	British Medical Association
Mr Kieran Doherty	Alcohol Forum
Prof Anne Ellaway	University of Glasgow
Ms Jennifer Fingland	Scottish Health Action on Alcohol Problems
Dr Diana Gossrau-Breen	Public Health Agency
Mr Jonny Hardman	Land and Property Services
Dr Kathryn Higgins	Institute of Child Care Research, QUB
Dr Ann Hope	Trinity College Dublin
Dr Julie-Ann Jordan	Institute of Child Care Research, Queen's University Belfast
Mr Steven Joyce	South Western Regional Drug & Alcohol Task Force
Ms Amy Kieran	Business in the Community
Dr Andrew Kunzmann	Queen's University Belfast
Mr John Larkin	Athlone Institute of Technology
Ms Marie Lawless	Ballymun Local Drugs and Alcohol Task Force
Mr Gary Maxwell	DHSSPS
Dr Helen McAvoy	Institute of Public Health in Ireland
Ms Siobhán McEvoy	Department of Health
Ms Keara McKay	Land and Property Services
Mr Owen Metcalfe	Institute of Public Health in Ireland
Dr Elizabeth Mitchell	Institute of Public Health in Ireland
Dr Deirdre Mongan	Health Research Board
Ms Mary Morrissey	Health Service Executive
Ms Siobhan Murphy	Health Service Executive
Mrs Edel O'Doherty	Cooperation & Working Together (CAWT)
Mr Aidan Ormsby	ARC Healthy Living Centre
Dr Joanna Purdy	Institute of Public Health in Ireland
Mr Rico Santiago	Land and Property Services

## Membership of NSAPAG

Prof Joe Barry	Trinity College
Dr Declan Bedford	Royal College of Physicians of Ireland
Dr Stephen Bergin	Health & Social Care Board
Mrs Anne Bill	Forum for Action on Subsistence Abuse and Suicide Awareness
Mr Seamus Carroll	Department of Justice and Equality
Ms Suzanne Costello	Health Service Executive
Mr Joe Doyle	Health Service Executive
Ms Allesandra Fantini	Department of Health
Ms Jenny Irvine	ARC Healthy Living Centre
Ms Catherine Keane	Alcohol Action Ireland
Dr Geraldine Luddy	Department of Health
Mr Gary Maxwell	Department of Health, Social Services & Public Safety
Dr Helen McAvoy	Institute of Public Health in Ireland
Mrs Bernie McCrory	Cooperation & Working Together (CAWT)
Mrs Martine McKillop	Department of Justice Northern Ireland
Mr Owen Metcalfe	Institute of Public Health in Ireland
Dr Elizabeth Mitchell	Institute of Public Health in Ireland
Dr Deirdre Mongan	Health Research Board
Mrs Cathy Mullan	Public Health Agency
Dr Owen O'Neill	Public Health Agency
Mr Aiden Ormsby	ARC Healthy Living Centre
Dr Joanna Purdy	Institute of Public Health in Ireland
Mr Liam Quinn	Department of Social Development
Ms Carol Reid	Department of Social Development
Dr Gillian Shorter	University of Ulster
Mr Bill Stewart	Department of Health, Social Services & Public Safety
Ms Noreen Walsh	Department of Justice and Equality