

**NORTHERN IRELAND ASSEMBLY  
COMMITTEE FOR COMMUNITIES**

**CALL FOR EVIDENCE AND VIEWS ON THE LICENSING AND  
REGISTRATION OF CLUBS (AMENDMENT) BILL**

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If you are responding on behalf of an organisation or business, please tell us briefly how it relates to the subject matter of the Bill:

The Institute of Public Health in Ireland (IPH) is an all-island body promoting cooperation for public health between Ireland and Northern Ireland. The core purpose of the Institute is to inform public policy to support healthier populations in Ireland and Northern Ireland. We do this through research and evidence review; policy analysis and evaluation; partnership working; specialist training and public communications. We focus on promoting health and wellbeing, improving health equity, and reducing health inequalities throughout the life course. The Institute has researchers and policy specialists from a range of disciplines based in offices in Dublin and Belfast and is jointly funded by the Departments of Health in Ireland and Northern Ireland. The Institute submitted oral and written evidence on the Licensing and Registration of Clubs Amendment Bill on 27 Oct 2016 and responded to the Department for Communities consultation in December 2019. Evidence presented in this consultation largely reiterates our position from 2016 and 2019, providing more

recent evidence where available. The Institute welcomes the opportunity to share views on the public health implications of changes in alcohol licensing regulations in Northern Ireland. Alcohol licensing laws are important from a public health perspective as they can directly influence alcohol availability, levels of consumption and patterns of alcohol-related harm within our communities. Alcohol licensing laws are also important in terms of their indirect, longer-term influence on cultural norms around drinking occasions and alcohol consumption. There are also well-established links between alcohol consumption and crime, disorder and public nuisance. As with public health, these impacts can be prevented and reduced through appropriate licensing controls on the availability of alcohol, alcohol serving and promotional practices, premises' management and through licensing's influence on cultural norms. The Institute also contributes to alcohol policy through the work of the North South Alcohol Policy Advisory Group (NSAPAG) to support the reduction of alcohol-related harms across the island of Ireland (see notes section for further information).

### **1. The Policy Objectives of the Bill**

**The policy objectives of the Bill are “to introduce a balanced package of measures to update the law in respect of the retail sale of alcoholic drinks and to make it more responsive to the current social and economic environment”.**

**1.What are your views on the overall policy objectives? Do you think that the Bill will meet those objectives? If not, why not?**

Alcohol licensing laws are important from a public health perspective as they directly influence alcohol availability which, in turn, affects levels of consumption and patterns of alcohol-related harm.

The Institute welcomes the commitment to introduce a balanced package of measures to update the law in respect of the retail of alcoholic drink. We trust that the considerations will be responsive to the social and economic impact of alcohol-related harms in Northern Ireland alongside other social and economic dimensions of licensing reform. A report by the Department of Health, Social Services and Public Safety (2010) found that alcohol misuse generates overall social costs of up to £900m per annum in Northern Ireland, across health, social work, fire and police services, courts and prison service and costs to the wider economy. We acknowledge the importance of introducing a balanced package of measures but would urge the Committee to maintain a strong focus on the public health outcomes of the Bill and the economic and human costs of alcohol-related harm.

In our assessment of the draft legislation, the Institute welcomes the proposals relating to enhanced regulation of home delivery of alcohol and restrictions on alcohol advertising. The alignment of entertainment and alcohol licences is also welcomed. However, we consider the net effect of additional licensing hours will increase the overall hours of alcohol availability, which may further exacerbate levels of alcohol-related harms. In particular, longer serving hours provide opportunities for

increased alcohol consumption; notably for heavy 'sessional' drinking occasions which increase the risk of acute alcohol-related harms requiring emergency service responses. We consider that the roles of regulation, enforcement and monitoring are better placed within statutory control in order to be effective, and to foster trust in the community.

We have concerns about the public health impact of the proposals for liberalisation of alcohol licensing in sporting clubs and we do not support the proposal to adopt statutory approval for voluntary codes of practice as there is little, if any, credible evidence of their efficacy either locally, or internationally. Whilst we fully acknowledge that the industry has an important role to play in 'partnership' working with public authorities to reduce alcohol-related harms, we consider that the roles of regulation, enforcement and monitoring are better placed within statutory control in order to be effective and to foster trust in the community. 2020 was a very difficult year, particularly for people vulnerable to severe COVID-19 disease. It was also a challenging year for people employed directly in the hospitality industry and it is fully recognised that governmental support will be needed for the recovery of the pub and restaurant sector, together with hotels and other aspects of the leisure and tourism supply-chain. However, it is crucial that, as we seek to restore the hospitality industry, we do not adopt measures which inadvertently harm public health in terms of both viral transmission and alcohol-related harms.

Northern Ireland is a high alcohol consumption country with a sustained pattern of heavy episodic drinking. Data from the Adult Drinking Patterns Survey revealed that 31% of men and 9% of women drank above recommended weekly limits<sup>1</sup>. Over a third of male drinkers (35%) and over a quarter (27%) of female drinkers reported that they had engaged in at least one binge drinking session in the week prior to the survey. Over one in ten (11%) respondents who drank were classed as problem drinkers<sup>2</sup> (Department of Health, 2014).

Successive strategies led by the Department of Health have sought to reduce the level of consumption as well as prevent and respond to alcohol-related harms. We recommend that the Department of Health and Department of Communities give careful consideration to the impact of any change in licensing law to the core objectives of the health policy. In the interests of good cross-government policy and the health in all policies vision set out in 'Making Life Better – A whole system strategic framework for public health 2013-2023' (Department of Health, 2014), a Health Impact Assessment of the changes to licensing laws could be considered.

In addition to the current strategic approaches to address alcohol-related harms, Minimum Unit Pricing (MUP) is an important policy measures for reducing heavy drinking in Northern Ireland and the ready supply of low-price alcohol in

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<sup>1</sup> It is important to note that these data were collected when recommended weekly limits for men were 2 unit. This has been revised to 14 units as part of the CMO's low risk drinking guidelines.

<sup>2</sup> Problem drinking is defined as a positive answer to two or more CAGE questions (Cutting down; Annoyance by criticism; Guilty feeling; Eye opener - drinking first thing in the morning)

supermarkets. The points below summarise the key outcomes of MUP in Scotland as well as the modelled outcomes for Northern Ireland:

- A. MUP has already been introduced in Wales and Scotland and the observed effects are very similar to those in the initial modelling. The introduction of MUP in Scotland appears to have been successful in reducing the amount of alcohol purchased by households that bought the most alcohol (O'Donnell et al, 2019).
- B. MUP is an effective way to target the heaviest drinkers and alcohol-related harm. It has been estimated that high risk drinkers could reduce their absolute consumption of alcohol by 386 units per year (7.4 per week) for a 50p MUP, compared to a reduction of 70 units per year for increasing risk drinkers and 4.3 units per year for moderate drinkers (Angus et al., 2014).
- C. MUP is a pro-equity measure, with the potential to reduce inequalities in alcohol related harm. High risk drinkers in poverty spend on average almost £2,700 per year on alcohol, the modelling estimates that a 50p MUP would reduce consumption in this group by 650 units per annum (Angus et al., 2014).

In sum, licensing legislation plays a vital role in the protection and promotion of public health. Alcohol-related harm impacts not only on the individual, but also their family and wider society. Licensing legislation in England, Wales and Scotland is underpinned by licensing objectives. In England and Wales, The Licensing Act 2003 is underpinned by four licensing objectives:

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

In Scotland, there is also a fifth objective:

5. The protection and promotion of public health

The Institute would invite the Committee for Communities to carefully consider the wider public health implications of alcohol consumption beyond those evident in terms of public order/alcohol-related crime in the night-time economy. Among those that drink, the pattern of alcohol consumption in Northern Ireland is often harmful to health. Excess alcohol consumption is associated with a wide range of poor physical and mental health outcomes including obesity, cancers, psychiatric disorders and suicide.

In addition, excess alcohol consumption is associated with wider harms including relationship difficulties, domestic violence, and child neglect. In order to minimise any potential harms associated with more and longer opening hours, the Committee is encouraged to consider whether there is scope in the legislation to include public health as a defined licensing objective – as is current practice in Scotland. The absence of a public health objective in England and Wales has hampered attempts

to bring health expertise and health data to the table when determining licensing matters and drawing together local alcohol strategies. Health bodies have had to be creative in highlighting the health elements intrinsic to the existing four licensing objectives, with limited success. Although, it is to be noted that Health Authorities are on the list of Responsible Authorities who can make representations to Licensing Committees.

The inclusion of a public health objective for NI would provide a mandate for local health authorities to be directly involved in local decision-making. They are well placed to understand the health challenges within their communities and therefore to provide informed and expert opinion on proposals for new or amended alcohol licences. Where necessary, they could have the power to object to licensing proposals where they see a threat to public health, in the same way that the police service have the power to raise objections on the grounds of safety and security. For this system to be effective compliance-checks and enforcement must remain in the hands of the appropriate publicly accountable authorities working primarily in pursuit of the licensing objectives, i.e. for the public good.

## **Recommendation**

### **Inclusion of a Public Health Objective in licensing criteria**

The Institute invites the Committee for Communities to consider:

- (a) the wider public health implications of increased alcohol availability beyond those evident in terms of public order/alcohol-related crime in the night-time economy
- (b) whether there is scope in this legislation to include public health as a defined licensing objective
- (c) measures to provide opportunity for local health authorities to bring health expertise to the table when licensing deliberations are made.

## **2. Easter Opening Hours and Additional Permitted Opening Hours**

**What are your views on the provisions in the Bill on:**

### **(2a) The removal of restrictions at Easter [**Clauses 1 & 23**]?**

The Institute considers there is little justification for different opening hours to pertain to these particular days on public health grounds but recognises the symbolic importance of these Christian holidays. The general principle of a relationship between increased availability and increased consumption applies also in this circumstance. Additional hours at Easter, alongside additional late opening and additional special events licences have the potential to create a cumulative effect of many additional drinking occasions. Evidence relating to the public health impacts of extended opening hours for licensed premises is presented in Table 1 (Notes Section) and is discussed in more detail in Section 2(b).

## **(2b) Additional permitted hours for certain licensed premises [Clause 2]?**

The Institute considers that the net effect of additional licensing hours will be increased alcohol availability. Increased availability is associated with increased consumption and increased consumption with increased harms (World Health Organization, 2017).

Table 1 (see Appendix) summarises evidence from studies on the relationship between increased alcohol availability through licensing and alcohol consumption and harms.

The balance of reliable evidence suggests that extended late night trading hours leads to increased consumption and alcohol-related harms (Popova et al, 2009; WHO, 2009; Stockwell and Chikritzhs, 2009; Wilkinson et al, 2016). Even small extensions of trading hours have been associated with increases in:

- Consumption of higher strength alcoholic drinks
- Assaults and injuries
- Drink driving
- Demand for policing in the early hours of the morning
- Resource demand related to changes in shift patterns of frontline workers
- Public disorder in the early morning
- Late night/ early morning demand for health service response to alcohol-related harms

A systematic review of evidence by Popova et al (2009) revealed that extended late night trading hours for certain licensed premises leads to increased alcohol consumption and alcohol-related harms. The review included an Australian study by Chikritzhs and Stockwell (2002) which found that higher volumes of high alcohol content beer, wine and distilled spirits were purchased in the licensed hotels during late trading hours.

Additional opening hours were also found to impact on drink driving rates. A subsequent study found that later trading hours corresponded with a significant increase in monthly road traffic accidents (Chikritzhs and Stockwell, 2006). Further research by Chikritzhs and Stockwell (2007) examined the impact of extended trading permits (ETP) for licensed hotels in Perth, Western Australia on impaired driver breath alcohol levels (BALs) between July 1993 and June 1997. Male drivers aged 18-25 years and apprehended between 12.01 and 2.00am after drinking at ETP hotels had significantly higher BALs than drivers who drank at non-ETP hotels.

Chikritzhs and Stockwell (2007) reported a significant increase (70%) in monthly assault rates for hotels with extended opening hours from 24:00 to 01:00 and this relationship was largely accounted for by higher volumes of alcohol sales.

Evidence from a cohort study by Newton et al (2007) examined the impact of the UK Licensing Act 2003 on emergency hospital attendances. The authors found an increase in alcohol-related hospital attendees between 2005 and 2006 (before and after implementation of the Licensing Act). The proportion of alcohol-related

assaults, which resulted in overnight hospitalisation, increased from 0.99% to 1.98%; alcohol-related injuries increased from 1.6% to 4.1% and alcohol-related hospital admissions went from 0.88% to 2.46%.

The review by Popova et al (2009) included a study from the Brazilian city, Diadema, which investigated whether limiting the hours of alcoholic beverage sales in bars had an effect on homicides and violence (Duailibi et al, 2007). Using a time-series analysis, the study found that restrictions on drinking hours led to a dramatic decrease in murders and assaults against women, specifically (Duailibi et al, 2007).

The WHO report on an evidence-based approach to alcohol policies noted that changing either the hours or days of alcohol sale can redistribute the times at which many alcohol-related road traffic accidents and violent events occur, at the cost of an overall increase in problems. Whilst 24-hour opening of licensed premises in Reykjavik produced net increases in police work, emergency room admissions and drink-driving cases, police work was spread more evenly throughout the night, but a change in police shifts was required to accommodate the new work (Ragnarsdottir et al, 2002).

Following the introduction of 2003 Licensing Act in the United Kingdom, a study by Hough et al (2008) found a 22% increase in crimes occurring between 03:00 and 06:00 demonstrating a shift in alcohol-related crimes until later in the night. Some evaluations of the Licensing Act 2003 showed little impact on the number of people treated for injuries sustained through assault (Bellis et al, 2006 and Sivarajasingam et al, 2007), whilst other studies, such as the research by Newton et al (2007) (highlighted above) demonstrated large increases in the number of night-time alcohol-related visits to accident and emergency departments.

In its report, the WHO concluded that “while extending the times of sale can redistribute the times when many alcohol-related incidents occur, such extensions generally do not reduce the rates of violent incidents and often lead to an overall increase in consumption with associated problems”. WHO also note that reducing the hours or days of sale of alcoholic beverages leads to fewer alcohol-related problems, including homicides and assaults.

The most recent systematic review of international evidence examines the impact of changes to trading hours of liquor licenses on alcohol-related harm between 2005 and 2015 (Wilkinson et al, 2016). Data from 21 studies found that reducing the hours during which on-licensed outlets can sell alcohol late at night can substantially reduce rates of violence. Increasing trading hours tends to result in higher rates of harm, while restricting trading hours tends to reduce harm. The Australian studies are supported by research from Norway, Canada and the US, with the only exception being somewhat inconsistent findings from a relaxation of restrictions in England and Wales. Wilkinson et al (2016) concluded that the evidence of effectiveness is strong enough to consider restrictions on late-trading hours for bars and pubs as a key approach to reducing late-night violence in Australia (Wilkinson et al, 2016).

#### **Further detail on evidence - Northern Ireland, Ireland and UK data**

Data from the latest PSNI 'Trends in Police Recorded Crime in Northern Ireland 1998/99 to 2019/20' show that:

- 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 (either with or without injury)
- Around half of all violence with injury (including homicide) offences had an alcohol motivation
- A third of violence without injury offences had an alcohol motivation
- At least one third of crimes with a domestic abuse motivation involved alcohol
- 15% of all recorded sexual offences have an alcohol motivation
- 25% of all possession of weapons crimes involved alcohol

Evidence from the Northern Ireland Crime Survey (2012/13) (a representative sample of the Northern Ireland adult population) found that 56% of respondents had not availed of the night-time economy in the month preceding the survey. Some of the reasons cited included: people drinking or being drunk in public; unfriendly / intimidating atmosphere; worried about being assaulted; and worried about being harassed, intimidated or verbally abused. The majority of respondents felt safe (32% very safe; 56%, fairly safe) when socialising in their town centre in the evening with 35% of respondents noting that the presence of CCTV in the night-time economy made them feel safer (Campbell and Cadogan, 2014).

In the same survey, respondents were asked about problems in the night-time economy. Half of those surveyed reported that people drinking or being drunk in public was a problem in the night-time economy and 36% of respondents felt this was the single most serious problem in the night-time economy. Over a third (36%) of respondents considered young people hanging around and people being noisy, rowdy or disruptive (34%) as a problem in the night-time economy. Around ¼ of respondents socialised less because of what they considered to be the most serious problems. Almost two thirds of respondents (63%) felt alcohol-related anti-social behaviour was a 'very' or 'fairly' big problem in the night-time economy and almost one third felt alcohol-related anti-social behaviour had increased in the 12 months prior to the survey (Campbell and Cadogan, 2014).

Findings from the most recent Safe Community Survey (2018/19) showed that drugs (82%), alcohol (60%) and a lack of discipline from parents (45%) remain the three factors most commonly identified as major causes of crime in Northern Ireland. At a regional level across Northern Ireland, 60% of respondents considered alcohol to be a major cause of crime and 7% considered alcohol the main cause of crime. In respondents' local areas, 38% considered alcohol a major cause of crime and 15% considered alcohol the main cause of crime (Department of Justice, 2020).

#### **Further detail on evidence - The Licensing Act 2003 (England and Wales)**

Patterns of alcohol consumption are shaped by availability and affordability as well as cultural norms on drinking occasions.

In England and Wales, ten years after its implementation, an assessment of the impact of the Licensing Act 2003 was undertaken. This found that additional late night opening hours had shifted crime and disorder back into the early hours. Police had to re-arrange shift patterns and allocate increased resources in response to the shift in drinking patterns and the movement of people in the night-time economy. (Foster and Charalambides, 2016). 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 into the early hours of the morning. Some studies reported little impact on the numbers of people treated for injuries sustained through assault (Sivarajasingam et al, 2006 and Bellis, 2006), whilst other studies report increases in the number of night-time alcohol-related visits to accident and emergency departments (Newton et al, 2007).

It has been suggested that a relaxation of licensing hours would bring about a more relaxed drinking culture as evidenced in Europe. According to Foster and Charalambides (2016) there has been no evidence that the Licensing Act 2003 in England and Wales has contributed to a relaxing continental drinking culture developing, or that the Act has led to increased diversity within the night-time economy (two key aims of the Act).

The UK Government Licensing Act 2003 (Home Office 2003) which came into effect at the end of November 2005 abolished set licensing hours in England and Wales. This increased flexibility for businesses, but crucially at the same time, made licensing decision-making more accountable to local communities and public service providers, placing great emphasis on professional opinion providing risk assessment of licensing proposals in the light of local challenges, as evidenced by local data and patterns of service demand. Opening hours of premises are now set individually through the conditions placed upon licences involving case-by-case risk assessment by the Licensing Authority (local councils) and as recommended by the Responsible Authorities (which notably include the local health authorities, alongside environmental health, fire services and the police). The Act gave licensing authorities increased powers over the manner in which licensed premises operated, with local residents and businesses also being 'Interested Parties' able to present evidence in individual licensing decisions so long as it was judged relevant to the 'licensing objectives' (Hough et al, 2008).

A study examining police data for violent incidents and local authority data on licensed premises in Manchester between 2004 and 2008 identified little evidence that the deregulation of alcohol opening hours affected citywide violence rates. The authors note significant variability in the implementation of trading hours under the new regulations. They found that 67% of premises extended trading hours, 16% did not change their opening hours and 3% restricted trading hours. Only one premise acquired a 24-hour liquor licence. Analysis of total violence showed no evidence of any immediate, temporary, or delayed intervention effects. However, in reconciling these different perspectives, it is important to note that there was a significant increase (36%) in weekend violence between 3am and 6am (Humphreys and Eisner, 2012).

### **Further detail on evidence – international**

In Australia, higher volumes of high alcohol content beer, wine and distilled spirits were purchased in the licensed hotels in Perth during later trading hours. Later trading (1 or 2 additional hours of trading after midnight) was associated with a 70% increase in assaults (Chikritzhs and Stockwell, 2002). Late trading was associated with increased levels of impaired driver road crashes. Chikritzhs and Stockwell (2006).

### **Recommendation**

The Institute would recommend that the Committee agree, then specify in detail within the legislation, an enhanced role for local authorities and public services within licensing decisions. This should ideally cover the granting of new licences, licence renewal and variations and the granting of additional late-night opening or special events licences. Licensing laws should allow for the setting of hours on a flexible, case-by-case basis. This flexibility should be guided by local licensing policies, local data analysis, representations from local health, policing, fire service, environment health professions, and local residents. Decision making on licensing should be transparent, accountable, targeted, proportionate and responsive; thereby being demonstrably legitimate in the controls it imposes. Local risk assessment may be needed if relevant authorities are of the opinion that any relaxation (special extensions) may result in widespread additional alcohol-related harms due to a change in consumption and drinking practices within communities and / or specific locations.

It is our understanding that there is no public record of the number of authorisations for extending hours granted and that variation exists between policing districts. We strongly recommend measures to monitor and collect data on the application and granting of extended drinking hours and indeed, alcohol licences more generally. The Institute would recommend that an electronic database of liquor licences is made publicly available and includes details of premises which have been granted additional drinking hours. This is an important feature in accountability and monitoring and will support the evidence base in determining the impact of alcohol availability, including extended hours, on acute and chronic health outcomes, violence, crime and anti-social behaviour and the demand for emergency services.

### **(2c) PSNI authorisation for additional permitted hours for smaller pubs [Clause 4]?**

The Institute recommends that all licensed premises, irrespective of size be treated the same in terms of licensing law. See comments in section 2(b) in terms of the proposed approach to licensing decisions and evidence relating to harms associated with extended trading hours.

### **3. “Drinking-up Time” and the Alignment of Alcohol and Entertainment Licences**

The Bill contains provisions to extend the current “drinking up” time in licensed premises and private members’ clubs from 30 minutes to 1 hour [Clauses [5](#) & [24](#)].

The Department for Communities states that the aim is to discourage customers from drinking too quickly and to allow a more gradual departure from premises at closing time, especially from large venues.

#### **(3a) What are your views on the extension of “drinking-up” time?**

The Institute does not support the extension of drinking up time. There is insufficient evidence that this measure will result in the outcomes specified.

The extension of ‘drinking up time’ may account to little more than extended overall drinking time, leading to customers stock piling drinks to consume in the drinking up time available to them with the potential for increased alcohol consumption rather than decreased consumption.

#### **Evidence**

We have found no independent evidence that extending drinking-up time reduces the incidence of drinking too quickly or supports a more gradual departure of customers. The outcomes of ‘drinking too quickly’ and ‘a more gradual departure’ are not defined and open to interpretation. We could find no reliable evidence on the relationship between extending drinking up time and the occurrence of alcohol-related harms.

We note the Australian experience where increasing drinking time later at night/ earlier in the morning resulted in greater consumption of high strength beverages (Stockwell and Chikritzhs, 2009). This suggests that it may be the heaviest of drinkers that most enthusiastically embrace the ‘extra time’.

‘Drinking-up time’ was removed from the Licensing Act 2003 in England and Wales. Licensed Premises must now make the case for the hours they wish to trade to, stating clearly in their application what measures they are putting in place to pursue the Licensing Objectives. These measures can then be reflected in the enforceable conditions that are imposed on the licence they are awarded, eg. a bar may trade to midnight but must employ at least two Security Industry Authority registered door supervisors, a CCTV system in place to a certain specification and a written policy for dispersing its customers in a quiet and orderly manner.

#### **Recommendation**

The Institute recommends against the adoption of additional drinking up time as specified.

In line with best practice, licensed premises should build the control of customer mood and dispersal into their general management practices. This issue is best supported by statutory codes of practice (see Section 9).

**(3b) What impact do you think it would have on alcohol consumption towards closing time and during ‘drinking up’ time?**

See commentary in section 3(a).

**(3c) What impact do you think it would have on issues such as anti-social behaviour and crowd dispersal?**

The level of intoxication is an independent risk factor for the likelihood of alcohol-related violence and anti-social behaviour – it is not simply a matter of ‘crowd dispersal’ or measures to control the movement of customers off the premises. The notion that extended drinking-up time assists crowd dispersal and reduces anti-social behaviour and inter-personal violence appears to be based on anecdote rather than hard evidence.

**Evidence**

Evidence relating to anti-social behaviour in the night-time economy is presented in Section 2(b).

The Late-Night Levy, which has achieved quite widespread uptake in England and Wales is used to fund the management of patron dispersals from night-time entertainment zones. One of the most clearly defined Late Night Levies operates in Newcastle-Upon-Tyne wherein the levy provides for a notable additional uniformed presence after midnight from the police, security guards and NGOs, including a pop-up medical facility. See Section 10 for further details.

**Recommendation**

The current Safe Community Survey does not measure the impact of alcohol in the night-time economy. The Institute would urge the Department of Justice to recommission the variables in the 2012/13 survey looking at the experience of the community and customers of the night-time economy, including their experience of alcohol consumption and harms.

**(3d) Do you have any comments on the proposals to align closing time for liquor and entertainment licences [Clause 3]?**

**The alignment of liquor and entertainment licences is supported. However, the proposals relating to the decision-making process on licences as set out in section 2(b) should still apply.**

Under current licensing law, the latest permitted time for the sale of alcoholic drinks is 1.00am on weekdays and 12.00 midnight on Sundays. Liquor licences are granted by courts while local councils are responsible for granting entertainment licences. Some councils grant entertainment licences beyond the late opening hours under a liquor licence, meaning entertainment can continue in a licensed premises after the bar must be closed.

Concerns have been raised that this practice has led to illegal sales, which is unfair on premises that obey the law. It also creates difficulties for the PSNI in enforcing liquor licensing law.

### **Recommendation**

- The Institute supports the alignment of alcohol and entertainment licences.
- Transfer of licensing jurisdiction from the courts to local councils would help to remove these inconsistencies and generally allow licensing policy to develop more holistically, avoiding silos of responsibility and expertise.
- Alcohol and entertainment licences could be merged into one 'Premises Licence', as is currently the case in England and Wales.

## **4. Supporting Tourism, Special Events and Small Producers**

**(4a) Do you think that the provisions contained within the Bill will have a positive impact on hospitality and/or tourism and in Northern Ireland? If so, how?**

The Institute believes there are likely to be both positive and negative impacts on hospitality and tourism in Northern Ireland.

In this context it is important to consider the demographic profile of tourists visiting Northern Ireland, reasons for their visit, length of stay and activities or attractions they visit whilst here.

Findings from the 2018 Northern Ireland Tourism visitor attitudes survey show that the majority of visitors to Northern Ireland were leisure visitors who either travelled as a family group (41%), or as a couple (34%). Northern Ireland attracts a largely mature visitor, with less than 1 in 5 visitors aged under 35 (40% aged 35-54 and 40% aged 55+). Of the top four areas visited in Northern Ireland, over half (52%) of tourists visiting Northern Ireland came to Belfast, 50% visited the Causeway Coast

and Glens, 28% visited Derry City and Strabane and 26% visited Mid and East Antrim. The main reason for coming to Northern Ireland was to visit a specific attraction (30%), followed by 'to see beautiful scenery/landscapes' (21%) and to explore the history and culture of Northern Ireland (13%). When asked about what they had seen or done in Northern Ireland, 45% said they had visited a castle or other historic monument, 44% had visited a forest park or garden, 38% had visited a pub, 3% visited a museum or gallery, 27% went shopping and 24% visited a beach (Tourism Northern Ireland, 2018).

The findings from this tourism survey point to a cohort of visitors who are visiting as a family, interested in visiting specific attractions and the scenery/ landscape of Northern Ireland.

### **Recommendation**

The Committee may wish to consider the establishment of a Night-life Committee or Working Group which should include representation from public health and policing. It would be important for these sectors to be fully involved in the planning of any hospitality and tourism offer that may have implications on public health and safety as well as resource implications for these services.

### **(4b) What are your views on the proposals relating to permitted hours for special events [Clauses 6 & 25]?**

In decision making on permitted hours for special events, consideration should be given to the public safety and public health impact of any new licensing arrangement. The decision-making process on licences as set out in section 2(b) should still apply.

Public enjoyment of high-profile sporting events is in need of careful consideration. In particular, what is the net value to society of a de facto policy of enhancing alcohol availability at sporting events. These provisions can build strong associations between particular sports and alcohol brands, especially where there is already a co-existing marketing and sponsorship agreement. There should be a clearer delineation between family-friendly sporting events and drinking occasions. Creating the conditions for sporting events as drinking occasions may disrupt enjoyment and visitor experience and compromise the safety of both spectators, security staff, ushers and sportspeople. Consideration should be given to how events designated as a 'special event' and contribute to the impact of additional alcohol availability on reaching the goals and objectives of Sport Matters - the Northern Ireland Strategy for Sport and Recreation 2009-2019.

Special consideration is needed where a special event is also considered a youth event. The sale and supply of alcohol at youth focussed events is inappropriate in the context of government commitments to denormalise alcohol use as a central

feature of social, sport and cultural participation, as set out in Northern Ireland's New Strategic Direction for Alcohol and Drugs Phase 2 (DHSPPS, 2011) and the Hidden Harm Action Plan (Public Health Agency, 2010) underpinned by the Making Life Better Public Health Framework (Department of Health, 2014).

Responsible authorities will need to apply their expertise to the setting of event-specific conditions, which have enforceable penalties if they are not followed. A special events levy should be considered to help meet the costs of additional emergency service resources that will be required.

These conditions could include actions relating to:

- Restricting the availability of cut price or high strength alcohol
- The provision of free water
- Restricting areas in the event premises and environs where alcohol can be consumed
- Provision of an appropriate level and standard of emergency health facilities and event- specific policing
- Search policies and policies prohibiting off-sales alcohol entering the event
- Capacity limits
- Restricting certain forms of alcohol promotions
- Restricting the use of certain event marketing techniques, with particular regard to the vulnerability of children
- Training of event staff in issues relating to the supply of alcohol and the appropriate response to issues of intoxication, alcohol-related violence, customer safety
- Health and safety requirements relating to an increased likelihood of intoxicated persons
- Transport safety requirements relating to an increased likelihood of intoxicated persons
- Use of measures relating to personal and property safety relating to an increased likelihood of bodily harm and vandalism, including CCTV and policing.

A further important element is ensuring that events are 'COVID-secure'. Appropriate conditions that support social distancing and other aspects of infection control should be built into the licensing arrangements for each event, guided by the latest government health advice and laws regarding the COVID-risk.

### **Recommendation**

The Institute invites the committee to consider:

(a) the alignment of alcohol licensing for special events with the goals of sport strategy and programmes

(b) how to enshrine adequate consideration of public safety at special events including health and safety, public health, child protection, policing and security within special event licensing

(c) how to build in the needs and experiences of local communities in decisions on conditions, to include consideration of how providing additional opportunities for alcohol consumption at events can impact on noise, public nuisance, safety and enjoyment of those living in the local vicinity.

**(4c) What are your views on the provisions of the Bill that are aimed at supporting small local producers of beer, cider and spirits [Clause 8]? What impact do you envisage this could have on tourism? Do you feel that the regulatory framework, as outlined in the Bill, is sufficiently robust?**

The Institute notes the special case that has been proposed in relation to local producers. Where a small local brewery or distillery is operating as a public house, such premises should have the relevant on-trade licence. Provision could be made for off-licence restrictions in line with opening hours of the visitor centre.

### **Recommendation**

The Institute would caution against further expansion of licence category as this may edge towards further normalising alcohol use and repositioning activities of daily living as new drinking occasions, for example in relation to serving alcohol in cinemas, coffee shops or barbers. Expanding the categories would be considered contrary to the approach outlined in the New Strategic Direction for Alcohol and Drugs Phase 2 which seeks to further denormalise alcohol within our society.

We would recommend that the Committee considers undertaking a review of the existing categories of licence with the view to reducing the current number of categories to two or three. In the interests of streamlining the system and ensuring categories reflect the modern retail environment. For example, the category of 'seamans canteen' could now be rendered obsolete.

## **5. Children and Young People (under the age of 18)**

**The Bill contains a number of provisions directly relevant to children and young people. The Committee is keen to hear your views on the provisions of the Bill relating to children and young people and the proposed additional safeguarding measures, where relevant.**

**What are your views on:**

**(5a) The removal of the requirement of a licensed premises or registered club to hold a children's certificate [Clauses 10 & 26]?**

The Institute would recommend that all necessary safeguards are in place to protect children from the promotion of alcohol and prevent access to alcohol when in

licensed premises. Alcohol is not an ordinary commodity, and therefore children's exposure to alcohol in social environments should reflect this.

If the requirement for children's certificates is removed, all necessary provisions to protect children should be built into a statutory code of practice.

**(5b) Permitting certain premises to hold underage functions; the conditions that must be met; the permitted opening hours; and, proposed enforcement action [Clauses 11 & 27]?**

The Institute is concerned about the safety and wellbeing of children in the context of underage functions. It is essential that all necessary measures are in place to restrict access to alcohol whilst an underage function is taking place in licensed premises. Restricting access to alcohol at underage functions should be a core feature of any statutory code of practice.

**Evidence**

In this section, we highlight evidence from children and young people's surveys in Northern Ireland and the Republic of Ireland in relation to how and where they access alcohol. In Northern Ireland 11% of 11-16 year olds reported having bought alcohol from a pub or club (Northern Ireland Statistics and Research Agency, 2016). In the Republic of Ireland, 17% of 12 to 17 year olds reported purchasing alcohol in a pub/bar/disco (Költő et al. 2020).

**Recommendation**

The Institute recommends that if venues wish to hold underage functions, this comes with the responsibility to creating areas within their premises that do not serve alcohol. Strict provisions should be in place regarding the concealment of bars in any licensed premises when underage functions are being held.

We would urge the Committee to reflect on the meaning of the term 'underage functions' – they are children's events defined by their function to celebrate and enhance the participation of young people in their club and not defined by the eligibility to consume alcohol. The Institute would also suggest that the Committee takes account of children's views on alcohol availability at such events and how it affects children's enjoyment and participation in club activity.

**(5c) Permitting the attendance of young people to remain on licensed premises to attend a private function (e.g. a wedding reception) and the proposed conditions that must be met [Clauses 12 & 28]?**

Family functions allow for the supervision of children by adults. It is the responsibility of the licensed operator to ensure that no alcohol is served to children at such functions and also that proxy purchases are not made, whereby a person who is over-18 purchases drinks for and on behalf of a person who is under-18. The

responsibility for the protection of children from alcohol-related harm should also lie with the operator in the case of all drinks being pre-purchased by the family function host. These conditions should be added to the licence of any premises hosting family functions.

**(5d) The strengthening of the current law around the delivery of alcohol [Clauses 9] and the delivery of alcohol to young people [ Clause 13]?**

The Institute welcomes the provisions within the Bill which would require retailers to obtain documentary/ photographic evidence that the person taking delivery of alcohol is over 18 years old. The Institute would suggest that children should never be criminalized for taking delivery of alcohol and that legal responsibility reside with the vendor in all cases. In addition, the extent of this type of alcohol supply should be routinely measured within the YPBAS survey alongside the established modes of purchase presented in Section 5(b) above.

**(5e) The prohibition on self-service and sale of alcohol by vending machines [Clauses 15 & 30]?**

The Institute supports the prohibition on self-service and alcohol sales by vending machines. The supply of alcoholic drinks should always be under the direct supervision of a licence holder or member of staff. If self-service is to be permitted at self-service tills in supermarkets, then all alcoholic products that are scanned for purchase should generate a call for staff authorization. This authorization must be given for the transaction to be completed.

In 2012, legislation banning the sale of tobacco products from vending machines in Northern Ireland came into force. While they can be adapted to allow for age verification checks to be carried out, in Northern Ireland tobacco vending machines were “self-service” and often situated in areas of the premises where unsupervised access by minors would have been possible (Department of Health, 2016)

However, it is noted that there are no data on these types of alcohol purchase/supply among minors. The questions are not asked of children in the Young Persons Behaviour and Attitudes Survey, so it will not be possible to assess whether any new restrictions will have the desired effects. It is our view that these types of alcohol supply are rare among children – the majority of supply coming from family members, proxy purchases and directly from licensed suppliers. In this way a focus on self-service and vending purchases may have very limited impact on reducing access.

**(5f) Permitting children and young people to be present in a sporting club to 11:00pm during the summer months (1 June to 31 August) [Clause 29]?**

**Evidence – relationship between alcohol and sports participation**

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

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

A systematic review of longitudinal studies, Khan et al (2012), found that 80% of the studies showed a positive relationship between alcohol misuse and sport participation.

**Recommendation**

The Institute recommends that the primary focus of sports clubs remains the promotion of the health and wellbeing of its members and that the sports club remains a community asset to support active and healthy lives.

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

There is a lack of congruence between changes to the alcohol licensing legislation and the core functions of sports clubs to promote health, community and social development. We would urge that careful consideration is given to the impact of the provisions of the Bill in fuelling drinking cultures within sports clubs.

Whilst alcohol availability may generate income for clubs; there is evidence of a real the link between increased availability and alcohol related harms, especially amongst children and young people.

**(5g) Permitting children and young people to attend an awards ceremony in a sporting club one night per calendar year (until 11pm) [Clause 29]?**

If events are organised for children and young people, the time and restrictions around such events should reflect what is appropriate for this age group. See section 5(f) for further information on the importance of having the necessary safeguards in place to protect young people from accessing alcohol.

We outlined in Section 4(b) the associations that can be created between alcohol and sport and the need to protect against this. The position outlined in section 4(b) also has relevance to this context.

**(5h) Overall, do you feel the measures are adequate to protect children and young people from alcohol related harm? If not, why not?**

Protecting children from alcohol-related harm requires co-ordinated action across government departments . Alcohol licensing has a role to play but other actions are needed including the introduction of the WHO Best Buys (World Health Organization, 2017).

## **6. Alcohol Consumption and Alcohol-Related Harm**

**The Bill proposes to address certain aspects of alcohol consumption and related harm, for example:**

- **Introducing a number of restrictions on off-sales drinks promotions in supermarkets [Clause 16];**
- **Regulating the delivery of alcoholic drinks to young people [Clause 13];**
- **Prohibiting the awarding or redemption of loyalty or bonus points for the purchase of alcohol in licensed premises [Clause 17]; and**
- **Prohibiting the sale of alcohol by way of self-service or vending machine (with certain exceptions) [Clauses 15 & 30].**

**(6a) What impact do you think these measures will have on reducing alcohol consumption and preventing alcohol-related harm?**

A comprehensive alcohol strategy addressing many aspects of availability and using WHO best buys is needed, these best relate to affecting the availability, price and appeal of alcohol. Restrictions on off-sales drinks promotions in supermarkets are welcome but a more comprehensive set of measures is needed. The Institute welcomes the provisions on regulating delivery of alcohol to young people, however, without minimum unit pricing there is a risk of 'fiddling around the edges' with measures that are valuable but lack sustainable impact. It is noted that some of the measures will bring some alignment between the regulatory measures introduced in the Republic of Ireland under the Public Health Alcohol Act (2018).

### **Clause 16: Introducing a number of restrictions on off- sales drinks promotions in supermarkets**

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

In the Republic of Ireland, recently enacted provisions of the Public Health (Alcohol) Act placed restrictions on:

- Alcohol advertising in or on public service vehicles, at public transport stops or stations and within 200 metres of a school, a crèche or a local authority playground will be prohibited
- Alcohol advertising in a cinema will be prohibited except around films with an 18 classification or in a licensed premises in a cinema
- Children's clothing that promotes alcohol will be prohibited

The Institute would recommend that the Committee considers the provisions of Public Health (Alcohol) Act when developing similar legislation in Northern Ireland.

### **Clause 13: Regulating the delivery of alcoholic drinks to young people**

As noted in 5(d) The Institute welcomes the provisions within the Bill which would further regulate the delivery of alcohol to young people. In previous sections, we recognise that data are lacking on the extent of alcohol supply to young people by this route. These regulations can contribute to reducing alcohol harm among young people.

### **Clause 17: Prohibiting the awarding or redemption of loyalty or bonus points for the purchase of alcohol in licensed premises**

The Institute supports the proposal to ensure alcoholic drinks cannot be used in loyalty schemes. The Public Health (Alcohol) Act in the Republic of Ireland includes provisions relating to this matter. Recently, In January 2021, restrictions on price promotions of alcohol products came into effect under new legislation. The 'Sale and Supply of Alcohol Products Regulations' prohibits:

- The use or awarding of loyalty card points to purchase alcohol.
- The sale of alcohol at a reduced price for a limited period or because it is sold with another product or service.

These regulations aim to reduce alcohol related harm by discouraging bulk consumption and further 'de-normalising' alcohol as an ordinary commodity.

**(6b) Do you have any other comments in relation to any other aspect of the Bill in relation to alcohol consumption and alcohol-related harm?**

Minimum unit pricing is required to achieve reductions in alcohol consumption and alcohol related harms. MUP is recommended by the WHO as a 'best buy' in achieving these goals.

**Impact of MUP on alcohol-related harms:**

- Estimated reduction of 63 deaths and 2,425 fewer hospital admissions per year
- £1.8m year 1 and £397m over 20 years
- Estimated 5,293 fewer offences per year
- Costs of crime estimated to reduce by £19.9m in the first year and £292m over 20 years
- Total societal value of the harm reductions for health, crime and workplace absence estimated at £956m over a 20 year period

(Angus et al., 2014)

## **7. Regulation, Enforcement, Offences and Penalties**

**(7a) The Bill proposes to allow statutory approval for voluntary industry-led codes of practice in relation to the sale and supply of alcohol in licensed premises and registered clubs [Clauses 19 & 32]. Do you feel these are an effective means of helping to regulate the industry? If not, what alternatives would you suggest?**

No, we do not believe this will be an effective means of regulating the industry. The evidence to date shows that voluntary codes are ineffective on their own. A new statutory code of practice is necessary, which is evidence-based and free from conflicts of interest. The Institute would recommend that a statutory Code of Practice be introduced. We would suggest that the Committee for Communities consult with the PSNI and Department of Health to determine the potential effects any such code would have on crime, disorder, demands on emergency services and health outcomes.

It has been argued that responsible sales and marketing approaches and self-regulation is effective. However, a systematic review by Savell and colleagues (2016) revealed there is no evidence that self-regulation and industry-government partnerships lead to reductions in alcohol-related harm. Further evidence suggests that the guidelines of self-regulated alcohol marketing codes are violated routinely, resulting in excessive alcohol marketing exposure to youth and the use of content

that is potentially harmful to youth and other vulnerable populations (Noel et al., 2017). With this in mind, self-regulation in licensing may suffer the same fate.

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

It is most important that 'Mandatory Conditions' are attached to all on-licences. The main thrust of mandatory conditions is to ensure that customers of on-licensed premises are able to make informed choices about the amount of alcohol they consume in one session and to have the opportunity to more easily regulate their drinking. In particular, customers should be offered information and options concerning the relative strength (ABV) of the beverages they purchase, including a clear understanding of the 'standard / default ' measure in the case of poured wines and spirits and spirit-based mixes such as cocktails. In England and Wales, drafting of the Alcohol Licensing Act 2003 was informed by concerns that widespread pouring of 'double measures' as standard, with no alternatives advertised at point-of-sale, was leading to high levels of intoxication.

Mandatory conditions can include important interventions and tools for the licensing enforcement agencies as they clearly indicate expectations of duty of care to customers, customers making informed choices as to the strength of drinks, and generally not operating in ways which encourage drunkenness and associated health harms. When mandatory conditions are attached to a licence, they become law which is enforceable and are a useful way of checking the standards of management in licensed premises are adhered to. Voluntary codes or commitments are not sufficient to safeguard customers and ensure the necessary duty of care. The UK Home Office has developed detailed guidance has been issued on the purposes of this legislation and how compliance with the mandatory conditions should operate (Home Office, 2014).

**(7b) The Bill contains provisions to permit a court, when determining an application for an occasional licence, to impose terms and conditions on the licence with consequences for non-compliance [Clause 18]. What are your views on this?**

No comment

**(7c) What are your views on the measures in the Bill that would require a body corporate (licensee) to notify the courts and police of any change of directorship (within 28 days) [Clause 20]?**

No comment

**(7d) Throughout the Bill there are a number of new offences and/or penalties under The Licensing (NI) Order 1996, The Registration of Clubs (NI) Order 1996 and The Betting, Gaming, Lotteries and Amusements (NI) Order 1985. The Committee would welcome any comments you have in relation to these.**

No comment

## **8. Resource Implications for Certain Organisations/Bodies**

### **8. What do you think the resource implications will be for:**

It is likely that increased resources will be needed, at best this will relate to increased staffing in the early hours in the morning. At worst, they will lead to increase in crime and harms, requiring greater response in terms of acute incidents in health and social care.

#### **(a) The PSNI:**

At a recent meeting of the Northern Ireland Policing Board, the Chief Constable was asked to comment on the Bill and the potential impact on the PSNI going forward. The Chief Constable noted that changes to the operational day will have consequences regarding where officers are placed. The Chief Constable noted that officers could be dealing with crime and disorder at 5am as a consequence of excessive drinking throughout the night, as well as dealing with anti-social behaviour early in the evening. To meet these challenges, the Constable estimated that the PSNI will need 7,500 officers (an increase of 500) to keep communities safe (Northern Ireland Policing Board, 2020).

#### **(b) Health and social services:**

Alcohol-related harms has a significant impact on health and social services in Northern Ireland. It is not possible to estimate the impact from the legislation, not least because it is not known how many additional serving hours will result from the new law.

However, by way of a baseline, analysis of Emergency Department attendances shows that alcohol-related attendance account for 25% of all attendances. The table below shows an increase of almost 23,000 alcohol-related attendances between 2007/08 and 2017/18, costing the health service almost £33m per year.

<b>Emergency Department Attendance</b>	<b>2007/08</b>	<b>2017/18</b>
Total A&E attendances in Northern Ireland	732,022	823,236
Estimated proportion relating to alcohol	25%	25%

Estimated A&E attendances relating to alcohol	183,006	205,809
Cost per A&E attendance	£98	£160
Total cost	£17.9m	£32.9m

**Data Source:** Hospital Inpatient System 2017/18 & NI Reference Costs 2016/17, Hospital Information Branch, Information & Analysis Directorate, Department of Health NI.

**(c) Other organisations (please specify):**

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**9. Registered Clubs**

**9. Do you have any additional comments on the provisions in the Bill which specifically relate to registered clubs [Clauses 22 to 32]?**

No comment

**10. Additional Information**

**(10a) Are there any other measures *not included* in the Bill that you think should be included and why?**

**Evidence relating to the Late Night Levy in England and Wales**

Under the Police Reform and Social Responsibility Act 2011, licensing authorities in England and Wales have the power to introduce a ‘late night levy’ on premises licensed to sell alcohol in the authority's area. The levy applies between midnight and 6am and the licensing authority decides the length of time within this period that the levy will apply. At first the levy was required to cover the whole of an Authority’s area, although this is set to change under the Policing and Crime Act 2017 to allow more targeted geographies to be used, together with the inclusion of late-night fast-food outlets (licensed as late-night refreshment premises) as contributors to the levy.

The net revenue raised goes towards the costs of policing the late-night economy. This must be split between the licensing authority and the relevant police and crime commissioner (PCC). At least 70% of the net revenue must be given to the police. The licensing authority can retain up to 30% to fund the services it provides to manage the night-time economy (Woodhouse, 2019).

Late Night Levies have proved popular in among Local Authorities in England and Wales, with many in place in the London boroughs. There is a very well developed scheme in Newcastle Upon Tyne. The Levy applies to licensed premises that operate after mid-night. Going forward, take-aways and fast-food outlets will be required to contribute to the Late Night Levy under the Licensing Act as they provide late-night refreshment. These premises are associated with attracting and retaining customers who have been drinking. If they remain open after mid-night they will have to contribute to levy.

Late Night Levies cannot cause any harm as they are funding public services. The only criticism against levies is the economic impact on businesses which open beyond mid-night. One limitation of the Levy is that It is the police haven't been accountable for how they spend the 70% the receive from the levy, indicating the need for greater transparency.

If the Committee for Communities was to consider the introduction of a Late Night Levy for Northern Ireland, it would be important to stipulate what proportion of the levy would go towards health care costs and build this into the legislation from the beginning.

**(10b) Do you have any other comments you would like to make?**

**Nil to add**

Table 1. Summary of findings from systematic reviews and individual studies

Topic	Main findings	Source
<p><b>Section 2 - Additional Permitted Opening Hours</b></p> <p><b>Extended late night trading hours for licensed premises</b> Systematic review of 44 studies on density of alcohol outlets and 15 studies on hours and days of sale identified through a systematic literature search</p>	<p>The majority of studies reviewed found that:</p> <ul style="list-style-type: none"> <li>Alcohol outlet density and hours and days of sale had an impact on one or more of the three main outcome variables; overall alcohol consumption, drinking patterns and damage from alcohol</li> </ul> <p><b>Conclusions:</b></p> <ul style="list-style-type: none"> <li>Extended late night trading hours for certain licensed premises leads to increased consumption and alcohol-related harms</li> <li>Restricting availability of alcohol is an effective measure to prevent alcohol-attributable harm</li> <li>One study (Newton et al., 2007) focused on changes in the UK before and after the implementation of the Licensing Act of 2003 (which permitted 24hr trading), it found the proportion of alcohol-related assaults resulting in overnight hospitalization went from 0.99% to 1.98%, alcohol related injuries went from 1.6% to 4.1% and alcohol related hospital admissions went from 0.88% to 2.46%.</li> </ul>	<p><i>Hours and Days of Sale and Density of Alcohol Outlets: Impacts on Alcohol Consumption and Damage:</i> <a href="#">Popova et al, 2009</a></p>
<p><b>Extended late night trading hours for licensed premises</b> WHO report on an evidence based approach to alcohol policies.</p>	<ul style="list-style-type: none"> <li>Around-the-clock opening in Reykjavik, produced net increases in police work, emergency room admissions and drink-driving cases</li> <li>Following the 2003 Licensing Act in the United Kingdom, there was a 22% increase in crimes occurred between 03:00 and 06:00. In other words, alcohol-related crimes were shifted until later in the night</li> <li>While extending the times of sale can redistribute the times when many alcohol-related incidents occur, such extensions generally do not reduce the rates of violent incidents and often lead to an overall increase in consumption with association problems</li> <li>Reducing the hours or days of sale of alcoholic beverages leads to fewer alcohol-related problems, including homicides and assaults</li> </ul>	<p><i>Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm</i> <a href="#">WHO, 2009</a></p>
<p><b>Extended late night trading hours for licensed premises</b> Systematic review of studies evaluating the public health and safety impacts of</p>	<ul style="list-style-type: none"> <li>It is concluded that the balance of reliable evidence from the available international literature suggests that extended late-night trading hours lead to increased consumption and related harms</li> </ul>	<p><i>Do relaxed trading hours for bars and clubs mean more relaxed drinking? A</i></p>

<p>changes to liquor trading hours for on premise consumption</p>		<p>review of international research on the impacts of changes to permitted hours of drinking <a href="#">Stockwell and Chikritzhs, 2009</a></p>
<p><b>NI Data Alcohol and Crime</b>  Data from the latest PSNI 'Trends in Police Recorded Crime in Northern Ireland 1998/99 to 2019/20'</p>	<ul style="list-style-type: none"> <li>• One in five crimes recorded by the police have an alcohol motivation</li> <li>• Crimes with the highest levels of alcohol motivation are violence against the person (either with or without injury)</li> <li>• Around half of all violence with injury (including homicide) offences had an alcohol motivation</li> <li>• A third of violence without injury offences had an alcohol motivation</li> <li>• At least one third of crimes with a domestic abuse motivation involved alcohol</li> <li>• 15% of all recorded sexual offences have an alcohol motivation</li> <li>• 25% of all possession of weapons crimes involved alcohol</li> </ul>	<p><a href="#">Trends in Police Recorded Crime in Northern Ireland</a></p>
<p><b>NI Data Alcohol and Crime</b>  Northern Ireland Crime Survey</p>	<ul style="list-style-type: none"> <li>• Evidence from the Northern Ireland Crime Survey (2012/13), a representative sample of the Northern Ireland public found that 63% respondents felt alcohol-related anti-social behaviour was a 'very' or 'fairly' big problem in the night-time economy.</li> <li>• Almost one third of respondents felt alcohol-related anti-social behaviour had increased in the 12 months prior to the survey</li> </ul>	<p>Experience of Crime: Findings from the 2012/13 Northern Ireland Crime Survey <a href="#">Department of Justice, 2014</a></p>
<p><b>Licensing Act 2003 (England and Wales)</b>  Assessment of Licensing Act 2003 - 10 years after implementation</p>	<ul style="list-style-type: none"> <li>• Additional late night opening hours shifted crime and disorder back into the early hours</li> <li>• Police had to re-arrange shift patterns and allocate increased resources in response to the shift in drinking patterns and the movement of people in the night time economy</li> <li>• It was widely believed that extended opening hours had failed to deliver the reductions in crime and antisocial behaviour promised when the Act was passed. Instead it was reported by many interviewees that extended opening had caused people to venture out later, likely due to having had more time to drink at home beforehand.</li> </ul>	<p><a href="#">The Licensing Act 2003: Its uses and abuses 10 years on Foster and Charalambides, 2016</a></p>

	<ul style="list-style-type: none"> <li>• All police representatives interviewed thought that the Act had caused significant problems for the police, with one describing it as a 'disaster'. While their 'busy period' had previously lasted from around 11pm to 2 or 3am, officers now reported having to deal with alcohol related problems until 6</li> <li>• or 7am</li> <li>• It has been suggested that a relaxation of licensing hours would bring about a more relaxed drinking culture as evidenced in Europe. This report found there has been no evidence that the Licensing Act 2003 in England and Wales has contributed to a relaxing continental drinking culture developing, or that the Act has led to increased diversity within the night time economy (two key aims of the Act).</li> </ul>	
<p><b>Licensing Act 2003 (England and Wales)</b></p> <p>Home Office put into place a multi-strand evaluation, focusing largely on the Act's impact on crime and disorder.</p>	<ul style="list-style-type: none"> <li>• 22% increase in crimes occurring between 03:00 and 06:00 demonstrating a shift in alcohol-related crimes until later in the night.</li> </ul>	<p><i>The impact of the Licensing Act 2003 on levels of crime and disorder: an evaluation</i>  <a href="#">Hough et al (2008)</a></p>
<p>Impact on people treated for injuries sustained through assault</p>	<ul style="list-style-type: none"> <li>• An estimated 364,000 people in England and Wales attended A&amp;E departments seeking treatment following violence in 2006.</li> <li>• Overall, there was a decrease of 2% in serious violence in England and Wales in 2006 compared to 2005: it is estimated that approximately 6,000 fewer people sought treatment at A&amp;E departments following violence-related injury. T</li> <li>• Violence affecting females decreased by 8% in 2006 compared to the previous year. Rates of violence affecting males, those aged 11 to 30 and those aged 50 years and over did not change.</li> <li>• Violence rates for those aged 0 to 10 decreased by 21% and for those aged 31 to 50 decreased by 7%.</li> </ul>	<p><i>Violence in England and Wales 2006 An Accident and Emergency Perspective</i>  <a href="#">Sivarajasingam et al, 2006</a></p>
<p>Impact on people treated for injuries sustained through assault</p>	<ul style="list-style-type: none"> <li>• Changes in the distribution of assault attendances at Accident and Emergency (A&amp;E) are temporally consistent with implementation of the Alcohol Misuse Enforcement Campaigns (AMECs) and the Licensing Act 2003.</li> <li>• The AMECs during 2005/06 and the implementation of the Licensing Act 2003 were</li> </ul>	<p><i>Effects of the Alcohol Misuse Enforcement Campaigns and the Licensing</i></p>

	associated with a significant reduction in the number of assault attendances to A&E compared to previous year	<i>Act 2003 on Violence: A Preliminary Assessment of Accident and Emergency Attendances in Wirral</i> <a href="#">Bellis et al., 2006</a>
<b>Licensing Act 2003 (England and Wales)</b> Impact on people treated for injuries sustained through assault	<ul style="list-style-type: none"> <li>• In March 2005 there were 2736 overnight attendances to the ED, of which 79 (2.9%) were classified as alcohol related. In comparison, in March 2006 there were a total of 3135 overnight attendances, of which 250 (8%) were alcohol related, representing a significant increase (<math>p &lt; 0.001</math>).</li> <li>• There were also significant increases in percentage of alcohol related attendances as a consequence of injury (<math>p &lt; 0.001</math>) and assault (<math>p = 0.002</math>); and in admission rates for alcohol related attendances (<math>p &lt; 0.001</math>) between the two study periods.</li> <li>• 'Overnight alcohol related emergency attendances to St Thomas' hospital increased after the introduction of new alcohol licensing legislation. If reproduced over longer time periods and across the UK as a whole, the additional burden on emergency care could be substantial.'</li> </ul>	<i>Impact of the new UK licensing law on emergency hospital attendances: a cohort study</i> <a href="#">Newton et al., 2007</a>
<b>Extended late night trading hours for licensed premises</b>  Quasi-experimental pattern matching approach, analysing The 2003 Licensing Act effect on violence.	<ul style="list-style-type: none"> <li>• A study examining data for violent incidents in Manchester between 2004 and 2008 identified little evidence that the deregulation of alcohol opening hours affected citywide violence rates.</li> <li>• However, in reconciling these different perspectives it is important to note that a significant 36% increase in weekend violence was noted between 3am and 6am</li> </ul>	<i>Do flexible opening hours reduce violence? An assessment of a natural experiment in alcohol policy</i> <a href="#">Humphreys and Eisner, 2012</a>
<b>Extended late night trading hours for licensed premises</b>	<ul style="list-style-type: none"> <li>• Higher volumes of high alcohol content beer, wine and distilled spirits were purchased in the licensed hotels in Perth during later trading hours.</li> <li>• Later trading (1 or 2 additional hours of trading after midnight) was associated with a 70% increase in assaults</li> </ul>	<i>The impact of later trading hours for Australian</i>

<p>Impact on violence - Australia</p>		<p><i>public houses (hotels) on levels of violence.</i>  <a href="#">Chikritzhs and Stockwell, 2002</a></p>
<p><b>Extended late night trading hours for licensed premises</b></p> <p>Impact of later trading hours for licensed hotels in Perth, Western Australia on levels of associated impaired driver road crashes and driver breath alcohol levels (BALs).</p>	<ul style="list-style-type: none"> <li>Late trading was associated with increased levels of impaired driver road crashes.</li> </ul>	<p><i>The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels</i>  <a href="#">Chikritzhs and Stockwell, 2006</a></p>

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## **Notes**

The Institute contributes to alcohol policy through the work of the North South Alcohol Policy Advisory Group (NSAPAG). The NSAPAG was established in 2013 at the request of the Chief Medical Officers in Ireland and Northern Ireland and is chaired by the Institute of Public Health. Membership comprises representatives from government departments, academia, community and voluntary sector, professional bodies and healthcare delivery agencies, including representatives from the Departments of Health, Justice and Communities in Northern Ireland. The aim of the NSAPAG is to contribute to reducing alcohol-related harm on the island of Ireland.

**END**