

Response to a new Sport and Physical Activity Strategy for Northern Ireland. Department for Communities Consultation.

Organisation.

Institute of Public Health
 6th Floor, City Exchange
 Gloucester Street
 Belfast
 BT1 4JH
 Telephone: +44 28 9064 8494

Email. Roger.Osullivan@publichealth.ie

www.publichealth.ie

Contents

Introduction 2

Key Points in response to consultation..... 2

Specific consultation questions 3

 Question 4. Current issues and opportunities facing sport and physical activity in Northern Ireland? 3

 Question 5. What are the main benefits from more people engaging in sport and physical activity over their whole lives?..... 8

 Question 6. What are the main barriers (e.g., physical, practical, cultural, personal) to increased participation in sport and physical activity for people over their whole lives?..... 8

 Question 7. What are the priorities for Government, given the impact of the Covid Pandemic, if more people are to be involved in sport and physical activity over the course of their life time?.. 10

 Question 8. How well do you think that the draft vision reflects a strategy for delivering lifelong involvement in sport and physical activity?..... 11

 Question 9. How well do you think that the following themes inform a strategy for delivering lifelong involvement in sport and physical activity?..... 12

 Question 10. How well do you think that the draft cross cutting principles relate to a strategy for delivering lifelong involvement in sport and physical activity? 16

 Question 11. How well do you think that the draft goals relate to a strategy for delivering lifelong involvement in sport and physical activity?..... 16

IPH Recommendations..... 19

 Appendix 1. Gambling and Sport 21

 Appendix 2. Alcohol licensing and sport..... 28

Introduction

The new draft strategy on sport and physical activity is welcome and important, particularly as Northern Ireland seeks to reopen society and restore wellbeing after the disruption caused by the COVID-19 pandemic. However, as well as rebuilding the formal sport and physical activity sectors, it is crucial to emphasise the importance of increased activity in daily life, and for those cohorts most at risk from the health impacts of a sedentary lifestyle – older people, women, those with disabilities and long-term conditions, and those from more disadvantaged backgrounds.

IPH sets out our key points below, followed by a more in-depth discussion of the consultation questions.

Key Points in response to consultation

- Healthy choices for physical activity need to be made easy and integrated into routine lifestyles rather than purely through participation in formal activities which though important, do not appeal to all, and particularly those who are currently least active and stand to benefit most from increased movement.
- A public health approach is needed to address inequalities by providing opportunities and environments conducive to physical activity, and evaluating interventions to determine what is most effective at a population level and for the most disadvantaged cohorts.
- Opportunities for active travel and improved pedestrian civic infrastructure has the potential to facilitate higher levels of physical activity with added benefits for the environment.
- Research to investigate and target barriers to physical activity through co-design of interventions in the least active cohorts is essential.
- The strategy needs to draw on lessons from previous strategies and from those in other countries to inform successful implementation of ambitious but realistic targets.
- The document references meeting WHO recommendations for physical activity but needs to explicitly state these, as the new guidelines are significantly higher than those previously recommended in Northern Ireland (i.e. 150-300 minutes of moderate activity or 75-150 minutes of vigorous intensity activity per week for adults and older adults).
- A ‘whole system’ approach is required to change physical activity habits at a population level, involving a combination of “upstream” policy actions from government departments and agencies to improve the social, economic and

environmental factors supporting physical activity, combined with “downstream”, individually focused approaches.

- An implementation structure and budget are needed to ensure that the strategy is implemented in line with specific targets.
- The life course approach to encouraging sport and physical activity is welcome, as different phases and transition points in life require different approaches and interventions.
- Positive messages and awareness of the benefits of physical activity need to be communicated, ensuring that the messaging is clear, simple and empowering for different cohorts.
- The strategy would benefit from a linked research strategy and funding programme to inform policy, practice, interventions, and innovation in this area. It is also vital to include structures for evaluating and reviewing progress and the structures that would help assess progress on the strategy’s key objectives.
- Potential for an all-island approach should be explored as there are clear opportunities to leverage cross-border tourist, sporting and media opportunities for promoting higher levels of physical activity and sports participation throughout the island. The forthcoming renewal of the National Physical Activity Plan for Ireland provides an opportunity to explore this.
- The strategy should acknowledge the high rate of problem gambling in Northern Ireland, and intensifying levels of gambling marketing around sport warrants action to limit harms and protect children by supporting clubs to develop policies to counter these trends. Similarly, efforts to prevent and mitigate harms associated with alcohol should be encouraged in sports clubs.

Specific consultation questions

Question 4. Current issues and opportunities facing sport and physical activity in Northern Ireland?

Physical inactivity continues to be one of the most important public health challenges, with one in four people completely inactive and lower levels of activity among women, older people and those with disabilities. Many people’s daily activity levels have fallen as a result of the pandemic – NISRA data shows that a third of people worried about COVID said their exercise routine was affected, although conversely 71% reported that exercise was an

important coping mechanism during the pandemic (NISRA, 2020)¹. As society reopens and recovers from the pandemic it is crucial that policy and practice supports us all to improve and maintain health and wellbeing by achieving the recommended levels of physical activity.

At a population level in Northern Ireland – levels of physical activity were already low pre-pandemic. 55% of the population meet physical activity guidelines of 150 minutes of moderate activity, 75 minutes per week of vigorous activity or a combination of the two (Health Survey Northern Ireland, 2016/17)². Women are less likely than men to meet the target (51% v 61%), while 26% of the population is deemed inactive. Physical activity levels typically decline with advancing age, for example, 47% of those aged 55-64, 41% of those aged 65-74 years and 10% aged 75 years or over meet the physical activity guidelines. In this response we will particularly reference older adults as there is a recognised opportunity to make significant improvements with benefits to health at a population level – however the underlying comments in this response are relevant to people of all ages.

Short term issues and opportunities

- There is strong international evidence that physical activity (PA) levels declined across nearly all populations during COVID-19 including children, adults, older people, those with medical conditions and those who were previously active including elite athletes (Stockwell et al, 2021).³ Survey data indicates that 37% of the NI population made no outdoor recreation visits during Nov/Dec 2020 and that people from disadvantaged groups made fewest visits (ORNI, 2021)⁴. CSO data indicates a third (33.2%) of people in Ireland exercised less frequently during COVID-

¹ NISRA Coronavirus (COVID-19) Opinion Survey. <https://www.nisra.gov.uk/publications/nisra-coronavirus-covid-19-opinion-survey>

² Health Survey Northern Ireland, 2016-17. <https://www.health-ni.gov.uk/news/health-survey-ni-201617>

³ Stockwell, S., Trott, M., Tully, M., Shin, J., Barnett, Y., Butler, L., McDermott, D., Schuch, F. and Smith, L., 2021. Changes in physical activity and sedentary behaviours from before to during the COVID-19 pandemic lockdown: a systematic review. *BMJ Open Sport & Exercise Medicine*, 7(1), p.e000960
<https://bmjopensem.bmj.com/content/7/1/e000960>

⁴ Outdoor Recreation Northern Ireland. *Outdoor Recreation: People, Nature and Health*. March 2021 <http://www.outdoorrecreationni.com/wp-content/uploads/2021/03/People-Nature-and-Health-NI-March-2021.pdf>

19 restrictions than before, rising to 53.4% of those aged 70+ (CSO, 2020)⁵. Sport England data shows 34-41% of adults and 33-38% of children there did less physical activity than usual during the first lockdown ⁶.

- In light of this decline in activity levels it is essential to facilitate the safe return to formal and informal physical activity and sport as society reopens while promoting its benefits for health and wellbeing, including evidence that physical activity is associated with much lower risk of serious illness from COVID-19 (Sallis et al, 2021)¹⁰.
- It is important to focus on maintaining physical activity levels in those who currently meet guidelines and seek to increase levels of activity in those populations who fall below current recommendations. Pandemic initiatives that targeted the built environment to facilitate social distancing (extending pavements and introducing pop-up cycle lanes) must be retained and extended.⁷
- In line with the strategy's ambition, it is necessary to increase popular understanding of the immediate benefits of regular engagement in physical activity and the modes and intensities of physical activity at a population level for people of all ages, but especially in those populations who fall below current Chief Medical Officer(CMO) guidelines and the recently increased WHO guidelines (DOHSC, 2019⁸; WHO, 2020⁹). It is important to highlight findings relating to immediate wellbeing and health gains, e.g. exercising outdoors helped 71% of people in NI worried about COVID-19 cope while staying at home (NISRA, 2020).

⁵ Central Statistics Office. Social Impact of COVID-19 Survey April 2020.
<https://www.cso.ie/en/releasesandpublications/ep/p-sic19/socialimpactofcovid-19surveyapril2020/changesinconsumption/>

⁶ Public Health England: Wider Impacts of COVID-19 on Health (WICH) monitoring tool.
<https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/#ofdoing/.physicalactivity>

⁷ Department for Infrastructure (2020). <https://www.infrastructure-ni.gov.uk/news/mallon-announces-pop-cycle-lanes-belfast-we-kick-start-bike-week>

⁸ Department of Health & Social Care (2019). UK Chief Medical Officers Physical Activity Guidelines. London: Department of Health; 2019. Available online at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf

⁹ WHO, 2020. *WHO Guidelines on Physical Activity and Sedentary Behaviour*.
<https://www.who.int/publications/i/item/9789240015128>

- Addressing physical inactivity continues to be one of the most important public health challenges and requires immediate attention as more than one in four people are completely inactive. Recent evidence has shown that inactivity is one of the most important risk factors for hospitalisation and death from COVID-19 making this a key immediate as well as long-term target¹⁰. It is particularly important to increase participation in all aspects of physical activity for older adults by improving access and opportunities as a matter of priority, in the light of COVID-19 Public Health Social Measures that may have led to deconditioning and other negative health consequences of an increase in sedentary behaviours (Cunningham, 2020)¹¹.

Medium term issues and opportunities:

- It is essential to increase participation in all aspects of physical activity (both routine and formal) by improving access, opportunities and environments to help support a more active and healthier population, e.g. in education, work, and community settings.
- It is imperative that initiatives which address barriers (social, economic, physical, environmental) to participation are central to national physical activity and sport policies especially for older adults and people with disabilities.
- Given the low levels of PA in NI, it is necessary to reframe the messaging in relation to regular physical activity and the health benefits (physical and mental) which come across the life cycle. This strategy should extract the lessons from previous and existing strategies in NI in this area.

Long term issues and opportunities:

¹⁰ Sallis R, Young D, Tartof S, Sallis J, Sall J, Li Q, Smith G & Cohen J. (2021) *Physical inactivity is associated with a higher risk for severe COVID-19 outcomes: a study in 48 440 adult patients*. British Journal of Sports Medicine. <https://bjsm.bmj.com/content/early/2021/04/07/bjsports-2021-104080>

¹¹ Cunningham, C. 2020. *The COVID-19 Pandemic – How to stay physically active: advice for adults and older adults*. <https://publichealth.ie/wp-content/uploads/2020/04/Physical-activity-2-pager-final.pdf>

In line with WHO global action plan on physical activity for 2018-2030: to create an active society, create active environments, create active people, and create active systems. The following are important long-term issues and opportunities:

- Increase population levels of physical activity – across the life-course – so that the majority of the population meet physical activity guidelines. Address the range of barriers, for example a NI Assembly research paper, indicated that barriers to older age groups participating in physical activity include self-perception that they are not capable, safety concerns and the lack of access to activities specifically designed for them (NI Assembly, 2010).
- Reducing inequalities in health by increased levels of participation has the potential to support all members of society and older adults in particular to become more active. Poor health and socio-economic disadvantage are noted barriers to participation in physical activity and must be addressed as part of the strategy. Opportunities must be matched to the preferences of different cohorts, eg older adults, for example, are more likely to take part in individual exercise, such as swimming or cycling, rather than team sports which are more common among younger age groups, while women are also less likely to take part in sport and formal physical activity. Sport England’s ‘This Girl Can’ programme is an example of a highly successful programme aimed at empowering a key cohort to be more active¹².
- A ‘whole system’ approach is required to implement policy solutions to change physical activity habits at a population level. A whole system approach involves applying a systems-based approach to better understand public health challenges in physical activity and identify collective solutions. It requires a strategic combination of “upstream” policy actions across all government departments aimed at improving the social, cultural, economic and environmental factors that support physical activity, combined with “downstream”, individually focused (educational and informational) approaches. (WHO, 2020).

¹² <https://www.thisgirlcan.co.uk/>

Question 5. What are the main benefits from more people engaging in sport and physical activity over their whole lives?

- There are major individual and societal benefits to getting people more active. Being physically active is one of the most important first steps that people of all ages can take to improve their health and wellbeing. Physical inactivity is recognised as one of the leading risk factors for obesity, non-communicable diseases and chronic conditions and is also associated with depression and poorer mental health. Incorporating physical activity into daily life from an early age increases the chance of maintaining this habit throughout the life course (Cunningham et al, 2020)¹³
- Regular participation in physical activity can also help promote social interaction, reduce social isolation and build cohesion in personal and community networks. This can be through formal sports participation including clubs, walking groups, park runs and similar initiatives, or through informal family and friend networks for shared recreation.
- The goal of public health is to decrease the time spent in ill health as people age, and ensure that an increase in life expectancy is also an increase in the years spent in good health. Older adults are at a particular risk of leading inactive lifestyles. Physical activity plays a key role in healthy ageing across the life cycle but especially in later years in the management of health and wellbeing.

Ensuring that NI population understand the benefits of PA and increased movement at any level, as well as those who wish to take part in sport and formal exercise is a key goal and will require a range of different but integrated strategies.

Question 6. What are the main barriers (e.g., physical, practical, cultural, personal) to increased participation in sport and physical activity for people over their whole lives?

- There are numerous identified barriers to participation, including individual, physical, psychological, social, economic, environmental, community and structural

¹³ Cunningham C, O'Sullivan R, Caserotti P & Tully M (2020). *Consequences of physical inactivity in older adults: A systematic review of reviews and meta-analyses* in Scandinavian Journal of Medicine & Science in Sports. <https://onlinelibrary.wiley.com/doi/abs/10.1111/sms.13616>

factors. For example, we know that participation in physical activity is impacted by geographic location, gender, and social and economic grouping. At an individual level people most commonly cite time, finances and health as reasons for not undertaking sufficient activity. There is a strong socioeconomic divide, with 44% of all adults in the most deprived areas meeting the physical activity guidelines compared with 63% in the least deprived areas (HSNI, 2016/17). Women are on average less likely to be sufficiently active than men (Murtagh et al., 2014).

- The physical and mental health benefits of engaging in regular physical activity are well established in the research community, but not fully realised at a population level. These benefits include improved sleep, managing stress, maintaining a healthy weight and improving quality of life and need to be more fully understood at a population level. Ensuring that we maintain our activity levels can help to maintain our physical and mental health and this requires a life course approach to promotion and communication.
- There is a compelling public health case to increase investment in physical activity and sports programmes and improve existing services to ensure they meet the needs of the wider population and especially older adults, people with disabilities, disadvantaged socio-economic groups and girls/women.
- Access to suitable venues for activity can be a major barrier – recent survey data shows that those without a car, the least affluent, older people and those with disabilities were more likely to reduce outdoor recreation during the pandemic (http://www.outdoorrecreationni.com/wp-content/uploads/2021/03/ORNI-Northern-Ireland-Population-Survey-November-and-December-2020-results-v2_compressed-1.pdf). Active travel is also often hindered by poor cycling and pedestrian infrastructure.

Question 7. What are the priorities for Government, given the impact of the Covid Pandemic, if more people are to be involved in sport and physical activity over the course of their life time?

- Increasing participation in groups with presently low levels of physical activity, particularly older people in whom deconditioning during COVID-19 is most likely to lead to health and disabling conditions. This should be targeted appropriately to people's interests. For example, older adults are more likely to take part in individual exercise rather than team sports which are more common among younger age groups (but decrease post school). Older adults who do stay active cite participation in sports such as cycling, swimming, golf, aerobics, dance and jogging as their preferred exercise, so it is important that a transition from team to individual sports is available for middle-aged to older adults (Murtagh et al., 2014). Increasing activity levels of school aged children and particularly girls at secondary level is also extremely important as data shows that only 10% of girls at secondary level in NI meet activity targets (and 16% of boys) (Woods et al, 2019)¹⁴
- The proposed strategy should promote and adopt a life course approach to physical activity and sport which reframes the language and the purpose e.g. shift the messages to enjoyment and health and well-being benefits of physical activity and sport. It is important that the strategy focuses on both formal and informal physical activity.
- It is essential that the new strategy supports a whole- of-society approach that promotes opportunities and initiatives linking e.g. transport, work, education, health and planning to address barriers (social, economic, physical, environmental) to participation in physical activity and sport (E.g. as time is one of the most commonly cited barriers, promoting activity as part of commuting time can be beneficial).

Strengthen the provision of, and access to, appropriate opportunities and programmes that can enable people of all ages to maintain an active lifestyle according to capacity

¹⁴ Woods et al. (2019) The Children's Sport Participation and Physical Activity Study 2018. <https://www.sportireland.ie/sites/default/files/2019-11/csppa-2018-final-report.pdf>

and to ensure that cost and issues such as transport, participation, clubs fees are not barriers. No single organisation or government department working in isolation can get a population more active. This will only be possible through a 'whole-system' approach of cross-sectoral and cross-government working and collaboration at all levels, national and local, to ensure that people are given opportunities, and are supported to access and participate in a healthier lifestyle across the lifecycle. It is important that the strategy led by the Department of Communities works across government in its action plan with new actions to address the specific challenges in a post pandemic era.

Question 8. How well do you think that the draft vision reflects a strategy for delivering lifelong involvement in sport and physical activity?

Current draft vision. "Lifelong involvement in sport and physical activity leads to an active, healthy, resilient and inclusive society which recognises and values both participation and excellence".

Although this draft vision captures the importance of physical activity throughout the life course, the term "involvement in" suggests a level of formal activity which is appropriate for sport, but less so for physical activity which must be something people do as part of their daily lives, rather than purely as a formal leisure activity which they need to sign up for.

It is important to convey that message in the vision, as one of the key goals of the strategy must be to reach the large sections of the population who are currently inactive and who would not view themselves as 'sporty' or would be reluctant to join a structured activity, but who could nonetheless be encouraged to increase their activity levels through small changes to daily routines facilitated by social and environmental infrastructure and appropriate health messaging making them aware of the benefits.

Emphasising physical activity as a "leisure activity" rather than a beneficial routine habit that can be incorporated into commuting, shopping, social activities and domestic chores, etc. has the potential to widen inequalities because it could exclude the cohorts most in need of increased movement in their daily lives. Because it is so imperative to reach the inactive or minimally active cohorts with this strategy, we would suggest amending the vision to capture this nuance or replace it with a simpler vision.

As a suggestion a simpler version of the vision could be “Being active at all ages is good for your body, mind and society.”

In relation to the diagram in Figure 1: Sport and Physical Activity Continuum, it should be noted that while key cohorts are identified and differentiated in the earlier years, people in middle and older age are grouped into one category, even though differentiated approaches are essential to target adults at different stages of life, e.g. within the workforce, post-retirement, or to manage chronic conditions and frailty, even though physical activity is particularly crucial to preserve and manage health and wellbeing in later life. Similarly, those with disabilities or from disadvantaged groups are not acknowledged in this conception.

Question 9. How well do you think that the following themes inform a strategy for delivering lifelong involvement in sport and physical activity?

While the themes are all to be welcomed as worthwhile aspirations, it is vital that the strategy does not focus exclusively on the formal sports and physical activity sectors, but also embraces the ways the overall environment can facilitate and encourage physical activity. This could be encompassed as a separate theme, e.g., “Building activity into daily life at every opportunity” with goals to realise this through specific planning, messaging, and communication targets.

Promoting participation, inclusion & community engagement

The theme of promoting participation, inclusion and community engagement is welcome, but needs to focus more specifically on the particular groups whose activity rates are lowest and have most to benefit from increased participation, e.g., women and girls, those with disabilities, those in disadvantaged areas and older people – it is important to name these in the strategy to ensure efforts are targeted at increasing their participation rates. Specific measurable targets for improving participation rates such as those contained in the National Physical Activity Plan for Ireland (ROI) are essential to focusing efforts.

This theme also puts the emphasis on participation and inclusion in the formal sports and physical activity sectors which is obviously essential and welcome, but there must be a

similar focus on boosting daily activity opportunities in people's immediate environments, and particularly in areas where factors such as inadequate pedestrian infrastructure, poor lighting, air pollution and the threat of crime can deter people from being active.

This theme also refers to supporting WHO recommendations on physical activity for different cohorts but must explicitly state these, as they reflect much higher physical activity targets than previously recommended in Northern Ireland (e.g. 150-300 minutes of moderate activity or 75-150 minutes of vigorous activity per week for adults and older adults) and it is important to clarify what they are in the strategy (WHO, 2020)⁸. At the same time, it is also important to emphasise the simple message that any increase in physical activity is beneficial to physical and mental health and wellbeing.

Providing inclusive and shared spaces and places

The theme of providing inclusive and shared spaces and places focuses mainly on sports facilities, which though welcome in itself, does not emphasise the importance of the overall built environment and to mechanisms for increasing daily activity levels through planning measures. In particular it makes little reference to improving active travel opportunities such as cycleways and pedestrian facilities that can enable higher incidental daily physical activity, as well as improved quality of life, and which are so important they should constitute a distinct theme within the strategy, while also contributing to improved air quality and climate change mitigation. Research has shown that for older adults in particular, physical activity is mainly functional (e.g., undertaken during shopping and social trips) and that interventions such as helping older people change their home routines to spend less time sitting down, and to encourage sedentary older adults to walk more are most helpful (Fox, 2014). Trial pedestrianisation, and cycle schemes introduced during the pandemic period should be retained where successful to expand infrastructure conducive to physical activity and this also ties in with key environmental and climate change targets and safe environments for walking. Likewise, as Marmot has shown, improving access to green

spaces contributes to better health and can reduce health inequalities and improve social cohesion (Public Health England, 2014)¹⁵.

These themes should consider the role of specific fiscal measures such as incentives for physical activity through the tax system similar to the Cycle to Work Scheme or workplace initiatives such as active travel rewards, tax breaks for providing changing facilities etc or tax credits for wellness activities (Murphy & O'Donoghue, 2018 <https://assets.gov.ie/7974/ea0115aad88c43aba99ac4d8aff2e893.pdf>). International models such as the Singapore National Steps Challenge offering participants free fitness trackers and vouchers for meeting step targets could also be considered – 1.3m or 26% of the population there is reported to have participated in this (Yao et al, 2020. <https://bjsm.bmj.com/content/54/17/1047.abstract>).

Initiatives such as Luxembourg's move to free public transport¹⁶ (partly funded by reductions in tax breaks for workplace travel by car) could also be considered – UK research has shown that people with free travel passes travel more often and walk further than those without them (Taylor, 2014). Similar schemes have also been initiated in Tallin and Dunkirk. For example, could making the Belfast Metropolitan Area a free public transport area encourage more physical activity while helping address pollution, congestion and carbon costs, and bringing potential long-term health savings?

It is also vital to build partnerships and actively encourage cross-community membership and usage of sports clubs and leisure facilities to broaden access and help address historical legacies towards building a shared society.

Promoting the benefits of sports and physical activity

The theme promoting the benefits of sports and physical activity aims to promote the health benefits of physical activity to everyone, but it needs to focus more on hard-to-reach

¹⁵Public Health England/UCL Institute of Health Equity. *Improving access to green spaces*. 2014. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355792/Briefing8_Green_spaces_health_inequalities.pdf

¹⁶ <https://www.bbc.com/news/world-europe-51657085>

groups, and on those who may be resistant to joining formal physical activity options such as exercise classes and gyms etc. or it may increase inequalities further. One way it can do this is by harnessing the opportunities for healthcare professionals to encourage and support clients, and especially older adults and those with health conditions, to become more physically active, by directing them towards suitable activities and lifestyle changes that incorporate more daily activity. Healthcare professionals such as GPs and community nurses can play a key role in encouraging physical activity (Welmer et al, 2012; Cunningham & O’Sullivan, forthcoming). Green prescriptions from health professionals in New Zealand have been shown to be successful in boosting physical activity levels in at-risk patients, mostly by themselves or with friends rather than in formal programmes (Ministry of Health, 2014). Another example of this is seen in the Health Connections programme in Frome, Somerset, which saw substantial reductions in emergency admissions after instituting a community-wide social prescribing programme including signposting to relevant physical activity opportunities. <https://www.theguardian.com/commentisfree/2018/feb/21/town-cure-illness-community-frome-somerset-isolation>) Successful initiatives in England, Wales and Scotland have aimed to make physical activity prescription a key element of primary healthcare (Cunningham & O’Sullivan, 2019). The strategy acknowledges that it is important to embed physical literacy early in education, but it is vital also to do this among healthcare professionals who have ongoing opportunities to influence positive change in their patients. <http://www.publichealth.ie/sites/default/files/Physical%20activity%20and%20older%20adults.pdf>)

Workplace initiatives are also a crucial element to help build physical activity into daily life, and by encouraging proven measures such as walking meetings, standing desk options, movement breaks, and fitness challenges and classes, workplaces can benefit from a healthier, more engaged workforce, and remote options could be piloted now to engage those working from home who may have seen a reduction in activity levels when no longer commuting or due to a reduction in overall incidental levels of daily physical activity. Harnessing the attractiveness of new leisure amenities such as NI greenways can also be a way of encouraging people who do not normally cycle to start or return safely to active modes of travel.

The discussion of the theme references an improved evidence base and enhanced research about the benefits of sport and physical activity to local communities is welcomed. It is very important that this is realised with also targeted evaluation and survey material that focuses on the most disadvantaged and hard to reach cohorts.

Question 10. How well do you think that the draft cross cutting principles relate to a strategy for delivering lifelong involvement in sport and physical activity?

The cross-cutting principles are all welcome and necessary.

In terms of developing national and international linkages it would be useful to encourage cross-border cooperation on evidence-based physical activity initiatives, possibly linking in with the National Physical Activity Plan for Ireland (which is due for review) and developing all-island campaigns where appropriate. It would also be very useful to harness cross-border positive publicity opportunities for promoting sport and physical activity, such as the Northern Ireland Women's Football team's qualification for the Euros and the Ireland women's hockey team's qualification for the Olympics which provide great opportunities to promote sport for women and girls throughout the island of Ireland. It is particularly important to leverage outreach from these great sporting achievements in disadvantaged communities.

Question 11. How well do you think that the draft goals relate to a strategy for delivering lifelong involvement in sport and physical activity?

The goals are all welcome but without measurable targets or more specific detail it is difficult to assess their impact, particularly in the groups which are most inactive at present such as older people, women and those with disabilities and health conditions. Having a central strategy defining the key targets for different government departments and agencies could help the strategy move beyond aspiration to successful target-driven implementation (Murphy, 2020 <https://www.ulster.ac.uk/news/2020/december/health,-equality-and-the-economy-report-by-a-cross-disciplinary-team-at-ulster-university-to-support-the-future-of-healthcare>).

The goals refer to the ‘physical activity sector’ but this neglects the reality that physical activity is something that can be done everywhere in people’s environment rather than purely in formal settings as set out in the CMO guidelines (2019). The goals should also specifically include improving active travel networks and pedestrian environments to facilitate more active lifestyles and not confuse this with a message of “physical activity infrastructure” being seen only as purpose-built facilities such as gyms rather than the total physical environment which people engage with on a daily basis. They should also seek to encourage greater opportunities for activity in workplaces, colleges, and other locations where people spend large amounts of time.

When addressing community engagement and participation, the goals also need to specify target groups such as low activity groups, disadvantaged communities, those with disabilities and women who need to be involved in the co-design of relevant programmes and initiatives.

Technology

The goal of using innovative and emerging technologies to enable the sports and physical activity sector must not exclude those who have difficulties accessing digital technologies. As NISRA figures show, for example, nearly half of older adults 65+ do not use the Internet (NISRA, 2018). While digital access may have increased during the pandemic period, apps and technology aimed at increasing physical activity levels must be co-developed and tested with older people and other key cohorts to ensure it is accessible, and efforts are needed to extend the benefits of technology to these groups. There is promising evidence that interventions using fitness trackers can be useful for increasing physical activity and mobility among older people (Oliviera et al, 2020) but targeted measures are needed to ensure this cohort can access and benefit from the technology.

<https://pubmed.ncbi.nlm.nih.gov/31399430/>), Initiatives such as the Singapore National Steps Challenge which provided free trackers to participants as part of a national activity programme that reached 26% of the population, could also be considered.

12. Is there anything else you would like to add?

In line with WHO global action plan on physical activity for 2018-2030¹⁷, increasing population physical activity should be a systems-based approach across all government departments to create environments that support and encourage active lifestyles with measurable targets for improvements set out by relevant department or agency to ensure clarity about responsibility.

The proposed Sport and Physical Activity Strategy for Northern Ireland would benefit from a linked research strategy and funding programme to help inform policy and practice and guide the evaluation of interventions and innovation in this area. It is also vital to include structures for evaluating and reviewing progress, and the structures that would help assess progress on the key objectives of the strategy.

Gambling and Sport

There is a high rate of problem gambling in Northern Ireland and gambling companies have intensified their relationship with sporting organisations through sponsorship and advertising which extends the reach, appeal and accessibility of gambling across the population including to children. We consider that national sporting bodies should show leadership in limiting harms associated with gambling in sport, even in the absence of comprehensive national laws and regulations, and therefore recommend that the strategy should recognise the problematic nature of the relationship between sport and gambling in Northern Ireland, commit to future working with the Northern Ireland Gambling Regulator and to restricting the co-use of Sport Northern Ireland and betting industry branding in promoting sporting activities. We would also urge the Department to support clubs to develop club level policy on gambling support and a phased removal of betting industry sponsorship for clubs and sports that provide sporting opportunities for children. An assessment of gambling marketing in sport at club and competition level is also recommended.

¹⁷ WHO, 2018. Global action plan on physical activity 2018-2030.
<https://www.who.int/ncds/prevention/physical-activity/global-action-plan-2018-2030/en/>

Details of the scale of problem gambling in Northern Ireland and the link between gambling and sport are outlined in Appendix 1.

Alcohol and Sport

There are proposals to change licensing laws in Northern Ireland in the Licensing and Registration of Clubs (Amendment) Bill introduced in October 2020. This includes measures to extend the area within which sporting clubs can sell alcohol and extend the hours young people can be present in sporting clubs. Given alcohol misuse is a health risk associated with sports participation, IPH recommends that the primary focus of sports clubs must remain the promotion of the health and wellbeing of its members and that promoting alcohol as a 'normal commodity' is in direct conflict with that, meaning careful consideration should be given to the way club policies can facilitate drinking cultures. Club based alcohol management interventions should be considered as they have made a substantial contribution to reducing the burden of alcohol misuse in communities.

See Appendix 2 for more details on the link between alcohol misuse and sport.

IPH Recommendations

- A priority area is to increase participation in groups with presently low levels of physical activity, particularly older people, and people with disabilities in whom deconditioning during COVID-19 is most likely to lead to poor health.
- The strategy must make healthy choices for physical activity easy and integrated into routine lifestyles and focus in particular on those who are currently least active and stand to benefit most from increased movement, but it is important to maintain physical activity levels in those who currently meet guidelines.
- The proposed strategy should promote and adopt a life course approach to physical activity and sport which reframes the language and the purpose e.g. shift the messages to enjoyment and health and well-being benefits of physical activity and sport.
- It is essential that the new strategy supports a whole-of- society approach that promotes opportunities and initiatives linking e.g. transport, work, education, health and planning to address barriers (social, economic, physical, environmental) to participation in physical activity and sport.

- A ‘whole system’ approach is required to change physical activity habits at a population level, involving a combination of “upstream” policy actions from all government departments and agencies to improve the social, economic and environmental factors supporting physical activity, combined with “downstream”, approaches.
- It is necessary to strengthen the provision of, and access to, appropriate opportunities and programmes that can enable people of all ages to maintain an active lifestyle and take part in physical activity and sport according to capacity and preference to ensure that cost and issues such as transport, participation and club fees are not barriers.
- The strategy should draw on lessons from previous strategies in NI and from those in other countries to inform successful implementation of ambitious targets and outcomes.
- We invite the Department to formally recognise the problematic extent and nature of the relationship between sport and gambling in Northern Ireland within the new Sport Strategy.
- Consider an assessment of gambling marketing linked to the operation of sport competition and club activity in Northern Ireland.
- Consider the potential for the Department and the governance structures of Sport Northern Ireland to work collaboratively with the Northern Ireland Gambling Regulator, once appointed.
- Consider restricting the co-use of Sport Northern Ireland and betting industry branding in the promotion of sporting events, grants, and other activities.
- Support clubs to develop club level policy on gambling encompassing guidance on sponsorship, marketing, child protection and preventing the growth of gambling cultures within sports club.
- Consider a phased removal of betting industry sponsorship for sports clubs and national governing bodies of sports with a focus on those groups providing sporting opportunities for children in Northern Ireland.
- Consider the ways in which sports club policies facilitate drinking ‘cultures’ and how club-based alcohol management interventions can reduce the burden of alcohol misuse.
- The strategy would benefit from a linked research strategy and funding programme to inform policy, practice, interventions and innovation in this area.
- It is vital to include structures for evaluating and reviewing progress on the strategy’s key objectives.

Appendix 1. Gambling and Sport

Key points

- Northern Ireland has a high rate of problem gambling with substantial public health harms to gamblers as well as their families and communities.
- Gambling companies have intensified their relationship with sport and sporting organisations through a wide range of marketing activities including sponsorship and advertising. These relationships extend the reach, appeal and accessibility of gambling across the population including to children.
- National sporting bodies can show leadership in limiting harms associated with gambling activity in sport, even in the absence of comprehensive national laws and regulatory structures.

Recommendations

1. We invite the Department to formally recognise the problematic extent and nature of the relationship between sport and gambling in Northern Ireland within the new Sport Strategy.
2. We invite the Department to consider an assessment of gambling marketing linked to the operation of sport competition and club activity in Northern Ireland at national and local level.
3. We invite the Department to commit that the Department and the governance structures in Sport Northern Ireland would work collaboratively with the Northern Ireland Gambling Regulator, once appointed.
4. We invite the Department to commit to restrict the co-use of Sport Northern Ireland and betting industry branding in the promotion of sporting events, grants and other activities.
5. We invite the Department to support clubs to develop club level policy on gambling encompassing guidance on sponsorship, marketing, child protection/safeguarding and preventing the growth of gambling cultures within sports clubs as well as supporting sports club members to access support where problem gambling occurs.
6. We recommend a phased removal of betting industry sponsorship for sports clubs and national governing bodies of sports with a focus on those groups providing sporting opportunities for children in Northern Ireland.

Gambling and sport in Northern Ireland – evidence on the relationship

People in Northern Ireland are more likely to gamble than those in England and Wales. The prevalence rate of problem gambling in Northern Ireland is the highest in the UK at 2.3% (Department for Communities, 2017).

The evidence, as set out below, points to an increased integration of gambling into sports sponsorship and allied marketing. Of particular concern, is the potential impact of gambling advertising on children and young people and gambling promotions during sporting events for high- risk gamblers, with evidence to suggest this practice exacerbates harmful gambling activity.

Gambling advertising and sponsorship in sport

There has been much attention on the relationship between gambling and football, a sport that 44.7% of all 11-15 year olds play at least once a month (Royal Society for Public Health, 2019). In the current 2019/20 season, half of Premier League clubs have gambling operators as shirt sponsors, generating nearly £70 million in revenue for those clubs (Royal Society for Public Health, 2019). In the second tier of English football, the Sky Bet Championship, 17 of the 24 teams have gambling operators as shirt sponsors. This level of sponsorship is also found in Northern Ireland with almost half (5/12) of Northern Ireland's Football League Teams sporting gambling sponsorship¹⁸.

There is evidence to suggest that the relationship between gambling and sports is growing. In 2019, the Professional Golf Association Tour relaxed their regulations to allow gambling companies to be considered as 'Official Marketing Partners' for professional tournaments and players (Royal Society for Public Health, 2019). These actions have increased the visibility of gambling and has "normalised" gambling among young people.

Gambling advertising and young people

The Gambling Commission's Youth Gambling Study has repeatedly demonstrated a relationship between exposure to gambling advertising and intentions to gamble (Gambling Commission, 2019). In 2018, 7% of children aged 11 to 16 who had seen gambling advertisements or sponsorship said that it prompted them to gamble when they would not have done so otherwise. This represents about 5% of children aged 11-16 overall. This means that approximately 200,000 children aged 11-16 gambled because of advertising, marketing, or sponsorship exposure.

A number of studies have looked at awareness of gambling advertising and sponsorship in sport. An Australian study by Thomas et al (2016) explored child and parent/caregiver recall of sports betting and gambling brand sponsorship of teams in the Australian Football League

¹⁸ <https://www.halpinsportsponsorship.com/front-of-shirt-sponsors#northern-ireland-football-league>

(AFL) and the National Rugby League (NRL). Based on the responses 152 parents and 152 children aged 8–16 years, the following findings were reported:

1. The majority of children were able to recall the names of sports betting brands, with older children (aged 12–16 years), boys and children who play or attend AFL matches more likely to recall brand names than younger children, girls and children who play other sports.
2. Some children were able to implicitly recall gambling sponsorships associated with player uniforms. Most children (and in particular younger children) implicitly associated gambling brands with AFL and NRL teams, even if they did not correctly 'match' the exact sponsoring brand with the correct team.
3. Junk food brands were chosen by the majority of children as their most preferred brands (82.2%). However, more children selected a gambling brand as one of two most preferred brands (13.8%) compared to an alcohol brand (3.3%).
4. Most parents and children perceived that sporting codes should take a more active role in ensuring that children are not exposed to gambling advertising during sport.

Research by Djohari et al (2019) examined recall and awareness of gambling advertising and sponsorship in sport in the UK among young people and adults. Findings showed just under half of young people (aged 8-16 years) (46%) and more than two thirds of adults (71%) were able, unprompted, to name at least one gambling brand. Boys had a significantly higher recall of brands than girls, as did young people who watched a lot of football on television. Almost two thirds of young people correctly identified one shirt sponsors and 30% correctly identified three or more; 62% of adults correctly placed identified one or more shirt sponsor. Young people recalled seeing gambling advertising on television (n = 78), technology/screens (n = 49), and in association with sports teams (n = 43). Adults recalled seeing advertising on television (n = 56), on technology/ screens (n = 37), in sports stadiums (n = 34), and in betting venues (n = 34). Over three quarters of young people (78%) and 86% of adults thought that betting had become a normal part of sport.

Gambling sponsorship, intention to gamble and problem gambling

Hing et al (2013) explored relationships between gambling sponsorship, and attitudes and intentions relating to gambling, in the context of a major Australian football competition heavily sponsored by gambling companies. The study was underpinned by the Theory of Reasoned Action¹⁹ and used two online surveys to collect data from 212 participants aged 18 to 68 (mean 28.8 years). Results suggest that exposure to gambling promotions during televised sport may encourage gambling intentions, and that gamblers scoring higher on the Problem Gambling Severity Index (PGSI)²⁰ are more likely to be exposed to these

¹⁹ The Theory of Reasoned Action (TRA) suggests that a person's behaviour is determined by their intention to perform the behaviour and that this intention is, in turn, a function of their attitude toward the behaviour and subjective norms (Fishbein & Ajzen, 1975).

²⁰ The Problem Gambling Severity Index (PGSI) is the standardised measure of at-risk behaviour in problem gambling.

promotions, view them favourably, be interested in the sponsor's products and be willing to use them. As such, these promotions may trigger gambling amongst problem and recovering problem gamblers.

Another study by Hing et al (2015) explored gamblers' responses to sports-embedded gambling promotions, and whether this varies with problem gambling severity. Findings indicate that problem gamblers have highest approval of, feel most encouragement to gamble, and report being influenced to gamble most from gambling promotions in televised sport, compared to the other PGSI groups of sports bettors. The study showed that problem gamblers are more influenced to sports bet by contextual factors, and particularly types of bets promoted, and the appeals used to promote them, than the lower risk gambling groups.

Research by Jones et al (2019) into gambling sponsorship and advertising in British football reported that football plays a problematic role in the promotion and normalisation of gambling. The authors note that regulation of current sport broadcast offers gambling operators a loophole to avoid watershed guidelines, exposing children and young people to gambling advertising. The authors argue that football contributes to an increase in the overall 'amount' of gambling in society and in turn contributes to an increase in the prevalence of problem gambling (including gambling disorder) and all the associated harms.

Gambling activity among sports' players

Gambling within sport can also be considered in the context of player involvement in gambling activity. A report by the Economic and Social Research Institute (ESRI) (2019) into player welfare among senior inter-county Gaelic players found that 86% of 2016 players believe that their teammates engage in gambling on either a daily or a weekly basis. (The question was phrased in this way due to concerns that players may not respond reliably when asked about their own engagement in these behaviours). A third of players reported that 'Addiction – gambling, drink, drugs, etc' was an area that they would like to see more emphasis placed on in playing senior inter-county. The ESRI report acknowledges that alcohol and other risky behaviours (e.g. gambling, illicit drug use) might manifest as coping mechanisms to address sports-related stress and anxiety. There is evidence to suggest that may be particularly true of elite-level athletes given the mental and physical demands, and time commitments, of elite sports participation. The ESRI report also highlighted evidence which suggests that athletes may be more prone to gambling than other groups.

Good practice in relation to regulation and legislation for sports bodies and clubs to prevent and respond to gambling and its related harms

Some governments and sporting bodies have taken action in relation to restrictions or bans on gambling advertising and sponsorship in sport. In 2017, England's Football Association ended its partnership deal with Ladbrokes and announced the termination of all of its sponsorship deals with betting companies. In 2018, the Italian Government announced a ban on all gambling adverts, which included any sponsorship deals held by sports clubs with gambling operators (Royal Society for Public Health, 2019). This meant that any organisation with an existing sponsorship arrangement with a gambling operator had to terminate their relationship by August 2019. Also in 2018, the Gaelic Athletic Association (Ireland) introduced a complete ban on sponsorship by gambling companies (Gaelic Athletic Association, 2018).

In November 2020, Spain's Council of Ministers approved the 'Royal Decree on commercial communications of gambling activities' restricting gambling advertising (excluding lotteries) to 1-5am broadcast across traditional media. Gambling promotions and content will not be able to feature any sports athletes (active or retired) or celebrity endorsements. All Spanish autonomous communities must adhere to promoting uniformed gambling standards on under-18s restrictions, safer gambling protections and social responsibility messaging established by the Director General for the Regulation of Gambling (Directorate General for the Regulation of Gambling 2020). It has been reported that Spanish football clubs must ensure that all gambling sponsorships and partnerships are concluded by June 2021.

In 2020, a House of Lords committee recommended that gambling operators should no longer be allowed to advertise on the shirts of sports teams or any other part of their kit from 2023 (House of Lords, 2020). More recently in Ireland (February 2021), the Labour Party introduced the Gambling (Prohibition of Advertising) Bill 2021 to the Oireachtas, setting out provisions in relation to gambling advertising (Labour Party, 2021). Whilst this Bill is in the early stages of consideration, it is a potentially important measure in protecting against uptake of gambling among young people and protecting against gambling harms in wider society.

In the absence of updated gambling legislation, gambling sponsorship in sport will continue to grow. For example, the Football Association of Ireland (FAI) has announced that it will not ban sponsorship deals between League of Ireland football clubs. The number of League of Ireland football clubs sponsored by the gambling industry is growing, with Shamrock Rovers partnering with 888 and Dundalk partnering with Bet Regal for the new season (2021/22).

It may be of interest to the Department for Communities to maintain a watching brief on the current review of the Gambling Act (2005). Gambling legislation in Northern Ireland is under discussion by the All Party Group on Reducing Harm Related to Gambling. This is an important opportunity for gambling to be addressed from a Health in All Policies Approach²¹.

²¹ HiAP improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being. (World Health Organization; <https://www.who.int/healthpromotion/frameworkforcountryaction/en/>).

Internationally, there has been no formal evaluation of the aforementioned regulatory and legislative changes. Nonetheless, the Institute recommends the precautionary principle is applied given the strong links between gambling advertising exposure and gambling intention.

References

- Burn, C., Ireland, R., Minton, J., Holman, D., Philpott, M. and Chambers, S., 2019. Shirt sponsorship by gambling companies in the English and Scottish Premier Leagues: global reach and public health concerns. *Soccer & Society*, 20(6), pp.824-835.
- Department for Communities (2017) 2016 Northern Ireland Gambling Prevalence Survey. Available at: <https://www.communities-ni.gov.uk/sites/default/files/publications/communities/2016-ni-gambling-prevalence-survey-main-report.pdf>
- Department for Communities (2020) Consultation on regulation of gambling in Northern Ireland Consultation survey report. Available at: <https://www.communities-ni.gov.uk/sites/default/files/consultations/communities/dfc-consultation-regulation-gambling-survey-report.pdf>
- Directorate General for the Regulation of Gambling (2020). Royal Decree 958/2020, of November 3, on commercial communications of gambling activities. Available at: <https://www.boe.es/eli/es/rd/2020/11/03/958>
- Djohari, N., Weston, G., Cassidy, R., Wemyss, M. and Thomas, S., 2019. Recall and awareness of gambling advertising and sponsorship in sport in the UK: a study of young people and adults. *Harm reduction journal*, 16(1), p.24.
- ESRI (2019) Safeguarding amateur athletes an examination of player welfare among senior inter-county gaelic players. Available at: https://www.esri.ie/system/files/publications/RS99_0.pdf
- Gaelic Athletic Association (2018) Congress votes to ban gambling company sponsorship. Available at: <https://www.gaa.ie/news/congress-votes-ban-gambling-sponsorship/>
- Gambling Commission (2019) Young People and Gambling Survey 2019. A research study among 11-16 year olds in Great Britain. Available at: <https://www.gamblingcommission.gov.uk/PDF/Young-People-Gambling-Report-2019.pdf>
- House of Lords (2020). Select Committee on the Social and Economic Impact of the Gambling Industry. Report of Session 2019–21. Gambling Harm-Time for Action. Available at: <https://publications.parliament.uk/pa/ld5801/ldselect/ldgamb/79/79.pdf>
- Hing, N., Vitartas, P. and Lamont, M., 2013. Gambling sponsorship of sport: An exploratory study of links with gambling attitudes and intentions. *International Gambling Studies*, 13(3), pp.281-301.
- Jones, C., Pinder, R. and Robinson, G., 2020. Gambling sponsorship and advertising in British football: A critical account. *Sport, Ethics and Philosophy*, 14(2), pp.163-175.
- Labour Party (2021) Gambling (Prohibition of Advertising) Bill 2021. Available at: https://www.labour.ie/assets/files/pdf/draft_gambling_prohibition_of_advertising_bill.pdf

Royal Society for Public Health (2019) Skins in the Game A high-stakes relationship between gambling and young people's health and wellbeing? Available at:

<https://www.rsph.org.uk/static/uploaded/be3b9ba8-ea4d-403c-a1cee2ec75dcefe7.pdf>

Thomas, SL., Pitt, H., Bestman, A., Randle, M., Daube, M., Pettigrew, S., 2016. Child and parent recall of gambling sponsorship in Australian sport, Victorian Responsible Gambling Foundation, Melbourne.

Appendix 2. Alcohol licensing and sport

1. What is being proposed in the new bill

Proposals to change licensing laws in Northern Ireland were debated in the Northern Ireland Assembly in 2016, with a subsequent consultation in 2019. The Licensing and Registration of Clubs (Amendment) Bill was introduced to the Northern Ireland Assembly by the Minister for Communities in October 2020. The Bill covers a wide range of issues such as permitted opening hours for licensed premises and registered clubs; a new licensing framework for local producers; the regulation of alcohol deliveries and alcohol advertising; provisions aimed at protecting under 18s from alcohol-related harm; and a new framework for licensing in relation to major events. Table 1 outlines the current and proposed changes to liquor licensing laws in Northern Ireland relating to alcohol licensing and sport.

Table 1.

	Current alcohol licensing legislation in Northern Ireland	Proposed changes to licensing law to be included in a Bill
Extension of premises in sporting clubs	Under the current Clubs law, it is not lawful for a club to supply alcoholic drinks to its members and their guests anywhere other than within the physical registered Club premises. When a club has an occasional event in their grounds, alcoholic drinks can only be supplied by means of an occasional licence, which is granted to either a pub, hotel or restaurant licence holder.	It is proposed to amend the law to allow a sporting club to extend the area of their premises within which they can lawfully supply alcoholic drinks on a limited number of occasions (6) per year.
Young people in sporting clubs until 11pm during the summer	Current law provides that young people under 18 may be allowed in the bar area of a sporting club until 10pm in the evening. Clubs often hold awards ceremonies to celebrate sporting achievements which are often held in the evening and include presentations to children.	It is proposed to amend the law to permit young people under 18 to be present in sporting clubs until 11pm from 1 June – 31 August. It is further proposed to amend the law to permit young people under 18 to attend an awards ceremony in a sporting club 1 night per calendar year and remain on the premises until 11pm.

<p>Restrictions on advertisements for functions held in Private</p>	<p>The current law places restrictions on how registered clubs may advertise functions on club premises. Only functions which involve a sport, game or physical recreation may be advertised in the media. Advertising of all other functions is restricted to the club premises.</p>	<p>Clubs law will be amended to remove the current restriction on the advertising of functions in clubs provided the advertisement makes it clear that it is for members and their guests only.</p>
--	---	---

2. 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.

3. Measures that could be taken to protect against and respond to alcohol harms

IPH 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. Sports clubs provide children with the opportunity to establish social connections, develop new skills and support a healthy and active lifestyle. The idea of alcohol as a ‘normal commodity’ lies in direct conflict with the core functions of sports clubs to promote health, community and social development. We would urge that careful consideration is given to the way club policies can facilitate 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.

The Alcohol & Substance Abuse Prevention (ASAP) Programme is a joint venture by the GAA and the HSE that aims to reduce the harm being caused by tobacco, alcohol and other drugs. The ASAP Programme is aimed at all GAA members, and is delivered through a structure of 32 county ASAP Officers, who sit on the new County Health & Wellbeing sub-committee at county level. The ASAP Programme aims to tackle the issue of alcohol and substance abuse through three key elements:

- Prevent alcohol and other drug related problems from happening
- Educate members about relevant issues
- Respond appropriately should a problem arise

Resources have been developed, such as; new policy and guidelines manual, an accompanying DVD, Flyers and SAOR training booklets along with additional materials provided through established links with relevant partner organisations. In order to respond effectively to drug and alcohol related problems every club must develop and adopt a Club Tobacco, Alcohol and Drug Policy that is appropriate to its specific needs and settings. The GAA provide a sample policy for sports clubs to incorporate involving a six step process:

1. Establish a committee to develop the policy
2. Study relevant resources
3. Review the current situation in the club
4. Prepare a draft policy
5. Finalise and launch the policy
6. Review the policy

A cluster randomised controlled trial of an alcohol management intervention was undertaken with non-elite, community football clubs and their members in New South Wales, Australia. The purpose of the study was to examine the effectiveness of an alcohol management intervention in reducing risky alcohol consumption and the risk of alcohol-related harm among community football club members. Risky alcohol consumption (5+ drinks) at the club and risk of alcohol-related harm using the Alcohol Use Disorders Identification Test (AUDIT) were measured at baseline and postintervention. (In Australia, non-elite football players have been reported to consume between 4 and 9 times the recommended level of alcohol per drinking session, with similar findings among footballers in Ireland and Brazil.)

The intervention was based on an existing alcohol management intervention in community sports clubs. To maximise effectiveness, the intervention addressed multiple determinants of risky alcohol consumption, including:

- Alcohol availability and pricing
- Free alcohol promotions
- Drinking games and alcohol-related sponsorship

Based on a capacity building model, the following strategies were utilised to support club implementation of the intervention alcohol management practices:

- Project officer support
- Implementation cost recovery
- Accreditation and merchandise
- Printed resources and newsletters
- Feedback from observational audits of alcohol management practices at game days
- Training
- Letters of support from state sporting organisations

Postintervention, a significantly lower proportion of intervention club members reported: risky alcohol consumption at the club (Intervention: 19%; Control: 24%; OR: 0.63 (95% CI 0.40 to 1.00); $p=0.05$); risk of alcohol-related harm (Intervention: 38%; Control: 45%; OR: 0.58 (95% CI 0.38 to 0.87); $p<0.01$); alcohol consumption risk (Intervention: 47%; Control: 55%; OR: 0.60 (95% CI 0.41 to 0.87); $p<0.01$) and possible alcohol dependence (Intervention: 1%; Control: 4%; OR: 0.20 (95% CI 0.06 to 0.65); $p<0.01$).

With large numbers of people worldwide playing, watching and sports officiating, enhancing club-based alcohol management interventions could make a substantial contribution to reducing the burden of alcohol misuse in communities (Kingsland et al., 2015)

References

Khan M, Bobko S, Faulkner G, Donnelly P and Cairney J (2012). Sports participation and alcohol and illicit drug use in adolescents and young adults: A systematic review of longitudinal studies. *Addictive Behaviors* 39:497-906

Kingsland, M., Wolfenden, L., Tindall, J., Rowland, B.C., Lecathelinais, C., Gillham, K.E., Dodds, P., Sidey, M.N., Rogerson, J.C., McElduff, P. and Crundall, I., (2015). Tackling risky alcohol consumption in sport: a cluster randomised controlled trial of an alcohol management intervention with community football clubs. *J Epidemiol Community Health*, 69(10), pp.993-999.

Martens MP, Dams-O'Connor K and Beck NC (2006). A systematic review of college student-athlete drinking: Prevalence rates, sport-related factors, and interventions. *Journal of Substance Abuse Treatment* 31(3):305-316

Mays D, DePadilla L, Thompson NJ, Kushner HI and Windle M (2010). Sports participation and problem alcohol use: a multi-wave national sample of adolescents. *American Journal of Preventive Medicine* 38(5):491-498

Nelson TF and Wechsler H (2001). Alcohol and college athletes. *Medicine and Science in Sports and Exercise* 33(1):43-7

O'Farrell AM, Allwright SP, Kenny, SC, Roddy G and Eldin N (2010). Alcohol use among amateur sportsmen in Ireland. *BMC research notes* 3(1):313.

O'Brien KS, Blackie JM and Hunter, JA (2005). Hazardous drinking in elite New Zealand sportspeople. *Alcohol and Alcoholism* 40(3):239-241.