



Northern Ireland
Assembly

Committee for Communities

OFFICIAL REPORT (Hansard)

Licensing and Registration of Clubs
(Amendment) Bill: RaISe Briefing

26 November 2020

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Ms Paula Bradley (Chairperson)
Ms Kellie Armstrong (Deputy Chairperson)
Mr Mark Durkan
Mr Alex Easton
Ms Sinéad Ennis
Mr Robin Newton

Witnesses:

Ms Eleanor Murphy	RaISe
Mr Ray Russell	RaISe
Mr Aidan Stennett	RaISe

The Chairperson (Ms P Bradley): Members will find three separate research papers in their packs. I offer a very warm welcome to Eleanor Murphy, Ray Russell and Aidan Stennett from RaISe. Eleanor, I think that you are going to brief us first. We will then have Ray and Aidan after that. If members are happy, we will take the three briefings and take questions after that. Eleanor, do you want to begin?

Ms Eleanor Murphy (RaISe): Yes. Thank you, Chair. Good morning, members. Can you see my presentation OK?

The Chairperson (Ms P Bradley): We can. Yes.

Ms Murphy: Good stuff. The purpose of our three research papers and presentations is to provide the Committee with some contextual and background information and evidence base before it begins its scrutiny of the Bill. Aidan will take you through some of the available data on the contribution of the hospitality industry to the economy in Northern Ireland and will touch on some of the available data on the impact of COVID-19 on the sector. Liquor-licensing legislation has a very important public health element. Ray will take you through some of the statistical evidence on alcohol use in Northern Ireland.

The purpose of my presentation is to provide you with some contextual information on some of the clauses of the Bill. By now, departmental officials will have briefed the Committee on the clauses. Rather than going through them again, I thought that it might be helpful to look at what happens in other jurisdictions and to identify some of the issues that the Committee might want start to consider. I will go through five of the clauses only; we would be here to midnight if I went through them all. I can come back and brief the Committee again on some of the remaining clauses if it would find it useful.

This is your starter for 10, Chair. *[Laughter.]* Clause 1 deals with the removal of restrictions at Easter. Clause 1 proposes to remove all restrictions that apply over the Easter period for on- and off-sales and will apply to licensed premises and registered clubs. That is considerably more generous than the 2016 Bill, as introduced, as it proposed to remove the restrictions for the Thursday before Easter Sunday only.

What happens in other jurisdictions? Up until a few years ago, the Republic of Ireland was the only jurisdiction that had restrictions on opening hours at Easter, and licensed premises were banned from opening on Good Friday. You may be aware that that ban has since been removed. The lifting of the restrictions was contained in a private Member's Bill that was subsequently enacted in the South in January 2018. There are no similar restrictions on permitted opening hours at Easter in England, Wales and Scotland, but, as I will cover in the next few slides of my presentation, they have a very different licensing regime and infrastructure than Northern Ireland.

I want to address some issues that you might want to consider on clause 1. The Committee will be very interested in the impact of the clause, and you might want to ask the Department whether it has carried out or commissioned any analysis on how the removal of restrictions will benefit the hospitality industry, tourism and the economy in general. I should point out that Hospitality Ulster has carried out some analysis and estimated that approximately £16 million in revenue was lost due to the restrictions in 2016. You might want to explore with it how it derived that figure and whether it has any updated figures that you could consider. You may wish to explore with stakeholders the extent to which the proposals in clause 1 will assist in addressing some of the financial challenges that the sector has faced due to COVID-19. Finally, the issue of Easter opening is sensitive, and a sensitive balance has to be struck between promoting tourism and hospitality and respecting the views and beliefs of faith-based groups and individuals. No doubt the Committee will hear from some of the Churches on that issue.

Clause 2 proposes to allow certain licensed premises an additional one hour of late opening to 2.00 am on weekdays and 1.00 am on Sundays for a maximum of 104 occasions in any one year. Clause 5 is also relevant here, as it proposes to increase drinking-up time by 30 minutes. The latest that certain licensed premises may be open is 3.00 am on weekdays and 2.00 am on Sundays. The 2016 Bill also allowed for additional one-hour opening, but only for a maximum of 12 occasions in any one year. The 2020 Bill is considerably more generous in that regard.

What happens in other jurisdictions? In the Republic of Ireland, pubs and clubs can apply to the courts for something called a special exemption order that allows licensed premises to open until 2.30 am plus 30 minutes drinking-up time. The Bill would bring Northern Ireland into line with the maximum extended opening hours in the Republic of Ireland. However, special exemption orders in the South are a bit of a contentious issue. To obtain the orders, licensed premises need to apply to the courts every few weeks. That involves solicitors and quite costly fees, which are said to be particularly difficult for smaller premises to afford. Many in the licensing trade in the South would like to see a reform of extended hours to allow for yearly special exemption orders. Some have also called for the Government to carry out a more fundamental review of the issue. The Government indicated that they would carry out a consultation, but I am still trying to find out where exactly that is at the moment.

There are no nationally set permitted opening hours in England, Wales or Scotland. Licensing in those jurisdictions is devolved to a local authority level. Licensing decisions are not made by the courts or the police, although the police can have considerable input to decision-making. Licensing authorities in England and Wales and licensing boards in Scotland draw their membership from local councils and make decisions on licensing issues, including permitted opening hours. It is a complex system, but to put it simply, licensing premises tend to determine what hours they wish to open, and that must be contained in operating plans or schedules. The local licensing authority for the area considers the plan in the context of individual local circumstances, such as how many bars and premises already operate in that area and whether there have been incidents of antisocial behaviour.

One interesting thing that you might wish to note is the licensing infrastructure in other jurisdictions. In Scotland, local licensing boards are supported by something called local licensing forums. Each forum is a multidisciplinary body, with membership comprised of the Chief Constable of the area, health trusts, social workers, young people, residents and licensees. The function of those forums is to advise and share intelligence with local licensing boards. Each licensing board also has a licensing standards officer or officers, depending on the size of the board area, whose role is to advise the board and licensed premises on issues such as compliance with legislation. They can also provide dispute resolution and have the power to inspect premises.

I mentioned that because you may wish to consider looking closely at our regulatory infrastructure framework and whether it is sufficiently robust to make extended opening hours work smoothly. I know that Belfast City Council and other councils have done much work in managing the night-time economy. You might want to look at examples of best practice and how that could be rolled out across Northern Ireland.

Some issues that you might want to consider include the economic benefits that those provisions would have for licensed premises, tourism and the wider economy and the impact on policing, health services, crime and alcohol consumption. You might want to ask the Department whether it has done any research or analysis on the issue as part of the policy formulation process and whether it is willing to share that with the Committee.

The Bill's explanatory and financial memorandum explains that the Department did not carry out a regulatory impact assessment or a rural needs assessment, and there is also very little information in the explanatory memorandum to do with the costings, such as how much it will cost the police. There are indications that it could impact on shift patterns, so the Committee may want to follow up on that and see what economic data it can be provided with.

An interesting development that you might want to keep an eye on is the recent announcement by the University of Stirling. It is about to embark on a three-year, £1.1 million study on the impact of extended opening hours in Scotland, because some clubs in Scotland — in Edinburgh and Glasgow — are now allowed to open until 3.00 am and 4.00 am. The university will explore what impact that has on the local night-time economy and what impact it is having on the health service and ambulance call-outs. It is hoped that the research will be useful to policymakers throughout the UK.

I will move on to extended drinking-up times. I have previously mentioned that the proposal is to extend the time from 30 minutes to 60 minutes. In the Republic of Ireland, it is still 30 minutes. In Scotland, it is 15 minutes, but some licensing boards have made the decision to extend it to 30 minutes. In England and Wales, there is no stipulation in guidance for a drinking-up period at all, but the Home Office does provide guidance on dispersal, such as turning music down, changing the musical style or providing food and non-alcoholic drinks.

There are some issues that you might want to consider. The Department may have conducted more in-depth research on drinking-up times and dispersal, such as, for example, by examining drinking-up times in other jurisdictions and how effective they are in gradual dispersal and the impact that they have on alcohol consumption. You may wish to check if anything like that has been produced and whether the Department is willing to share it with you.

You might want to ask how it will be rolled out. Will it be piloted first or will it just be rolled out Province-wide? That is to do with the timetabling and the ability of the PSNI and other support services to cope with it. You may want to consider whether the stockpiling of drinks will become an issue and, if so, whether the licensing trade or the Department have any solutions on how that can be prevented.

The last clause that I will cover is on major events. Northern Ireland has attracted some fantastic international events in recent years, but the Department has highlighted that organisers found the licensing laws really restrictive. Therefore, the Department proposed to build proposals to allow the Department to designate an event as a major event and then specify permitted hours for that event that might be outside current permitted opening hours. There is much more to the clause than what is on the screen. There is much more detail in the paper.

That is very much part of the licensing regime in other jurisdictions and has been for a considerable time. In Scotland, legislation permits a licensing board to make a determination to grant extensions to licensing hours for events of local and national significance, and, similar to the Northern Ireland Bill's proposals, this can apply to the whole of the licensing board area, to a small area within the licensing board area or just to certain types of premises. There is a little bit of a difference in how Scotland treats recurrent events, which are events like the Edinburgh Festival Fringe. It expects that licensees will include their plans for permitted opening hours in their operating schedule. For a one-off event, there is some flexibility within the scheme, where licensees can apply for their licence to be varied, and that can be sped up in certain circumstances.

In England and Wales, the Secretary of State can, under the Licensing Act, make a licensing hours order. That happened quite recently to celebrate the marriage of Prince Harry and Meghan Markle. That is just an example. I never thought that I would mention Meghan Markle in a research paper. That extension was until 1.00 am and really just benefited smaller pubs with earlier closing times.

There are some issues that you might want to consider. The Bill states that the Department may make an order if it considers that an event that is to take place in Northern Ireland will attract significant interest. I hope that I have interpreted that correctly. You can check with the Department. If so, what happens if the event is significant to Northern Ireland but takes place outside Northern Ireland, such as local success in international and cross-border sporting events? In England and Wales, it is pretty much standard that public consultations and impact assessments are published by the Secretary of State. You might want to ask whether the Department intends to do the same, although that might not be necessary for all events.

The Bill also provides that the Department must consult such persons as it considers appropriate in determining whether a major events order should be made. You might want to consider whether there should be mandatory consultees, such as the licensed premises in an area, the PSNI, health trusts, councils and Tourism NI. You also might want to consider what happens if a major disagreement takes place between the Department and another Department or a key stakeholder and how that would be resolved.

In a nutshell, that is it. I ran through that at some speed, but I am happy to come back and chat to the Committee again if you think that that would be useful.

The Chairperson (Ms P Bradley): Eleanor, I would say that you will be back many times with the Committee. *[Laughter.]* Do not kid yourself; we would be glad to have you back. I will move on to Ray and ask him to give us his briefing.

Mr Ray Russell (RaISe): Surely. Thank you for inviting me. Rather than go through every page of my brief presentation, I will, instead, pull out some key statistics that you should be able to follow. The presentation will follow the same sequence as my paper. I will look at two aspects of alcohol consumption: alcohol and health, and alcohol and crime.

On alcohol and health, I begin by making the point that information and statistics on adult drinking patterns here have been substantially reduced since around 2014. Before then, the Department of Health produced a publication called 'Adult Drinking Patterns in Northern Ireland' every three to five years, but that was discontinued in 2014. It normally contained around 35 pages of data and text; however, the current annual 'Health Survey (NI)' contains less than half a page of statistics on alcohol. Therefore, there is a large gap.

On alcohol consumption, more than three quarters of adults here, almost four out of five, or 79%, drink alcohol. The male and female patterns of consumption differ significantly. Although almost one in five male drinkers drink on three or more days every week, that falls to one in 10 female drinkers. Overall, the proportion of adults who drink in Northern Ireland is broadly comparable to the other UK nations. Around one in five, or 20%, of adults in the UK are teetotal. That is for all four UK nations.

I will look now a little bit at the historical trends in alcohol consumption. In the UK as a whole, there was a significant rise in alcohol consumption after the end of the Second World War, from around 1945 to the mid-1990s. After that, consumption began to level off. I should explain that a number of factors account for the large increase in alcohol consumption after the war years. One of those is thought to be largely due to the increasing affordability of alcohol from outlets such as supermarkets. There was also a change in behaviour and an increase in alcohol purchased from off-licences and a move away from licensed premises. There has been a longer-term change, with more alcohol being consumed at home and less in licensed premises.

Since around 2005, the overall amount of alcohol consumed in the UK, including Northern Ireland, has begun to fall. That trend is especially pronounced among younger drinkers, and I will give you an example of that. Last evening, I was out for a walk in my local area. There is an ice-cream parlour situated right beside an off licence. As I was walking past, I noticed that, outside the ice-cream parlour, there was a large queue around the block, mostly of young people, whereas the off-licence was empty. I thought that that was interesting.

The fall in alcohol consumption among the young also applies to children. For example, in 2000, more than half of the children aged between 11 and 16 reported ever having had a drink. By 2016, that proportion had fallen to under a third. It is falling overall in the age groups 16 to 64. However, it is rising in older age groups, and there is an upwards trend in alcohol consumption among men and women aged 65 and over. I suspect that one of the factors in that is that baby boomers who began drinking in the 1970s when they were, perhaps, in their late teens or early 20s are now reaching

retirement age, so that cohort has just followed on with the drinking that they were doing when they were younger. That is one aspect.

The next item that I will look at is alcohol-related harm. In 2018, Public Health England commissioned a major study, which looked at literally hundreds of research articles from academic institutions. They found that alcohol has been identified as a causal factor in over 200 health conditions. That includes various types of cancer, heart complaints, brain damage, foetal alcohol syndrome and strokes etc. The harm caused by alcohol is largely dose-dependent. That is, the more you drink, the more harm it will cause you.

Alcohol accounts for 2% of all registered deaths in Northern Ireland; that is, typically, around 300 deaths per year. However, death rates in the most-deprived areas of Northern Ireland are three times higher than those in the least-deprived areas. In 2018, Northern Ireland had the second-highest alcohol mortality rate of the four UK nations after Scotland, with England having the lowest. The Northern Ireland rate has been rising steadily since 2013.

I should add that about 80% of alcohol-related deaths are linked to cirrhosis of the liver. That can take decades to manifest, and you can be completely symptom-free for many years until it hits you. For those who are dying from alcohol now, the damage may have begun up to 40 years ago.

Hospital admissions climbed between 2008 and 2013, but they have since fallen back to 2008 levels. Typically, there are around 13,000 alcohol-related admissions here each year. Unfortunately, it is not possible to make any direct comparisons between Northern Ireland and the Republic of Ireland or the other three UK nations. All four nations use different criteria for recording hospital admissions, so are not directly comparable. In 2014, it was estimated that alcohol misuse cost around £900 million per annum. Those costs include health and social care, police and fire service costs, absenteeism from work and premature mortality.

Finally, I will look at a couple of statistics on alcohol and crime. Typically, around one in five of all crimes in Northern Ireland is linked to alcohol. One in five is about 20,000. Violence with or without injury accounts for around 70%, or three out of four, of all alcohol-motivated crimes.

That is the end of my short presentation. Thank you.

The Chairperson (Ms P Bradley): Thank you, Ray. We will have a few questions for you, as well, on some of those facts and figures and the lack of data that we have in Northern Ireland. Thanks, Ray. I will move on to Aidan.

Mr Aidan Stennett (RaiSe): Thank you, Chair. Can you see the screen that I am sharing with you?

The Chairperson (Ms P Bradley): We can see it. Yes.

Mr Stennett: Brilliant. Thanks for inviting me to speak to you. To add to the presentations that you have heard, I will look at the economic impacts of the hospitality sector in Northern Ireland. I will look at three things relatively quickly: how I have defined the hospitality sector; the economic impact of the sector; and what we know so far about how the sector has been affected by the COVID-19 restrictions.

Throughout the paper that you have and in the presentation, I have and will use a definition of the hospitality sector that is based on standard industrial classifications. Essentially, it is all the businesses that fall into the accommodation and food sector plus convention and trade show organisers. It is much broader than the licensing trade, but the licensing trade is captured in it. Licensed restaurants are found in the restaurants and mobile food service activities subsector and licensed public houses and clubs in the beverages serving activities subsector.

An infographic in the paper provides a summary of the key headline figures for the economic impact of the hospitality sector. That is based largely on a paper that was prepared for Hospitality Ulster by the consultancy group BDO and published in May this year. In turn, that was based on an earlier paper by Oxford Economics from 2015. I have supplemented that with some data from the Office for National Statistics (ONS) and the Northern Ireland Statistics and Research Agency (NISRA). I will drill down into some of the figures.

In 2017, the hospitality sector was estimated to contribute around 4% of Northern Ireland's total GVA. To put that into perspective: the direct impact of our agriculture sector is around 2% of GVA, and, at the other end of the scale, the direct impact of our manufacturing sector is around 15% of GVA. The hospitality sector in Northern Ireland accounted for 8.7% of jobs in 2017, and the sector generated around £90 million in tax revenue in 2013. That figure is a bit outdated, but it is the most recent one that I could locate. Between 2013 and 2017, the sector has experienced growth, so you would expect the tax revenue to grow accordingly.

Those figures show the overall impact of the hospitality sector, and that is made up of what are called "direct", "indirect" and "induced" impacts. I will give you a practical example of that. A restaurant will generate a profit, and it will have staff who will be paid wages. Those are direct impacts. The restaurant will also purchase goods and services from suppliers, who will, in turn, employ staff. Those are some of the indirect impacts. The staff employed by the restaurant and by its suppliers will spend their wages in the broader economy on consumer products, and that is what we mean when we talk about induced impacts.

This figure looks at the direct, indirect and induced impacts of the sector in gross value added, employment and wages. With gross value added, the overall contribution is about £1.6 billion. The majority of that — 56% — came from the direct impacts, but there are significant indirect and induced impacts. This is significant because, when we consider changes to the hospitality sector, it is worth considering not only the direct impact on that sector but how that will affect suppliers and the broader economy.

This set of figures looks at the direct impacts of the sector, but it looks at it by broad subsectors. It provides figures for turnover, employment, GVA and wages. You can see clearly that, across all four measures, restaurants are the biggest driver, followed by hotels and followed by public houses, and there are smaller but significant contributions from the events-management sector.

I will move on to what we know so far about the impact of COVID-19 restrictions on the sector. The Hospitality Ulster paper that I mentioned, which was published in May, projected that between 277 and 440 licensed premises could fail due to the lockdown restrictions introduced in March and that it will have a knock-on effect of the loss of between 9,500 and 15,500 jobs. It is important to note that this focuses on just the licensed premises. It does not include spillover effects, and that is what I was referring to in a previous slide when I talked about how interlinked the economy is. You have to consider what business closures would mean for suppliers to that business and what they would mean to the broader economy.

The next figure looks at the output of the service sector throughout 2019 and 2020. It is UK data, but it provides an indication of broader pictures. We can see that, until approximately March this year, the output of the sector was relatively stable. Then, following the introduction of restrictions during the lockdown in March, you can see that the service sector, which is the dark black line, experienced a decline. At its lowest point, it was 23% below baseline. Compare that with the accommodation and food sector, which is where licensed premises are located. That sector saw a decline of 91% below its baseline in April 2020, and that was the largest decline across the whole services sector. The sector has shown signs of recovery. During the summer months, it rose again but remained 9.5% below its baseline. It is important to recognise as well that this data does not capture the impact of the more recent restrictions that we have been under since October.

The next set of figures looks at uptake of the furlough scheme in Northern Ireland, and this is data from the end of July 2020. You can see from the first graphic that the proportion of eligible employees partaking in the furlough scheme was highest in the accommodation and food sector of all the different sectors in Northern Ireland, with 81% of eligible employees partaking in the scheme. This figure compares uptake of the scheme in the accommodation and food sector across the UK regions, and we can see that Northern Ireland had the highest uptake of all UK regions in July 2020. That is despite the fact that the overall uptake of the scheme across the economy was lower than in a number of regions.

My final slide uses a novel data source. It uses Google Maps data to show changes in visits to retail and recreation premises throughout 2020 across all Northern Ireland local government districts. The category of retail and recreation includes licensed premises. It also includes what is commonly referred to as non-essential retail. It does not include groceries or pharmacies, which you can find in a separate category. This is not focused entirely on the licensed trade sector or the hospitality sector, but it provides a good proxy for that and gives us almost real-time information about changes to footfall in those sectors.

We can see that, right across Northern Ireland, each local government district followed a similar pattern. In fact, at the lowest point, which was on 12 April 2020, the decline in footfall at retail and recreation premises was 90% below the baseline. Again, it shows some recovery in line with the easing of restrictions, especially over the summer months, and it has been most noticeable in places like the Causeway Coast and Glens and the Newry, Mourne and Down council areas. We can also see that we are falling below the baseline in more recent months. Again, this data does not include the impact of the restrictions that we have been under since 16 October, but we expect, given those restrictions, to see similar declines in footfall.

I will stop there, Chair. Thank you for listening. I will take a few questions at the end.

The Chairperson (Ms P Bradley): That is great, Aidan. Thank you for that comprehensive brief. Thank you to all three of you. Your research will be invaluable to the Committee as we progress with the Bill.

I have a couple of questions for each of you. I will start off with you, Eleanor. I am going to ask you questions about stuff that you did not speak about, you will be surprised to hear. We have been lobbied by our local producers in Northern Ireland, and we understand the reasons for that. They are not altogether happy with what they see in the Bill at the moment. Do you have any information on how licences work in the rest of the UK and the Republic of Ireland and how our Bill, as it sits, differs from the laws in those regions?

Ms Murphy: At the moment, as things stand, we have the most restrictive rules in terms of local producers. In 2018, the Republic of Ireland moved to relax some of the restrictions to allow the local producers to sell their products to the public, but that can only be the products that they manufacture on their premises, and, if people want to consume alcohol on the premises, it has to be via a tour, which is quite similar to what the Bill proposes. In Scotland and England, in particular, it is more relaxed, but that is because they have a very different licensing regime. Over there, local producers have diversified to have things like taprooms or restaurants or have amalgamated their product with things like sightseeing and golfing. It seems to be quite a niche tourism product over there, and it is very much promoted by the tourism bodies in Scotland and England. We have a very different licensing regime here, and things like the surrender principle come into play, so there are issues around that to consider.

The Chairperson (Ms P Bradley): Yes, our licensing here will cause us problems on some of these issues as we go through the Bill. To some extent, because of our licensing laws, we probably need to steer away from comparisons with other jurisdictions.

During the debate at Second Stage in the Chamber, many of us said that we wanted a balance between tackling alcohol misuse and supporting hospitality, consumers and everything else. Are you aware of any key issues that do not support that balanced approach in the Bill?

Ms Murphy: I would need to think about that more in depth, Chair.

The Chairperson (Ms P Bradley): I do not want to put you on the spot, Eleanor. We need you as a friend.

Ms Murphy: It is extremely difficult for any legislature to balance public health and the promotion of the economy. The Bill tries to do as much as it can to promote the public health aspect, but the things that the Department can achieve in the Bill on public health are quite limited. The issues to do with alcohol consumption and the licensed trade affect every Department, from the Department for the Economy right down to the Department for Infrastructure. It is a very difficult balancing act.

In the paper, we referred to other jurisdictions. There is a Public Health (Alcohol) Act in the Republic of Ireland that goes beyond what our Bill can achieve by introducing minimum alcohol pricing and things like restrictions on advertising. That is probably a separate subject of consultation that will probably occur later in Northern Ireland when we consider minimum unit pricing.

The Chairperson (Ms P Bradley): Eleanor, thank you. I do not want to put any of you on the spot. None of us will do that because we are so appreciative of the work that you all have done to help us with the scrutiny of the Bill.

Ray, I will move to you. I absolutely agree with you. My daughter is 30 and her and her two school friends meet regularly in the evening and go for a cup of coffee or to the Rinkha in Islandmagee — other ice-cream shops are available. *[Laughter.]* That is their meet-up and where they go, and they enjoy that more than going out somewhere for a drink. When you said that, I thought, "Absolutely. You are right". I see that with my children.

As you know, I sat on the Health Committee for a long time, and I know that there has always been a major problem with data gathering in Northern Ireland; we are not very good at gathering all that data. Sometimes, we forget about the hidden consequences — they are not necessarily hidden — and other consequences of alcohol that you mentioned, as well as epilepsy and Korsakoff's syndrome; all those things. You said that 2% of all registered deaths in NI are due to alcohol. I would say that it is probably an awful lot higher than that because of how deaths are recorded in Northern Ireland and the primary cause of death not always being recorded.

I want to ask you about the concerns that you have raised about the gaps in information and data. Do you think that that will cause us any issues in our scrutiny of the Bill?

Mr Russell: That is a good question. I should maybe give you a bit of background. I was referring to a survey. It was called 'Adult Drinking Patterns in Northern Ireland' and was published by the Department of Health every three to five years. The last publication was in 2014. It was based on a sample of around 2,000 respondents, and it looked at every aspect of alcohol consumption. For example, on alcohol intake, many of the respondents were asked to keep alcohol diaries in which they recorded their daily and weekly consumption. We had hard data on how much alcohol was being consumed by the public, but that information is no longer available to us. What we have instead is the annual 'Health Survey (NI)' that looks at a large range of health indicators. Alcohol is only one of them, so we get a very small amount of information compared with what we once got. I should add that the ONS used to do a survey that was very similar to our NISRA/Department of Health one. However, it has also discontinued the publication of its survey since, I think, 2018. Therefore, we are not the only UK nation to have done that. I suspect that the reasons are linked to austerity, in that, like every other Department over the past 10 years, the Department of Health and NISRA have had to make staff cutbacks and to prioritise their work.

In answer to your question, I am not certain that that will have a major impact on the Committee's deliberations on the Bill. It would certainly have been useful to have more information on the actual amounts that people are consuming, but that is something that we no longer have.

The Chairperson (Ms P Bradley): Any survey, especially an annual health survey, will be only as good as the respondents and their honesty.

Mr Russell: Absolutely. Yes.

The Chairperson (Ms P Bradley): When it comes to health questions, many people are not always honest, especially on the consumption of alcohol, how many cigarettes they smoke and things like that. We cannot rely on that.

Mr Newton: Can we ask Ray whether we know what types of alcohol were consumed and whether there is a variation between beer and —.

The Chairperson (Ms P Bradley): You can go ahead and ask Ray that. Sorry, Robin wants to come in.

Mr Newton: Sorry, Ray.

Mr Russell: Yes. Absolutely. That is one of the items that we lost from the old 'Adult Drinking Patterns in Northern Ireland' survey. It looked at the types of alcohol consumed and whether they were wine, spirits, beers or alcopops. Those were all listed, but, unfortunately, we no longer have that information. That is one of the items that we lost when the survey ended. I am looking through the 'Health Survey (NI)' at the moment, and there is nothing on that.

The Chairperson (Ms P Bradley): OK, Ray. I have one final question for you. We know that we are likely to receive evidence from various health professionals and bodies on the misuse of alcohol. In your paper, you mentioned that there is a relatively small budget in the Department of Health to tackle

alcohol problems in Northern Ireland. How do we compare with other jurisdictions when it comes to the amount of money that is set aside to tackle alcohol-related ill health or abuse?

Mr Russell: Unfortunately, I do not have that information to hand, but I would be happy to look it up for you.

The Chairperson (Ms P Bradley): That would be great. We will have evidence sessions. Hopefully, that Department will respond to our call for evidence, but it really has to step up to the mark as well. It cannot all be left to the Department for Communities to sort these issues out. Thank you very much, Ray, for that. Kellie, did you want to ask a supplementary question on that?

Ms Armstrong: No.

The Chairperson (Ms P Bradley): You can come in later. Aidan, finally, I have a question on the economic impacts and the economic benefits. I was looking at your graph earlier, and I saw the Causeway Coast and Glens and Newry, Mourne and Down council areas, and I thought, my goodness, that was the place to be in the summer — or maybe not with COVID. I wonder whether the COVID figures replicated any of your graphs, but it is for another Committee to decide on that. It about weighing that up against the public health costs and the policing costs. Should we be exploring that when we are going through the Bill?

Mr Stennett: I think so, Chair. Ray spoke about this in his presentation. For every hospital admission and every time that the police are called out, there is a cost to the public purse, and then absenteeism from work costs businesses. Then we also have the cost of premature deaths. That is estimated to be £900 million. In a very black-and-white way, you need to balance the estimate of £900 million against a £1.6 billion GVA contribution. You are more on the profit side, but I do not think that we should be talking about profit and loss when we are talking about people's health. That £900 million figure is from 2014, and, as Ray mentioned, there has been a decline in hospital admissions, so it will be interesting to see whether it is possible to get a more up-to-date figure on that. Again, I do not know if the data is still available or if it is collected in that way, but there is an interesting Audit Office report looking at the cost of alcohol and substances that I could share with the Committee, if it would find that useful.

The Chairperson (Ms P Bradley): Yes, that would be useful. I am not setting out there to say that one should be balanced off against the other. Absolutely not, because people in general need to take responsibility. It is not always government's responsibility. People need to take responsibility for their own alcohol consumption and their own health. That is not my intention in that line of questioning. That is me washed up at the minute. I will come back in if I need to.

Mr Easton: I want to say at the outset that my line of questioning does not mean that I have one way of thinking or another. I would like to think that I am quite open-minded, and I certainly do not have a problem with people drinking or going to the pub. I have been to the pub, so I declare an interest. Some of my questioning will be on health stuff and a few other wee bits and pieces.

Is there any evidence that, if we allowed the pubs to close an hour later, it would stagger people coming out in a better or more orderly way and help the police and everybody else to cope, or is there evidence that everybody would just pile out an hour later? That is my first question. I do not mind who answers that.

I will move on to my other question. It is good to know that people are not attending hospital as much after drinking alcohol, but, at the same time, deaths have increased and 13,000 people are still coming to hospital a year, although those figures may not be correct. What is there to say that, if we open for an extra hour and we relax the restrictions for Easter, that will not get worse over time? Can you give us any help to figure that out in any way? Maybe you have already said. Those are my two main questions.

Ms Murphy: I am happy to try to cover that. We looked in only a very preliminary way at some of the evidence. Looking at it in a comprehensive way would be quite an intensive process. In the paper, I have included some examples of research that has been done, and they are very conflicting about the impact that extended opening hours has on things like crime or dispersal from premises. Some studies suggest that, for every hour a bar is open, it increases the number of things like assaults. However, there are other studies. A study in Sweden monitored nightclubs that were allowed to open for an extra hour and found that it decreased crime. However, in that case, there was very open

communication between the police and the premises, and inspectors were going in and out of premises to check that things were operating as they should be.

I cannot give you a definitive answer on that because we have had only a preliminary look at some studies. Some of the public health stakeholders to whom you will talk will know much more about those studies. As I mentioned, Scotland has done the only comprehensive study in the UK to look at issues such as dispersal and the impact on the ambulance service, on police and on premises. Not all premises will want to open that late. It will also include the economic benefits. I am sorry, Alex, that I cannot give you straightforward answers to that question.

Mr Russell: I can add something to that. One of the major issues with alcohol consumption is that, compared with 40 or 50 years ago, alcohol is, in real terms, considerably less expensive than it once was, and price may be a major factor if you want to lower alcohol consumption. There is some preliminary evidence from Scotland, I think, that, if you increase the minimum price per unit, alcohol consumption may fall. There is an issue about affordability and alcohol consumption.

Ms Armstrong: Thank you all for your papers and presentations. It has given me more questions than I thought I would ever have on this subject. I am looking at the night-time economy. Aidan, you talked a lot about the impact on the hospitality industry, but, as we know, it extends beyond that. I am a bit concerned about the work that is being done on the night-time economy with other types of businesses, such as, for instance, taxis. There is an impact on the working time directive and the number of hours that taxi drivers can drive under their licence. For instance, if a taxi driver does a school run in the afternoon — it is maybe their first job of the day — at about 2.30 pm or 3.00 pm. If they also work the shift that is now extended to 3.00 am, they will be way outside the working time directive and the operating hours for taxis. Have you guys had any papers or sight of anything from the Department for Infrastructure about the night-time economy and how we get people home?

Mr Stennett: From my perspective, I have not. I did not consider that. It is a good point. I will say one thing to add to your point, which is that the possibility of extended opening hours would generate more taxi drivers and increase employment in that sector. That is a counter consideration.

Ms Armstrong: To be honest, I do not agree on that. I think that it will cut it down quite a bit, because, unless you have a school contract, depending on people going home late at night from pubs is for part-time taxi drivers and not for the full-timers. It is about the working time directive. They will end up losing their licence if they try to do daytime work and this very late night/early morning transport, because, if you are driving for an hour to take someone home and then have to get back again, you will have lost other trade. It is something that we need to consider.

Eleanor, I want to go back to your point on clause 2. The Scottish local licensing forums are very interesting. I asked the Department for a breakdown on who holds licences and was told to go to the district courts for that detail. I assume that something like the Scottish licensing forums would be able to hold lists of all licence holders with a little more detail on who they are, section 75 considerations etc. Is that what they do?

Ms Murphy: In general, data collection on licensed premises in Scotland seems to be a bit better than it is here. I am sure that they have data on that. I am not saying that those are perfect forums, but they are a very interesting example of how to share intelligence on the impact of things like extended opening hours. Some pubs and clubs have very good best practices and run their businesses very well, but we would want them to share that information with some of their counterparts who are maybe not operating as they should.

I do not know what the infrastructure is here to share information or how information flows between licensed premises, the courts, the Department and other bodies like health trusts. In the Bill, many clauses deal with children and young people, so the views of social workers and the Safeguarding Board would also be important. I do not know how that sits currently.

Ms Armstrong: It is interesting when you compare it with the other parts of the Department for Communities, such as housing. As all MLAs will know, in local areas, local groupings of key stakeholders come together to discuss housing issues, whether that is pressure on housing, antisocial behaviour or anything else. There is also a multi-agency approach that includes the police, which works very well. It is a very interesting way of looking at licensing, rather than it just being in the courts and the Department not having the full information about all the licence holders. It would involve the

people who will be impacted and could add value to the consideration of licences. Rather than issuing licences, I take it that it is more about what happens —

Ms Murphy: The forums are more advisory bodies. They can also take part in licensing appeals and things like that. If you want, I could get you more information on that. It would be just a few pages of background information on what the forums do, their role and how they fit into the licensing structure.

Ms Armstrong: It is just one of those things. We are not homogenous across Northern Ireland. In my constituency, there are no nightclubs that stay open to 3.00 am. There are many rural pubs for which that would never be considered. It is interesting that there will be different reactions in different areas to the night-time economy, people coming out of pubs and the impact that that has on health. It would be interesting to see that local input to something that is seen as a wider project.

Very good. As I said, my head is melted trying to think of questions, so thank you very much for that *[Laughter.]*

The Chairperson (Ms P Bradley): Sinéad is not online. I will go to Mark and then back to Sinéad. Mark, are you there?

Mr Durkan: Yes, I am still here, Chair. Thank you for the presentations. As other members said, they have thrown up many more questions and have vindicated the Committee's decision to extend the consultation period and its acceptance that, by doing so, we will not have the legislation in place for Easter 2021. There is much work to do to get it right, and it is important that we do that rather than rushing something through that is half-baked. The more we look into it, the more work we realise needs to be done.

I want to touch on a point that Kellie made about the taxi industry. You will recall that I said that it should be invited in as part of the call for evidence. However, my experience is that, rather than creating employment in the taxi industry, we have seen a decline in the number of taxi drivers, for various reasons.

From what I know, many taxi drivers go out on a Friday or Saturday night with a target and they say that, when they make £150 or £200 or whatever, they are going home, so the earlier they get that amount, the earlier they go home. That leads to a situation later on at night at kicking-out time that there are fewer taxis on the road. Of course, if kicking-out time, as I have described it, is later, there will possibly be even fewer taxis on the road. You could not blame taxi drivers because, the later it gets, generally the messier it gets. It is very important that we hear from that industry.

In terms of impact on staff in the hospitality sector, there are clear issues. Has any work been done in other jurisdictions to look at the impact on those staff? You are talking not only about making a later closing time but about extending the drinking-up time. That means people will be working for not huge amounts of pay by any means but working extremely antisocial hours, and then those workers will be faced with the difficulty of trying to get home if there are fewer taxis on the road. The key thing to remember here is that, should this legislation pass, bars do not have to stay open until the time that they are allowed to and flexibility is very important.

Eleanor, the points that you touched on around major events were very interesting, particularly regarding major events taking place elsewhere. You could have a World Cup with strange kick-off times. You have matches kicking off at 9.00 am or whatever, with bars in some instances wanting to open for that. Who decides what is a major event and what is not? That could be problematic as well. We have to take this opportunity, because we will have the time to look at the very fundamentals of our licensing system and not just tinker around with it.

The surrender principle was mentioned. We have to look at that. Rather than using that as a reason as to why we cannot do other things, we have to look at those core components to see whether they need to be changed to allow the industry to grow as an employer and as an economic driver for the region, but we have to do everything that we can to counter any problems that might be associated with it. Some of those issues were raised, including policing, during the Second Stage debate.

Raymond, I was interested that you noted that there was evidence to suggest that there had been a dramatic reduction in the level of underage drinking from 2011 to 2016, I think. Has there been any analysis as to why that is the case? There seems to be, as the Chair identified, alternatives such as coffee shops and maybe an increased focus on fitness and general health.

Many moons ago, with antisocial hotspots or in areas that were popular with young ones for drinking their carry-outs, I used to get phone calls from residents complaining about carpets of cans and bottles littering fields and laneways in the mornings. That does not seem to be as much of an issue now but, alarmingly, if you go to those same hotspots, you would be horrified at the number of little polythene bags lying around. Has there, perhaps, been an increase in accessibility to illegal drugs?

Mr Russell: I suspect that a number of factors are implicated in that. As you suggest, there may have been a move away from alcohol towards prescription drugs and illegal substances, and you see that more and more. That will be one factor. Alcohol is not as cool among young people as it was in my time with my generation and cohort.

There is another factor, as the Chair and I indicated. I was in my 20s in the 1970s, which was right at the beginning of the conflict, and almost the only places where young people were able to socialise were venues selling alcohol, whether bars, clubs or whatever. There were very few outlets for young people where alcohol was not available. Nowadays, there is a whole range of other options such as ice-cream parlours, chocolatiers and coffee bars, which have sprung up everywhere. More choices are available to young people than when I was growing up in the 1970s and 1980s. Those are two factors, but there may be others. I am not certain, but they are the two most obvious ones that spring to mind.

Mr Durkan: OK. Thank you. Aidan, in your presentation, there was a piece on the economic impact on the hospitality sector and the undoubted contribution that it makes. Is there a further — I nearly said "distillation" — breakdown of that so that, similarly, we can see the impact of the off-sales sector on the wider economy? I would say that work has been done, and when we look at the impact of COVID on the sector, we see how hospitality has been hammered, yet it is fair enough to assume — I am sure that the evidence is there — that off-sales have skyrocketed.

Mr Stennett: I would need to look into that. The problem with data is that the disaggregation is often not at a fine enough detail to get that level of understanding. I am happy to look at it to see what studies have been conducted on off-sales and get back to you on it, if that is OK.

Mr Durkan: Super. Thank you. On the issue of discount schemes, we had evidence the week before last from Aodhán Connolly, and he raised an issue that I had not considered about the points that some of the bigger supermarkets use, how they can be offset against the cost of alcohol, how difficult it would be for supermarkets to do away with that system and how unfair it would be to people who live here. My concern — I do not know whether it is shared by other members — is that, if we do away with discount schemes except for supermarkets, it makes the playing field even more uneven, and I cannot think of anybody in the sector who does not think that it is already an uneven playing field. I am sorry, Chair; I forgot to declare an interest this time.

The Chairperson (Ms P Bradley): That is OK. Are you finished?

Mr Durkan: Yes.

The Chairperson (Ms P Bradley): Aidan, do you want to come in there?

Mr Stennett: No, I have not considered that, but I can look at it if the Committee wishes.

The Chairperson (Ms P Bradley): OK. That is grand. Thank you, Aidan. Sinéad had her hand up earlier, but we lost the connection. I do not want to finish without asking her. She is back. Sinéad, do you want to ask anything? We cannot hear you, Sinéad; you must be on silent.

Ms Ennis: Thanks for bringing me back in, Chair. I appreciate it. Thanks to the guys for the presentations; it will definitely help us in being able to question any witnesses before the Committee.

The issue of advertising and its impact on problem drinking was raised when Aodhán Connolly was at the Committee a couple of weeks ago. Could that be included in any future research papers to the Committee? Even if there is not a study that is specific to the North on how advertising impacts on problem drinking and how the regulation of advertising could help to address that problem, perhaps such studies have been done elsewhere across these islands. If there was any sort of information on that, I would certainly find it helpful.

Ms Murphy: We could contact some of our counterparts down South. You will probably know about — it is in the paper — the Public Health (Alcohol) Act 2018 down South. It introduced a whole raft of advertising restrictions, such as banning alcohol emblems on children's clothing and alcohol advertising within the vicinity of schools and on public transport. They may have already done a body of work on that, and Scotland likewise. I am sure that there is some material that we can get you on that.

Ms Ennis: Thank you, Eleanor. I appreciate that.

Mr Newton: This is a short question for Ray. Figure 1 that you outlined in your presentation concerns alcohol-specific deaths by registration year and gender. The number of alcohol-related deaths is increasing. However, figure 3, which provides data on alcohol admissions to hospital, indicates that there is a very sharp decreasing rate on admissions for alcohol disorders.

Mr Russell: You want to know why one is increasing and the other is not.

Mr Newton: There is a very sharp decrease in figure 3.

Mr Russell: There is; from 2016 to 2019, it fell to 673 per 100,000, whereas, five years earlier, it was 728. If you go back to figure 1, you will see that, especially in the past two to three years, the number of alcohol deaths has also fallen; they are in sync, to some extent. Alcohol-related deaths were rising until about 2016, but, over the past two to three years, they have fallen. It is in sync. I cannot explain why there is a slight divergence; I need to look at that in more detail.

Mr Newton: Figure 1 shows an annual increase from 2013 to 2017. From 2017 to 2018, it shows a decrease.

Mr Russell: You are absolutely right. It is only in that last year, and hospital admissions have been falling.

Mr Newton: From 2013-14, you see a decrease in hospital admissions.

Mr Russell: I can see that. I am not certain that they have to be in complete synchronisation or both falling at the same rate. I would need to look at that, but I am not certain that there is any simple explanation.

Mr Newton: It may well be that there are other forms of treatment.

Mr Russell: Yes, there may be other factors involved.

Mr Newton: Yes.

Mr Russell: I am sorry that I cannot be more helpful, but I do not see an obvious explanation for that.

The Chairperson (Ms P Bradley): As someone who worked in the health service for a number of years, I can say that, with the way that we categorise and capture data for hospital admissions, it could be that someone's admission will say that they were admitted with a respiratory condition, but that condition could be a direct impact of something else. Again, that is where data collection can be a bit skewed in the health service. Its way of capturing data is not black and white. It is the same with registering deaths. As I said to Ray, sometimes the secondary cause is the cause of death and not the primary. It is all a bit ambiguous, especially with health figures.

OK, folks. Everybody has asked a question. Thank you very much for giving us that understanding, for listening to us and for taking our questions. It was very worthwhile. You have done a fantastic job. I propose to the Committee that the Clerk looks at the research papers in more detail and at the gaps and questions that have been highlighted.

Kellie, if you have any extra questions, we can feed those through. We will want to put a lot of these issues to the Department. Thank you, folks. We will no doubt call on your expertise again as we go along.