



Northern Ireland
Assembly

Committee for Communities

OFFICIAL REPORT (Hansard)

Licensing and Registration of Clubs
(Amendment) Bill:
University of Stirling

25 February 2021

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 Andy Allen
Mr Mark Durkan
Mr Alex Easton
Ms Sinéad Ennis
Ms Karen Mullan
Mr Robin Newton

Witnesses:

Professor Niamh Fitzgerald University of Stirling
Dr Rachel O'Donnell University of Stirling

The Chairperson (Ms P Bradley): I welcome Rachel O'Donnell and Niamh Fitzgerald to the meeting. You are very welcome. Your names were mentioned at the previous witness session. I understand that you have a PowerPoint presentation. Without further ado, I will hand straight over to you. We are conscious of time, and we want members to have as much time as possible to ask questions. Go ahead.

Professor Niamh Fitzgerald (University of Stirling): Thank you very much. Rachel is just bringing up the slides. I will introduce us. I am Niamh Fitzgerald. I am a professor of alcohol policy at the Institute for Social Marketing and Health (ISMH) at the University of Stirling, where Dr Rachel O'Donnell is a research fellow. I will hand over to her in a moment.

Our institute specialises in research on public health policy, so the pricing, advertising and availability of alcohol are in our core areas. We will focus on the measures in the Bill, but I know that you have been discussing advertising, so I am happy to take questions on that. I know that there were some questions on minimum pricing as well. The discussion may be broader, but we are happy to provide further evidence or to have colleagues come, if that would be useful.

I can see the slide, but I cannot see the slide show. I do not know whether that is what others are seeing.

The Chairperson (Ms P Bradley): We can just see your screen as it is. Oh, there we go; that is it now.

Professor Fitzgerald: This slide shows you some of the studies that we are working on that have informed the presentation. I am not going to talk you through them in detail. The slides are not moving for me, but I will carry on, anyway.

Dr Rachel O'Donnell (University of Stirling): They are not moving for me either, Niamh. I will come out briefly and then go back in again, if that is OK.

Professor Fitzgerald: OK. I will talk you through one of the studies in the interests of time. The third study that you will see on the slide is called 'Evaluating later or expanded premises hours for alcohol in the night-time economy' (ELEPHANT). It specifically looks at small changes, such as one-hour or one and a half-hour extensions to opening hours for licensed premises in Glasgow and Aberdeen. It has a significant amount of funding to look at the range of business, health and police impacts that that might have, both positive and negative. We have just started that study, but it is important to flag up that there are open questions about the impact of later licensing hours that need to be answered.

I will give an overview of how licensing can make a difference to outcomes in terms of harms. Some of it is obvious, but the main thing that we think about with licensing is how it controls the availability of a product: if you do not have a licence, you cannot sell the product. It is a pretty straightforward and unquestioned economic theory that, if it is easier to purchase a product that people want, that purchase is more likely, so, the easier you make it for people to buy alcohol, the more they will buy and the more they will consume. There are other ways in which licensing makes a difference. Having a lot of premises in an area can introduce competitive price pressures. It can mean that there is a pressure on premises to sell more cheaply. If it is cheaper, people purchase more — again, that is just economic theory — and that leads to more consumption. I was watching the live stream, and one of the previous witnesses said clearly that every premises also acts as a reminder of alcohol. It is an opportunity to purchase alcohol. It is an advert. There is merchandising. There are posters in the window and so on. We will come later to how that is a consideration for children and for people in recovery from alcohol problems.

You might ask this: what does it matter if all of that leads to increased consumption? One of the key points that we want to get across today is that, when you look at the overall health harms from alcohol consumption, you find that it is population consumption that drives those harms. It is not antisocial behaviour in a minority of people or dependent drinkers but the level of consumption across the whole population.

The next slide shows the figures for alcohol-related deaths in Northern Ireland, which have risen. Up to 2017, they increased by over 40% in Northern Ireland. In other parts of the United Kingdom, there were increases of between only 6% and 9%. We also see that that rise has continued. The highest rate ever in Northern Ireland was in 2019, whereas, in Scotland, the number of alcohol-specific deaths has fallen since the introduction of minimum unit pricing. Those are just the deaths that are caused wholly by alcohol. There is a larger number of deaths in which alcohol is a contributory factor along with other things that are not shown here. The main point to make is that you do not see those deaths in antisocial behaviour. They are not observable really. It is hard for nurses, doctors or police officers on the front line to detect those increases. You see them only when you study them and analyse how they are changing compared with other areas.

We also see that it holds true across multiple countries all over the world that the more a population drinks, the more of those health harms you get. Those harms can be affected by the measures in your Licensing Bill. It is not just things such as minimum unit pricing that affect them. You should be considering how the measures in the Bill directly affect those harms. The final point to make about this slide is that we do not have access to the data on alcohol sales in Northern Ireland. Sales data is the most reliable measure of likely future harm. It is available through commercial companies, but it has not been purchased or made available for researchers to analyse, nor has it been publicly published. If you are looking at a review, it will be really important to address that.

I will move quickly through the next couple of slides. In our presentation, we will be talking about the times that alcohol can be purchased, where it can be purchased and pricing. I will deal first with timing and look at the evidence internationally as to what difference it makes when premises are open later. Across all the studies that have been done, we find that there is a clear link between extended late-night opening of alcohol premises and increased harms such as drunkenness, assaults, injuries or use of health, police and other services. That link holds true across all the studies that have ever been done. We have looked at more recent studies in high-income countries. We have focused particularly on the studies in Norway, because it focuses on smaller towns and cities that are more similar in size to what you have in Northern Ireland. In Norway, studies found that, for every extra one-hour

extension to opening times, you get a 16% increase in police-reported assaults at night-time and that, if you reduce those opening hours, you get an exactly converse 16% reduction in those assaults. There is therefore a really clear link in both directions between late-night opening hours and police-reported assaults. The Amsterdam study is the only one that has looked at alcohol-related ambulance call-outs, but that is the outcome that we are using for our study in Scotland.

Dr O'Donnell: Thank you, Niamh. Let us take a moment to have a look at the outline of the current Northern Ireland regulations regarding opening hours and some of the measures proposed in the Bill. One of the proposed measures is additional nights with later hours, whereby public houses and hotels can apply for an additional one hour of late opening up to 104 times a year. What difference do additional nights and later hours actually make? To answer that question, let us consider this: adding an extra nightclub to a city where multiple nightclubs already exist may create extra space for, say, a few hundred additional people to drink and dance for a couple of hours late at night. When you add an extra hour of opening to standard late-night hours, however, that allows everyone to drink for an extra hour. That point is reflected in the quotation on the slide from a public health interviewee in our recent excellence study. I will not read the quotation out — I will let you read it for yourselves — but, essentially, it reflects the evidence base that demonstrates, as Niamh has already said, that, the longer alcohol is available for, the more people tend to drink, leading to an increased range of alcohol-related harms, including crime-related disorder and longer-term health harms.

The potential impacts of granting an additional one-hour late-night opening time up to 104 times a year also needs to be considered carefully in conjunction with the proposal to extend drinking-up time from 30 minutes to one hour. When you take the two proposed measures together, it effectively means extending late-night openings, most likely at weekends, by 90 minutes. It is very important to consider carefully the risks of later opening hours, which Niamh has already outlined, and the impacts on harms that were on that previous slide. Based on the evidence already presented, the one-hour extension to closing times in Northern Ireland, taken along with extra drinking-up time, could be expected to be associated with a substantial increase in alcohol-related ambulance call-outs and police-reported assaults, for example.

I will move on to talking about drinking-up time and the proposals in the Bill. Here are the different drinking-up times in the rest of the UK, just for comparison purposes. You can see that there is no legally defined drinking-up time in England and Wales. In Scotland, our drinking-up time is 15 minutes. In the Republic of Ireland, drinking-up time is 30 minutes. The proposal to extend drinking-up time from 30 minutes to 60 minutes in Northern Ireland is quite unusual by comparison. The rationale for that proposed change is not entirely clear. There is little or no evidence about whether, in practice, extended drinking-up times lead to benefits or harms. For smaller premises, however, the costs of keeping staff on for longer during a period when alcohol cannot be sold may limit the appeal of the proposed measure. There is also no evidence base to suggest that drinking-up time leads to easier dispersal of customers. There is therefore no suggestion that it would decrease instances of disorder around closing time.

We are concerned about how any extension to drinking-up time would be enforced to ensure that it does not simply lead to later serving of alcohol. There is also the risk that consumers would purchase more alcohol at last orders, knowing that they had an hour in which to drink it. That would essentially have the same effect as extending serving time, with the accompanying risks that that entails. Knowing how people tend to treat last orders, I think that it seems more likely than not that extra drinking-up time acts as a de facto later closing and drinking time.

Professor Fitzgerald: I will give some final thoughts on hours of sale and then move to questions that the Committee might want to think about. First, the evidence that we have presented is pretty clear. You may have questions about whether it applies to Northern Ireland. The only way in which we would know that would be by studying it. In a whole variety of cities in many countries, however, the findings on later opening hours are remarkably similar.

Bearing in mind the need to help hospitality recover from the pandemic, you might consider these questions on the commercial imperative. What are the commercial drivers for this? Which businesses really want to open later? Do the smaller operators really want this? Is there a risk that it just costs them more to staff and they do not make any more money? There are several ways in which that might be the case. There is already an issue with people predrinking before they come to licensed premises. If they know that premises are open later, will they then just come out later? If so, you do not end up with extra staff being employed. Instead, they all just have to work later. You will potentially have a situation in which people just drink more before they come out and arrive at premises drunker, which creates more of a problem. They are not buying much alcohol when they get there, so it does

not translate into commercial benefit for the premises. Moreover, if one premises in an area wants to open later, it puts pressure on all the others to do the same, even if they do not necessarily want to, so that they do not lose custom. I do not know whom you have had submissions from, but I encourage you to consider whether smaller operators have been included and to ensure that their views are considered in the commercial arguments that may be made for this as a form of recovery.

I will move on to thinking about where alcohol can be purchased. I mentioned earlier that it is about convenience: easy access and having premises near you. If you have already had a few drinks, you might not be able to get in the car. If you run out of whatever you were drinking and want to have some more, the nearer that the premises are, the easier that it is to get it. It is also about how many opportunities there are for you to purchase alcohol as you go about your daily business. We are all at home just now, but, normally, on your way to work or throughout your day, what is your exposure to the opportunity to purchase alcohol?

The more outlets there are, the more opportunities there are. When we look at the evidence, it shows that those mechanisms really hold. People drink more if there are more opportunities to drink, not just because of timing but because of the number of premises that are open at any given time. We also see that people in deprived neighbourhoods, even though they tend to be more abstinent and drink less on the whole than people in wealthier communities, have access to relatively higher numbers of premises and experience a higher number of alcohol-related harms. That is some of the backdrop to issues around where alcohol can be purchased.

Dr O'Donnell: What therefore is in the proposed legislation on where alcohol can be purchased? Some of the new measures in the Bill would increase spatial availability, such as those designed to support special events, small producers and tourism. To be honest, however, we are more concerned about protecting Northern Ireland's surrender principle, about the proposed changes to opening hours and drinking-up times and about the effects of increased exposure to alcohol consumption and packaging on children and young people, which I will come to shortly.

Although the surrender principle that you have in place is not without its problems, small premises can be reopened as larger ones and licences can sometimes change hands for lots of money. The surrender principle prevents a proliferation of premises and, from a public health perspective, the Northern Ireland approach is a really good one. The rest of the UK does not have such a mechanism for capping availability, so, as far as UK systems go, Northern Ireland's surrender principle is regarded as the best for controlling spatial availability.

There are provisions in the Bill that are directly relevant to children and young people, some of which we fully support, such as the proposal to prohibit vending machines and the strengthening of current laws on the delivery of alcohol to young people. There are also several proposed measures that give rise to concern, however, considering their potential impacts when you view them as a whole. Those are outlined on the slide that I will show you now. They include, for example, permitting certain premises to hold underage functions providing that specific conditions are met and permitting children and young people to be present in sporting clubs until 11:00 pm during the summer months. I will not read them all out.

Collectively, though, those would serve to increase children's exposure to alcohol consumption and product packaging, as there would be multiple additional opportunities for such exposure. I urge you to consider carefully whether that is what you want to achieve, given that in Scotland and elsewhere in the UK, the focus is firmly on reducing children's exposure to product packaging and alcohol consumption.

Exposure to alcohol product packaging is positively related to consumption in children who are already drinking. The evidence also demonstrates that it increases the likelihood that children will begin drinking. In addition, it increases children's knowledge of alcohol brands and slogans and helps normalise alcohol at a young age. Concerns about normalisation were raised in our recent excellence study and related specifically to children's exposure to alcohol on the morning school run as a result of early-morning off-licence sales. Similar concerns about normalisation would apply to the measures currently proposed, however.

Children and young people are already frequently exposed to alcohol marketing via product packaging in their everyday lives and in their local environment. Seeking therefore to reduce exposure to alcohol packaging and consumption would better protect them from alcohol-related harms. That is especially important, given recent data that suggests that almost a quarter of children in Northern Ireland aged between 11 and 16 are drinking, sometimes daily.

On price, we understand that there are some proposed measures in the Bill to introduce restrictions on off-sales drinks promotions in supermarkets and that the proposed measures will serve to limit where promotions can be placed. Unless, however, you take action to address how cheap alcohol is, you will not really begin to address issues of accessibility to alcohol.

Two measures have been introduced in Scotland to try to tackle price and availability. The first is the ban on multibuy promotions of alcohol as part of the Alcohol etc. (Scotland) Act 2010, while the second is the minimum unit pricing policy that was introduced in May 2018. The evidence suggests that banning multibuy promotions of alcohol has a relatively small impact on price and accessibility, but minimum unit pricing has a much more substantive impact on alcohol-related harms and is one of the most powerful tools at the disposal of Governments to tackle the affordability of alcohol.

Professor Fitzgerald: To conclude, what we encourage you to do is to consider the changes in the Bill as a whole and not only relate them to short-term effects on policing, disorder and antisocial behaviour but recognise that greater availability of alcohol generally leads to greater consumption, which will impact on the health harms that, I know, you are concerned about in Northern Ireland. The strongest evidence that we have links availability not only to consumption but to those short-term harms around assaults and police/ambulance involvement in ways that cannot be observed through just the reports of front-line workers. In the studies in which researchers have found that evidence through robust methods, they have also interviewed police and service providers, and they do not report seeing those changes. You can find those changes really only through designing studies that look very carefully at the trends over time and measure the number of assaults and call-outs. It is not easy to get that from just speaking to people.

We all want to protect what is good about hospitality. We all want to be able to get back to coming together and relaxing in social spaces such as bars and pubs. It is, however, not just about protecting the commercial interests of those premises but about balancing that against the short-term and long-term harms and how you might protect and help public services as well as police services.

I will follow on from what Rachel said on minimum unit pricing. Some people in the trade, particularly in the pub and bar trade in Scotland, have told us that they would like the minimum unit price in Scotland to be increased significantly in order to deter people from home drinking and to balance things up a bit more. That is a positive measure that you could consider in future to encourage people to go back to pubs and bars rather than drink at home, which is what they have been used to during COVID.

There are other measures that, again, are not directly in the Bill. If you look at best practice in supporting the night-time economy and recovery, however, you will see that it is not just about alcohol but about everything else that goes along with it. What therefore can be done to focus on the arts and entertainment? What can be done with the message of, "Drink less but enjoy the night-time economy more by being out and feeling safe", considering how much the alcohol factor in the night-time economy deters people, because of the potential for antisocial behaviour, from going out and enjoying premises?

I know that you have been discussing the potential for a one-year review, and I am happy to discuss that further. We are researchers, so you will probably say that we would say this, but our view is that one year is not enough time in which to analyse the data and understand what has happened. Moreover, you need to plan for that in advance, so you need to be gathering data before any of the measures come in, in order to be able to compare the pre and post times. I am happy to have further conversations about that to support Queen's or others in Northern Ireland in doing that. There is funding available from UK funders to do that kind of research. It is expensive, but it does not need to be funded by the Government. It is really important to understand that we do not know everything and that you need to evaluate the changes.

That is everything from us.

The Chairperson (Ms P Bradley): Thank you so much, Niamh and Rachel. I do not know what I have written down. I cannot make sense of anything that I have written, because I have scribbled so much down. That would be about right. You asked whether we had had many briefings or submissions from the smaller operators. As you will know, Hospitality Ulster speaks on behalf of all venues, large and small, in Northern Ireland. When Hospitality Ulster came to us about the occasional licences, it asked that the smaller premises be in line with the larger premises so that they could have late opening up to 104 times a year. The request must have come from the smaller venues that they want to be treated the same as the larger venues by having extensions to their opening times.

You mentioned the sales data. I found it quite shocking that we are not capturing that information. It is not something that we do well. When it comes to gathering data on anything in Northern Ireland, we are pretty poor. To whom did you say that that captured data goes?

Professor Fitzgerald: My understanding is that it is available through commercial data providers. Nielsen is one such company. You have to purchase the data and analyse it when you have purchased it. That is something that is done routinely in some other parts of the UK. Public Health Scotland (PHS) purchases the data and regularly publishes analyses of sales trends. It is the most robust measure of consumption, because everything else is self-reported, which is subject to so many other influences. That method of data capturing, however, is just about how much alcohol is sold, and it is therefore a good proxy for determining how much alcohol is drunk.

The Chairperson (Ms P Bradley): Niamh, do you know whether that data is purchased here by our Public Health Agency (PHA) or the Department for Communities?

Professor Fitzgerald: I do not think so. If it is purchased, it is not published, which means that we cannot use it. I have not had a conversation with either. I asked a colleague who is involved in doing an analysis for Northern Ireland on minimum unit pricing, and he was able to confirm that there is not data available currently that we could have drawn on to inform this presentation. He does not think that it has been purchased, but I would need to have another conversation with the Public Health Agency. It was news to me as well this week. I was surprised.

The Chairperson (Ms P Bradley): You mentioned the review. Several witnesses have brought it up. If the Department or the PHA does not have the information, even on sales data, at their fingertips when we come to the review a year down the line, that will make that doing that impossible. You are saying that we would need to have gathered lots of data by now in order to start a review in a year's time.

Professor Fitzgerald: Some of the data may already be there. That sales data will exist, because it is HMRC data: tax data. It needs to be obtained, however. It is not that it will disappear if you do not do it now. For the rest, it will take a little bit of work to work out exactly how, say, assaults are recorded in police data sets. You can find out whether ambulance call-outs are recorded in a way that allows you to identify which call-outs are alcohol-related. Those sorts of issues are common across other jurisdictions, and there are ways around them to try to get robust data, but it does take a bit of planning. That is the point that I wanted to make.

You can look back. If you know what data you need, sometimes you can be lucky and the information has been gathered, and you can then work backwards. It is worth looking at it sooner rather than later, however, in case there need to be tweaks made to how the data is collected in order to make it robust enough to use in a review.

The Chairperson (Ms P Bradley): The way in which the data is collected is the issue. I worked for the health service, and I was on the Health Committee here for many years. When we looked at various aspects of health, be that suicide or whatever, we found that the way in which the data had been collected did not necessarily correlate with the issues in hand.

You are right. We do not always collect the data in the way in which we need it. A cause of admission to A&E might be alcohol, but it might be captured as admission owing to a knock to the head, and alcohol is therefore not mentioned in the data gathered. It is the same with police arrests. It might be an arrest because of behaviour of some sort, and alcohol might not be given as the cause when the data is being collected. That is an important issue that will need to be sorted out if we are looking at doing a review.

I have that many things written down that I do not know what I want to ask you. You mentioned multibuy promotions. You know that minimum unit pricing is not likely to come into force here until the next Assembly mandate, which is a couple of years away. That will not necessarily be the case with multibuying. That could fall under this Bill. Did you say that it did not make a major difference to consumption? Forgive me if I am absolutely wrong, but I assume that, by "multibuying", you are talking about offers in some of our larger supermarkets for "Buy six and get 25% off" and other offers that encourage you to buy more. I would say that the vast majority of people who do that are responsible drinkers, albeit they are stockpiling. Is that what you are talking about?

Professor Fitzgerald: Yes. I will hand over to Rachel for the evidence on that. On your comment on responsible drinkers, however, if you stockpile, you probably drink more. We are all a bit like that, in

that, if it is in the house, you are more likely to drink it. Even though you are drinking responsibly, that still leads to harm and deaths down the road for some of those people. It will still show up in your health figures, even if the drinking is totally responsible.

The Chairperson (Ms P Bradley): Niamh, I am maybe trying to tell myself that that is a responsible drinker *[Laughter.]*

Professor Fitzgerald: I think that we all try to do that a little bit *[Laughter.]*

Dr O'Donnell: The evidence that we have in Scotland suggests that the banning of multibuy promotions had a small impact on creating an environment in which alcohol is sold more responsibly. A couple of studies have been done that showed slightly different things, however. For example, one study showed that banning multibuy promotions did not reduce alcohol purchasing in the short term. The industry appeared to respond to the ban by replacing multibuys with a simple price reduction, which made it possible for consumers still to buy alcohol at a discounted price but with a smaller financial outlay. In many ways, that mitigated the intended effects of the policy. Other evidence has been gathered to suggest that the ban on multibuy promotions was associated with reduced sales of off-trade wine and pre-mixed alcohol drinks, which were the drinks that were most likely to be bought as a multibuy deal in Scotland before the legislation was introduced. On balance, we feel that a ban can have a small impact, but it is not really the solution.

The Chairperson (Ms P Bradley): Following on from that, you mentioned that you had listened to previous briefings on advertising. I would love to see all advertising banned, especially in our sports grounds. It is not conducive to sport to see alcohol promoted everywhere.

There is also the issue with alcohol advertising in our supermarkets. It has been brought up in some of our witness sessions that the likes of Marks and Spencer — other supermarkets are available — will have a dine-in-for-two offer, where it is advertising a bottle of wine with the rest of the meal in the middle of the store. Does it make a marked difference if that is removed?

Professor Fitzgerald: There is a need to look at the whole system. All those little things together make a difference. You want to move more towards a situation in which people have the freedom to drink or not but alcohol is not in their face all the time and children are not exposed to it. What we have, whether you look at greeting cards, adverts in stores or the number of premises, is that it is everywhere. The Children's Parliament in Scotland has looked into it and said, "It is just everywhere". Anything that reduces that is to be seen as a positive in ultimately protecting children and young people from future consumption.

It is also about trying to help everybody drink less but enjoy it more. That does not necessarily mean lower sales for commercial operators. What you find with minimum unit pricing is that people spend a little more money on alcohol than they did before, so sales revenue goes up for commercial operators, but people are buying and paying for better products. It is about finding that sweet spot of drinking less but enjoying it more.

The Chairperson (Ms P Bradley): Before I bring in other members, I have a couple more questions. I have Mark and Kellie waiting. We, as a Committee, will hold a consultation with young people. I cannot remember whether that is next week or the week after. We will hear from young people, and we will want to ask them questions about influences.

Let me ask you about the Bill itself. Do you see any positives in the Bill, as it stands, when it comes to teaching children about responsible socialising and drinking?

Professor Fitzgerald: Rachel might be better placed to answer that than me. She is more familiar with the details of the measures. There are certainly measures in there that we would not oppose in relation to preventing vending machines, online deliveries to young people and so on.

In some ways, in public health, there is a movement away from thinking about teaching children to drink alcohol responsibly. There is no evidence for that as an approach that protects them. The thinking and the evidence is that the idea of parents giving children alcohol in a controlled environment, when they are underage, is not a good one. We should teach children that alcohol is a product that is a drug, which they need to treat carefully, and that there is a time when they will be old enough to drink it. The age for that is a parental judgement. The thinking has moved away from the

idea that it is a good thing to do, because it is seen as normalising it, rather than teaching them to drink responsibly.

Rachel, you are better placed to answer on the specific measures.

Dr O'Donnell: I will largely echo what you have said, Niamh. We support the proposed measures that prohibit vending machines and that strengthen current laws on the delivery of alcohol to young people. Those two proposed measures are in line with our suggestions about providing better protection of children when it comes to exposure to alcohol, product packaging and consumption.

The issue of product packaging, as Niamh said, is everywhere. Any steps that can be taken to reduce the effects of that are absolutely key, given that the evidence clearly demonstrates that, when children are exposed to alcohol brands and slogans, it helps to normalise alcohol for them at a very early age.

The Chairperson (Ms P Bradley): Thank you for that. I have one more comment, which is about protecting the surrender principle. It is good to know that we are doing something right — or something that is seen as right in the rest of the United Kingdom.

Do the rest of the UK and the Republic of Ireland have unlimited numbers of licences to hand out? What way does it work? We have heard it said at the Committee that we have fewer licenses now than we had 100 years ago, when Northern Ireland was formed. What is it like in the rest of the UK and Ireland?

Professor Fitzgerald: The systems in Scotland and England and Wales are fairly similar. I am a bit less familiar with the Republic of Ireland's system. In Scotland, the licensing system has objectives, and one of those, which different from in England, is "protecting and improving public health". In theory, that should mean that public health practitioners and the police can object to a licence being granted, but, in practice, most new licences are still granted. At best, you can, potentially, in theory, stop new licences being granted, but, in reality, thousands of new licences are being granted all the time across the UK. The systems in England and Wales and Scotland are seen as being a bit broken in achieving their aims, and it is very difficult to do anything about availability. Perhaps there would be more success with a focus on changing the nature of the premises; place shaping around encouraging arts venues and restaurants. You can sometimes have more success in that, but it is very difficult to do anything about the number of premises. There is no cap.

The Chairperson (Ms P Bradley): That sounds very strange to me, as someone who sat on council for a number of years. With the transfer of licences and things like that, it sounds very strange that the number of licensed premises can be absolutely unlimited.

Professor Fitzgerald: In Scotland and England and Wales, it has got to the stage now that the number of licensed premises per head of population is so high that adding extra premises is not making a massive difference to harms. Alcohol is so available that we would have to go quite a long way in the other direction before we would see a reduction in harms. That is also why the licensing system is seen as tinkering around the edges around harms. It is still really quite permissive. It is about giving licences to responsible people rather than focusing on the overall impact of alcohol.

The Chairperson (Ms P Bradley): OK. Thank you. I will open up to members.

Mr Durkan: Thank you to Rachel and Niamh for their briefing and submission. I have a couple of questions, Chair. I will run through the questions rather than getting involved in a game of back and forth or verbal tennis. The ladies can then answer as they see fit.

I will start where you finished, Chair, on the surrender principle. The submission refers to the surrender principle as constraining the spatial availability of alcohol, but does the spatial availability measure take into account the reality of people drinking in the uncontrolled environments of home or private premises?

You conclude that there is clear evidence that greater availability tends to lead to greater consumption and harms. How can the effect of extended opening hours be considered in isolation from wider societal changes? That is something that we have discussed here before.

There has been a bit of back and forth on the next issue already. We should, of course, distinguish between children and young people being exposed to responsible alcohol consumption and being

exposed to alcohol abuse and the normalisation of that. Do you have any insights into how children in, for example, France or Mediterranean countries fare on alcohol issues?

Over the past number of weeks, months or however long we have been going through this, we have heard conflicting views on whether increasing drinking-up time encourages people to drink more or whether they do not feel the need to purchase as much drink and to consume it as quickly. You said that there is little or no evidence on that but that you worry about enforcement. Will you expand on that a bit, please?

Professor Fitzgerald: I will take them one at a time; I have a note of them. Where does home drinking or drinking in unregulated environments fit within the idea of spatial availability? We have seen, with COVID and curfews and in a lot of the debates about alcohol, that there will always be a minority who find a way to do the thing that you are trying to stop people from doing but that your measures are usually pretty effective for the majority. Having more licensed premises is not the best mechanism to get people to move from homes into licensed premises. I question whether the motivation for drinking at home or in unregulated environments is because there is no premises available or not enough available. Different things are having an impact there. For example, when premises are closed due to COVID, of course, some people will have parties, but most will not, so you still get the benefit of the policy. Yes, there are some unintended consequences, but it does not override the benefits. That is generally what we see.

On extended opening hours, again, the Norway study is really interesting. In that study of 18 cities, some expanded their opening hours and some reduced them, but the societal issues were the same across the country. It was not that stuff was going on in the ones where we saw the harms that might not have been the case in the others. The studies are very well designed to ensure that, if you draw a conclusion, you are not incorrectly drawing that conclusion when it might be caused by wider societal issues. All sorts of techniques are used statistically in the analysis to take account of whether it might be a trend due to wider society. You can use control areas and time series analysis. You can look at whether there is any reason to think that some other change in society happened at the same time as we extended the opening hours that would better explain the significant effects than the change that we know about. That is how it is handled. It is not perfect, but it is considered.

You asked about responsible alcohol consumption and children in France and the Mediterranean. We have seen historically that France, in particular, had lower levels of antisocial behaviour than here. However, it had really high levels of alcohol consumption and the highest level of alcohol-specific deaths in Europe, as a result. People were introduced to alcohol at a much younger age. It was normal in the workplace and so on. The population's consumption was massive. The drinking was probably more responsible than we have here in the short term, but it caused long-term problems. Therefore, France banned all alcohol advertising, and there are price control measures in place to encourage the industry to stop selling the really cheap wine that was not home-brewed but that came from community vineyards and that sort of thing. The price of alcohol has gone up in France. People are drinking less, and it is better quality stuff. With those measures, France has managed to reduce its alcohol-related liver disease and deaths quite significantly. There is a really big impact in France. It was one of the early adopters of banning advertising.

Mr Durkan: Over what time frame has that change been made?

Professor Fitzgerald: I would need to have a look. We have a colleague who has done a lot of work on studying the ban on advertising in France — Nathan Critchlow — and he is our expert on alcohol advertising. I am sure that he would be happy to speak to you. I suspect that it is over 10 to 15 years, but do not take that as gospel.

Your last question was about the drinking-up time. I was tuned in this morning when Assistant Chief Constable McEwan was speaking, and it was really interesting to hear what he was saying. Knowing the culture of last orders in licensed premises, it is hard to see how having longer to drink after last orders would not mean that people would order more. You have to counter that with the possibility that people will drift out of some premises slowly, but you might just as easily have other premises where everybody buys three pints an hour before closing time and has to drink them really fast in the next hour. In the short term, those two might counteract each other, but, in the longer term, you are essentially giving people more time to drink alcohol, so they are likely to drink more. That is likely to increase consumption, and, even if it does not affect the short-term issues, you would expect to see that reflected in the health harms later.

Mr Durkan: Thank you, Niamh. I want to go back to my first question on the surrender principle. You used the lockdown-related example, which is a different example, of people going to parties. That was around the spread of COVID as opposed to the consumption of alcohol. My concern is that people do not have to go to parties to consume alcohol. They can do it on their own in their own house.

I accept some of the points that you made about the surrender principle and the spatial availability issue. My concern — I have expressed it previously, and some members concurred — is that, say, in a rural village, there might be one licensed premises that is not a big profit-making enterprise by any stretch of the imagination, and the landlord decides to throw in the towel or to hang up the towel, but the only offer to buy the licence from him might come from a Tesco Express or a Spar. Then, you have no controlled premises in that village for the consumption of alcohol. The patrons who might have frequented the licensed premises one or two nights a week will not have that option, but they will have a big Eurospar or Tesco Express where they can buy a bottle of wine or a box of cans every night of the week.

Professor Fitzgerald: We share your concerns about that. I was not aware of exactly how the surrender principle works with off-licence and on-licence sales. That is really interesting.

Mr Durkan: *[Inaudible.]*

Professor Fitzgerald: I wonder whether thinking about tweaking it rather than abandoning it is the way to handle some of those kinds of anomalies. You might say that an on-licence can be used only for another on-licence premises and cannot be used for an off-licence. You can also have limits on the floor space for alcohol in off-licence premises. That has been looked at in the Highlands in Scotland through some of our legislation. It is about working out creative ways to protect what the surrender principle does without having those anomalies. Overall, we would see a pub as being likely to cause less harm with alcohol sales in the longer term than a big supermarket.

Mr Durkan: I wonder whether there is a way of rural-proofing it, because it is, I think, more of a rural problem. OK, thanks a million.

Ms Armstrong: Thank you very much, Niamh and Rachel. Your presentation has helped to remind me how serious this matter is and that we need to get it right.

Mark talked to you about the surrender principle, and I will follow on from that. Something has shocked me throughout our Committee sessions. When we asked for a list of all licensed premises across Northern Ireland, our researchers were able to come up with maps, and I was grateful to see those. However, when you consider the surrender principle and spatial availability, one of the issues that we have is that, because there is not that collection of data — we do not even have a list of all licensed premises kept in one place — you can see from the maps that, if there is a licence available, people can apply and those licences can be allowed to gather up in certain areas. You can imagine that, in a city such as Belfast or Derry or in any of the larger towns, you would see a larger number of pubs. When you add into that those other places where you can buy alcohol, you start to see concentrations, and that is a bit of a concern for me on the surrender principle, because, if we allow that to go uncontrolled, we just build up more problems in particular areas.

On the alcohol sales data, I am absolutely shocked that, as a Government, we cannot produce any information on that. Niamh, did you say that it was Public Health Scotland that produced the data?

Professor Fitzgerald: It buys the data from Nielsen, which is a commercial company, and then analyses it.

Ms Armstrong: OK.

Professor Fitzgerald: I want to be cautious and say that I have not spoken to the Public Health Agency. I do not want to land it in it. Maybe it does analyse it, but it is not publicly available at the moment, and I have not seen anything published to tell us the trends. It would have been useful to have had a graph of the trend in deaths to see whether consumption was rising at the same time or whether something else was causing those deaths. I would expect that they are consumption-related, but we do not have the data to show.

Ms Armstrong: It is one of those things. As the Chair said, without data, how can we prove or disprove what we think we know? Data is vital, and that is something that we may have to consider.

One of your slides stated that arts and entertainment should not be alcohol-focused. I could not agree more, and that is where I have a bit of an issue. We have heard from people that having the entertainment licence and the licence to sell alcohol run together, so end at the same time. That sounds as if we are putting the focus on entertainment with alcohol licensing. What are your thoughts? Should we keep them separate, so that those who have entertainment can continue to have the entertainment licence irrespective of the licence to sell alcohol, or is it safer for them to be kept together?

Professor Fitzgerald: I am not 100% sure. I do not have a strong view either way. In principle, you would want people to be able to provide entertainment without having an alcohol licence. I am not sure exactly what the technical details of it are. Can people opt out of the alcohol licence and still have the arts and entertainment bit but it is just combined? I am not quite sure.

What I have seen of some of the work that has been done in some boroughs in London and such places is that it is a long-term approach to planning for a town or city to say, "Right, how can we work with business communities in this place to transform our night-time economy to see it as being a completely different thing from the daytime economy?", and for that to be not just about alcohol but about the kind of light shows that are put on in the winter that families and children can go to up to 10 00 pm and 11.00 pm. They are nothing to do with alcohol. They are a form of entertainment that brings in revenue and creates employment but does not have as many of the harms associated with alcohol. That is just one example. There are others that I could recommend and speak more to you about, if you are really interested.

Ms Armstrong: Yes. Something that interested me, which Assistant Chief Constable McEwan mentioned earlier, was the late-night levy. I appreciate that that was mentioned in the context of potentially raising income [*Inaudible*] or local authority [*Inaudible*]. Is there any evidence of that late-night levy being used in GB to fund alcohol prevention programmes or health programmes?

Professor Fitzgerald: Yes, I looked that up when I realised that I did not know the answer to a question on it that was asked earlier. On the late-night levy, the question earlier was, "How is it set?". It excludes hotels, village pubs and a few other venues such as theatres. It is set at a rate that is proportionate to the rateable value of the premises. That covers the question that was asked earlier.

In England and Wales, where it applies, the levy is introduced on a local basis, with 70% going to the police — that is mandated — and the other 30% going to the licensing authority in the local council. That is because our licensing is led by local authorities. So, 30% goes to local government, which disperses the money as it sees fit. It can disperse it on anything to do with alcohol, so it could fund prevention activities. Obviously, the 70:30 is arbitrary, and you could decide on a ratio that was right for Northern Ireland if you were introducing the levy.

In some areas, the late-night levy has been challenged, and it has been used on a fairly limited basis. Newcastle and Islington in London have it. There are seven or eight areas in England and Wales, out of a couple of hundred, that have introduced it. The take-up has not been massive, and I am not sure exactly why that is, but it has been in place for quite a long time in those areas.

Ms Armstrong: That is very interesting. The last thing that I want to ask about is not in your paper; it just hit me. Your paper talks about the number of incidents that can happen, including the drunkenness, the assaults, the injuries [*Inaudible*] ambulances and police that have to come on the scene after people leave bars and restaurants, especially if a lot of alcohol has been taken. With licensed premises, as happens in so many places, once someone is outside the door of a premises, the licensee has no responsibility for them. Should we be considering the area around a licensed premises where there is footfall as being the responsibility of the licensee? It might only be [*Inaudible*] of a licensed premises. We currently have that arrangement in public transport, where, if someone gets off a public bus and falls within three feet of it, any claim for insurance comes under the policy of the bus. However, if someone comes out of a bar and there is no responsibility for the licence holder to manage what happens outside their premises, assaults and injuries can happen with ambulances being called. Licensees will not want that to happen directly outside their premises because it will give their establishment a bad image, but [*Inaudible*] any evidence of licences being extended to include an apron around licensed premises that means that licensees would have to take responsibility for that area.

Professor Fitzgerald: I was losing you a little bit during that, but I think that I got the gist of the question. There is some evidence on something called "last-drinks responsibility". If someone is injured or responsible for a crime, the last place that served them alcohol can be held responsible. That is a kind of legal liability, and there are mixed views on it. That is not exactly what you were asking about, but there are other things that are more normal in Wales and other places. I share your concern about not having databases on licensed premises. We have very poor data in other parts of the UK too; knowing which premises are operating at any given time seems to evade our systems. However, what we have in Scotland is a police database called "Innkeeper", in which any police incidents are recorded, including the last premises in which someone was drinking prior to an incident. It allows the police to identify premises where they might need to do a supportive visit or, if there have been multiple incidents related to it, do a bit more monitoring. In Cardiff, there is something called "The Cardiff Model", which involves A&E departments working out where someone was drinking before they came in with an alcohol-related problem. There is then outreach to the premises involved. It is a form of identifying potential problem premises.

Going back to our concern about the enforcement of the drinking-up time, there are long-established laws that say that you cannot sell alcohol to a drunk person, but, when we do mystery shopper studies, we find that pubs and bars sell alcohol to drunk people all the time. Some do it more than others, but it happens at high levels. With the best will in the world, it is hard for premises to say no to people if they are trying to buy alcohol. That is where there could be more support, and there is some evidence that there are measures that can help with that. That is where a bit of our concern is with the drinking-up time: if there is pressure on a hard-pressed pub owner from customers who say, "Ah, come on, we've got an hour to drink up. Can we not all have another pint?", it is pretty hard, unless you are going to invest a lot in enforcement, to pick up on that and prevent it from happening. You can understand why, during the COVID recovery, there would be a lot of pressure on them to do that.

Ms Armstrong: That is brilliant. Thank you so much for your time and for your paper. It is, pardon the pun, a sobering read.

Professor Fitzgerald: Thank you.

Dr O'Donnell: Thank you.

The Chairperson (Ms P Bradley): OK. Thank you, Kellie. No other member has signalled that they want to ask anything further, so I want to say a very big thank you to both of you, Niamh and Rachel, for coming today. You have probably given us more questions than answers for the Department when we get around to our deliberations. That was a very worthwhile evidence session, so thank you so much.

Professor Fitzgerald: Thank you very much for having us.

Dr O'Donnell: Thanks for having us.