



Northern Ireland  
Assembly

Committee for Communities

# OFFICIAL REPORT (Hansard)

Licensing and Registration of Clubs  
(Amendment) Bill: Drinkaware

4 March 2021



do not think that she can. Adam, do you want to text Elaine to see whether she wants to try to rejoin us again?

**Mr Jones:** Absolutely. I can kick off, and Elaine can always join in, if she is able to get the audio working.

**The Chairperson (Ms P Bradley):** We are being told that it is at Elaine's end and not at our end. Do you want to send her a quick text and ask her to go out and come back in again?

**Mr Jones:** OK. Let me do that. *[Long Pause.]* I have just communicated that to Elaine. She will probably come out and then back in.

**The Chairperson (Ms P Bradley):** That is grand. You go ahead, Adam.

**Mr Jones:** OK.

**The Chairperson (Ms P Bradley):** Elaine is back with us again. Hold on. Sorry. Elaine, can you hear us now?

**Ms Elaine Hindal (Drinkaware):** I do not know whether you can hear me, but I cannot hear any sound at all. I apologise. I cannot hear anything from the Committee room.

**The Chairperson (Ms P Bradley):** OK.

**Mr Jones:** I am talking to Elaine in the background, and I will ask her to start. If she is not able to, I will pick it up and pick up Elaine's parts as well.

**The Chairperson (Ms P Bradley):** Brilliant. Thank you, Adam.

**Ms Hindal:** Shall I begin?

First, thank you to the Committee for the opportunity to speak to you about alcohol harm in Northern Ireland. We will keep our presentation brief, and, by the time we get to questions, I might be able to hear the sound. Drinkaware is a UK-wide charity. We are unusual in that we are funded solely by contributions from alcohol producers, retailers who operate in off-trades, including the hospitality sector, and some other sports bodies, for example, that have a small commercial income.

Drinkaware was set up in 2006 in response to a request from government at the time for the industry to do more to educate people about the harms of alcohol. We are a charity and are governed solely by a board of trustees that is chaired by Sir Leigh Lewis, former permanent secretary of the Department for Work and Pensions, and I answer solely to the board as its chief executive.

Through the information that we put out to the public, we intend to do two things: first, to educate people about the harms of alcohol, and, secondly, to help people who need to change harmful drinking habits on that journey towards making a change, signposting them to help and support but also helping them directly through innovations such as, for example, online self-assessments or apps on phones to help people who can make that change without further intervention to do so before their alcohol use gets worse. That is primarily our purpose. Although we are funded by the industry, we are fiercely independent of it and our remit is entirely independent of the industry. It is also worth adding that everything that we do is vetted by and goes through an independent *[Inaudible]* that is chaired by Dr Fiona Sim, former chair of the Faculty of Public Health, and everything that we do is evidence-based and vetted by that body, particularly the health information that we share.

Adam and I are aware that the Committee received a comprehensive briefing note last September from Dr Raymond Russell that provided very valuable context to alcohol-related hospital admissions in Northern Ireland and rates of harm in Northern Ireland, so we will not focus on those today. We are really trying to give you a sense of what has happened during the pandemic — the very recent data — to give the Committee a sense of the issues that Northern Ireland is facing from harmful drinking.

Our research is drawn from three sources. The first is our Drinkaware monitor, which is an annual, very large survey of more than 9,000 adults in the UK and more than 600 adults in Northern Ireland. That is a statistically significant sample of drinkers in Northern Ireland, and it enables us to get a

sense of how their drinking has changed. It was fielded in September of last year, so it is very current data about drinking habits and, more importantly, the reasons why those habits are changing.

We are also took what we called "pub surveys" last year, in May, July and December, to get a sense of what is happening right now. Things are changing so quickly that we wanted to get a sense of more rapid feedback. The most rapid feedback of all is data from our website and from our app, in data-driven insights as to how behaviours are changing.

In providing this briefing to the Committee, obviously, I hope to give you some valuable information as to the wider picture of harmful drinking, which is the context in which you are considering the licensing regulations in Northern Ireland. Drinkaware is not an advocacy organisation. We do not have a policy remit, but we are required under our understanding with government to make our information available in order for direct context to be provided.

It is worth also saying what we mean by "harmful drinking". The Chief Medical Officer's guidance, as you will all be fully aware, is that men and women drink no more than 40 units a week. We use that as our guide. Beyond that is what we consider harmful. We also use the Alcohol Use Disorders Identification Test (AUDIT-C) tool, which is a World Health Organization tool available on our website. We have hundreds and thousands of people completing it every year, which gives us some very rich insights as to dependency across a very large population. We talk about — I will not talk about them in this presentation — increasing and higher-risk drinkers, and by that we mean people who score highly on their alcohol use disorders test.

Before I hand over to Adam to talk about groups of key concern for us, I will summarise the key findings that we have had in Northern Ireland, as in the UK. While it is worth saying that there are some differences, by and large the pattern of harmful drinking in Northern Ireland mirrors that of the UK as a whole, with a couple of key differences.

The first is that Northern Ireland tends to have a slightly higher proportion of people who do not drink at all. We have seen that consistently for a number of years in Drinkaware-monitored data, and you tend to have a slightly higher proportion of people who say that they drink very little, if at all. Secondly, we also see that daily drinking, or very frequent drinking, is a little less in Northern Ireland than it is in the UK as a whole. However, some of this data suggests that that pattern is changing. Obviously, a key concern for us is people who are drinking at harmful levels, but they are drinking every day and never take a break. That habitual drinking behaviour is a key concern.

I will summarise the findings from our insights that are relevant to Northern Ireland in three key points. The first is that drinking habits appear to be polarising. What we are seeing is that a third of people, in May and June, claimed to be drinking more than usual. A similar proportion, about a quarter or a bit less, claimed to be drinking less than normal, despite the closure, of course, of the hospitality sector. By August and September, the proportion that was drinking more had reduced. We welcome that, but we are still seeing 14% of people saying that, even by then, they were drinking more than usual, indicating that, for some, habits formed at the beginning of the pandemic were long-lasting.

Our second point is that there are some groups of key concern that, if we simply looked at the overall global population levels, would have been masked. Adam will take us through those in just a moment. They are, first of all, people who were already drinking at a harmful level and have been doing for some time. Their health is already compromised, which is particularly important at this time. We know that the drinking lifestyle tends to coexist with other risky lifestyle behaviours as well, such as smoking, being overweight, having low levels of physical activity, and having a poor diet. We are particularly concerned about those harmful drinkers who are drinking more through the pandemic and were already putting their health at risk.

The second group that we will talk about are parents of children who are under 18, particularly mothers and women. We have seen that they have been under particular stress during the last 12 months and are reporting higher levels of drinking to cope.

The third group is relatively small because of the relatively protective effect of furlough in the short term, but it is people who either have been made redundant or who are going through a redundancy process with their employer. More so than furloughed workers, we are concerned about people who have been made redundant and are drinking to cope with the uncertainty, anxiety and stress.

That leads me to our fourth group of concern: people who reported that they are, to a large or very large extent, negatively impacted by the pandemic, particularly in relation to their mental health. There

are overlaps between those groups, as some people will fall into two or three of them, but a significant proportion of the population — about a third — is very negatively impacted.

As I said, the third finding is that we see that harmful drinking habits that have been formed over a sustained period may be maintained even as we cautiously move towards a lessening of restrictions, but those harmful drinking habits coexist with other unhealthy lifestyle behaviours and choices, particularly during the pandemic, as we have to learn to live with COVID-19, and they have very serious implications for our physical and mental health.

I will hand over to Adam to talk a little bit more those four groups. In the meantime, I will try to fix my sound.

**Mr Jones:** Thank you, Elaine. I will pick up on some of the points that Elaine raised. We have provided a paper to the Committee breaking down a lot of this information in much more depth, showing the overall trends for consumption in Northern Ireland last year as identified through the research that Elaine summarised. It also gives a bit more detail on the individual groups, which I will touch on in a minute, that we are particularly concerned about or that we feel are ones to watch. It also talks about the motivation and the reasons why people are, potentially, consuming more alcohol than they did previously.

It is important to state, as Elaine said, that, at the top level, it is very much a mixed bag. A significant portion of people have consumed more alcohol, and I will come onto some of those groups in a minute. Some did so in the early stages of lockdown and then fell back, and some did so throughout lockdown. Percentage-wise, the majority have maintained fairly consistent levels from before the pandemic, and about a quarter have consumed less. It is very much a mixed picture. We are, by nature, more concerned with those who have drunk more, and, as Elaine touched on, there are three groups in that category that we feel are particularly worth noting and keeping an eye on whether patterns of consumption continue or fall back.

The first group is high-risk drinkers. As Elaine indicated, we used the AUDIT-C as our means of assessing the level of consumption and dependency of individuals. Drinkaware is responsible for providing information, tools, advice and key medical facts to the whole population, but we, by nature, disproportionately focus on that group. High-risk drinkers are well represented in the figures on those who have consumed more at all stages of the pandemic. Some individuals drank more early on, but that dropped back later. High-risk drinkers are well represented in the figures, because they continued with a higher level of consumption. Of course, the people in that group were, by and large, drinking more in the first instance, and they remain a cause for concern for us. Their motivations included having more time on their hands, boredom and, inevitably, drinking to cope with stress. We find that people know that they need to cut down. The challenge, however, is turning that knowledge and intent into action. That is where we in Drinkaware try to focus our efforts and provide support.

The second group, as Elaine identified, is the parents of young children or children who are still at school and are of education age. It was fairly evenly split between males and females. I think that it was about 55% for females. However, it tended to be half of females with sole caring responsibilities, as opposed to just 12% of men. We found that that was one of the biggest parts of the population that was well represented in the figures because of their increased consumption — about 23%. Again, we found that that group reported impacts on their mental health, and that was essentially because people were trying to balance the challenges of homeschooling, the impacts of the pandemic, and work. Often, it was people who were working while trying to homeschool, the stress of which has, for some, resulted in increased consumption.

The third group that we identified is those who have either been made redundant or are in the process of redundancy. That is only about 4% of the population at present, but that is likely to rise. It is, therefore, a cause for concern. They are, by and large, almost twice as likely as the general population to drink more. Again — this is a consistent theme and is something for the Committee to consider — they reported impacts on their mental health, including anxiety, stress, depression and issues with sleep. There was a knock-on effect for all those factors. That group reported increasing their consumption over the last year.

The final group is those who identified as having been largely or very largely affected by the pandemic in their daily lives and circumstances. We saw that group well represented in the figures for consuming more throughout the pandemic. Perhaps not surprisingly, one of the biggest motivations is what we term "drinking to cope": leaning on alcohol to help them to cope with the challenges that they are

experiencing, particularly during the pandemic. Interestingly, there were more females than males in that group, and they were in the younger age category of between 18 and 44.

The message to leave with the Committee is that, as Elaine said, there has been a polarisation in how the population responded to alcohol because of the pandemic. Some have drunk less, and the majority have been consistent, but there are groups who have consumed more, and that is where we continue to focus our efforts. That is the first piece. The second piece is that a lot of the groups that have been more affected consistently reported that that had implications for their mental health, and that is a cause for concern. We will continue to focus on that, and I am sure that the Committee will consider it as well. That brings us to the end of the briefing. We are, of course, happy to take questions.

**The Chairperson (Ms P Bradley):** Thank you, Adam and Elaine. I do not know whether you can hear us yet, Elaine.

**Ms Hindal:** Yes, I can now. Thank you.

**The Chairperson (Ms P Bradley):** Good. Thank you for your briefing. I know that you did not respond to our consultation, and you have not talked about any of the clauses, but I felt that it was important that the Committee heard from you as well. We have a great responsibility in shaping the Bill. When I first spoke to Adam, it was interesting to find out that you were gathering data across the UK, that alcohol producers funded the data gathering, and that you are autonomous.

I want to ask you a couple of questions that relate to our Bill about the wider public health implications. Earlier, the Committee heard from Public Health Ireland, and, last week, it heard from the University of Sterling, that something should be put in the Bill that takes public health seriously. Do you agree?

**Ms Hindal:** Will I answer that question? As an organisation that does not have a policy remit, we cannot speak from a position of evidence on that. However, in the pandemic, we absolutely expect the Committee to consider public health in that context, and we fully support that position.

**The Chairperson (Ms P Bradley):** As you say, you do not have a policy remit and cannot give an opinion on some of the issues. The Bill proposes letting young people remain on licensed premises for longer. Is there any evidence on the impact of access to licensed premises and seeing alcohol consumption on under-18s later in life?

**Ms Hindal:** That is a good question. Off the top of my head, I do not believe that we have. However, we will double check and come back to the Committee. We do know that children who drink underage are much more likely to have parents who drank underage, and parental attitudes are key. Some parents are relatively laissez-faire and happy for children to drink or provide alcohol to children, often with the best of intentions. Parents often think they are trying to teach their children about moderate and responsible drinking. We know that children who drink at a younger age are much more likely to drink more and to develop drinking problems later on. We know that parents who are laissez-faire and happy for children to drink alcohol in front of them are more likely to be storing up problems for the future.

**Mr Jones:** Elaine is much better versed on that than I am, but may I add something? Historically, we have tended to focus efforts on training. We have had various campaigns aimed at the on-trade, the night-time economy and licensed premises that focused on supporting them to understand the issues with people of all age ranges who become vulnerable through alcohol. The campaigns helped to upskill those people to spot that situation and to take appropriate action. We have focused our efforts on training in the past.

**The Chairperson (Ms P Bradley):** Thank you. The vast majority of licence holders are extremely responsible, as is the vast majority of parents. However, we wanted to see whether there was any correlation between being on licensed premises and the affect on children. Thank you for the overview of alcohol in the United Kingdom. Northern Ireland has historically been seen as much worse than other places, but, in reality, it is on an even keel.

There are no other questions. I thank Elaine and Adam for taking part today and briefing the Committee.