Review of Alcohol Licensing

21 January 2022

The Institute of Public Health in Ireland
www.publichealth.ie

Dublin Office:
700 South Circular Road
Dublin 8
Ireland D08 NH90
Ph: + 353 1 478 6300

Belfast Office:
6th Floor, City Exchange
Gloucester Street
Belfast, BT1 4LS
Ph: + 44 28 9064 8494

Introduction

The Institute of Public Health in Ireland

The Institute of Public Health informs public policy to support healthier populations in Ireland and Northern Ireland. Set up in 1998, the Institute is jointly funded by the Departments of Health in Ireland and Northern Ireland. Our key priorities are promoting health and wellbeing, improving health equity, and reducing health inequalities. We work to achieve these by focusing on Evidence, Policy and Partnership. The Institute has a team of public health and policy development specialists based in Dublin and Belfast.

The Institute of Public Health chairs and provides the secretariat for the North South Alcohol Policy Advisory Group (NSAPAG) was established in 2013 at the request of the Chief Medical Officers in Ireland and Northern Ireland. The aim of the NSAPAG is to contribute to reducing alcohol-related harm on the island of Ireland. The NSAPAG seeks to strengthen all-island alcohol initiatives, develop opportunities for North South cooperation on alcohol and identify policy solutions and other measures to improve the legislative and regulatory arrangements impacting on supply and use of alcohol. Membership comprises representatives from government departments, academia, professional bodies and healthcare delivery agencies. Previous events, reports and outputs of the NSAPAG can be found at www.publichealth.ie.

- The Institute has contributed significantly to the development of alcohol policy in both Ireland and Northern Ireland. Our inputs on alcohol licensing legislation are listed below:

- IPH consultation response to Proposed changes to the law regulating the sale and supply of alcohol in Northern Ireland 2012

- In October 2016, IPH provided written and oral evidence to the Committee for Communities on the Draft Licensing and Registration of Clubs (Amendment) Bill. However, this draft legislation fell with the dissolution of the Northern Ireland Assembly in January 2017.

- IPH responded to the Department for Communities consultation on the 'Sale and supply of alcoholic drinks at 'special events' in Northern Ireland' 2019

- The Licensing and Registration of Clubs (Amendment) Bill was re-introduced to the Northern Ireland Assembly in 2020 and IPH provided written evidence and oral evidence to the Committee for Communities.

Other relevant alcohol policy work is listed below:

- In 2018, the Institute contributed to a review of the New Strategic Direction for Alcohol and Drugs – Phase 2 (NSD-2).

- In December 2020, the NSAPAG hosted a knowledge exchange event – 'Alcohol-related Harms in Nightlife Settings on the Island of Ireland'. A report was published following the event which provided a summary of the presentations and the core points of discussion. The Northern Ireland Assembly Research and Information Service also published a report on the event which was used to inform the Committee for Communities deliberations on the Licensing and Registration of Clubs (Amendment) Bill.

- In Ireland, the Institute has welcomed and supported the introduction of the Public Health (Alcohol) Act 2018. The Institute is represented on the Public Health (Alcohol) Act Research Group which oversees the monitoring and evaluation of the legislation.

- IPH is a member of the UK and Ireland Alcohol Research Network (ACORN).

- In October 2021 the Institute of Public Health published an academic paper on the factors associated with changes in consumption among smokers and alcohol drinkers during the COVID-19 'lockdown' period. The study used Central Statistics Office Social Impact Survey data that was collected during the first lockdown in Ireland. It found that of the 1362 80.6% were current drinkers. The majority of drinkers (60.6%) reported no change in consumption, however 22.2% of drinkers reported increased consumption. Being concerned about household stress from confinement, working from home, and urban living were associated with increases in alcohol consumption.

- In December 2021, the IPH presented at the annual Winter Scientific meeting of the Faculty of Public Health Medicine at the Royal College of Physicians of Ireland. The study presented was a rapid review of systematic reviews that investigated the potential impact of changes in alcohol trading hours on levels of alcohol consumption and alcohol related harms. Results from this review are outlined in the main body of this response.

Key points

- Recognise that Ireland is a high alcohol consumption country and understand the characteristics of the national pattern of consumption and its implications for public health and safety.

- Include public health and safety as a licensing objective.

- Ensure that the Sale of Alcohol Bill does not increase the temporal or physical availability of alcohol as this likely to increase consumption and subsequent harms.

- Ensure the Sale of Alcohol Bill does not further normalise alcohol use by creating new drinking occasions through diversification of licensing (cinemas, public transport, sports clubs etc.)

- Align the Sale of Alcohol Bill with the pre-existing policy direction as indicated in 'Reducing Harm, Supporting Recovery' strategy and the Public Health (Alcohol) Act 2018.

- Ensure the Sale of Alcohol Bill and decisions made on alcohol licensing are based on data and evidence, as well as taking account of community concerns and front-line services responding to alcohol harms in night-life settings.

- Ensure the Sale of Alcohol Bill includes measures to protect groups most vulnerable to alcohol-related harms in night-life settings including women, young men, bar workers and poly-drug users and seeks to reduce excess alcohol-related harms in socially disadvantaged areas.

- Monitor and test the impacts of changes to alcohol licensing on public health and safety outcomes and commission a periodic survey of people's experiences of the night-time economy.

- Provide a place for public health professionals, including night club medicine specialists, to input into the development and review of the legislation.

Contents

Evidence

Licensing application systems

At present some alcohol licensing applications are made to the District Court, while others are made to the Circuit Court. The Circuit Court is involved in the majority of new applications. There is a proposal to streamline court involvement so that all court licensing matters (in relation to alcohol) are entrusted to the District Court.

- **What are your views on the existing licensing system?**
  It is not clear on what basis the change from Circuit Court to District Court are being proposed. Presumably to have consistency in decision making or timelines for decisions. For applications where there are significant public health and safety concerns, provision should be made for inputs from relevant stakeholders, irrespective of whether this is in a Circuit or District Court setting.

- **Do you think that all licensing matters should be dealt with by the District Court?**

See evidence below

- **How can the alcohol licensing application process be improved?**

See evidence below

- **What is your experience of using online application forms and online payment systems?**

See evidence below

- **Are there related improvements which you would like to suggest with regard to the alcohol licensing application process?**

See evidence below

Evidence

Evidence on significance of alcohol licensing to public health

Alcohol licensing laws are important from a public health perspective as they can directly influence alcohol availability, levels of consumption and patterns of alcohol-related harm within our communities. Alcohol licensing laws are also important in terms of their indirect, longer-term influence on cultural norms around drinking occasions and alcohol consumption. There are well-established links between alcohol consumption and crime, disorder and public nuisance. The extent and nature of alcohol-related harm can be limited through appropriate licensing controls on the availability of alcohol.

Evidence on public health as a licensing objective

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

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

In Scotland, there is also a fifth objective:

5. The protection and promotion of public health

Proposed licensing objectives for Northern Ireland included (but these have never been formally accepted):

1. Promotion of public health
2. Promotion of public safety
3. Prevention of crime and disorder
4. Prevention of public nuisance
5. Protection of children from harm
6. Fair treatment of all stakeholders

Public health should be included as a defined licensing objective – as is current practice in Scotland. The absence of a public health objective in England and Wales has hampered attempts to bring health expertise and health data to the table when determining licensing matters and drawing together local alcohol strategies. Health bodies have had to be creative in highlighting the health elements intrinsic to the existing four licensing objectives, with limited success. Although, it is to be noted that Health Authorities are on the list of Responsible Authorities who can make representations to Licensing Committees.

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

Recommendations

- The Institute would invite the Department of Justice to carefully consider the wider public health implications of alcohol consumption beyond those evident in terms of public order/alcohol-related crime in the night-time economy. Among those that drink (74.2% of the adult population[1]) (25.7% non-drinkers[2]), the pattern of alcohol consumption in Ireland is often harmful to health. Excess alcohol consumption is associated with a wide range of longer-term impacts on health including cancers, heart disease, mental ill-health and disability. Excess alcohol consumption is associated with wider harms including relationship difficulties, domestic violence, and child neglect.

- The Institute welcomes this review of alcohol licensing and the opportunity to input to the Sale of Alcohol Bill. We trust that the proposed Bill will be responsive to the social and economic impact of alcohol-related harms in Ireland alongside other social and economic dimensions of licensing reform.

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

[1] Reported having consumed alcohol in the last 12 months (also defined as current drinking)
[2] Did not consume alcohol in the 12 months prior to the NDAS (defined as non-drinkers)

- Alcohol licensing should be considered as a component of the Government's overall approach to reducing alcohol-related harm. We recommend that the Sale of Alcohol Bill is fully aligned with the following legislation and government strategies as part of a 'Health in All Polices' approach to meeting the objectives of the Bill and addressing alcohol-related harm in Ireland:

    - Intoxicating Liquor Act 2008
    - Public Health (Alcohol) Act 2018
    - Planning laws
    - Our Journey Towards Vision Zero Ireland's Government Road Safety Strategy 2021–2030
    - 'Reducing Harm, Supporting Recovery - A health-led response to drug and alcohol use in Ireland 2017-2025'
    - Upcoming strategy to combat Domestic, Sexual and Gender Based Violence

The Institute invites the Department of Justice to consider:

(a) the wider public health implications of increased alcohol availability beyond those evident in terms of public order/alcohol-related crime in the night-time economy

(b) whether there is scope in this legislation to include public health as a defined licensing objective

(c) measures to provide opportunity for local health authorities to bring health expertise to the table when licensing deliberations are made.

In addition to a public health licensing objective, we would invite the Department to consider the inclusion of a public safety licensing objective to ensure issues relating to the safety of staff and customers, public order and alcohol-related crime are included as licensing conditions.

Categories of licence

There are many different types of alcohol licences available in Ireland; the variety of alcohol licences that a venue or premises selling alcohol can have is quite broad. It is intended to streamline and re-categorise the types of alcohol licences available to establishments to ensure a more straightforward, open and coherent process while still ensuring that the sale of alcohol can continue to be controlled appropriately.

- **What categories of licences would you like to see in operation?**

In principle, IPH welcomes the proposal to streamline and re-categorise the types of licence. Any measures that reduce administrative burden and provide clarity around licensing procedures is welcomed.

We would caution against any expansion of licence categories as this may edge towards further normalization of alcohol use and repositioning activities of daily living as new drinking occasions, for example in relation to serving alcohol in cinemas, coffee shops or barbers. Expanding the categories would be considered contrary to the approach outlined in 'Reducing Harm, Supporting Recovery - A health-led response to drug and alcohol use in Ireland 2017-2025' where public health and safety is protected, and the harms caused to individuals, families and communities by substance misuse are reduced. We would welcome clarity in relation to the sale of alcohol in venues such as pop-up venues, public transport facilities, sports clubs and stadia and cinemas.

- **Is there a need for streamlining? If yes, when, what and where would you streamline?**

  See evidence below

- **How could alcohol licences improve the cultural offerings available throughout the country?**

  See evidence below

Evidence

Alcohol availability and shared transport facilities

The availability of alcohol within public transport waiting areas and on public transport requires careful consideration given the potential for anti-social behaviour resulting from excessive alcohol consumption, which is a rising issue. There are important public health issues relating to passenger safety, particularly for girls and women. We recognise the

potential for intimidation and discomfort experienced by passengers and workers sharing public transport with person(s) who are intoxicated. An alcohol ban was introduced on all Transport for London services in June 2008 with an aim to reduce crime. Research by the Greater London Authority found that 87% of Londoners were in support of the alcohol ban. It was also reported to have had a significant influence on the number of assaults on Tube staff, with a 15% reduction reported between 2008 and 2011 (Institute of Alcohol Studies, 2017).

Particular attention should be given to alcohol licensing in airports, in the context of alcohol sales and consumption pre-boarding and the potential risk of intoxication during flights. Occasions where passengers have been drinking before and during a flight presents a significant public safety issue for both airline staff and passengers. A national survey of nearly 5,000 flight attendants the Association of Flight Attendants found that over 85% of all respondents had dealt with unruly passengers as air travel picked up in the first half of 2021. When asked what they believed to be the cause or escalating reasons for the unruly behavior, Flight Attendants cited that mask compliance, alcohol, routine safety reminders, flight delays and cancellations were all common factors in unruly passenger interactions. Many cited multiple factors contributed to incidents (Association of Flight Attendants, 2021).

Alcohol licensing in sports clubs and stadia

The current consultation does not provide clarity on the intended changes with regard to alcohol licensing in sports clubs and stadia. It is our view that sale and supply of alcohol in sports venues should be carefully controlled. The primary focus of sports venues should be the promotion of health and wellbeing. However, there is an increasing focus on sports clubs and stadia as social venues, where alcohol is heavily promoted. Alcohol Action Ireland, in partnership with the Institute of Alcohol Studies and Scottish Health Action on Alcohol Problems conducted a study into alcohol marketing during the 2020 Six Nations Rugby Championship. The findings reveal the frequency of viewers' exposure to alcohol promotion during a typical match broadcast. During the broadcast of Ireland's home match against Wales, viewers were targeted with 754 alcohol promotion messages – one every 15 seconds; against Scotland it was 690 – one every 16 seconds. Over 50% of these references came within the sporting area, and during actual game time (Purves and Critchlow, 2021).

Alcohol consumption and sprots participation

Evidence shows that alcohol misuse is more common among young people and adults involved in sports than in non-sports playing children (Nelson and Wechsler, 2001; Martens et al, 2006; Khan et al, 2012). After taking into account demographics and other predictors of alcohol use, Mays et al (2010) found that greater involvement in sports during adolescence was associated with faster average acceleration in problem alcohol use over time compared with those who were less involved. In a study carried out among male GAA players (n=936), O'Farrell et al (2010) found that 75% had a score on the Alcohol Use Disorder Identification Test that indicated harmful alcohol use. In addition, 87.6% reported one alcohol related harm. The GAA has initiated this research, but the problem is not limited to that sport. Similar results have been found for New Zealand rugby players (O'Brien et al, 2005), and US college athletes (Nelson and Wechsler, 2001). A systematic review of longitudinal studies, Khan et

al (2012), found that 80% of the studies showed a positive relationship between alcohol misuse and sport participation.

Recommendations

- The Institute recommends that the primary focus of sports clubs remains the promotion of the health and wellbeing of its members and that the sports club remains a community asset to support active and healthy lives. There is the potential for a lack of congruence between alcohol licensing legislation and the core functions of sports clubs to promote health, community and social development.

- Alcohol is already deeply engrained in sporting culture in Ireland. Given the high levels of alcohol consumption in Ireland, particularly heavy episodic drinking, this new legislation provides a unique opportunity to reduce alcohol consumption by implementing greater restrictions on alcohol sales and availability within sporting clubs and stadia as well as during sporting events.

- Whist alcohol availability may generate income for clubs; there is evidence of a real the link between increased availability and alcohol related harms, especially amongst children and young people. If events are organised for children and young people, the time and restrictions around such events should reflect what is appropriate for this age group.

Public Health

Ireland, in common with many other jurisdictions, has traditionally implemented its alcohol licensing requirements with due cognisance given to public health concerns (such as the proven adverse health effects of over-consumption of alcohol, the need to restrict the availability of alcohol to under 18s, public order and public safety, etc.).

- **In your opinion, how best can a public health approach inform the reform of alcohol licensing laws?**

Evidence

Characteristics of alcohol consumption in Ireland

Ireland is a high alcohol consumption country with a sustained pattern of heavy episodic drinking. Data from the National Drug and Alcohol Survey 2019/20 (Mongan et al. 2021) reported that 78% of the adult population drink alcohol. Four in ten adults who drink engaged in heavy episodic drinking (HED) (binge drinking) at least once month and a quarter were weekly binge drinkers. This pattern of drinking was more common among males (53%) and young drinkers (57%) and those living in the most deprived quintile (44%). Over half of all drinkers are classified as hazardous drinkers, using the WHO AUDIT-C tool, with hazardous drinking more common among male drinkers, young drinkers and those living in the most deprived quintile. 14.8% of the adult population in Ireland are considered to have an Alcohol Use Disorder (AUD); this equates to 578,000 adults in Ireland. When this is limited to drinkers, this number increases to 20% among drinkers, 25% of male drinkers, 15% of female drinkers having an AUD, with the highest prevalence among the 15-24 year old age group. It is also worth noting that, 15-24 year old females had the highest incidence of AUD despite the fact that younger male drinkers were more likely to be hazardous and harmful drinkers. Drinkers with an AUD or reported monthly HED were more likely to have experienced harm. Those with an AUD were 13 times more likely than low risk drinkers to experience harm. It is also worth noting that 17% of all respondents reported experiencing harm from others' drinking, for example some in their life, a family member or a stranger. Males were more likely to experience harms through others' drinking than females.

Harm to others

In 2018, the Health Service Executive (HSE) launched the results of the first dedicated Irish survey on alcohol's harm to others, which was undertaken in 2015. In the 12 months prior to the survey, 51% reported experiencing harm due to strangers' drinking; these harms included being kept awake at night by drunken noise (26%), harassed on the street (23%), and feeling unsafe in public places (19%). Two in five (44%) reported experiencing harm from known drinkers in their life. The most common of these harms were being stressed or anxious (22%), called names or insulted (16%), and harassed in private (16%). More women than men reported the psychological harm items of stress, family problems, feeling threatened at home, feeling depressed, and having financial trouble due to the drinking of known drinkers, while more men reported the tangible harm items of being a passenger with a drunk driver

and of ruined belongings (Hope et al, 2018).

Among respondents who were in paid employment, 14% reported harm due to co-workers' drinking. The specific harms most often mentioned were reduced productivity (7%) and having to cover for co-workers due to their drinking (7%). Overall, one in six carers (16%) reported that children for whom they had parental responsibility experienced harm as a result of someone else's drinking. The most common specific harms were a child negatively affected (12%), followed by verbal abuse (9%), and a child witnessing serious violence in the home (4%). Carers from the lowest household weekly income group and those separated were most likely to report harm to children due to others' drinking. The total estimated cost of alcohol's costs to others was €863 million (O'Dwyer et al, 2021).

Alcohol, suicide and self-harm

There is a well-established link between alcohol and suicide and self-harm. In 2018, there were 12,588 recorded episodes of self-harm in Ireland. Alcohol-related self-harm presentations accounted for almost one-third (30%) of all cases, although it should be noted that the number of alcohol presentations has decreased by 13% since 2006. Alcohol was significantly more common in male presentations of self-harm (34%) compared with female presentations (27%). Alcohol was also associated with peaks in hospital attendances at night, at weekends, and on public holidays (Griffin et al, 2019).

In a further report, Griffin et al (2017) looked at the types of self-harm presentations on public holidays in Ireland between 2007 and 2015. Over this nine-year period, a total of 104,371 self-harm presentations were recorded by the National Self-Harm Registry Ireland. The mean number of self-harm presentations on public holidays was 32, with a mean of 44 presentations recorded on St Patrick's day. Alcohol was present in 43% of all self-harm presentations on public holidays, compared with 38% on other days. The authors reported that across all years, self-harm presentations on public holidays had a 24% increased risk of involving alcohol consumption compared with all other days, and the effect was more pronounced during the Christmas period. After controlling for other contributing factors, alcohol remained the most important factor in self-harm episodes on public holidays compared with all other days. It is possible that these findings indicate that acute alcohol intoxication which often occurs around holiday periods may be a factor in episodes of self-harm.

Alignment of alcohol legislation and policy

Successive strategies led by the Department of Health have sought to reduce the level of consumption as well as prevent and respond to alcohol-related harms. We recognise that licensing law falls within the remit of the Department for Justice. We recommend that the Department of Justice and the Department of Health give careful consideration to the impact of any change in licensing law to the core objectives of the health policy. In the interests of cross-government policy and the health in all policies vision set out in 'Healthy Ireland - a framework for improved health and wellbeing 2013 – 2025' (Department of Health, 2013), a Health Impact Assessment (HIA) of the changes to licensing laws could be considered. A HIA could be used to determine the potential positive and negative heath impacts of the Draft Sale of Alcohol Bill and identify if certain groups within the population are more likely to be

negatively affected by the new legislation than others. A HIA should focus on the public health and public safety outcomes of any new licensing legislation and provide recommendations to mitigate any potential negative health impacts and help to reduce any health inequalities which may result from the legislation.

Any new licensing legislation should also be considered in the context of the Road Traffic (Amendment) Act 2018. This Act makes provision for the mandatory disqualification from driving as well as a €200 fine for a first drink-driving offence if a motorist has a blood alcohol concentration (BAC) above 50 mg/100. The amendment to the Act ensures that all drivers found to have a BAC above 50 mg/100 ml will receive a driving disqualification, without exception. This removes the concession in previous legislation by which some drink-drivers were able to obtain penalty points instead of a disqualification. This amendment comes after a body of evidence from the Road Safety Authority (RSA) showed the impact of drink-driving in Ireland.

A report published by the RSA in 2016 found that between 2008 and 2012, alcohol was a contributory factor in almost two-fifths (n=330, 38%) of the 867 fatal collisions for which files were available for analysis. Out of all fatal collisions during this five-year period, almost one-third (29%) of drivers had consumed alcohol prior to the collision. Almost one-half (43%) of these drivers were aged between 16 and 24 years. More than one-quarter of drivers (26%) and almost one-quarter (23%) of motorcyclists had a BAC above 251 mg at the time of the collision, which is five times higher than the legal blood alcohol limit. A further 9% of the 867 fatal collisions involved a pedestrian who had consumed alcohol. Almost one-half (49%) of these pedestrians were killed in circumstances where their alcohol consumption was deemed to have contributed to the collision either in full or in part. Research carried out using coroner data for 2014 by the National Drug-Related Deaths Index on behalf of the RSA indicated that alcohol was present in roughly one-third (31%) of road traffic collision fatalities occurring in 2014. One-third (33%) of drivers had alcohol in their toxicology screen at the time of the collision, and 96% of these drivers were male. Finally, a survey by the RSA in 2015 revealed that 284,000, or one in ten, Irish drivers admitted to driving while under the influence of alcohol. More than one-half (56%) of these drivers were aged between 20 and 39 years (RSAI, 2016).

Gambling

A review conducted by Alcohol Change UK found that participation in gambling is higher amongst more frequent drinkers and those who engage in multiple forms of gambling are more likely to consume more units of alcohol on their heaviest drinking day (Bohane et al. 2015). In land-based gambling venues, operators are required by the regulators to prevent customers who are drunk from gambling. However, there is little research looking at gambling and drinking behaviour in these venues. The report highlights concern about drinking which takes place outside of betting shops and drinking at home in the case of online gambling, with some studies suggested that the latter are commonly combined. The report by Bohane et al (2015) found international evidence that alcohol use contributed significantly to impaired control of gambling, and there is a relationship between gambling and binge drinking (Bohane et al. 2015).

Research has also shown that the extensive use of alcohol and drugs is a significant factor and risk predictor linked to problematic gambling. A recently published evidence review by Public Health England found a clear and strong association between gambling at all levels of harm and increasing alcohol consumption (Public Health England, 2021). This gradient is evident for overall gambling participation and becomes steeper for at-risk and problem gambling. There is a particularly high level of gambling risk for people consuming 50 units of alcohol or more per week.

Children and young people

The 2019 European School Survey Project on Alcohol and Other Drugs (ESPAD) reported showed that 41% of 15- to 16-year-olds in Ireland reported alcohol use and 16% reported having been intoxicated in the last 30 days prior to the survey (ESPAD, 2019). Further evidence from children and young people's surveys in Ireland and Northern Ireland show how and where they access alcohol. In Ireland, 17% of 12 to 17 year olds reported purchasing alcohol in a pub/bar/disco (Költő et al. 2020). In Northern Ireland 11% of 11-16 year olds reported having bought alcohol from a pub or club (Northern Ireland Statistics and Research Agency, 2016).

Protecting children from alcohol-related harm requires co-ordinated action across government departments. Data from the National Drug and Alcohol Survey 2019/20 (Mongan et al, 2021) showed that the age at which young people started drinking has increased from 15.6 years to 16.6 years (in the last 20 years). Alcohol licensing has a role to play in protecting young people from under-age drinking, but other actions are needed including the introduction of the WHO Best Buys (World Health Organization, 2017).

Recommendations

- The Institute recommends that any provisions outlined in the new Bill do not increase the availability of alcohol which may further exacerbate levels of alcohol-related harms, which are experienced by individuals, their families and the wider community.

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

- The Institute would recommend that the Department specify in detail within the legislation, an enhanced role for local authorities and public services. This role could include regard for public safety within licensing decisions. This should ideally cover the granting of new licences, licence renewal and variations and the granting of additional late-night opening or special events licences. Licensing laws should allow for the setting of hours on a flexible, case-by-case basis. This flexibility should be guided by local licensing policies, local data analysis, representations from local health, policing,

fire service, environmental health professions, and local residents. Decision making on licensing should be transparent, accountable, targeted, proportionate and responsive; thereby being demonstrably legitimate in the controls it imposes. Local risk assessment may be needed if relevant authorities are of the opinion that any relaxation (special extensions) may result in widespread additional alcohol-related harms due to a change in consumption and drinking practices within communities and/or specific locations.

- Furthermore, we strongly recommend alignment of the new Sale of Alcohol Bill with both the Public Health Alcohol Act 2018 and the Intoxicating Liquor Act 2008.

- The Department should consider the prohibition of the sale of alcohol products in a premises offering a licensed gambling activity.

- Increased monitoring of alcohol and gambling related harms in areas where there are high numbers of both licences granted.

- Gaming machines and Fixed Odds Betting Terminals should only be permitted within Licensed Betting Offices and not in establishments licensed to sell alcohol. The proximity to alcohol licensed premises should also be considered.

- The Institute would recommend that all necessary safeguards are in place to protect children from the promotion of alcohol and prevent access to alcohol when in licensed premises. Alcohol is not an ordinary commodity, and therefore children's exposure to alcohol in social environments should reflect this.

- The Institute recommends that if venues wish to hold underage functions, this comes with the responsibility to creating areas within their premises that do not serve alcohol. Strict provisions should be in place regarding the concealment of bars in any licensed premises when underage functions are being held. We would further suggest that the Department takes account of children's views on alcohol availability at such events and how it affects children's enjoyment and participation in this type of social event.

Nightclubs, late bars and Special Exemption Orders

Nightclubs and late bars operate on the basis of special exemption orders which are obtained from the District Court for premises to which an on-licence is attached. Such special exemption orders were originally intended for when a "special occasion" is taking place on the premises. However, in practice, a special exemption order is required for each and every late night opening. A special exemption order expires at 2.30 a.m. (1.00 a.m. where it extends to a Monday that is not a public holiday) unless the District Court, for stated reasons, grants the order for a shorter period. The cost of a special exemption order is €410 (i.e. €300 court fee and €110 excise duty).

- **What are your thoughts on this system (i.e. Special Exemption Orders)?**

See evidence below

- **What changes, if any, would you like to see made in this regard?**

See evidence below

Evidence

Special Exemption Orders extend trading hours. The Institute conducted a rapid review of systematic reviews to investigate the potential impact of increased trading hours on levels of alcohol consumption and alcohol-related harm (Reynolds, 2021). The database PubMed was searched for articles up to December 2020 and following a screening process, four systematic reviews were included (Popova et al. 2009; Wilkinson et al. 2016; Sanchez-Ramirez et al. 2018; Nepal et al. 2020).

Overall, the results showed that extending alcohol trading hours cannot only lead to an increase in alcohol consumption but also alcohol related harms such as:

- unintentional injuries
- hospitalisations
- emergency department visits
- ambulance attendances
- drink-driving offences
- road traffic collisions and fatalities
- crime
- assaults
- homicides

This has a considerable impact on individuals, families, wider society, and on both the criminal justice and healthcare systems. However, restricting licensing hours can help to reduce alcohol-related emergency department presentations, hospitalisations, unintentional injury, assaults and homicides. Further research on the impact of extending alcohol trading hours are presented in the next section on ‘trading hours’.

Recommendations

We recommend the Department to consider limiting the number of Special Exemption Orders available to alcohol licence holders per annum. There is evidence there is a higher density of alcohol outlets in areas of high deprivation areas or areas known to experience higher levels of alcohol-related harm and public safety issues. For this reason, particular attention should be given to the use of Special Exemption Orders in areas where there is already a high density of alcohol outlet and increased risk of harm.

Trading Hours

Under current licensing law, a licence permits the sale of alcohol during the following hours:

- Monday to Thursday: 10.30 a.m. to 11.30 p.m.
- Friday and Saturday: 10.30 a.m. to 12.30 a.m. on the following day
- Sunday: 12.30 p.m. to 11.00 p.m.

(Drinking-up time of up to 30 minutes after normal closing hours is permitted.)

- **Do you think the current permitted hours for licensed premises are appropriate?**

See evidence below

- **What changes, if any, would you make? Please explain why.**

See evidence below

Evidence

Whilst the current proposals do not make any specific reference to increasing trading hours, IPH is aware that there has been an increase in trading hours and drinking-up time in licensed premises in Northern Ireland following the enactment of the Licensing and Registration of Clubs (Amendment) Act 2021. The Institute would caution against any increased in trading hours for both the on- and off-licence sectors. This section outlines the evidence of the impact of increasing trading hours in licensed premises.

Increased availability is associated with increased consumption and increased consumption with increased harms (World Health Organization, 2017).

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

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

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

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

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

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

Evidence from a cohort study by Newton et al (2007) examined the impact of the UK Licensing Act 2003 on emergency hospital attendances. The authors found an increase in alcohol-related hospital attendees between 2005 and 2006 (before and after implementation of the Licensing Act). The proportion of alcohol-related assaults, which resulted in overnight hospitalisation, increased from 0.99% to 1.98%; alcohol-related injuries increased from 1.6% to 4.1% and alcohol-related hospital admissions went from 0.88% to 2.46%.

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

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

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

research by Newton et al (2007) (highlighted above) demonstrated large increases in the number of night-time alcohol-related visits to accident and emergency departments.

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

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

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

The Central Statistics Office (CSO) produces quarterly reports on crime incidents recorded by An Garda Síochána (CSO, 2021a). The publication by the CSO of Recorded Crime statistics is wholly dependent on the provision of PULSE data by An Garda Síochána however, there has been a number of data quality issues identified in relation to PULSE data. The CSO recognises that the deferral of these important statistics results is an information gap and therefore have taken the decision to resume publication of Recorded Crime statistics under a new category “Under Reservation” (CSO, 2021b). This categorisation indicates that the quality of these statistics does not meet the standards required of official statistics published by the CSO. Furthermore, the PULSE system does not explicitly record whether an assault is alcohol related and a Health Research Board (HRB) report suggests that only a proportion of alcohol-related crime is actually reported (Mongan and Long, 2016).

In terms of other sources of crime data, in 2019 the CSO conducted a ‘Crime and Victimisation Survey’ to measure people’s perceptions about and reactions to crime An Garda Síochána also conducted a Public Attitudes Survey in 2019 (CSO, 2020; An Garda Síochána, 2020a).

To the best of our knowledge the only inclusion of alcohol data in any of the aforementioned data sources relates to ‘Driving/in charge of a vehicle while over legal alcohol limit’ and ‘Disorderly Conduct’ which includes: Affray/Riot/Violent disorder, public order offences, drunkenness offences and air rage.

The aforementioned HRB publication reported that the only national data relating to sexual violence and alcohol come from the 2002 Sexual Abuse and Violence in Ireland (SAVI) study of more than 3,000 Irish adults. It reported that 12% of men and 26% of women experienced some level of sexual abuse in adulthood and alcohol was involved in almost half of the cases of sexual abuse (53% of men and 45% of women) (HRB, 2021).

In November last year, the Police Service Northern Ireland (PSNI) published its annual report 'Trends in Police Recorded Crime in Northern Ireland 1998/99 to 2019/20'. This report is developed using statistics on police recorded crime in Northern Ireland that are then collated and produced by statisticians seconded to the PSNI from the Northern Ireland Statistics and Research Agency (NISRA).

The results of this report showed that:

- One in five crimes recorded by the police have an alcohol motivation
- Crimes with the highest levels of alcohol motivation are violence against the person (either with or without injury)
- Around half of all violence with injury (including homicide) offences had an alcohol motivation
- A third of violence without injury offences had an alcohol motivation
- At least one third of crimes with a domestic abuse motivation involved alcohol
- 15% of all recorded sexual offences have an alcohol motivation
- 25% of all possession of weapons crimes involved alcohol

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

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

Findings from the most recent Safe Community Survey (2018/19) showed that drugs (82%), alcohol (60%) and a lack of discipline from parents (45%) remain the three factors most

commonly identified as major causes of crime in Northern Ireland. At a regional level across Northern Ireland, 60% of respondents considered alcohol to be a major cause of crime and 7% considered alcohol the main cause of crime. In respondents' local areas, 38% considered alcohol a major cause of crime and 15% considered alcohol the main cause of crime (Department of Justice, 2020).

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

In England and Wales, ten years after its implementation, an assessment of the impact of the Licensing Act 2003 was undertaken. This found that additional late night opening hours had shifted crime and disorder back into the early hours. Police had to re-arrange shift patterns and allocate increased resources in response to the shift in drinking patterns and the movement of people in the night-time economy. (Foster and Charalambides, 2016). An evaluation by Hough et al (2008) reported that no real change in alcohol-related crimes was found until 03:00, but a 22% increase in crimes occurred between 03:00 and 06:00, reflecting the shift in alcohol-related crimes into the early hours of the morning. Some studies reported little impact on the numbers of people treated for injuries sustained through assault (Sivarajasingam et al, 2006 and Bellis, 2006), whilst other studies report increases in the number of night-time alcohol-related visits to accident and emergency departments (Newton et al, 2007).

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

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

A study examining police data for violent incidents and local authority data on licensed premises in Manchester between 2004 and 2008 identified little evidence that the deregulation of alcohol opening hours affected citywide violence rates. The authors note significant variability in the implementation of trading hours under the new regulations. They found that 67% of premises extended trading hours, 16% did not change their opening hours

and 3% restricted trading hours. Only one premise acquired a 24- hour liquor licence. Analysis of total violence showed no evidence of any immediate, temporary, or delayed intervention effects. However, in reconciling these different perspectives, it is important to note that there was a significant increase (36%) in weekend violence between 3am and 6am (Humphreys and Eisner, 2012).

Further detail on evidence – international

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

Drinking-up time

Whilst there is no proposal at present to increase 'drinking-up' time, the Institute would like to place on record that it does not support the extension of 'drinking up' time. The extension of 'drinking up time' may account to little more than extended overall drinking time, leading to customers stock piling drinks to consume in the drinking up time available to them with the potential for increased alcohol consumption rather than decreased consumption.

We have found no independent evidence that extending drinking-up time reduces the incidence of drinking too quickly or supports a more gradual departure of customers. We could find no reliable evidence on the relationship between extending drinking up time and the occurrence of alcohol-related harms.

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

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

As part of measures to control alcohol consumption and reduce the risk of intoxication, it is important that licensed premises provide free drinking water. There is evidence from the UK and Australia, where licensees are required to provide free drinking water. In the UK, the draft Licensing Act 2003 (Mandatory Licensing Conditions) (Amendment) Order 2014 ("the 2014 Order") made it a mandatory licensing conditions for the responsible person to ensure that free potable water is provided on request for customers where it is reasonably available (Home Office, 2014). The rationale for its introduction was to help people to space out their drinks and not become intoxicated quickly, which reduces the risk of crime and disorder

occurring.

In May 2007 the Government of Western Australia Department of Local Government, Sport and Cultural Industries introduced a Free Drinking Water Policy under Section 115A of the Liquor Control Act 1988 (the Act) (Department of Local Government, Sport and Cultural Industries, 2019). This requires that the licensee must ensure that water suitable for drinking is provided, free of charge, at all times when liquor is sold and supplied for consumption on the licensed premises. The penalty for non-compliance: in the case of a licensee $10,000; and in the case of a manager $4000. The provision of potable drinking water is reported as a key responsible service practice, and reinforces other practices identified in this authority's policies relating to 'Harm Minimisation' and the 'Responsible Promotion of Liquor'.

Covid-19 and its impact on alcohol-related harm

The last two years have been very difficult, particularly for people vulnerable to severe COVID-19 disease. They have also been challenging times for people employed directly in the hospitality industry and it is fully recognised that governmental support will be needed for the recovery of the pub and restaurant sector, together with hotels and other aspects of the leisure and tourism supply-chain. However, it is crucial that, as we seek to restore the hospitality industry, we do not adopt measures which inadvertently harm public health in terms of both viral transmission and alcohol-related harms. There is a risk that measures which have been designed to reinvigorate economic activity in hospitality venues, may not necessarily increase trade for small licence holders, but in contrast, result in undesirable outcomes in larger licensed premises.

An Irish report that data produced by An Garda Siochana of 'Crime trends during COVID-19' reported that 'drunkenness offences' were 28% lower between March and May 2020, compared to the same months in 2019 (An Garda Siochana, 2020b). Similar trends have been seen in UK data. COVID lockdowns in which on-licensed premises were closed were associated with substantial reductions in violence outside the home but little change in the risk of physical violence in the home (Shepherd, 2021). Violence in which children were injured also decreased during lockdowns. Easing of restrictions was associated with increases in violent injury for both genders, and for children. The authors concluded that their findings demonstrated that reducing on-licensed premises opening is a key measure to reducing violence.

Recommendations

- The Institute recommends that any provisions outlined in the new Bill do not increase the availability of alcohol which may further exacerbate levels of alcohol-related harms. In particular, any potential increase in serving hours provide opportunities for increased alcohol consumption; notably for heavy 'sessional' drinking occasions which increase the risk of acute alcohol-related harms requiring emergency service responses. We consider that the roles of regulation, enforcement and monitoring are best placed within statutory control in order to be effective, and to foster trust in the community.

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

- Data on the Register of Renewed Liquor Licences maintained by the Office of Revenue Commissioners include an Eircode and details of any extended trading hours granted through Special Exemption Order or provisions of the Bill.

- We recommend that the Department consider the collection of alcohol related crime data in Ireland to monitor the impacts any changes in alcohol licensing has on crime and perceptions of public safety.

- The Institute recommends against the potential adoption of additional drinking up time. In line with best practice, licensed premises should build the control of customer mood and dispersal into their general management practices.

- The health and safety of staff and customers should be a priority for licence holders. This should include measures such as CCTV, a safe form of transport home and the provision of free drinking water to help reduce levels intoxication and subsequent alcohol-related harms. These measures are best supported by statutory codes of practice.

Extinguishment requirement

A notable aspect of the current licensing system is the requirement that an existing public house licence must be extinguished in order that a new public house licence or full off-licence may be granted

- **Do you think the current law regarding the extinguishment requirement is appropriate?**

See recommendations below

- **Would you like to see this mechanism retained?**

See recommendations below

- **Are there any changes you would like to see made to this requirement? Please explain why.**

See recommendations below

Recommendations

- IPH supports the current law regarding the extinguishment requirement and recommend this is retained. There is an extensive body of international evidence that reports a strong association between alcohol availability and alcohol-related harm. With this in mind, we believe it is important that there is no further increase in the number of licences granted.

- We recommend there is a cap on the total number of licences granted within on- and off-licence sectors respectively.

- We are concerned that the extinguishment of a licence for a small rural pub can be replaced by a licence for a large off-licence for example. We would ask the Department to consider revising this mechanism so that 'like for like' licences are granted. For example, any new on-licence granted should not result in additional alcohol sales, consumption or harms. Consideration should therefore be given to the setting (rural/urban) and population size in which the new license is being granted to ensure it is proportionate to the license being extinguished.

Online Delivery/Sales

There is no dedicated licence for online sales or the delivery of alcohol, but licensees of licensed premises may engage in such sales subject to certain conditions.

- **Do you think this current legislative/licensing system is appropriate? What, if any, changes would you make?**

See recommendations below

Recommendations

- The Institute recommends that retailers obtain documentary/ photographic evidence that the person taking delivery of alcohol is over 18 years old.
- The Institute advises that children should never be criminalized for taking delivery of alcohol and that legal responsibility resides with the vendor in all cases.
- The extent of online alcohol purchases and receipt of alcohol deliveries by children and young people should be routinely measured within national childhood surveys such as the Health Behaviour in School-Aged Children (HBSC), Growing Up in Ireland (GUI) and European School Survey Project of Alcohol and Other Drugs (ESPAD).

Additional Comments

- **Is there anything else you would like to say, or which you feel is important to highlight? (If you are answering on behalf of an organisation, please indicate which one.)**

See comments below

Publication of the Sale of Alcohol Bill
We would welcome further clarification on the timeline for the publication of General Scheme of the Heads of Bill. We believe the timeframe should include opportunities for early engagement at all stages of the Bill. The Institute would like to advise that it will engage fully in the consultation process.

It is not clear whether all intended Heads of Bill have been included or raised in this consultation. IPH would welcome further clarification on the next stages in terms of the publication and content of the Bill.

The Department of Justice is represented on the NSAPAG. We would be happy to facilitate input from the NSAPAG on any aspect of alcohol licensing decisions.

Data collection, monitoring and evaluation
There is a need for ongoing monitoring of any alcohol licensing legislative changes. This requires good quality, routinely collected baseline data and carefully considered evaluations to reduce the risk of bias and inflated or deflated results regarding impacts on alcohol consumption and public health. The following are five factors that should be considered when designing an evaluation of any changes to licensing legislation:

1. **Confounding**: Due to other changes (policies, population changes) coinciding with the alcohol licensing change. These should be noted and adjusted for in analysis.

2. **Contamination**: Due to areas being used as control site(s) being exposed to some aspect of the licensing change.

3. **Seasonality**: the seasonal variation in the outcome is accounted for analytically.

4. **Displacement**: whether the licensing changes caused the outcome to shift geographically (in the case of Ireland, some alcohol related harms may be accounted for in Northern Ireland), or temporally—from one time period to another—that is, from earlier in the night to later, or vice-versa.

5. **Implementation**: Some studies do not consider that some establishments may not adopt extended licensing, although it is available, which may dilute the results (i.e.,

make harms appear less in that area). On the other hand, if hours are restricted this may not affect some establishments that never utilised their right to late night opening and including these in the evaluation analysis may also dilute the results (i.e., make the benefits appear less in that area).

In May 2019, the All-island Alcohol Data Directory was launched as part of a programme of all-island cooperation on alcohol policy from the NSAPAG. The directory features data on alcohol consumption, alcohol-related harms, and retail of alcohol. Data are searchable by population group (i.e. adults or children) and by region (Ireland, Northern Ireland and other jurisdiction). Published resources in the directory are open access and originate from government-led departments and research. The resource is updated quarterly, and its data sources are open access. IPH moderates and uploads resources to the Alcohol Data Directory on behalf of the NSAPAG.

The Institute would recommend that any new licensing legislation includes a Sunset Clause, requiring a review of the provisions of the Bill within 5 years of its enactment.

Contact details

For further information on this submission, please contact

Dr Joanna Purdy
Public Health Development Officer
Institute of Public Health in Ireland
6th Floor,City Exchange
Gloucester Street
Belfast
BT1 4LS
Tel: +44 28 90648494
Email: **joanna.purdy@publichealth.ie**

Dr Ciara Reynolds
Public Health Development Officer
Institute of Public Health in Ireland
700 South Circular Road
Dublin 8
D08 NH90
Tel: +353 1 478 6300
Email: **ciara.reynolds@publichealth.ie**

Dr Helen McAvoy
Director of Policy
Institute of Public Health in Ireland
700 South Circular Road
Dublin 8
D08 NH90
Tel: +353 1 478 6300
Email: **helen.mcavoy@publichealth.ie**

Ms Suzanne Costello
Chief Executive
Institute of Public Health in Ireland
700 South Circular Road
Dublin 8
D08 NH90
Tel: +353 1 478 6300
Email: suzanne.costello@publichealth.ie

References

An Garda Siochana (2020b). Crime Trends During Covid-19: March-May 2020. Dublin: An Garda Siochana

An Garda Siochana (2020a). Public Attitudes Survey 2019. Dublin: An Garda Siochana

Association of Flight Attendants (2021). 85 percent of Flight Attendants dealt with unruly passengers, nearly 1 in 5 experienced physical incidents in 2021. Available at: https://www.afacwa.org/unruly_passengers_survey

Bellis MA, Anderson Z and Hughes K (2006). Effects of the alcohol misuse enforcement campaigns and the Licensing Act 2003 on violence: a preliminary assessment of accident and emergency attendances. Liverpool: John Moores University

Campbell, P. and Cadogan, G., (2013). Experience of crime: findings from the 2012/13 Northern Ireland crime survey

Central Statistics Office (2021a). Recorded Crime - Statistics Under Reservation. Available at: https://www.cso.ie/en/statistics/crimeandjustice/recordedcrime-statisticsunderreservation/

Central Statistics Office (2021b). Statistics Under Reservation FAQs. Available at: https://www.cso.ie/en/methods/crime/statisticsunderreservationfaqs/

Central Statistics Office (2020). Crime and Victimisation 2019. Available at: https://www.cso.ie/en/releasesandpublications/ep/p-cv/crimeandvictimisation2019/

Chikritzhs T and Stockwell T (2002).The impact of later trading hours for Australian public houses (hotels) on levels of violence. Journal of Studies on Alcohol and Drugs 63(5):591-9

Chikritzhs T and Stockwell T (2006). The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels. Addiction 101(9):1254–64

Chikritzhs T and Stockwell T (2007). The impact of later trading hours for hotels (public houses) on breath alcohol levels of apprehended impaired drivers. Addiction. 102(10):1609-1617.

Department of Health (2013). A Framework For Improved Health And Wellbeing 2013 – 2025. Dublin: Department of Health

Department of Justice (2020). Perceptions of Policing and Justice: Findings from the 2018/19 Northern Ireland Safe Community Survey. Belfast: Department of Justice

Department of Local Government, Sport and Cultural Industries, Government of Western Australia (2019). Free drinking water policy. Available at:

https://www.dlgsc.wa.gov.au/department/publications/publication/free-drinking-water-policy

Duailibi S, Ponicki W, Grube J, Pinsky I, Laranjeira R and Raw M (2007). The effect of restricting opening hours on alcohol-related violence. American journal of public health, 97(12), pp.2276-2280.

ESPAD Group (2020). ESPAD Report 2019: Results from the European School Survey Project on Alcohol and Other Drugs. Luxembourg: EMCDDA Joint Publications, Publications Office of the European Union.

Foster J and Charalambides L (2016). The Licensing Act (2003): its uses and abuses 10 years on. London: Institute of Alcohol Studies

Griffin E, Dillon CB, O'Regan G, Corcoran P, Perry IJ, and Arensman E (2017). The paradox of public holidays: Hospital-treated self-harm and associated factors. Journal of affective disorders, 218, 30–34.

Griffin, E, McTernan N, Wrigley, C, Nicholson, S, Arensman, E, Williamson, E, Corcoran, P. (2019). National Self-Harm Registry Ireland Annual Report 2018. Cork: National Suicide Research Foundation.

Home Office (2003). The Licensing Act 2003. London: Home Office

Home Office (2014). Guidance on Mandatory Licensing Conditions: For suppliers of alcohol and enforcement authorities in England and Wales. London: Home Office

Hope A, Barry J and Byrne S. (2018) The untold story: harms experienced in the Irish population due to others' drinking. Dublin: Health Service Executive

Hough M, Hunter G, Jacobson, J and Cossalter S (2008). The impact of the Licensing Act 2003 on levels of crime and disorder: an evaluation. Research Report 04. London: Home Office

Humphreys D and Eisner M (2012). Do flexible opening hours reduce violence? An assessment of a natural experiment in alcohol policy. The Lancet. 2012;380(Supplement 3):S49

Institute of Alcohol Studies (2017) Crime and social impacts of alcohol. Available at: https://www.ias.org.uk/uploads/pdf/factsheets/FS%20crime%20022017.pdf

Institute of Public Health (2022). All-island Alcohol Data Directory. Available at: https://alcohol.iph.ie/

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

Költő A, Gavin A, Molcho M, Kelly C, Walker L and Nic Gabhainn S (2020). The Irish Health Behaviour in School-aged Children (HBSC) Study 2018. Dublin: Department of Health & Galway: Health Promotion Research Centre, National University of Ireland, Galway.

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

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

Mongan D and Long J (2016). Overview of alcohol consumption, alcohol-related harm and alcohol policy in Ireland. HRB Overview Series 10. Dublin: Health Research Board.

Mongan D, Millar SR and Galvin B (2021). The 2019–20 Irish National Drug and Alcohol Survey: Main findings. Dublin: Health Research Board

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

Nepal S, Kypri K, Tekelab T, Hodder RK, Attia J, Bagade T, Chikritzhs T, Miller P (2020). Effects of Extensions and Restrictions in Alcohol Trading Hours on the Incidence of Assault and Unintentional Injury: Systematic Review. Journal of studies on alcohol and drugs, 81(1), 5–23.

Newton A, Sarkar, S-J, Pahal, GS, van den Bergh E and Young C (2007). Impact of the new UK licensing law on emergency hospital attendances: a cohort study. Emergency Medical Journal 24:535–538

Northern Ireland Statistics and Research Agency (2016) Young Persons' Behaviour & Attitudes Survey 2016. Available at: https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/YPBAS2016ToplineResults.pdf

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

O'Dwyer C, Mongan D, Doyle A and Galvin B. (2021) Alcohol consumption, alcohol-related harm and alcohol policy in Ireland. HRB Overview Series 11. Dublin: Health Research Board

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

Popova S, Giesbrecht N, Bekmuradov D and Patra J (2009). Hours and days of sale and density of alcohol outlets: impacts on alcohol consumption and damage: a systematic review. Alcohol and Alcoholism. 44(5):500-16.

Purves R and Critchlow N. (2021). Alcohol marketing during the 2020 Six Nations Championship: A frequency analysis. Available at: https://www.drugsandalcohol.ie/34911/1/Alcohol-marketing-during-the-2020-six-nations.pdf

Ragnarsdóttir P, Kjartansdottir A and Davidsdottir S (2002). Effect of extended alcohol serving-hours in Reykjavik. The effects of Nordic alcohol policies: What happens to drinking and harm when alcohol controls change. Helsinki: NAD Publication.

Reynolds C (2021). Exploring implications of changes in alcohol trading hours on consumption and harms. Faculty of Public Health Medicine Winter Scientific Meeting Part I. Dublin: Royal College of Physicians in Ireland.

Road Safety Authority. Fatal collisions 2008-2012: alcohol as a factor. Ballina: Road Safety Authority, 2016. Available from: https://www.drugsandalcohol.ie/25605/

Shepherd J (2021). What COVID-19 restrictions tell us about violence and how alcohol availability affects this. Available at: https://www.ias.org.uk/2021/10/06/what-covid-19-restrictions-tell-us-about-violence-and-how-alcohol-availability-affects-this/

Sivarajasingam V, Moore S and Shepherd JP (2007). Violence in England and Wales 2006: an accident and emergency perspective. Cardiff: Cardiff University

Stockwell T and Chikritzhs T (2009). Do relaxed trading hours for bars and clubs mean more relaxed drinking? A review of international research on the impacts of changes to permitted hours of drinking. Crime Prevention and Community Safety 11(3):153-70

Wilkinson C, Livingston M and Room R (2016). Impacts of changes to trading hours of liquor licences on alcohol-related harm: a systematic review 2005–2015. Public Health Research and Practice, 26(4), p.e2641644

World Health Organization (2009). Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm. Denmark: World Health Organization

World Health Organization (2017). 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases updated. Appendix 3 of the global action plan for the prevention and control of noncommunicable diseases 2013-2020. Available at: https://www.who.int/ncds/management/WHO_Appendix_BestBuys_LS.pdf?ua=1

Appendix

Table 1. Review level evidence of the relationship between alcohol licensing and alcohol harms.

No of papers included/Search dates	Eligibility/inclusion criteria	Main results	Comments
Popova et al. 2009: Hours and Days of Sale and Density of Alcohol Outlets: Impacts on Alcohol Consumption and Damage: A systematic review.			
58 studies • 44 on density of alcohol outlets • 15 on hours and days of sale	Studies were excluded if: There was no assessment of the impact of an intervention or dependent variable. There was not sufficient information on the key variables, such as density of outlets or hours or days of sale. It was a meta-analysis or systematic review. The studies that were published in iteration. If the articles were available in abstract form only. The available literature was searched from January 2000 to December 2008, in reference to the publication date.	The majority of studies reviewed found that: •Alcohol outlet density and hours and days of sale had an impact on one or more of the three main outcome variables: overall alcohol consumption, drinking patterns and damage from alcohol. Conclusions: •Extended late night trading hours for certain licensed premises leads to increased consumption and alcohol-related harms •Restricting availability of alcohol is an effective measure to prevent alcohol-attributable harm.	Did not assess any aspect of quality in the studies. Large and comprehensive but the studies summarized in this paper reflect a range of methods and data resources, including archival data on alcohol sales and AOD, mortality and morbidity statistics, and survey data. In some studies, a cross-sectional design is evident, while others employ a longitudinal design. There are some that involve a quasi-experimental design, such as data collected before and after an intervention, or use a comparison site or population. Each of these types of studies carry their own limitations and causal linkage or causal direction cannot be inferred. Many of the studies included did not account for other changes happening at the same time as licensing changes.
Stockwell and Chikritzhs 2009: Do relaxed trading hours for bars and clubs mean more relaxed drinking? A review of international research on the impacts of changes to permitted hours of drinking.			
14 studies	The review specifically focused on studies that investigated the effects of changes to hours and days of sale affecting on-premise drinking (that is, pubs, clubs, restaurants, and nightclubs).	• Only 14 of the 49 studies identified included both baseline and control measures. • Eleven of the 14 studies reported at least one significant outcome indicating adverse effects of increased hours or benefits from reduced hours. The type and quality of measures used varied, the most common including road traffic crashes/impaired driver offences; emergency department (ED)	Not strictly a systematic review. Studies by the alcohol industry were not included. There was huge heterogeneity in study design, outcome measure and statistical treatment of the data with few studies of high quality. However, the studies included did have strong and consistent alcohol-specific measures that reliably reflect local alcohol consumption (for example, objective alcohol sales data, assaults in and around licensed premises, BAC-positive road traffic crashes); careful consideration of potential confounders

		attendances; interpersonal violence and disorderly conduct. Other less frequently used measures included self-reported alcohol consumption; alcohol sales data; blood alcohol concentrations (BACs); liver cirrhosis; alcohol dependence; alcohol psychosis and dependence; pancreatitis; self-poisoning; admissions to sobering-up shelters and women's refuges.	(for example, other concurrent policy changes/interventions, such as responsible beverage service, enhanced police activity, potential redistribution/mobility of drinkers between regions and drinking locations) with solid attempts to control for these in statistical analyses.
Wilkinson et al. 2016: Impacts of changes to trading hours of liquor licences on alcohol-related harm: a systematic review 2005–2015.*			
21 studies	Systematic review of the literature that considered the impact of policies that extended or restricted trading hours. Databases were searched from January 2005 to December 2015. Articles were summarised descriptively, focusing on studies conducted in Australia and published since the previous reviews.	• Australian studies demonstrate that reducing the hours during which on-premise alcohol outlets can sell alcohol late at night can substantially reduce rates of violence. • The Australian studies are supported by a growing body of international research.	Did not assess risk of bias in studies. In several cases, studies that used a before and after design did not collect information on how widespread the actual implementation of permitted extensions in closing times was. There may have been little change in the availability and consumption of alcohol. Many studies did not include control sites or measures, meaning impacts could be related to factors other than the change in trading hours.
Sanchez-Ramirez and Voaklander 2017: The impact of policies regulating alcohol trading hours and days on specific alcohol-related harms: a systematic review.			
26 studies	Studies that investigated the impact of policies regulation alcohol trading times in alcohol-related harm published between January 2000 and October 2016 in English language were included.	Results support the premise that policies restricting times of alcohol trading and consumption can contribute to reduce injuries, alcohol-related hospitalisations/emergency department visits, homicides, and crime. Although the impact of alcohol trading policies in assault/violence and motor vehicle crashes/fatalities is also positive, these associations seem to be more complex and require further study.	Main issues – no control groups and confounding present in studies as well as a lack of generalisability of studies included. Did not assess the risk of bias in studies. Included studies that did not control for changes other than policy/licensing changes that occurred at the same time. Generalisability of some studies included is lacking.
Nepal et al. 2020: Effects of Extensions and Restrictions in Alcohol Trading Hours on the Incidence of Assault and Unintentional Injury: Systematic Review			
22 studies • **15 evaluated extensions,** • **6 evaluated restrictions,**	Studies were eligible if (a) the design was randomized, or nonrandomized with at least one control	Extending trading hours at on-license premises was typically followed by increases in the incidence of assault, unintentional injury, or drink-driving offenses. Conversely, restricting trading hours at on- and off-license premises was	Very good review that takes into account the risk of bias in individual studies unlike the other systematic reviews available on this topic. It used the Cochrane Effective Practice and Organization of Care (EPOC) framework. No restriction on

• **1 evaluated both**	site/series; (b) the intervention evaluated extensions or restrictions in trading hours at on- or off-license premises; and (c) the outcome measures were assault, unintentional injury, traffic crash, drink-driving offenses, or hospitalization. Considered publications up to December 31, 2018.	typically followed by decreases in the incidence of assault and hospitalization. Conclusion: This review augments existing evidence that harm typically increases after extensions in on-license alcohol trading hours. It provides new evidence that alcohol-related harm decreases when on- and off-license trading hours are restricted.	language. Effect-size estimates were provided. One of the most comprehensive and robust reviews available.
No conflicts of interests declare in four out of the five reviews. *One of the authors declared that he is an unpaid board member of the Australian Rechabite Foundation, a charitable trust that supports research and community projects that aim to reduce alcohol-related harm. Cannot find any links to industry.			