

POLICY BRIEFING

Sale Of Alcohol Bill



**Who will carry the burden,
who will clean up the mess?**

alcoholireland.ie



Core Recommendations:

AAI and other public health advocates propose that there should be a Health Impact Assessment (HIA) prior to any changes in the legislation regarding the sale of alcohol. This is a structured process which can determine the potential positive and negative health 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.

This bill presents an opportunity to make statutory provision for the systematic collation of relevant data around alcohol. AAI proposes that there is a need for a statutory system of monitoring alcohol sales and the impact of alcohol sales in specific areas and in individual premises and for the collation of data specifically related to alcohol harms.

A **S WELL AS reforming the alcohol licensing system, the Sale of Alcohol bill proposes to extend licensing hours of all bars/restaurants.**

The measures which are proposed in the Sale of Alcohol Bill include:

1. The general extension of licensing hours of all bars/restaurants from 11.30pm to 12.30am
2. The facilitating of late-night opening of bars to 2.30am
3. The extension of nightclub hours to 6am
4. The introduction of cultural amenity licenses to venues not usually having a license
5. The revoking of the requirement to extinguish a license before opening a new premises.

There is deep concern among public health advocates and the wider public in general about these proposals. These measure will increase the number and density of alcohol outlets and the policy thrust of the bill is diametrically at odds with the objectives of existing government policy and indeed existing legislation regarding alcohol.

Evidence of Harms

PUBLIC health and public safety should be core elements of the licensing of alcohol sales. The World Health Organisation has

consistently identified restrictions on alcohol availability as a highly effective and cost-effective 'best-buy' for the prevention and reduction of alcohol harm. International evidence is overwhelmingly clear that any changes in the number and density of licensed premises, as well as permitted trading hours, are associated with changes in the patterns of alcohol-related harms and evidence is growing for its impact on increasing chronic health harms.

There is extensive international evidence that demonstrates clearly that such increases lead to increased alcohol consumption. The evidence from multiple jurisdictions is clear: increasing alcohol availability whether through longer licensing hours or increased density of outlets leads to a range of harms. For example, a 1-hour extension of alcohol outlet closing times in Amsterdam's nightlife areas was associated with 34% more alcohol-related injuries, while a study in Norway found that each additional 1-hour extension to the opening hours was associated with a 16% increase in violent crime.

The Licensing Act 2003 in England enabled staggered closing times and one of the stated aims of the Act was to reduce violence and disorder at fixed, peak closing times. Research demonstrated that there was no change in overall levels of violence, that violence was shifted later into the night and for most

hospitals, admissions relating to alcohol increased.

There is also a close association with increased levels of domestic violence. The corollary is also true: Restrictions can reduce both parental alcohol consumption and violence towards children. For instance, in the USA, it has been estimated that one less alcohol outlet per 1,000 people would reduce the probability of severe violence towards children by 4%. Such knowledge cannot be ignored in Ireland, a country where every day 200,000 children live with the trauma of alcohol harm in the home.

An Garda Síochána have consistently highlighted the issue of alcohol-related disorder on the streets. In 2017, Gardaí reported that public drunkenness offences in Dublin were 40 per cent higher than in 2016, and that public-order crime had increased 14 per cent. In 2019, Gardaí said that the number of crimes against the person, including assaults, increases in the summer months, which they believed was related to the consumption of alcohol. Polling carried out by AAI shows that the public has significant concerns about the matters set out above. The survey data shows that more than 50% of people are concerned about on-street violence, 41% are concerned about sexual violence and 39% are concerned about domestic violence.

Recommendation

AAI and other public health advocates propose that there should be a Health Impact Assessment (HIA) prior to any changes in the legislation regarding sale of alcohol. This is a structured process which can determine the potential positive and negative health 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.

Robust data collection and monitoring

DATA needs to be gathered in a systematic way around specific harms such as: Alcohol-related ambulance call outs; Alcohol-related attendances and admissions to hospital; Public order offences; Alcohol-related assaults; Alcohol-related domestic violence; Alcohol-related sexual- and gender-based violence.

Such data, along with localised information on alcohol sales, would give a clear picture of the impact of alcohol licensing on specific areas and allow for informed decision-making regarding granting or refusing a license.

Much of this data is relatively easily collated but without a statutory obligation to do so and resources provided, it will not happen. Alongside the need for statutory monitoring data as outlined above, consideration should also be given to a statutory anonymised system of data sharing known as the Cardiff Model, a data collection system based on centrally collecting and sharing data from hospital emergency departments and police to inform policy development and improve strategies to reduce alcohol-related harm.

In Cardiff, implementation of the model: Reduced violence related hospital admissions by 35%; Reduced serious violence recorded by the police by 42%; Substantially reduced the costs of violence to health services and criminal justice systems.

Recommendation

This bill presents an opportunity to make statutory provision for the systematic collation of relevant data around alcohol. AAI proposes that there is a need for a statutory system of monitoring alcohol sales and the impact of alcohol sales in specific areas and in individual premises.

Longer opening hours for alcohol sales leads to:

- Increased alcohol related injuries, illness and crime
- Increased burden on public services such as ambulance services, Emergency Departments and Gardaí
- It does not solve the problem of crowds spilling onto the streets at closing time; it merely shifts the problem into later in the night

Increasing alcohol availability will increase alcohol harm. Currently in Ireland:

- 4 deaths per day from alcohol
- 1,500 hospital beds in use every day because of alcohol
- At weekends 30% of Emergency Department presentations are alcohol related
- Alcohol is a factor in half of all suicides
- Alcohol is a factor in at least 44% of domestic violence incidents
- Alcohol is a factor in almost half of adult sexual assault cases
- Alcohol related crime costs Ireland at least €686 million annually

Alcohol Action Ireland (AAI) is the national independent advocate for reducing alcohol harm. We campaign for the burden of alcohol harm to be lifted from the individual, community and State.

For an in depth analysis of the Sale of Alcohol Bill and our policy recommendations, see [here](#).

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