

Presentation to the Consultation on Reform of Alcohol Licensing Laws

March 2022

Alcohol Action **support a reform and modernisation of the alcohol licensing process**, which is largely archaic, and as such, is frequently exploited by commercial opportunism.

Over recent years, while modified social norms have influenced a change in some alcohol behaviours, the principal concerns of alcohol contributing to significant crime, public disorder and safety, remain central to the public rationale for adequate controls on the sale of alcohol.

Today, with a much deeper understanding of the risk to human health from alcohol use and the knowledge that alcohol is responsible for the deaths of four people in Ireland every day, reducing alcohol use, to at least a low-risk engagement, has become **an imperative of public health policy**.

In our view, a public health approach can only inform a reform of alcohol licensing laws if **equal purpose** is now given to the objectives of public health alcohol policy.

This would enable the input of expert knowledge and insight from local stakeholders such as HSE; the Gardai, and/or Community groups, to inform the assessment of an application, and expand an approach partially recognised in commencing Section 4 of the Public Health Alcohol Act.

In this context, while alcohol licensing has a public order policy fit within the Department of Justice, in our view, the significance of public health considerations suggests this role should no longer be exclusively within its remit and that a more holistic approach, such as within an Independent Authority that embraces all of these concerns, maybe best placed to advance the reforms required.

In this respect, we recognise the cohesion the Road Safety Authority has brought to licensing criteria and safety on our roads.

Turning to the question of how alcohol licences will improve cultural offering

In our view, greater alcohol availability has little to offer the improvement of cultural offerings and perpetuating a stereotype that the offering of our rich and diverse cultural expression is somehow reliant on a relationship with alcohol is deeply flawed.

Reinforcing the omni-presence of alcohol in cultural experiences undermines the shaping of a new environment – informed by the public health alcohol policy – that seeks to ensure that a new generation of young people can go about their lives without having to navigate a tsunami of alcohol promotion and use.

We urged the Taskforce to challenge this harmful perception and to reimagine the integrity of the cultural expression beyond a commercial caricature, but sadly this opportunity was missed.

In our view, it should be possible, either by licence or supported by local planning conditions, that cultural venues are allowed to operate, if they wish, early into the morning but without availability of alcohol.

This would facilitate the operation of a variety of cultural experiences including dance, but without the presence of a psychoactive substance that so often disrupts such intimate experiences.

Reforming alcohol licensing laws has consequences

Since the 1970s, a series of interventions on alcohol controls has seen our society become awash with drink, with alcohol use doubling over the following three decades. And, while economic opportunities expanded, so too did the societal burden of alcohol related harm, which today costs our economy €3.6bn and hinders our GDP growth.

The specification of where alcohol is sold is a critical aspect of alcohol control policy and the density of venues and outlets in which alcohol is available impacts on alcohol related harm.

In our view, and drawing from the evidence from other jurisdictions, further changes now will undoubtedly prove problematic.

In the UK, the 2003 Licensing Act which embraced a similar NightTime Economy rationale, relaxed licencing laws, amended trading hours and allowed for 24-hour sale of alcohol.

The measure, which was hoped would result in ‘staggered closing times’, was presented as means of reducing violence and disorder at fixed, peak closing times. However, to date there is **no compelling evidence** to suggest that alcohol related crime has reduced, or changed, as a result of these measures^{1 2}.

¹ Has the Licensing Act 2003 affected violence rates in England and Wales? A systematic review of hospital and police studies <https://www.ingentaconnect.com/content/wk/ejeme/2018/00000025/00000005/art00002>

² Evaluating the Impact of Flexible Alcohol Trading Hours on Violence: An Interrupted Time Series Analysis <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0055581>

Changes observed include the shifting of crime and disorder further into the early hours, and a subsequent strain on policing and emergency services.

International reviews find that extensions in late night opening of alcohol premises are linked to increased intoxication, assaults, injuries, or demand for emergency services, for incidence:

- in Amsterdam a 1 hr extension of closing times (2009) -associated with 34% more alcohol-related injuries. (from 2-6am)³
- A study in 18 Norwegian cities, found that each additional 1hr extension to opening times associated with a 16% increase in recorded assaults (10pm to 5am)⁴

To summarise

- **we support a reform and modernisation of the alcohol licensing process but reframed within a new authority that embraces the imperative of public health alcohol policy**
- **we challenge the view that alcohol licensing will improve cultural offerings, and respectfully, ask for consideration of the**
- **public health consequences that follows liberal reform of alcohol controls.**

In this matter, Alcohol Action also endorse the view of the HSE Alcohol Programme who recommended to this Consultation that a Health Impact Assessment would be conducted to determine the impact of any changes to alcohol licencing.

Thank you

Link to the AAI formal consultation submission

https://alcoholireland.ie/wp-content/uploads/filebase/publications/AAI_licensing_submission.pdf

³ <https://pubmed.ncbi.nlm.nih.gov/25689068/>

⁴ <https://pubmed.ncbi.nlm.nih.gov/21906198/>